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

Room A, West Middlesex

7 November 2019 11:00 - 7 November 2019 13:30

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Room A, West Middlesex
Date: Thursday, 7 November 2019
Time: 11.00 – 13.30

Agenda

Gold Accreditations – presentation WM site				
	1.0	**GENERAL BUSINESS**		
11.00	1.1	Welcome and apologies for absence Apologies received from Martin Lupton.	Verbal	Chairman
11.03	1.2	Declarations of Interest, including register of interests	Report	Chairman
11.05	1.3	Minutes of the previous meeting held on 5 September 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 Experience Story	Video	Chief Nursing Officer
11.40	2.2	Improvement programme update, including: - Quality Priority Deep Dive: Improving continuity of carer in maternity services	Report	Director of Improvement
11.55	2.3	Learning from Serious Incidents	Report	Chief Nursing Officer
12.05	2.4	Integrated Performance and Quality Report	Report	Deputy Chief Executive / Chief Operating Officer
12.15	2.5	Seasonal Influenza Vaccination Programme Update	Report	Chief Nursing Officer
	3.0	**PEOPLE**		
12.25	3.1	People performance report	Report	Director of HR & OD
12.35	3.2	Annual Workforce Equality and Diversity Report	Report	Director of HR & OD
	4.0	**STRATEGY**		
12.45	4.1	EPR Programme update	Verbal	Chief Information Officer
	5.0	**GOVERNANCE**		
12.55	5.1	Board Assurance Framework	Report	Director of Improvement

13.05	5.2	Update of the Hospital Pharmacy Transformation Plan	Report	Deputy Medical Director
13.10	5.3	Half-year report on use of the Company Seal 2019/20	Report	Company Secretary
	6.0	**ITEMS FOR INFORMATION**		
13.15	6.1	Questions from members of the public	Verbal	Chairman
13.25	6.2	Any other business	Verbal	Chairman
13.30	6.3	Date of next meeting – 9 January 2020, Room A, West Middlesex		

Acronym	Term
A&E	Accident & Emergency or Emergency Department
AC	Acute Care
AHP	Allied Health Professionals
AT	Acute Trust
AfC	Agenda for Change
BDA	British Dental Association
BIR	British Institute of Radiology
BMA	British Medical Association
BME	Black and minority ethnic
BMJ	British Medical Journal
CG	Caldicott Guardian
CAS	Central Alert System
CP	Care pathway
CC	Community Care
CCG	Clinical Commissioning Group
C.diff	Clostridium difficile (C. difficile)
CEO	Chief Executive Officer
CG	Caldicott Guardian
CH	Care Home
CHD	Coronary Heart Disease
CHS	Community Health Services
CMO	Chief Medical Officer
CN	Clinical Negligence
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
CP	Care Pathway
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CWH/CWHFT	Chelsea and Westminster Hospital NHS Foundation Trust
DNA	Did not Attend
DOH	Department of Health
DOS	Directory of Services
ED	Emergency Department or Accident & Emergency
E&D	Equality and Diversity
EC	Elective Care
EMA	Emergency Medical Admission
ENT	Ear, nose and throat
EP	Emergency Plan
EPR	Electronic Patient Records
FIA	Freedom of Information Act 2000
FOI	Freedom of Information
FT	Foundation Trust

GDPR	General Data Protection Regulation
GMC	General Medical Council
GP	General Practitioner
GUM	Genito-Urinary medicine
HOSC	Health Overview and Scrutiny Committee
HC	Health Community
HCA	Health Care Assistant
HI	Health Improvement
HMR	Hospital Medical Record
HPTP	Hospital Pharmacy Transformation Plan
HR	Human Resources
HSE	Health and Safety Executive
HSJ	Health Service Journal
IC	Integrated Care
ICHT	Imperial College Healthcare Trust
ICU	Intensive Care Unit
IM&T	Information Management and Technology
IV	Intravenous
LA	Local Authority
LOS	Length of Stay
LTC	Long Term Condition
MCA	Mental Capacity Act
MDT	Multi Disciplinary Team
MH	Mental Health
MMR	Measles, Mumps and Rubella Vaccination
MRC	Medical Research Council
MRSA	Meticillin-Resistant Staphylococcus Aureus
NHSE/I	NHS England and NHS Improvement
NAO	National Audit Office
NICE	National Institute of Health and Clinical Excellence
NMAC	National Medical Advisory Committee
NED	Non-executive Director
NPSA	National Patient Safety Agency
OA	Open Appointment
OATs	Out of Area Treatments
OD	Organisational Development
OP	Out Patient
OPT	Optician
OT	Occupational Therapy
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PbR	Payment by Results
PC	Primary Care
PCT	Primary Care Trust

PDR	Performance Development Review
PEAT	Patient Environment Action Team
PFI	Private Finance Initiative
PH	Public Health
PHSO	Parliamentary and Health Service Ombudsman
PHC	Primary Health Care
PI	Performance Indicator
PIL	Patient Information Leaflet
PIN	Personal Identification Number
PP	Patient Pathway
PPG	Patient Participation Group
PPI	Patient and Public Involvement
PR	Performance Ratings
PCN	Primary Care Network
PH	Public Health
QA	Quality Assurance
QARC	Quality Assurance Reference Centres
QIA	Quality Impact Assessment
QIPP	Quality Innovation Productivity and Prevention
R&D	Research and Development
RCGP	Royal College of General Practitioners
RCN	Royal College of Nursing
RES	Race Equality Scheme
RRT	Rapid Response Team
SaHF	Shaping a Healthier Future
SC	Secondary Care
SC	Social Care
SCG	Specialised Commissioning Group
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SoS	Secretary of State
SPS	Specialised Services
SSFH	Secretary of State for Health
SRO	Senior Responsible Owner
TC	Treatment Centre
TUPE	Transfer of Undertaking Protection of Employment Regulations
VFM	Value for Money
VTE	Venous Thromboembolism
WHO	World Health Organisation
WTD	Working-Time Directive
WTE	Whole Time Equivalent

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 CIC & Trustee of Helpforce Community Trust	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:			
		Express Diagnostic Imaging Ltd	Feb 2012	Ongoing	
		Macusoft Ltd	May 2017	Ongoing	DigitalHealth.London Accelerator company
		Turning Points Ltd	Nov 2008	Ongoing	
		Examiner of St. John the Baptist Parish Church, Old Malden	April 2016	Ongoing	
		Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT	Jan 2019	Ongoing	
Nick Gash	Non-executive Director	Trustee of CW + Charity	Jan 2017	Ongoing	
		Associate Director Interel (Public Affairs Company)	Nov 2015	Ongoing	
		Lay Advisor to HEE London and South East for medical recruitment and trainee progression	Nov 2015	Ongoing	
		Chair North West London Advisory Panel for National Clinical Excellence Awards	Oct 2018	Ongoing	Lay Member of the Panel throughout my time as NED
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	Nov 2015	Ongoing	
Stephen Gill	Non-executive Director	Owner of S&PG Consulting	May 2014	Ongoing	

		Chair of Trustees, Age Concern Windsor	Jan 2018	Ongoing	
		Shareholder in HP Inc	April 2002	Ongoing	
		Shareholder in HP Enterprise	Nov 2015	Ongoing	
		Shareholder in DXC Services	April 2017	Ongoing	
		Shareholder in Microfocus Plc	Sep 2017	Ongoing	
		Member of the Finance and Audit Committee (FAC), Phyllis Court Members Club	Aug 2019	Ongoing	
Eliza Hermann	Non-executive Director	Board Trustee: Campaign to Protect Rural England – Hertfordshire Branch (2013 – present)	2013	Ongoing	
		Committee Member, Friends of the Hertfordshire Way (2013 – present)	2013	Ongoing	
		Close personal friend – Chairman of Central & North West London NHS Foundation Trust	Ongoing	Ongoing	
Jeremy Jensen	Non-executive Director	Directorships held in the following:			
		Stemcor Global Holding Limited;	Oct 2015	Ongoing	
		Frigoglass S.A.I.C;	Dec 2017	Ongoing	
		Hospital Topco Limited (Holding Company of BMI Healthcare Group)	Jan 2019	Ongoing	
		Owner of JMJM Jensen Consulting	Jan 2002	Ongoing	
		Connections with a voluntary or other organisation contracting for or commissioning NHS services: Member of Marie Curie (Care and Support Through Terminal Illness)	April 2009	Ongoing	
Dr Andrew Jones	Non-executive Director	Directorships held in the following:			
		Ramsay Health Care (UK) Limited (6043039)	01/01/2018	Ongoing	
		Ramsay Health Care Holdings UK Limited (4162803)	01/01/2018	Ongoing	
		Ramsay Health Care UK Finance Limited (07740824)	01/01/2018	Ongoing	
		Ramsay Health Care UK Operations Limited (1532937)	01/01/2018	Ongoing	
		Ramsay Diagnostics UK Limited (4464225)	01/01/2018	Ongoing	
		Independent British Healthcare (Doncaster) Limited (3043168)	01/01/2018	Ongoing	
		Ramsay UK Properties Limited (6480419)	01/01/2018	Ongoing	
		Linear Healthcare UK Limited (9299681)	01/01/2018	Ongoing	
		Ramsay Health Care Leasing UK Limited (Guernsey) Guernsey (39556)	01/01/2018	Ongoing	
		Ramsay Health Care (UK) N0.1 Limited (11316318)	01/01/2018	Ongoing	
		Clifton Park Hospital Limited (11140716)	01/07/2018	Ongoing	
		Ownership or part-ownership of private companies, businesses			

		or consultancies:			
		A & T Property Management Limited (04907113)	01/07/2014	Ongoing	
		Exeter Medical Limited (05802095)	01/12/2018	Ongoing	
		Independent Medical (Group) Limited (07314631)	01/01/2018	Ongoing	
		Board member NHS Partners Network (NHS Confederation)	01/01/2018	Ongoing	
Elizabeth Shanahan	Non-executive Director	Owner of Santé Healthcare Consulting Limited	2015	Ongoing	
		Shareholder in GlaxoSmithKline PLC	2014	Ongoing	This organisation has an interest in NHS contracts/work
		Shareholder in Celgene	2017	Ongoing	This organisation has an interest in NHS contracts/work
		Shareholder in Gilead	2017	Ongoing	This organisation has an interest in NHS contracts/work
		Shareholder in Exploristics	2015	Ongoing	
		Shareholder in Official Community	2010	Ongoing	
		Shareholder in Park & Bridge	2014	Ongoing	
		Shareholder in Captive Health	2015	Ongoing	This organisation has an interest in NHS contracts/work
		Shareholder in Cambrex	2018	Ongoing	This organisation has an interest in NHS contracts/work
		Shareholder in Illumina	2018	Ongoing	This organisation has an interest in NHS contracts/work
		Shareholder in Vertex	2018	Ongoing	This organisation has an interest in NHS contracts/work
		Shareholder in MPX International	2016	Ongoing	Has undergone a merger and share split
		Shareholder in iAnthus	2019	Ongoing	Following merger with MPX
		Director and shareholder: One Touch Telecare Ltd	2018	Ongoing	
		Director and shareholder: Kingdom Therapeutics	2019	Ongoing	This organisation has an interest in NHS contracts/work
		Trustee of CW+ Charity	2018	Ongoing	
Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	Ongoing	
		Husband—consultant cardiology at Luton and Dunstable hospital	01/04/2018	Ongoing	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of Travill construction	01/04/2018	Ongoing	
Robert Hodgkiss	Chief Operating Officer	No interests to declare.			

Pippa Nightingale	Chief Nursing Officer	Trustee in Rennie Grove Hospice	2017	Ongoing	
		CQC specialist advisor	2016	Ongoing	
		Specialist advisor PSO	2017	Ongoing	
Dr Zoe Penn	Chief Medical Officer	Trustee of CW + Charity	01/04/2018	Ongoing	
		Daughter – employed by the Trust	01/04/2018	Ongoing	
		Member of the Independent Reconfiguration Panel, Department of Health (examines and makes recommendations to the Secretary of State for Health on proposed reconfiguration of NHS services in England, Wales and Northern Ireland)	01/04/2018	Ongoing	
		Son – employed by the Trust	June 2018	Ongoing	
Thomas Simons	Director of HR & OD	Nothing to declare			
Virginia Massaro	Acting Chief Financial Officer	Cafton Lodge Limited (Company holding the freehold of my block of flats)		Ongoing	
		Member of the Healthcare Financial Management Association London Branch Committee		Ongoing	
Chris Chaney	Chief Executive Officer CW+	Trustee of Newlife Charity	June 2017	Ongoing	
Dr Roger Chinn	Deputy Medical Director	Private consultant radiology practice is conducted in partnership with spouse.	1996	Ongoing	
		Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)	01/04/2018	Ongoing	
Iain Eaves	Director of Improvement	Employee, NHS England	28/01/2019	27/01/2020	Seconded from NHS England for a period of 12 months. Will be recused from matters where there is a potential conflict of interest involving NHS England.
Kevin Jarrold	Chief information Officer	CWHFT representative on the SPHERE board	01/04/2018	Ongoing	
		Joint CIO role Imperial College Healthcare NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	01/10/2016	Ongoing	
Martin Lupton	Honorary NED, Imperial College London	Employee, Imperial College London	01/01/2016	Ongoing	
Sheila Murphy	Interim Company Secretary	Nothing to declare			

Minutes of the Board of Directors (Public Session)
Held at 11.00am on 05th September 2019, Boardroom Chelsea and Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Chair	(THH)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Sandra Easton	Chief Financial Officer	(SE)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Deputy Chief Executive/COO	(RH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Andy Jones	Non-Executive Director	(AJ)
	Pippa Nightingale	Chief Nursing Officer	(PN)
	Zoe Penn	Chief Medical Officer	(ZP)
	Liz Shanahan	Non-Executive Director	(LS)
	Thomas Simons	Director of HR and OD	(TS)
	Lesley Watts	Chief Executive Officer	(LW)
In attendance:	Dominic Conlin	Director of Strategy	(DC)
	Chris Chaney	Chief Executive Officer, CW+	(CC)
	Iain Eaves	Director of Improvement	(IE)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Aman Dalvi	Non-Executive Director Observer	(AD)
	Virginia Massaro	Deputy Director of Finance	(VM)
	Ajay Mehta	Non-Executive Director Observer	(AM)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)
	Karen Bonner	Divisional Director of Nursing, Planned Care	(KB)
	Jaron Jimez	Charge Nurse for Pre-Operative Assessment	(JJz)
Apologies:	Roger Chinn	Deputy Medical Director	(RC)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Sheila Murphy	Interim Company Secretary	(SMM)

1.0	GENERAL BUSINESS
1.1	**Welcome and apologies for absence** THH welcomed the Board Members and those in attendance to the meeting. Apologies were noted as above. THH noted that the Annual Members Meeting and Open Day were also happening today. THH welcomed the two newly appointed Non-Executive Directors (NEDs) Ajay Mehta and Aman Dalvi to the Board. THH asked them to introduce themselves to Board. The Chair noted that newly appointed NEDs induction will take place in September/October 2019. It was noted that it was SE's last Board meeting before she leaving to take up a role at NHSE. THH noted that he has signed the letter of appointment and will therefore be extending of his term as Chairman of the Board. THH advised the Board that he will complete NED appraisals in September/October 2019.

1.2	**Declarations of Interest** THH noted his appointment as partner of Partner- Nala Ventures Investments.
1.3	**Minutes of the previous meeting held on 2 May 2019** The minutes of the previous meeting were approved as a true and accurate record of the meeting subject to the below amendments; PN and SE to be added as attendees at the 2nd May Board. Correction to the spelling of Tom Pollak's name (Pollak correct spelling). TS to be added as present not in attendance.
1.4	**Matters Arising and Board Action Log** **<u>Matters Arising</u>** THH noted that all actions were marked as either complete, or on the current agenda or forward plan.
1.5	**Chairman's Report** *Sir Thomas Hughes-Hallett, Chairman* THH noted that Chelsea and Westminster Hospital (CW) were mentioned by the Chief Nurse at the NHS Innovation Conference this morning as being a center of excellence for volunteering. It was announced at the conference that The NHS will be funding 14 new bleep volunteers' sites. THH noted that the Chairs of North West London meeting held on Tuesday 3rd September was well attended by colleagues from The Royal Marsden Hospital, The Royal Brompton Hospital and all Community Trusts. LW has been invited to present at the next meeting on the move from an STP to an integrated care systems. No questions were raised.
1.6	**Chief Executive's Report** *Lesley Watts, Chief Executive Officer* PN, LW and RH attended the Healthcare Assistance Conference this morning. 80 staff from the Trust attended. The Executives were present to acknowledge their significant contribution and importance to the organisation. The Chief Executive's report going forward will be structured around strategic updates on London and Northwest London (NWL). The health press has recently reported that NWL have sent a letter to all GPs sighting the difficult financial position NWL faces. The majority of the recovery work will be focused around Harrow, Brent and Ealing as that is where the biggest financial problem lies, the aim is to bring them back into a sustainable position. Boston Consulting is looking at service configuration and the consolidation of services as well as the use of the estate with a view to creating a world class service. LW noted in answer to EH's question, that by March 2021 all eight CCG's will formally come together as one CCG. By March 2020 there will be committees in common which will mean the CCG's will be functioning as one. LW commented that that ZP and Dominic Conlin (Director of Strategy) lead on the Internal Strategic Partnership Board which looks at the impact of the external environment. The Health and Care Partnership

	Forum is chaired by LW and attended by the provider Chief Executives, Mark Easton (Accountable Officer for the 8 CCG's) and GP groups.
2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.1	**Staff Experience Story** *Karen Bonner - Divisional Director of Nursing for Planned Care and Jaron Jimez - Charge Nurse for Pre-Operative Assessment attended the Board.* KB introduced JJz and noted that Health Education England has joined forces with the Florence Nightingale Foundation to offer this career development opportunity to recognise the contribution of "Windrush" nurses and midwives across the 70 years of the NHS. There were 3,000 applicants and only 70 places available. The programme was fully funded by Health Education England. It offered70, bands 5, 6 and 7 nurses and midwives from a Black, Asian and Minority Ethnic (BME) background bespoke leadership development to become Florence Nightingale Foundation Nurses and Midwives and develop as future leaders of healthcare. The programme was to celebrate those who arrived on HV Empire MS Windrush. Windrush nurses and midwives were, and their descendants remain, major contributors to the NHS workforce and we wish to acknowledge their contribution to healthcare. This announcement coincidedwith both the 70th anniversary of the NHS and the arrival of Windrush in Britain bringing Caribbean nurses and other skilled and unskilled workers to Britain. The development opportunity gave Jaron Jimez the chance to meet inspirational BAME nurses and noted his aspiration to further improve the Pre-Operative Assessment unit's performance and continue to make sure that all staff are happy at work. It gave him the opportunity to work on his strengths and weakness and highlighted what type of leader he wanted to be. NG asked what opportunities there have been since completing the programme for shared learning within the Trust. LW acknowledged JJ's contribution at the internal conference for the Windrush celebration and the launch of the BAME network in which he is a member. THH asked that JJ be part of interview processes in order to encourage the recruitment of BAME colleagues.
2.2	**Quality Improvement Update** *Ian Eaves, Director of Improvement* The paper was taken as read. On the 2nd May the Board approved the 5 year Quality Strategy which builds on the well embedded and systematic approach that the Trust currently has to Quality Improvement. The innovation hub has been launched; this gives staff access to support and training. At the next Quality Committee a demo of the process will be presented. The Established and Emerging Leaders' programmes both focus heavily on Quality Improvement. On the 27th November the Trust will celebrate the work the organisation has done around Research and Development by putting on a Research Innovation and Quality Improvement showcase event. There are 4 Quality priorities that the Trust has committed to. The work around improving continuity of care in Maternity is on track. There continues to be very low reported rates of E.coli, the figures are being monitored as they can vary from month to month. Falls and Sepsis report are in line with the historical trends. The team will build on Fall training during the second half of the year. One of the new Clinical Innovation Fellows will be supporting the work around sepsis reporting. ZP commented, in response to SG question, that the Apex tool has been rolled out in order to help capture VTE assessment at the Chelsea site, it has been proposed that WM adopt this possess too. ZP noted the

	need for a champion on the WM site. PN noted that the National date has been published recently. It was reported that the National falls per 1000 bed days is 6.3 across the country; the Trust's is 3.6 which is much lower than the National average. The Trust's aim is to see a 5% reduction in falls this year. The Falls Group lead by Helen Kelsall (DDO, EIC) is leading on this work. PN also noted that in relation to maternity improvements the target is that by the end of the year 35% of women will be booked onto a pathway with a named midwife, this shows have a huge improvement on safer care and our claims. THH commented that he would like to see more examples of how other Trusts are improving the continuity of care and improving their services for patients and how we could use their models to in turn improve ours or work in collaboration with them. LW noted that the Trust has been asked to talk to Southwest England about our approach to Quality Improvement**.** **Action: ZP to provide a briefing report on E.coli and Sepsis at a future Board.**
2.3	**Learning from Serious Incidents** Pippa Nightingale, Chief Nursing Officer PN noted that the Trust has chosen to report internal and external serious incidents so that wider learning can be captured. In total, there were 194 incidents reported across the organisation in the last year. They were equally split between both sites. In relation to NG's question regarding the correlation between the SI report and mortality reviews, PN noted that the mortality review is a very separate review and takes an in depth look at the cause of death, a grade between 1 and 4 is given to each case whereas the SI looks at wy an incident happened and harm caused.
2.4	**Mortality Surveillance Report Q1** *Zoe Penn, Chief Medical Officer* The quarterly report was taken as read and they key points were noted. ZP advised that the Trust undertakes a review of all deaths at speciality level by clinicians. A report is produced and is reviewed by the Mortality Surveillance Group who allocated them to one of the 4 categories. The group looks to identify key themes and trends. The hospitals standardised mortality ratio is 71 (when taking the average as 100). From next Tuesday 10th September the Trust will be able to see site level data. When the 2 sites merged 4 years ago the mortality rate at WM was being observed by the Trust Development Authority. The Trust has since spent £20m on staffing at the WM site and a similar amount on improving the estate and environment contributing to lower mortality rates. EH noted that Quality Committee discussed the move to Cerner and how the digitised systems would help to irradiate incident and complaints that relate to paper based failures but not a drop in mortality rates.
2.5	**Integrated Performance and Quality Report, including** *Rob Hodgkiss, Deputy Chief Executive / Chief Operating Officer* The paper shows the Trust performance for the month of July. The A&E waiting times are blanked out due to the pilot scheme the Trust is running with the Centre. The Trust is however still monitoring the performance against the 4 hour target, and delivered 94.63% in July. There were only 2 Trusts out of 137 nationally that delivered against the 95% target. The RTT performance remains strong; during the implementation of Cerner other Trusts have noted a decline in performance so this has been planned for and expected. The Trust is

	fully compliant with the 62 day cancer standard. There has been an 8% growth in non-elective demand, RH noted at James Eaton (Director of Performance and Information) will be relooking at the figures for Chelsea waiting times as the reported figures show a data error. SE noted that the non-elective contract is based on zero income but the Trust does received income after threshold level. The income over 4 months is off setting the addition costs of supporting the activity and the cost of not being able to close the data base. **Winter Preparedness** RH delivered a presentation to the Board and highlighted the following: Emergency department attendances continue to increase with year to date growth of 6.6%, the equivalent of seeing and treating an additional 56 patients per day compared to 18/19. The conversion rate remains static at 21.8%. The utilisation of Ambulatory Care continues to increase with a 40% growth in attendances over the last 12 months, primarily at the Chelsea site. The WM site is looking to emulate the frailty unit at the Chelsea site in order to avoid admitting patients unnecessarily and discharge them quicker when they have been admitted. All Trusts in the country were tasked with reducing their stranded patients by 40% by March 2020. If this was achieved across the Northwest London STP there would be approx. £7.1m of bed savings. There is currently a live consultation period for the therapies department which is looking at moving the entire Therapies service to a 7 day service. The escalation beds will work in the same way as they did last year with a dedicated clinical team to provide continuity of care. There will be an adjustment of job plans for the Consultant body to ensure senior review of all patients on a daily basis is completed. The Trust will be moving activity between sites and to weekend lists to accommodate increased non elective admissions. The Trust purchased a Rapid Flu Testing machine last year; the pathology turnaround time will be reduced from 72 hours to 2 hours. This will allow staff to determine which patients need to be placed in a side room.
3.0	**PEOPLE**
3.1	**People Performance Report** *Thomas Simons, Director of HR & OD* The paper was taken as read and the following point highlighted; The month 4 performance report shows an encouraging performance around vacancy rates, however, there is still work to be done to drive this down for medical workforce and Allied Health Professionals. The Executive team have been looking at the use of resources for temporary and flexible staffing. There was being a significant increase in agency spend in the month of July. The Racial Equality project plan progress report and the Health and Wellbeing Plan have been included in the papers. These will be included in the workforce report going forward. Learning has been taken from Northwest London Foundation Trust on their Race and Equality Policy and West Suffolk on their Health and Wellbeing. TS noted that the Board will be trained in unconscious bias in October. The senior leaders will also be trained the same afternoon. THH noted his concern on the reported number of incomplete PDR's given the impending CQC inspection.
4.0	**STRATEGY**
4.1	**EPR Programme update** *Kevin Jarrold, Chief Information Officer* The following points were highlighted to the Board*;*

	The paper provides an update on the 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. The Finance and Investment Committee will review the Gateway 3 report later in the month along with a report on benefits realisation. The cutover planning that will cover the transition period to the new system is advanced, the command and control arrangements are being finalised. In the immediate post go live period the Trust plans to reduce elective activity to give staff time to adjust to the new system. The administrative teams are being strengthened, this is built on experience from the West Middlesex go live. There has been positive feedback from the training sessions. EH noted that Quality Committees key concern is that patents 'fall through the cracks' resulting in patient harm during the migration of Cerner similar to what happened at West Middlesex. It was noted that the Board recognises that there is inevitable risk of harm to patients when making a transfer of IT systems of this magnitude, but is doing all it can to mitigate those risks.
5.0	**GOVERNANCE**
5.1	**Medical Revalidation Annual Report – for approval** *Zoe Penn, Chief Medical Officer* The annual report is for the last financial year, it comes to Board annually for scrutiny and sign off. The report assures that medical doctors are fit to practice through the Appraisal and Revalidation process. ZP is the Responsible Officer and therefore legally responsible for undertaking the process. The Trust is the designated body for 674 doctors, there have been 620 (92%) annual appraisals completed this year and the Responsible Officer has made a positive recommendation for revalidation of 161 (out of 191 due) for our doctors in 2018/19. The remainder have been deferred to await further supporting documentation. The Trust has not made any non-engagement recommendations, one doctor is deferred as there is an on-going investigation/potential disciplinary process proceeding. The Board approved the report
5.2	**Guardian of Safe Working Report Q1** *Zoe Penn, Chief Medical Officer* The Guardian of Safe Working (GOSW) receives exception reports from junior doctors about potentially unsafe conditions of work, lack of training or teaching within their clinical roles. The GOSW recommend work schedule and rota reviews and modification to ensure safe medical cover on the wards and clinical areas, and compliance with defined levels of medical cover and hours worked, in line with agreed national terms and conditions. Failure of the Trust to comply may result in fines being levied on the Divisions. Hours worked in excess of those contracted will be paid or time given in lieu, upon the approval of the GOSW. Exception reporting continues to decline on both sites. All rosters have been reviewed and all are compliant. No fines have been levied this quarter. All junior doctors will move to the new Terms and Conditions in August 2019, according to the national timetable. There continues to be rota gaps across both sites but most are filled with locum doctors. The Junior Doctor Forum continues to be well received and gives an opportunity for the junior doctors to meet with the GOSW and the Directors of Medical Education, as well as senior medical leadership. ZP noted that the 24/7 group will be looking to address low staffing levels over the weekend and to ensure that there is senior presence on site over a seven day period. This will decrease pressure on more junior

	doctors and increase patient flow. LW noted that there is a national piece of work that will be looking at how organisations support junior doctors out of hours and at weekend.
6.0	**ITEMS FOR INFORMATION**
6.1	**EU Exit update** *Thomas Simons, Director of HR & OD* The Trust has significant oversight of the risks of an EU exit and has in place a business continuity plan. The EU Exit Group meets regularly and reports into the Executive Management Board. The Trust is fully compliant with all of the guidelines that have been presented to the organisation nationally, and the team have participated in the all the webinars and training that has been provided. TS assured the Board that the team are doing everything in their gift to be as prepared as possible. TS noted in relation to LS question on the percentage of the Trust staff that have been granted settled status that the centre does not provide information on this per Trust. All EU staff fitting the criteria have been encouraged to apply and have been given time and support to do so. TS noted that most drugs are not unique and that there are substitutes for most.
6.2	**Questions from members of the public** Tom Pollak (Governor) noted that the next Board meeting is scheduled to take place at WM and that it had been previously agreed that meeting would alternate. RH commented that due to the Cerner go live date rooms at the Chelsea site were unavailable in November. Tom Pollak (Governor) asked how the monitory systems would work when the providers all come together. LW commented that the oversight and assurance framework is being worked through at the moment. Anna Hodson-Pressinger (Governor) asked whether the danger area for the Cerner migration is A&E. RH noted that the switchover of systems has already happened at WM and that staff have use the system and have gone through training to ease the transition. Anna Hodson-Pressinger (Governor) commend on the rise in clostridium difficile from a previously reported zero. PN acknowledged this but commented that clostridium difficile will never be eradicated fully as it lies dormant within the community.
6.3	**Any other business** JJ commented on the need for the Board to keep up to date on the quality of restaurant food at the both sites. **Action: PLACE Committee to provide a report to the Quality Committee on food standards at the Trust.**
6.4	**Date of next meeting – 9 January 2020**

Meeting closed at 13.23

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Trust Board Public – 5 September 2019 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
Sep 2019	2.2	Quality Improvement Update	**Action:** ZP to provide a briefing report on E.coli and Sepsis at a future Board.	ZP	This has been scheduled on forward plan for March Board.
	6.3	Quality of restaurant food at the both sites.	Action: PLACE committee to provide a report to the Quality Committee on food standards at the Trust (PN)	PN	This is on forward plan for January Quality Committee.
02 May 2019		Staff Governors	SMM to review in 12 months staff Governors meeting with THH and SG.	SMM	This is on forward plan for review in May 2020.
			Action: TS report to Board in November on HR and OD priorities and delivery.	TS	This is on forward plan for November.
	4.2	EPR Programme update	Action: RC to report to QC in September on test beds.	RC	Complete.
	2.5	Mortality surveillance Q2 report	Action: Board development session at a future date to be scheduled on Mortality Review process.	SMM/ZP	This is on the forward plan for 5 December Board Strategy.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Oct/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
October 2019

1.0 Performance

The Trust is taking part a national pilot in Urgent Care Standards and whilst the high level of demand and activity continued across the Trust including an increase in A&E attendances, the majority of patients were seen within the four hour requirement. It should be acknowledged that the Trust's performance is only achieved with our staff's unfailing effort and commitment to the provision of excellent health care in line with the Trust's values.

1.0 Performance and Finance

As usual our Chief Executive will provide the detail but as anticipated the Trust experienced further growth against the same period last year and continued high level of activity across its range of services specifically in non-elective demand and A&E attendances during September 2018. It is of continued credit to our staff that despite the challenges we continue to reach the majority of our targets.

The Trust continues to deliver it financial targets in 2019/20, however, there are still significant challenges facing the Trust in its cost improvement plan (CIP) target by the end of the March 2020. This involves schemes being identified that will improve the quality of our healthcare whilst reducing waste and cost.

The Trust also continues to identify ways to improve the service it provides through its quality improvement work and will result in our new Cerner Electronic Patient Record (EPR) system going live at our Chelsea site on 5 November.

2.0 EU Exit

You will be aware of the changing dates and likely outcome of this process but I am assured that the Trust is fully prepared, has undertaken table-top exercises, been involved in external table-top exercises and has regular meetings and updates on the potential impact on the Trust's services. As such, I am confident the Trust is as prepared as it is possible to be at such a time of uncertainty with robust plans to maintain services.

3.0 Council of Governors

You will have seen that we are in the process of electing new Governors to our Council of Governors. We have some very interesting candidates standing for election. Nominations and the Notice of Poll are to be found on our website so please visit the election page for the most up to date information and to vote (https://www.chelwest.nhs.uk/about-us/get-involved/elections). The closing date is 5 November at 1700.

4.0 Staff Achievements and Awards

I was delighted to be able to attend the Staff Awards held at the Harlequins Ruby Club and to be part of the celebration of our exceptional staff especially those identified as having gone above and beyond in their service to the Trust and its patients.

I am equally delighted that our staff have again received external awards, one from the College of Radiographers which named our ultrasound team at the Queen Mary Maternity Unit at West Middlesex as London Region Team of the Year for 2019 and one from the Royal College of Nursing awarded to Chitra Sanjel, Senior Staff Nurse on our Intensive Care unit (ICU) at West Middlesex who received the Black, Asian and Minority Ethnic (BAME) Rising Star Award.

Open Day, 5 September

This year our Open Day was held on the West Middlesex site with the theme being Keeping Healthy and Active. The theme gave rise to an afternoon of sport, fitness, free health checks, cooking demonstrations but also behind the scenes tours, live entertainment and careers advice. We welcomed our colleagues from local health organisations and the voluntary sector who are working alongside our staff to improve the health of our local community. Particularly poignant was the special exhibition opened in memory of the 390 men from Isleworth who served in World War 1.

Annual Members Meeting, 5 September

This year we held our Annual Members Meeting (AMM) following on the same day as our Open Day in the Education Centre at West Middlesex. We think this worked well because it gave the opportunity for more to attend both events to hear about and discuss our performance and achievements over the past year and plans for the future.

5.0 Working with Imperial NHS Trust

The Chief Executive and I now meet with our peers at Imperial NHS Trust and the Dean of Imperial College on a monthly basis. These meetings are proving to be very fruitful as we plan how best to deliver best value clinical excellence across inner North West London.

Sir Thomas Hughes-Hallett
Chairman

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Nov/19
REPORT NAME	Chief Executive's Report
AUTHOR	Vida Djelic, Board Governance Manager
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 – September team brief Annex B – CEO bulletin Annex C – 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
November 2019

1.0 Performance

In September the Trust experienced further growth against the same period last year and a continued high level of activity across its range of services; specifically in non-elective demand and A&E attendances which were up 8% on the same period last year at CWH, with a Trust wide increase of 6% in attendances compared to September 2018.

Despite this we have continued to see the majority of patients within 4 hours. The Trust is currently part of the national pilot for the testing of the proposed revisions to the Urgent Care Standards. In the coming months the Trust will gather data and monitor against these new standards to provide feedback in to the national process later in the year.

The Trust continued to deliver Referral to Treatment (RTT) incomplete waiting time standard in September, reporting 92.1%.There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.

The Cancer 62 Day standard was delivered in August, the latest submission month at the time of writing, with the Trust reporting a position of 87.4%. All other Cancer Standards have remained in a compliant position in August.

Diagnostic performance recovered to 99.11% in September following reporting a non-compliant position in August.

2.0 Divisional updates / staffing updates

All four divisions continue to focus on three key areas of work: preparation for Cerner go live at Chelsea, winter planning, and CQC preparations. The main activities have been, completing cerner staff training, reconfiguring clinical activity for the go live period, and ensuring a safe divisional C2 (command and control) for the roll out. Winter planning has seen cross-divisional and cross-site work to ensure the Trust will be able to cope with the anticipated demand; this has included a flu innoculation programme, access to rapid flu testing at both hospitals, and increased capacity within the Ambulatory Care services, which will help offset activity within each Emergency Department. As part of CQC preparations, there has been a particular focus on Maternity & ITU departments at both sites which will be inspected, and all divisions and departments have been working hard to get ready for the unanounced inspection and for 'well-led' interviews.

Planned care division have recently announced a new clinical and service director team under the continued leadership of Jason Smith as Divisional Medical Director. Elsewhere, recruitment is underway to the Hospital based triumvirate at Chelsea site, that will create a structure to mirror that which exists at West Middlesex; this provides senior dedicated site expertise to support the clinical delivery of services, and complements the divisions. Finally, all divisions were well represented at this years PROUD awards with the winners detailed below.

There has been a decrease in the vacancy rate for September, 9.44% against the Trust target of 10% and a significant improvement since the same time last year. The qualified nursing vacancy rate is

7.83% and for medical staff this has reduced to 6.90%. The trust's mandatory training compliance rate has increased to 93% in September. Our current rate has remained above our ceiling rate of 90% for 17 consecutive months. The trust's sickness rate is currently 2.42%. Our sickness target (3.3%) has not been breached during the last 18 months peaking in April '18 at 2.95%. This compares favourably with peers and the Trust remains in the lower quartile. The 12 month rolling PDR rate increased in September (0.65%) to 80.55% and our PDR window rate has increased 13.31% over the last month.

The Trust continues its work around inclusion and held three well attended sessions facilitated by the national Workforce Race Equality Scheme (WRES) team. Over 80+ managers attended which provided an opportunity for senior leaders to understand the Trusts WRES data in more detail, and to also discuss how best to lead cultural and practical change to improve the experience of staff. Significant changes to the Trusts disciplinary process came into place and communications regarding the new processes have been cascaded through the team brief and to managers.

The Trust announced that by April 1st 2020 all ISS staff will be paid the London Living Wage. The investment to increase ISS staffs pay to the London Living Wage has been agreed and funded by the Trust. This will be implemented in a phased way with a significant increase to ISS staffs pay in this financial year (average of over 10%) and meeting the London Living Wage level by April next year. The Trust wanted to ensure that any investment in staff pay was given to those that currently earn the lowest and see this as an important equality statement. The Trust will be applying to become a member of the London Living Wage Foundation in April 2020.

3.0 Staff Achievements and Awards

August PROUD Award winners

Emergency and Integrated Care division: Rachel Madelin, Band 6 Nurse, Edgar Horne, CW

Planned Care division: Syon 2 Staff Nurses, WM

Clinical Support division: James Oppong-Bimpeh, Team Leader at Sterile Services department, CW

Women's and Children's division: Rachael Jones, Consultant, 10 Hammersmith Broadway

Corporate division: Parviz Khan, Lead Porter, Main Theatres, CW

Volunteers: Stan Grutzmacher, Volunteer, Stroke, WM

September PROUD Award winners

Emergency and Integrated Care division: Ambulatory Emergency Care, WMUH

Planned Care division: Bernard Arguelles, Sister/Charge Nurse, WMUH

Clinical Support division: Navpreet Jhawer & the Phlebotomy team, WMUH

Women's and Children's division: Carmel McCullough, Practice Development Midwife, CW

Corporate division: Giri Prasad Budhathoki, Domestic Housekeeper/Cleaner, WMUH

Volunteers: Frank and Lynn Greenland, Nell Gwynne Volunteers, CW

Awards

- **Staff Awards – our 2019 winners:**

  Fionn MacLauchlan, Speech and Language Therapist
  Allied Health Professional of the Year

  Alam Choudhary, Healthcare Assistant
  Clinical Support Worker of the Year

  Emily Ward, Lead Pharmacist
  Pharmacist of the Year

  Katie Thomson, Youth Volunteering Manager
  Corporate Employee of the Year

  Anthoula Kanaris, Domestic
  Support Service Employee of the Year

  Oliver Nickalls, Reception Volunteer
  Volunteer of the Year

  Salma Abdi, Youth Volunteer
  Volunteer of the Year

  Bridgette Fraser, Clinical Nurse Specialist
  Nurse of the Year

  Sarah Sandhu, Matron
  Midwife of the Year

  Dr Osaeloke Osakwe, Consultant Obstetrician and Gynaecologist
  Doctor of the Year

  Mental Health Team
  Team of the Year

  Cathy Hill, Deputy Director of Nursing
  Inspiring Leadership Award

  Tracey Virgin-Elliston, Stoma Care Nurse Specialist
  Lifetime Achievement Award

  Unicompartmental Knee Replacement Team – Chelsea site
  Quality Improvement Award

  Dr Sanjay Krishnamoorthy, Consultant in Acute Medicine
  CW+ PROUD to Care Annual Award

  Christine Catlin, Associate Director of Learning and Organisational Development
  CW+ Special Award

Nightingale Acute Frailty Unit – Chelsea site
Council of Governors Quality Improvement Award

Daniel Board, Specialist Pain Management Physiotherapist
Council of Governors Quality Improvement Award

Maternity and Obstetrics teams – both sites
Chief Executive's Special Award

Olga Sleigh, Head of Decontamination Services
Chief Executive's Special Award

- **London Region Team of the Year for 2019 – College of Radiographers**
  Our **Ultrasound team** in the Queen Mary Maternity Unit (QMMU) at our West Middlesex site have been chosen as London Region Team of the Year for 2019 by the College of Radiographers.

- **Black, Asian and Minority Ethnic (BAME) Rising Star Award – Royal College of Nursing**
  Chitra Sanjel, Senior Staff Nurse on our Intensive Care unit (ICU) at West Middlesex received the Black, Asian and Minority Ethnic (BAME) Rising Star Award on Friday 18 October from the Royal College of Nursing at their special Black History Month event.

The Trust has been shortlisted for the **Health Service Journal's Acute & Specialist Hospital of the Year**. The winner wil be announced at the awards ceremony on 6 November 2019.

4.0 Communications and Engagement

Events

Open Day, 5 September
We hosted our Keeping Healthy and Active Open Day from 2-5pm on 5 September at our West Middlesex site. It was an action packed afternoon of sport, fitness, free health checks, cooking demonstrations, behind the scenes tours, live entertainment and careers advice on offer. This year we welcomed our colleagues from local health organisations and the voluntary sector who are working alongside our staff to improve the health of our local community. There was also live entertainment, activities for children and we unveiled a special exhibition in memory of the 390 men from Isleworth who served in World War 1.

Annual Members Meeting, 5 September
Following on from our Open Day we held our Annual Members Meeting (AMM) in the Education Centre at West Middlesex. As always, this was a chance to hear about our performance over the past year and plans for the future, as well as ask questions and provide feedback on our services. It was brilliant to see a packed room in order to highlight our many achievements throughout the year, including our life changing Project SEARCH internship at West Mid for students with learning disabilities.

Staff Awards, 2 October

Our flagship annual Staff Awards, supported by our charity CW+, recognise and celebrate the very best examples of our teams going the extra mile to care for our patients. We received over 750 nominations and the awards ceremony and dinner took place on the evening of 2 October at The Twickenham Stoop, home of the Harlequin F.C. rugby union. It was a fantastic evening where we announced 21 winners across 17 categories and celebrated all those of you who were nominated, made our shortlist and won an award on the night.

Team Briefing

Presentations for September covered our preparations for EU Exit, the launch of our new Cerner Electronic Patient Record (EPR) system at our Chelsea site on 5 November, our Quality Improvement (QI) work and new QI white boards for all areas and Medical Photography.

Presentations for October covered our preparations for EU Exit, our Nightingale Acute Frailty Unit and End PJ Paralysis campaign at the Chelsea site and progress of our BAME Network, along with our accompanying Equality, Diversity and Inclusion work.

Media coverage

September

- From eye cancer to HIV and Parkinson's – meet the companies developing smartphone apps set to improve medical diagnostics
- Karen Bonner, Divisional Director of Nursing (Planned Care) highly commended in Nursing Times Workforce Awards
- Hospital Trust and charity launches new innovation programme

Website

Overall summary

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

The top 10 sections have remained consistent: 56 Dean St, 10 Hammersmith Broadway and John Hunter clinics, travel directions and contact info, maternity services, and working here. 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 this period one year ago.

Social Media

Twitter

Topics for September included CW Innovation, World Patient Safety Day, Open Day, Annual Members' Meeting, Staff Awards, World Sepsis Day

Impressions for September totalled 130,000 across both sites.

High performing tweets included:

- CW Innovation launch (over 12,000 impressions)
- World Patient Safety Day (over 6,000 impressions)
- Staff Awards shortlist (15% engagement, the average is 2%)

Facebook

Our reach across our two Facebook pages totalled 167,000 in September with posts relating to Open Day and Staff Awards being the most popular.

5.0 Strategic Partnerships Update

The main focus of our Strategic Partnerships work continues to be focussed on our emerging Joint Clinical Academic Strategy with Imperial College Hospital Trust and Imperial College. The initial progress on our early adopter programmes is HIV, Dermatology and Opthalmology are set out in a more detailed Board paper

Other key issues this month include:

1) Hounslow Integrated Care Partnership: Hounslow CCG have reconstituted the local 'borough based' Health & Care Partnership Board as part of their arrangements for oversight of this Integarted Care early adopter. The Trust's Director of Strategy has been seconded on a 0.2wte (1 day a week) basis to chair this Board and to support leadership of the ICP as a delivery arm and constituent part of the developing North West London Integrated Care System. It is planned to bring a paper outlining the steps for operationalsing the ICP and for an initial programme plan to Board in December in advance of any formal proposals.

2) Sensyne Health Partnership: The Innovation Strategy Group reviewed the first year of operation of the Sensyne partnership and noted that investment in excess of £200,000 has been generated on research projects such as Gestational Diabetes and CleanSpace (environemental sensors in ITU) and support to the Trust data warehouse and analytics capabilities.

Finally, with the announcement of a General Election for 12 December 2019, it is timely to reflect that there are practical implications around provider activities and communication during the pre-election period. NHS Providers have updated their briefing which sets out considerations for NHS foundation trusts and trusts in the period of time leading up to the 2019 General Election. The briefing highlights the key principles that apply for provider Trusts:

- Normal business and regulation should continue including Board disccussions and approvals.
- No activity should be undertaken which could be considered politically controversial or influential, which could compete for public attention or which could be identified with a party/candidate/designated campaign group.
- Would you do the same for everyone? NHS providers have discretion in their approach, but must be able to demonstrate the same approach for every political party, official candidate and designated campaign groups in order to:

- avoid allegations of bias or pre-judging the electorate
- ensure you will be able to form a constructive relationship with whoever wins the seat

6.0 Finance

The Trust continues to deliver it financial targets in 2019/20, however, there are still significant challenges facing the Trust as it is required to deliver its £25.1m cost improvement plan (CIP) by the end of the March 2020. Work continues to identify schemes that will improve the quality of our healthcare provision whilst reducing waste and costs to deliver our financial plan.

Lesley Watts

Chief Executive Officer

October 2019

October 2019

All managers should brief their teams within a week on the key issues highlighted in this document.

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

Our team welcome Nick Wales into the role of Interim Divisional Medical Director this month, following Professor Simon Barton moving into his new role as Medical Director for NHS London specialist commissioning. We are really proud of our clinical teams in the recent ward accreditations, whereby Starlight and Sunshine Children's wards at West Mid received a silver accreditation and our Antenatal Unit at West Mid receiving gold. Really well done! Last week we participated in the first World Patient Safety Day across both hospitals. Our stands received a lot of interest and we showcased some of the great work our clinical teams are engaged in to ensure we continue to provide safe and effective care. Our team at 56 Dean Street recently launched their Generation Zero campaign outlining our commitment to creating an AIDS free generation, releasing a short video, explaining how we can stop the spread of HIV and get to zero. They also screened their web series 'The Grass is always Grindr' at Curzon Cinemas, reinforcing the clinic's key risk reduction messages and finding new ways to educate our patients. We are incredibly proud of how many of our staff and teams were nominated in the Staff Awards and wish those shortlisted good luck on the evening. Over the next few weeks we will be ensuring we are getting ready for the Cerner go-live on 5 November, preparing maternity for their upcoming full CQC inspection, welcoming our newly qualified nurses and midwives to the division and of course continuing with our winter planning.

Clinical support

As we approach the 31 October, we will be required to submit daily SitReps for our EU Exit preparedness. Please can you all ensure that your departments have robust business continuity plans in place that have been tested and are embedded within your teams. If you require any help, please contact Catherine Sands or Sarah Haynes Mooney for support. As part of our readiness for the migration to our Cerner EPR system, Radiology bookings are no longer visible in LastWord. They can be found on Radcentre. To continue to provide an excellent service for our patients, the Ultrasound service at West Middlesex is extending its core hours from 8 to 10 hours per day. The long-awaited new mammography unit has also been commissioned for our West Mid site, helping us to detect breast cancer earlier.

Planned care

It has been a very busy month for our division with many projects being run to improve patient care, so we'd like to thank everyone in the division for their dedication and hard work. Winter plans for both sites have been developed and teams are preparing for the increase in patients attending our emergency departments. Cerner launches on the 5th November and Planned Care is ensuring everyone has had their training. A comprehensive cut over plan has been developed and will support all staff during 'go-live'. Having developed the Rapid Access Prostate Imaging and Diagnosis (RAPID) pathway to improve care for our patients with prostate cancer, we will be launching a soft tissue Sarcoma 2 week wait service from October based out of our West Mid site. The service will provide faster diagnosis of Sarcoma with on-going treatment closer to home for many of our patients. Finally, good luck to all the planned care staff nominated for an award at the Staff Awards. It was fantastic so see the recognition for all of the work individuals and teams have been doing to improve patient care.

Latest CW+ PROUD award winners

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

- Emergency and Integrated Care: **Rachel Madelin**, Band 6 Nurse, Edgar Horne, CW
- Planned Care: **Syon 2 Staff Nurses**, WM
- Women and Children**: Rachael Jones**, Consultant, 10 Hammersmith Broadway
- Clinical Support: **James Oppong-Bimpeh**, Team Leader–Decontamination Services, CW
- Corporate: **Parviz Khan**, Lead Porter–Theatres, CW
- Volunteers: **Stan Grutzmacher**, Stroke Volunteer, WM

Visit the intranet to nominate a team or individual.

Mandatory and statutory training

The Trust has achieved 92% compliance over the past month, with all divisions now reaching 91% or above. Current compliance figures (at 23 September 2019) are:

Division	Compliance	Trend from previous month
Corporate	**95%**	⇓
Emergency and Integrated Care	**92%**	⇓
Planned Care	**91%**	⇔
Women, Neonatal, Children, Young People, HIV/Sexual Health	**92%**	⇔
Clinical Support	**95%**	⇔
Overall compliance	**92%**	⇓

Overall compliance is on a downward trend, there is particular focus on the topics which are currently below our Trust targets—adult basic life support, fire and information governance.

The Trust's coaching network is being relaunched, if you're interested in being coached, look out for details and how to book in the Bulletin.

We have a number of spaces available on the half day PDR Manager sessions at West Mid on 9 and 29 October, to book please contact learningdev@chelwest.nhs.uk

CernerEPR: practice with the play system

We are now two thirds of the way through Cerner EPR training with just one month to go before the 5 November go-live. The best way for staff to keep their learning fresh is to practise using the Cerner EPR play system. This is a safe environment to try out what you have learnt without worrying about making mistakes. Get the login details from the Cerner EPR play manual on the Cerner EPR intranet site. And use the quick reference guides to help you if you get stuck. For the latest news on Cerner EPR go to the events and updates page.

EU Exit update

Uncertainty about the when and how of EU Exit continues. However, we have to plan against all contingencies and continue to deliver good care. We want to support all our staff, but EU nationals face particular uncertainty. We encourage them to consider the EU settlement scheme. This week our lawyers Capsticks have run advisory sessions, and support is available from HR.

When issues arise at work, this is business as usual. It should simply be reported and then escalated as normal. Staff don't have different routes to resolve things depending on whether it might have some element of EU Exit or not.

Nursing Recruitment and Retention

Our nursing and midwifery teams have been busy recruiting over the summer, with 110 newly qualified adult nurses, paediatric nurses and midwives joining us this Autumn. We are looking forward to welcoming many of our own student nurses and midwives back to our organisation as qualified staff. Overseas recruitment continues and we have maintained our vacancy position within Nursing and Midwifery at 8%, which is still the lowest in London. In September we held our first ever Health Care and Maternity Support Worker Conference which was attended by over 60 of our staff. This was a brilliant day held in Richmond and supported by CW+ with information for staff about career development opportunities, equality & diversity, volunteering opportunities outside of the trust, emotional intelligence and national and local strategy in terms of nursing and midwifery workforce. We hope to have 30-40 Apprentice Nursing Associates start the course before Christmas in our continued bid to invest in our workforce and meet patient need. For further information about this programme, please contact Cathy.Hill@chelwest.nhs.uk

Lesley's weekly message

Wednesday 23 October

On Friday, we were delighted to announce that by 1 April 2020 all of our hard working ISS staff, who are vital to the running of our hospitals, will be paid the London Living Wage (LLW). This investment to increase ISS staff pay has been agreed and funded by the Trust. Our Board wants to ensure that any investment in staff pay is given to those that currently earn the lowest and see this as an important equality statement. I'd like to thank each and every one of our ISS colleagues who deliver a range of services at our sites including cleaning, catering, portering and waste management. Your contribution is extremely important to the delivery of high quality, safe care and we hope this goes some way in recognising the immense contribution that ISS colleagues make to our organisation every single day. Please take the time to watch this video we have produced, thanking them and acknowledging that. You can also find out more on our website.

Congratulations to our fantastic Endoscopy team who received Joint Advisory Group (JAG) accreditation on Thursday, recognising their high-quality gastrointestinal endoscopy service. The JAG accreditation scheme is patient-centred and people-focused, based on the principle of independent assessment against recognised standards. It was developed for all endoscopy services and providers across the UK and is regarded as one of the most innovative and effective in the healthcare sector. This is a great achievement. Well done all.

It was a pleasure to host the national Sands team and Marsha De Cordova, Labour MP for Battersea, on Friday to discuss our achievements in embedding the National Bereavement Care Pathway across our maternity, neonatal and gynaecology services. This was a fantastic opportunity to demonstrate all of the work that we're doing to strengthen the support we provide to bereaved parents and families throughout a very difficult time. By adopting this approach, we show our commitment to ensuring all care surrounding baby loss meets these consistent standards. Ms De Cordova was very impressed with our work and plans to use this as an example of best practice, to ensure other Trusts within her constituency adopt a similar approach. Thank you all for your unfailing kindness and constantly seeking to improve the care we deliver. This is exactly the sort of work which we should look to highlight in our upcoming CQC inspection.

On 14 October we celebrated Allied Health Professionals (AHPs) Day by showcasing some of the amazing work which our AHPs carry out out across the Trust. Our Hand Therapy team are a great example of the vital service AHPs provide, working collaboratively to support patients in their recovery and rehabilitation. Their Occupational Therapists and Physiotherapists share skills and knowledge to provide the most optimal function to patients with hand injuries or acquired hand conditions, helping them to return home. Our Dietitians are another important example, assessing, diagnosing and treating dietary and nutritional problems. They work as part of our multi-disciplinary teams to treat complex clinical conditions such as diabetes, food allergy and intolerance, IBS syndrome, eating disorders, chronic fatigue, malnutrition, kidney failure and bowel disorders. Our Speech and Language Therapists also play a fundamental role in supporting our patients who have communication, swallowing and voice disorders. And our Occupational Therapists and Physiotherapists on both sites have been working tirelessly to support the national End PJ Paralysis campaign, helping patients to get up, dressed and moving so that they can return home quickly and safely. There are many more examples. Thank you for all that you do.

I was thrilled to hear that our Ultrasound team in the Queen Mary Maternity Unit (QMMU) at our West Middlesex site have been chosen as the London Region Team of the Year for 2019 by the College of Radiographers. This is real credit to the incredibly hard work which this team of sonographers and administrative staff put into the care they provide to our patients. Their nomination will also go forward to be judged for the overall UK award of National Radiography Team of the Year which will be presented at an awards ceremony on 6 November. Very well deserved and I wish you all the best of luck.

We are so sorry to hear that one of our overseas nurses Ken Velasco sadly died on Sunday. He worked on Nell Gwynne where he quickly settled and became a loved member of the team. Members of our staff raised funds to support Ken's care back home in the Philippines. I know he will be sadly missed and I send his family, friends and colleagues our best wishes.

Chitra Sanjel, Senior Staff Nurse on our Intensive Care Unit (ICU) at West Middlesex, received a Black, Asian and Minority Ethnic (BAME) Rising Star Award on Friday from the Royal College of Nursing at their special Black History Month event. She was recognised for going above and beyond the call of duty, having overcome adversity and playing a key part in the future of nursing. We are all very proud of her achievements.

Best wishes,

Email me on feedback@chelwest.nhs.uk or follow me on Twitter (on your personal device) @LesleyWattsCEO.

Summary of board papers – statutory bodies

Care Quality Commission - 16 October 2019

For more detail on any of the items outlined in this summary, please find the full agenda and papers available online

Executive office update

- The CQC has published its annual statutory report to parliament on the state of health and social care
- Since May 2019, the CQC has rated inadequate and placed into special measures 12 sites which admit people with a mental health problem, learning disabilities and autism.
- The CQC recently published a joint statement from members of the cross-regulatory group on online primary care, 'Online primary care – response from the regulators' on what they are doing to address the issues that exist within the system.
- The Chief Operating Officer provided a verbal update on the 2020/21 fees scheme. The CQC notes that it is now at full cost recovery, which means all activity costs now come from provider fees. The CQC usually amends its fee scheme every year, but for 2020/21 has agreed not to. They hope that this will allow providers to have some budgetary stability and allow the CQC to consider a longer term strategy.
- David Noble, who is leading the review focusing on how CQC dealt with concerns that arose in relation to the regulation of Whorlton Hall, has delayed his investigation. Delivery of his report is now planned for CQC's November board meeting.

Freedom to Speak Up Guardian annual report

- The CQC has published its second annual speak up report, which covers the 16 months since the first report in June 2018. The report highlights the need for wider education and training in speaking up and speaking up well.
- The report also notes results from three surveys; the 2018 CQC staff survey, the Truth to Power survey and the recent 2019 Pulse survey. 42% of staff at the CQC felt that "it was safe to challenge the way things are done in CQC". The Truth to Power survey highlighted that fear of being perceived negatively was the biggest reason given for not speaking up. Additionally, the 2019 Pulse survey found that 87% of staff were aware how to raise an issue at the CQC, and 53% felt they would be listened to.

Healthwatch England update

Healthwatch England's report provides an update on its engagement with local communities on key topics such as the long term plan (LTP) and the clinical standards review. Headline themes from a survey of 30,000 people include:

- Feedback suggests the best way to demonstrate that the long term plan is improving quality of care is by fixing some of the issues in accessing primary care.
- People accept that health services might be delivered further from home, but want all their recovery and ongoing healthcare support to be kept local.
- People place an emphasis on the importance of prevention, and want services that do more to proactively help them to stay well.

Health Education England – 15 October 2019

For more detail on any of the items outlined in this summary, please find the full agenda and papers available online

HEE stakeholder survey

- HEE commissioned Ipsos MORI to undertake a survey on stakeholder perceptions. Key findings from the presentation include:
  - HEE is seen as 'fragmented' and stakeholders are looking for greater consistency in both working relationships and messages.
  - Stakeholders, particularly NHS trusts feel that HEE could do more to engage them earlier and thought that HEE could do more to understand experiences at the front line.
  - Stakeholders thought HEE played a key role in both development of new roles and drafting of the interim NHS people plan

Freedom to Speak Up

The Freedom to Speak Up Guardians (FTSUG) now includes staff wellbeing alongside whistleblowing. HEE has successfully developed contact officers to support HEE's drive to improve staff experience.

Finance and performance

- The financial position of HEE as of 31 August 2019, along with an update on budget setting following the spending review announcement in September, were presented to the board. Key points include:
  - Five HEE programme budgets are £0.7m overspent and admin budgets are £0.9m overspent.
  - Following the outcome of the spending round, HEE is determining the parameters, allocation methodology, and monitoring for the new £150m CPD funding. They are also planning the best utilisation of the £60m additional funding toward people plan priorities.
- The latest performance figures were presented, including:
  - HEE is on track to achieve its target of 650 additional midwifery training places.
  - GMC training survey shows 79.3% for overall satisfaction of training, reversing the declining trend.

Talent for care and apprenticeships

At the September meeting the HEE board affirmed its commitment to working with stakeholders to assist the NHS in adapting and developing its employment, education, training and volunteering practices to improve the socio-economic wellbeing and health outcomes of local populations. HEE will work with the Princes Trust, Project Choice, Step into Work and Movement to Work to encourage the development of these outcomes.

Nursing associate evaluation

HEE commissioned an independent evaluation of the introduction of the role of nursing associates. Key findings include:

- Trainees see the programme as a stepping stone to nursing and an opportunity to go to university that might otherwise not be possible due to family and financial circumstances.
- 85% of trainees surveyed felt prepared to enter the workforce as a nursing associate.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Nov/19
REPORT NAME	Improvement Programme update
AUTHOR	Iain Eaves, Director of Improvement
LEAD	Iain Eaves, Director of Improvement
PURPOSE	To report on the progress of the Improvement Programme
SUMMARY OF REPORT	The Trust continues to make progress against the four quality priorities for the year and in building our culture of innovation and improvement with a growing portfolio of quality improvement projects.
KEY RISKS ASSOCIATED	Failure to continue to deliver high quality patient care
FINANCIAL IMPLICATIONS	By improving care and patient outcomes, e.g. through GIRFT, we expect to also drive improved efficiency and reduce costs.
QUALITY IMPLICATIONS	These are considered as part of the embedded Quality Impact Assessment process of the Improvement Programme.
EQUALITY & DIVERSITY IMPLICATIONS	Equality and Diversity implications have been considered as part of the embedded Quality Impact Assessment process of the Improvement Programme, which is led by the Chief Nurse and Medical Director.
LINK TO OBJECTIVES	• Deliver high-quality patient-centred care • Deliver better care at lower cost
DECISION/ ACTION	For assurance.

1. Quality priorities for 2019/20

The quality priorities for 2019/20 are:

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

In summary at the end of Q2 headline performance is:

- Ahead of trajectory for priority '4'
- Behind trajectory for priority '2', with a revised trajectory and actions in place to deliver the end of year target
- At baseline level for priorities '1' & '3', with improved performance forecast during the second half of the year based on existing and planned actions

Performance against the key indicators is summarised in the table below.

Summary of progress against the Trust Quality Priorities 2019/20

Priority	Key Indicator	Baseline	End of year target	Year to date progress	Next Steps / Commentary
1. Reducing inpatient falls	Rate of falls per 1,000 bed days	3.8	3.6	The average falls rate was 3.85 in Q2 (between July and September) in line with historical levels	Visits to sites highlighted with best practice from NHSI/ RCP falls quality improvement programme
2. Improving continuity of carer within maternity services	% of women on a continuity of carer pathway	9%	35%	Performance remains at 17.5% for Q2, with a two month delay against trajectory	Further continuity teams due to launch end of November and January. A revised trajectory and actions are in place to deliver the end of year target (a detailed update is provided as part of the deep dive agenda item).
3. Improving sepsis care	% of patients screened for sepsis	84%	90%	84% average across Q2	Action plan in place to increase screening to target rates at West Middlesex. Implementation of Cerner at Chelsea includes sepsis screening prompts.
	% of patient receiving IV antibiotics within 1hr	80%	90%	80% average across Q2*	
4. Reducing hospital acquired E.Coli BSI	Number of hospital onset E.Coli BSI cases	57	≤51	There were 18 cases in total in the 6 months from April to Sept equivalent to a rate of 36 per annum	Rate continues to track below previous year and target levels. Next step is to roll out of revised catheter care forms and booklets.

*CWH data. WMH Q2 audit being completed.

2. Building a culture of innovation and improvement

Our systematic approach to quality improvement has grown over a number of years and we continue to build our culture of innovation and improvement under three key streams of work;

- Building improvement and innovation capability and capacity
- Alignment of improvement priorities and opportunities
- Communications plan for awareness building and engagement.

Our library of improvement projects is growing and local improvement boards have now been rolled out to all clinical ward areas. We also continue to develop our training offer, and promotion of our Improvement and Innovation Hub has driven an increase in staff seeking advice and support.

Key highlights of the programme from the last period include:

CW+ 'Dragons Den' Funding Call for staff-led quality improvement and innovation

From September to October, the Trust and CW+, the hospital charity, ran the annual Nurses, Midwives and Allied Health Professionals 'Dragon's Den' funding call. This is an initiative that awards grants for staff-led innovation and quality improvement projects that aim to deliver better patient experience and care. This year the improvement and charity teams worked together to align the funding call with the Trust improvement priorities. A total of 22 applications were received, eight were shortlisted and four finalists were selected to present to the 'dragons den' panel which took place on the 9 October 2019. All finalist and shortlisted projects received funding.

Launch of CW innovation

Since the last Quality Committee meeting, the Trust and CW+ formally launched the CW+ Innovation programme to external partners on 25 September 2019 – with the internal launch to follow shortly at the Research, Innovation, Quality Improvement (RIQI) event on 27 November 2019 (see below).

The current innovation portfolio comprises over 40 live projects with a further 30 innovation ideas in the pipeline. Over 70% of these were employee originated ideas, demonstrating the success of the staff-led projects that we are taking forward through the programme.

Research, Innovation, Quality Improvement (RIQI) event 2019

The Trust's Research and Development, Improvement and Innovation and Clinical Governance teams, and CW+ are collaborating to hold the first RIQI event on 27 November 2019. The event builds on our strategy to develop a culture and environment where all staff can put forward ideas to benefit care. It is is designed to:

- encourage and support staff to develop ideas and ways of working to improve patient care and experience;
- share and grow the portfolio of staff-led research, innovation and improvement projects; and
- provide a forum for the internal launch the CW Innovation programme.

Over 60 abstracts have been received, aligned to our Trust improvement and innovation themes, including improving the patient environment, bed productivity and staff wellbeing. Staff are being supported to write up their projects and develop posters for the event.

One of the quality improvement projects being showcased at the event focuses on improving care for elderly patients. The project piloted the use of a specialist frailty unit with multidisciplinary-led services to support the functional rehabilitation of frail patients.

The project introduced a new triaging system for frail patients to a specialist frailty unit where holistic management includes daily activity and music, individual and group exercise programmes with patients being encouraged to be dressed and eat in the day room

The early results have shown improved functional and mobility outcomes and fewer patients requiring increased levels of support and care post discharge. Feedback from patients has also been consistently excellent.

3. CQC Improvement Plan

In June 2019, all of the actions from the CQC inspection which took place in 2017/18 were completed and moved to (blue) status. Where appropriate, ongoing monitoring of delivery continues through the relevant governance structures within the Trust.

There has been significant improvement across a number of repeating themes from the previous CQC report, including PDR and mandatory training rates, vacancy rates, complaints response times and RTT performance.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Nov/19
REPORT NAME	Learning from Serious Incidents (SIs)
AUTHOR	Stacey Humphries – Quality and Clinical Governance Assurance Manager
LEADS	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper updates the Board on the process compliance, key metrics and learning opportunities arising from Serious Incident investigation process.
SUMMARY OF REPORT	The Trust operates two levels of Serious Incident investigation: • External Serious Incidents: External SIs are reported on the Strategic Executive Information System (StEIS) in accordance with NHS England's Serious Incident Framework. Following investigation the reports are submitted to the Trust's commissioners for review and closure. • Internal Serious Incidents: Internal SIs are events that do not meet the definition of an external serious incident but where the opportunity for learning is so great that a comprehensive investigation is warranted. During the 12 month period to September 2019 the Trust declared 191 serious incidents (both internal and external); of these 99 were associated with CWH, 92 with WMUH. Maternal, fetal, neonatal care; patient falls; operations/procedures and diagnosis/observations were the most frequently declared SI categories during this 12 month period. Learning and implementation of improvement practice is supported by the maternity risk team, falls steering group and a deep dive into missed or delayed diagnosis undertaken by the Clinical Director for Patient Safety. During August and September 2019, 29 SIs were declared; of these 20 were internal and 9 were external SIs, investigation processes are being led by Divisional leads. During August and September 2019, 9 external SI investigations were completed and submitted to the Trust's commissioners. • 3 x Slips/trips/falls • 2 x Diagnostic incident • 1 x Environmental incident • 1 x Treatment delay • 1 x Surgical/invasive procedure incident • 1 x Maternity/Obstetric incident: baby only Root and contributory causes are identified as part of the serious incident investigation process. The following primary themes were identified during this reporting period: • Sub-optimal processes • Lack of adherence to Trust policies/procedures • Lack of risk assessment • Failure to escalate • Complication of treatment • Lack of clinical expertise/technical ability • Patient factors
KEY RISKS ASSOCIATED	• There is a reputational risk associated with the Never Event reported in April 2019.

	• Delayed delivery of action plans associated with serious incident investigations reduces risk reduction assurance offered by the SI investigation process.
FINANCIAL IMPLICATIONS	• Penalties and potential cost of litigation relating to serious incidents and never events.
QUALITY IMPLICATIONS	Serious Incident investigation provides clinical teams with a structured approach to care and service delivery evaluation and supports the identification of learning opportunities designed to reduce the risk of harm to patients, staff and the public.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Delivering high quality patient centred care
DECISION/ ACTION	• The Board is asked to comment on the report.

Learning from Serious Incidents

1. Introduction

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

The Trust operates two levels of Serious Incident investigation:

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

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

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

2. Serious Incident Activity

During the 12 month period to September 2019 the Trust declared 191 serious incidents (both internal and external); of these 99 were associated with CWH and 92 with WMUH.

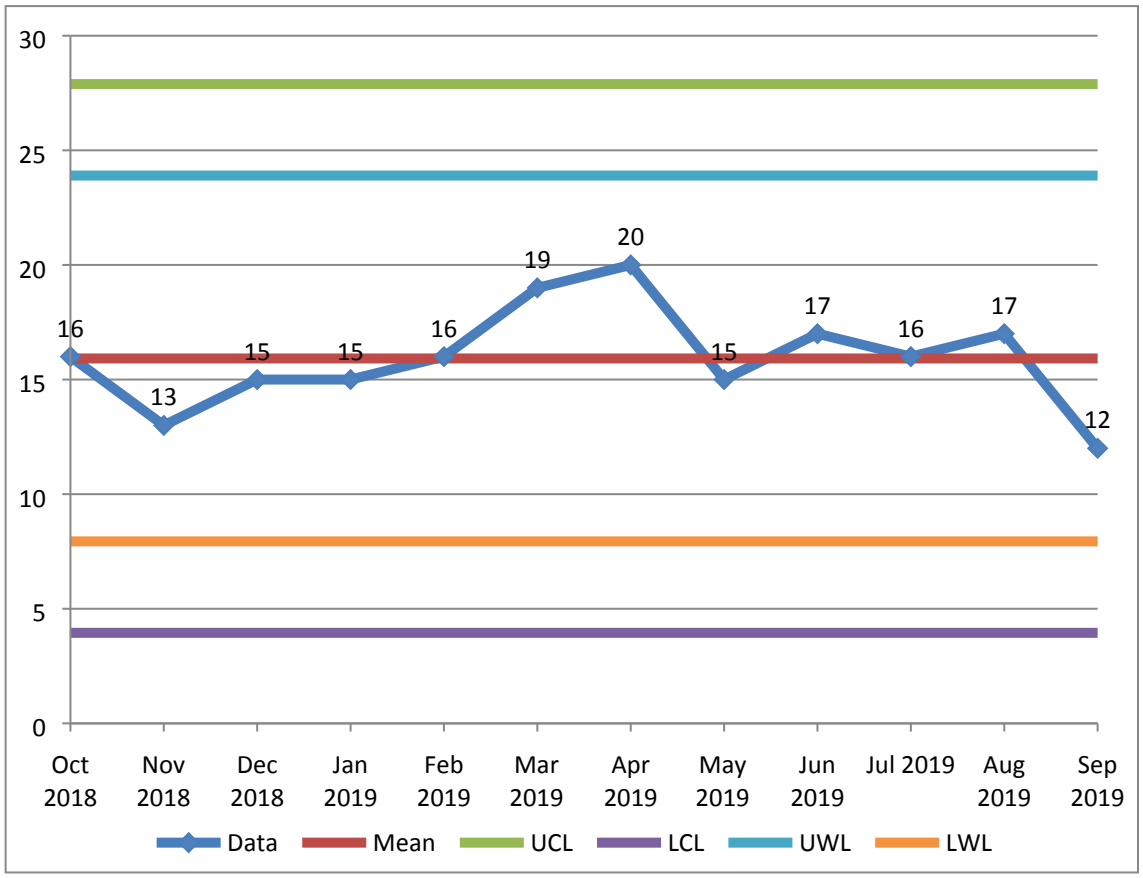


Fig 1: Internal and external SIs declared, October 2018-September 2019

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

3. Chelsea and Westminster Hospital site

99 serious incidents were declared in the twelve month period to the end of September 2019; of these 55 were internal investigations and 44 were externally reported on StEIS.

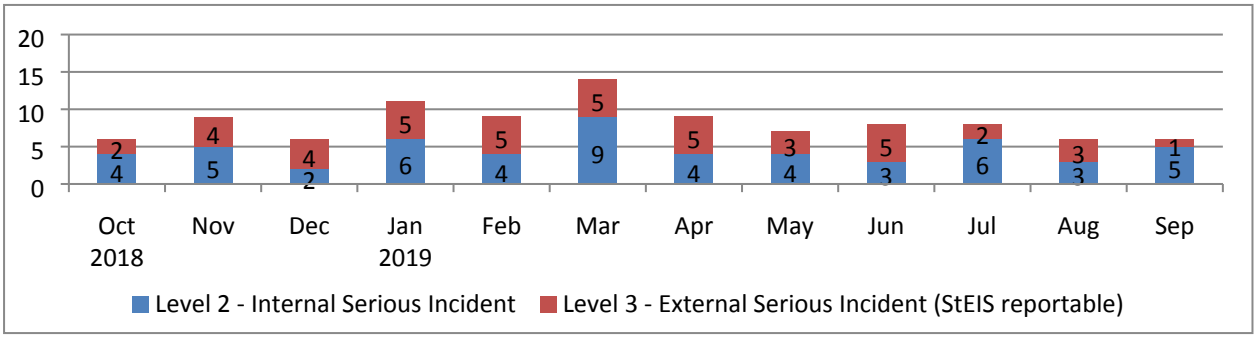


Fig 2: Internal and external SIs declared by CWH, October 2018-September 2019

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

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Womens, Childrens, HIV, GUM and Dermatology	24	20	44
Emergency and Integrated Care	16	10	26
Planned Care	9	10	19
Clinical Support Services	5	3	8
Corporate functions	1	1	2
Total	55	44	99

Tab 1: Internal and external SIs declared at CWH by Division, October 2018-September 2019

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

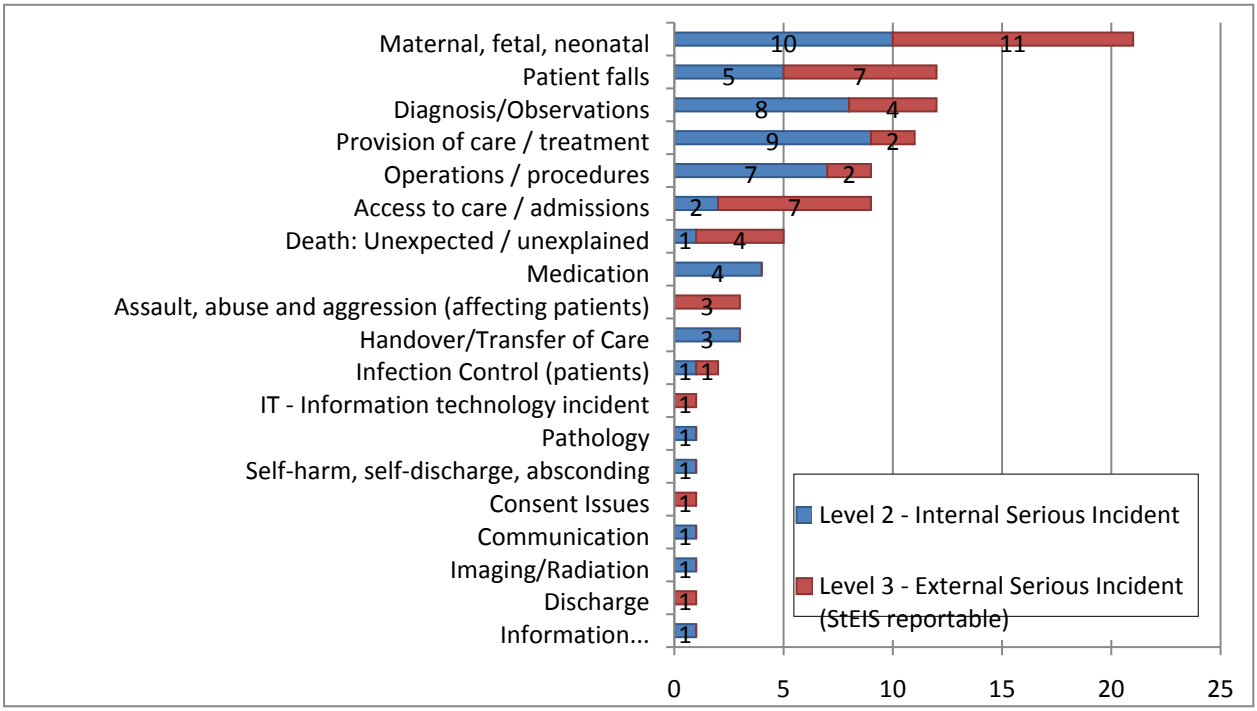


Fig 3: Internal and external SIs declared at CWH by incident category, October 2018-September 2019

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

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Labour Ward	4	8	12
Accident and Emergency	4	2	6
Acute Assessment Unit (AAU)	4	2	6
Eye Clinic	1	5	6
Rainsford Mowlem Ward	3	2	5
Maternity Urgent Care Centre	2	2	4
Burns Intensive Care Unit	1	2	3
Neonatal Unit	2	1	3
Outpatients Medicine (Gate 4)	2	1	3
Ann Stewart Ward	3	0	3

Tab 2:Exact locations with highest associated Internal and external SIs declared at CWH, October 2018-September 2019

Of the 99 Serious Incidents associated with the site during this reporting period 68 have been investigated and closed; the degree of harm that occurred as a direct result of the incident identified post investigation is outline below:

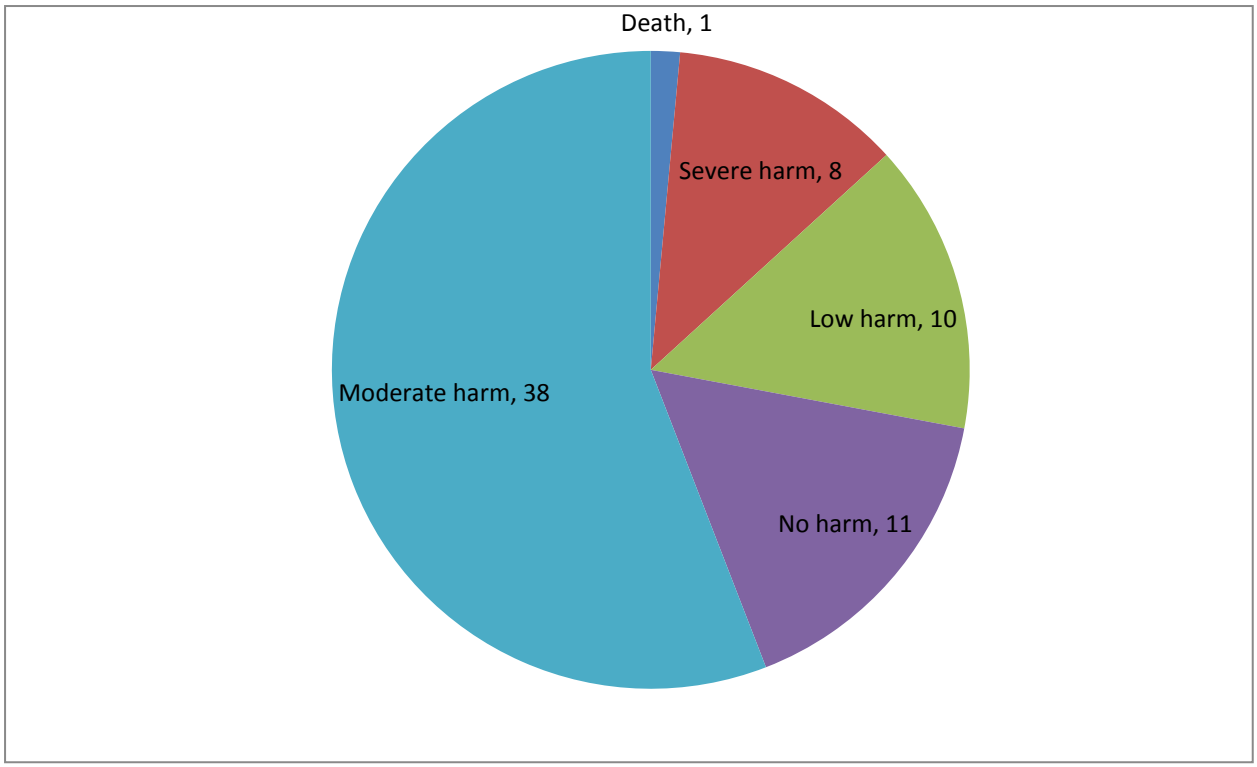


Fig 4:Closed Internal and external SIs declared at CWH by degree of harm, October 2018-September 2019

4. West Middlesex University Hospital site

92 serious incidents were declared in the twelve month period to the end of September 2019; of these 52 were internal investigations and 40 were externally reported on StEIS.

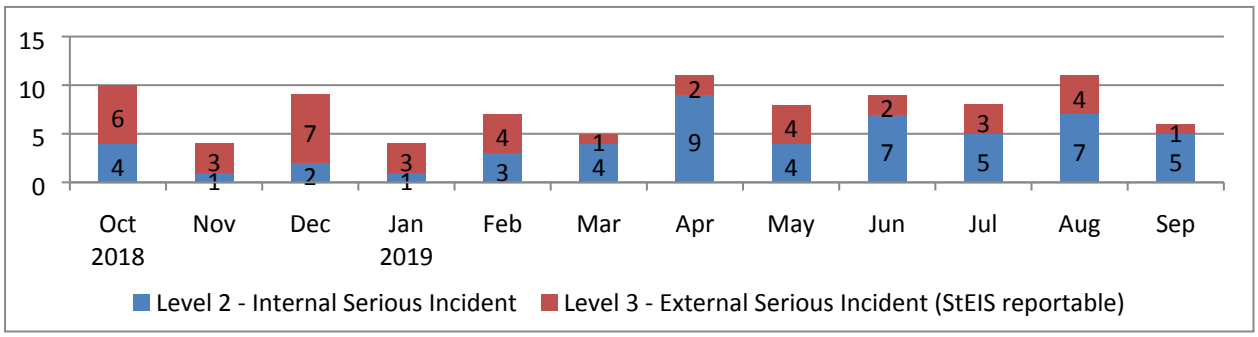


Fig 5: Internal and external SIs reported by WMUH, October 2018-September 2019

The specialties that have reported the highest number of incidents within each of the divisions are; Maternity / Obstetrics (n=23), Colorectal (n=11), Care Of Elderly (n=10) and Clinical Administration (n=2). The reported categories by these specialties were sporadic and no trends were identified.

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Womens, Childrens, HIV, GUM and Dermatology	16	15	31
Planned Care	22	9	31
Emergency and Integrated Care	8	15	23
Clinical Support Services	6	1	7
Grand Total	52	40	92

Tab 3: Internal and external SIs declared at WMUH by Division, October 2018-September 2019

Maternal, fetal, neonatal care; operations/procedure issues and patient falls are the most frequently declared SI categories at WestMid.

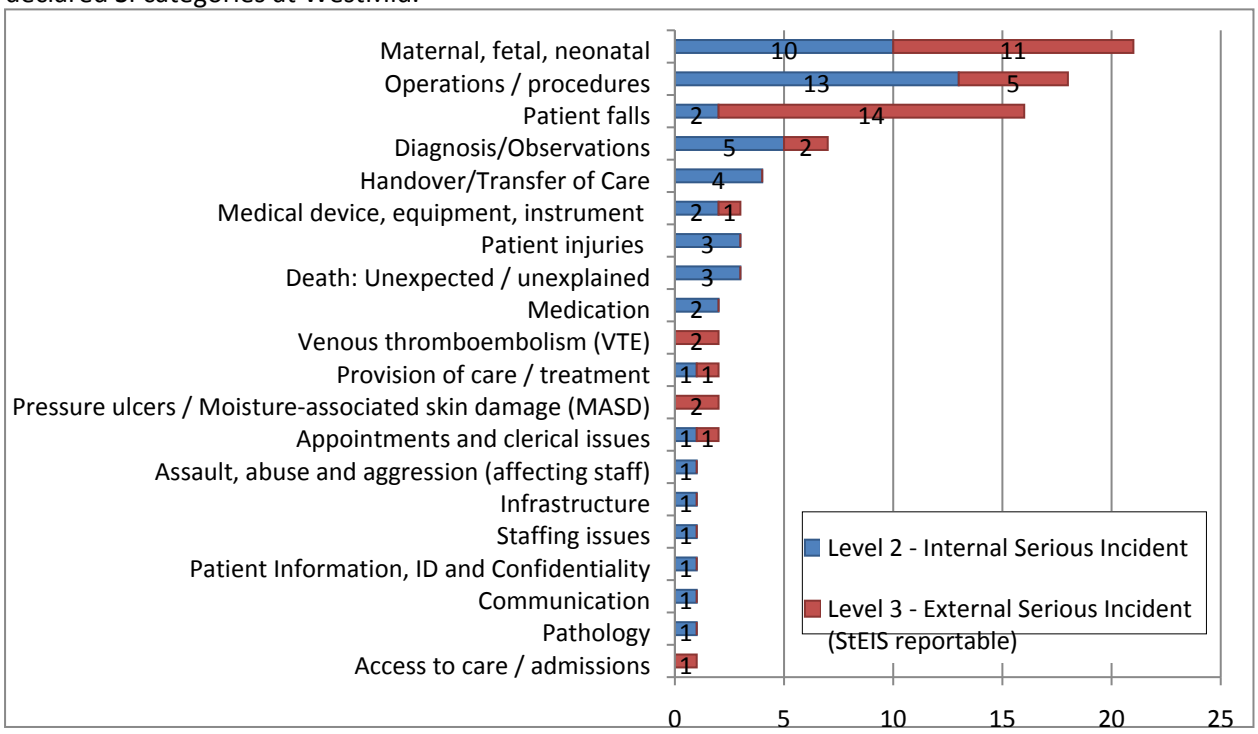


Fig 6: Internal and external SIs declared at WMUH by incident category, October 2018-September 2019

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

	Level 2 Internal Serious Incident	Level 3 External Serious Incident	Total
Labour Ward	9	8	17
OPD 4	5	3	8
Syon 1 Ward	4	1	5
Syon 2 Ward	2	3	5
Crane Ward	2	2	4
Marble Hill 1 Ward	1	3	4
Intensive Care Unit	3	1	4
Accident and Emergency	2	1	3
Clinical Imaging	2	1	3
Lampton Ward	0	3	3

Tab 4:Exact locations with highest associated Internal and external SIs declared at WMUH, October 2018-September 2019

Of the 92 Serious Incidents associated with the site during this reporting period 53 have been investigated and closed; the degree of harm that occurred as a direct result of the incident identified post investigation is outline below:

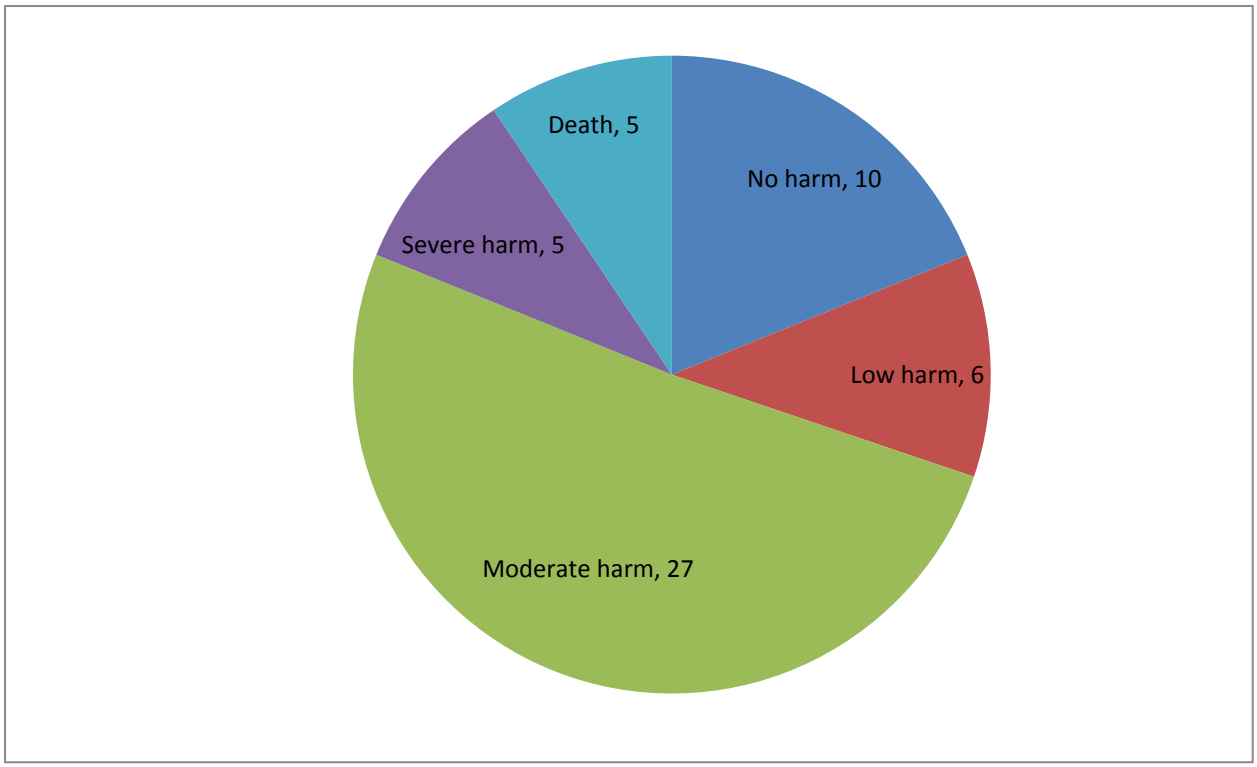


Fig 7: Closed Internal and external SIs declared at WMUH by degree of harm, October 2018-September 2019

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

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

During August and September 2019 the Trust reported all SIs on StEIS and submitted all SI reports to the commissioners within timescale.

Green: Indicates full compliance

Amber: Indicates partial compliance

	2019/20											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
StEIS reporting												
No. of SIs reported on StEIS	7	7	7	5	6	1						
of which 'Never Events'	1	0	0	0	0	0						
No. reported on StEIS within agreed time scales	7	6	7	5	6	1						
Report submission to CCG												
No. of SI reports submitted to CCG	7	7	6	6	3	6						
No. submitted within the agreed time scales	7	4	6	6	3	6						

Tab 5: External SIs performance 2019/20

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

Tab 6: External SIs performance 2018/19

6. Serious Incident Action Plans

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

	Month action due for completion													
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
CSD	0	0	0	0	0	0	1	0	4	2	0	0	0	**7**
EIC	0	0	0	0	0	0	2	13	4	0	0	0	0	**19**
PCD	0	0	0	0	2	0	2	20	8	12	1	3	2	**50**
WCHGD	1	0	0	0	3	3	7	8	26	8	8	0	1	**65**
Total	**1**	**0**	**0**	**0**	**5**	**3**	**12**	41	42	22	9	3	3	141

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

There are currently 141 actions identified following serious incident investigation that remain open; of these 21 have passed their expected due date as outlined within the SI investigation. Non-delivery or lack of

documentation / evidence of delivery of SI action limits the assurance offered by the serious incident investigation process.

Overdue serious incident actions are aligned to the following Divisions:

	Level 2: Internal Serious Incident	Level 3: External Serious Incident	Total
Women's, Children's, HIV, GUM and Dermatology	10	4	**14**
Planned Care		4	**4**
Emergency and Integrated Care		2	**2**
Clinical Support Services	1		**1**
Total	**11**	**10**	**21**

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

7. Never events

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

There has been 1 Never Event reported by the Trust since the 1st April 2019 (StEIS ref 2019/8130 - procedure undertaken on wrong patient). The SI report was submitted to the CCG on the 8th July 2019 and the incident précis was included in the August 2019 'Learning from Serious Incidents' report presented at the Patient Safety Group.

The Head of Clinical Governance has undertaken a thematic review of Never Events reported in 2018/19 and noted no overwhelming themes emerging. This report was submitted to the Quality Committee in September 2019.

8. Monthly Serious Incident reporting activity

During August/September 2019, 29 SIs were declared; of these 20 were internal and 9 were external SIs.

Site	Level	Aug 2019	Sep 2019	YTD total
CWH	Internal Serious Incidents	3	5	25
	External Serious Incidents (StEIS reportable)	3	1	19
Chelsea and Westminster Hospital Total		**6**	**6**	**44**
WMUH	Internal Serious Incidents	7	5	37
	External Serious Incidents (StEIS reportable)	4	1	16
West Middlesex University Hospital Total		**11**	**6**	**53**
Total		**17**	**12**	**97**

Tab 9: No. of serious incidents (internal and external) reported by each site in August/September 2019

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

8.1. Categories

The most frequently identified incident types during August/September 2019 include;

- Operations / procedures - 3 internal SIs and 1 external SI
- Maternal, fetal, neonatal - 3 internal SIs and 1 external SI
- Diagnosis/Observations - 3 internal SIs and 1 external SI
- Patient falls - 1 internal SI and 3 external SIs

The figure below highlights the number of incidents reported by site, category and SI level (internal or external) since the 1st April 2019. CHW's most reported incident category is 'Maternal, fetal, neonatal' whilst WMUH's most reported category is 'Operations/procedures'.

Site Total	CWH	Incident Category	WMH	Site Total	Trust Total
12	4 8	Maternal, fetal, neonatal	6 2	8	20
3	1 2	Operations / procedures	11 3	14	17
3	1 2	Patient falls	2 6	8	11
4	4	Death: Unexpected / unexplained	2	2	6
4	1 3	Provision of care / treatment	1 1	2	6
5	4 1	Access to care / admissions		0	5
2	1 1	Diagnosis/Observations	2 1	3	5
3	3	Handover/Transfer of Care	2	2	5
2	2	Medication	1	1	3
0		Patient injuries	2	2	2
2	2	Assault, abuse and aggression (affecting patients)		0	2
0		Appointments and clerical issues	1 1	2	2
0		Venous thromboembolism (VTE)	2	2	2
0		Medical device, equipment, instrument	2	2	2
0		Patient Information, ID and Confidentiality	1	1	1
1	1	Imaging/Radiation		0	1
1	1	Discharge		0	1
0		Communication	1	1	1
0		Pathology	1	1	1
1	1	Infection Control (patients)		0	1
0		Infrastructure	1	1	1
1	1	Information Governance/Confidentiality		0	1
0		Assault, abuse and aggression (affecting staff)	1	1	1
44		Key		53	97
		Internal SI			
		External SI			

Fig 8: Internal and external SIs declared by site and category, 2019/2020

8.2. Location

Within August and September 2019, Emergency and Integrated Care division reported 10 SIs, Women's, Children's, HIV/GUM, Dermatology division reported 8 SIs, Planned care division reported 7 and Clinical Support division reported 4.

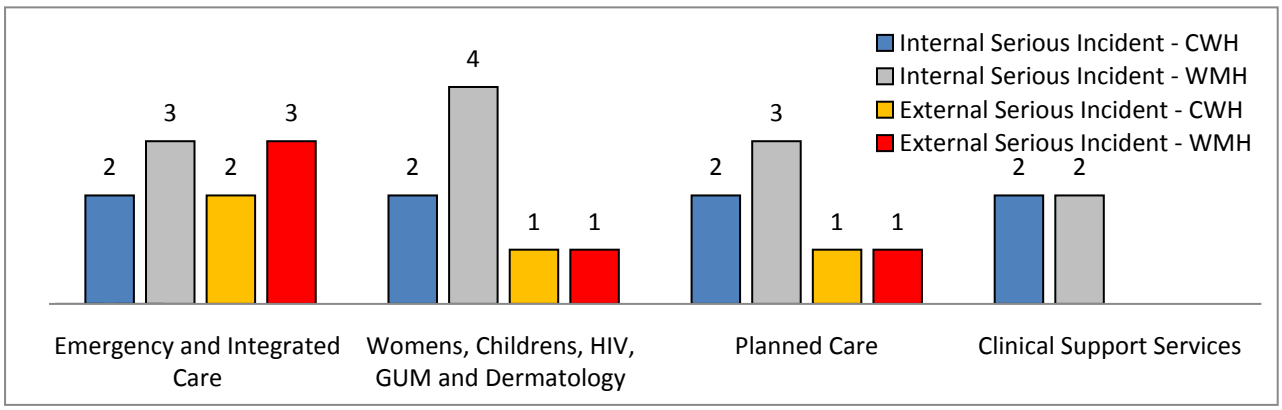


Fig 9: Internal and external SIs declared by Division, August/September 2019

The location with the most reported SIs during August/September 2019 is Labour ward (WMH site); the 3 internal SIs relate to an unexpected admission to SCBU, closure of the maternity unit and a maternal death. The maternal death incident is being investigated jointly with Ashford and St Peters Hospital. The patient delivered baby at WestMid and died 6 months postnatal of metastatic cancer.

The external SI reported in this location relates to an unexpected admission to SCBU.

Location (exact)	Level 2: Internal Serious Incident	Level 3: External Serious Incident	Total
Labour Ward, Westmid	3	1	4
Marble Hill 1 Ward, Westmid	1	1	2
Acute Assessment Unit (AAU), ChelWest	1	1	2
OPD 4, WestMid	1	1	2

Tab 10: Top reporting locations for Serious Incidents (internal and external) reported August/September 2019

8.3. Degree of harm

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

Degree of harm	Level 2: Internal Serious Incident	Level 3: External Serious Incident	Total
None (no harm caused)	5	1	6
Low (minimal harm caused)	5	0	5
Moderate (significant but not permanent harm)	9	5	14
Severe (permanent or long term harm caused)	0	1	1
Death (caused by the Incident)	1	2	3
Grand Total	20	9	29

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

38% of the SIs reported were graded as no or low harm, 48% were graded as moderate and 14% of the SIs declared were graded as severe harm or death.

The severe harm incident has been reported externally as a surgical/invasive procedure incident. The incident was identified following a patient's complaint of inadequate/insufficient follow-up of their colorectal surgery.

There are 3 incidents reported as having directly led to the patient's death, 2 have been reported externally and relate to an unexpected death in paediatric A&E (CWH) and a delayed/missed diagnosis in AAU (CWH). The third incident relates to an unexpected death on Marble Hill 1 ward (WMH) and is currently an internal serious incident.

The degree of harm will be confirmed by the SI investigation process.

8.4. Serious Incident Reports submitted to Commissioners (External)

Site	Division	Directorate	StEIS ref	StEIS Category
CWH	WCHGD	Paediatrics	2019/12081	Maternity/Obstetric incident: baby only
WMUH	PC	Surgery	2019/14780	Surgical/invasive procedure
WMUH	WCHGD	Paediatrics	2019/10377	Diagnostic incident
CWH	PC	Critical Care	2019/12665	Environmental incident
CWH	PC	Surgery	2019/14195	Treatment delay
CWH	WCHGD	HIV / Sexual Health	2019/13711	Diagnostic incident
WMUH	EIC	Emergency Medicine	2019/13891	Slips/trips/falls
WMUH	EIC	Specialist Medicine	2019/13320	Slips/trips/falls
WMUH	EIC	Specialist Medicine	2019/14384	Slips/trips/falls

Root and contributory causes are identified as part of the serious incident investigation process. The following primary themes were identified during this reporting period:

- Sub-optimal processes
- Lack of adherence to Trust policies/procedures
- Lack of risk assessment
- Failure to escalate
- Complication of treatment
- Patient factors
- Lack of clinical expertise/technical ability

The falls steering group reviewed the learning from patients falls reported between 1st April and 30th September 2019. A consistent theme identified was that patient needs and risks were not appropriately being assessed. The group have recommended that teams hold safety huddles on each shift and identify which patients are at risk of falling and all appropriate interventions are in place.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Nov/19
REPORT NAME	Integrated Performance Report – September 2019
AUTHOR	Robert Hodgkiss, Deputy Chief Executive/Chief Operating Officer
LEAD	Robert Hodgkiss, Deputy Chief Executive/Chief Operating Officer
PURPOSE	To report the combined Trust's performance for September 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 September 2019. **Regulatory performance** – The Trust continued to deliver a high level of performance in its UEC standards. During September we continued to see growth in attendances to our Emergency Departments, with an 8% increase at CWH and a Trust wide increase of 6% in attendances compared to September 2018. RTT continues to deliver at aggregate level with Chelsea site delivering over 92% and West Midd slightly below at 91.4%. There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue. The Trust maintained delivery of the 62 Day Cancer Waiting Time standard in August. Despite this position, work to improve the 62 day GP referral to first treatment performance is on-going, with action plans in place and improved performance analytics being utilised across all Cancer related performance forums. There was one case of community onset health care associated Clostridium Difficile infection in September 2019 at the Chelsea & Westminster site, and two reported cases at West Middlesex. In 2019/20, there have been 11 identified cases against a Trust target of 26 for 2019/20.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance & RTT incomplete waiting times, whilst Cancer 2 week, 31 and 62 day waits remain 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. A service review is currently underway in Radiology, targeting improvements in the diagnostic referral pathway.

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

TRUST PERFORMANCE & QUALITY REPORT

September 2019

NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020 Q2	2019-2020	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	94.6%	95.1%	95.1%	95.1%	94.7%	95.0%	93.5%	94.4%	94.6%	95.0%	94.3%	94.6%	94.7%		!
RTT	18 weeks RTT - Incomplete (Target: >92%)	94.1%	93.3%	92.8%	93.8%	92.1%	91.2%	91.4%	92.1%	93.1%	92.3%	92.1%	92.5%	93.0%		-
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.0%	92.4%	92.6%	95.8%	98.0%	96.4%	96.2%	97.5%	97.6%	94.7%	94.8%	96.3%	96.8%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	97.1%	98.4%	98.5%	97.6%	97.1%	98.4%	98.5%	97.5%	97.6%		-
(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Sep-19) in this report	31 days diagnosis to first treatment (Target: >96%)	100%	100%	93.5%	97.3%	100%	97.6%	98.1%	98.7%	100%	98.1%	96.4%	99.0%	98.1%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	n/a	n/a	n/a	100%	n/a	100%	n/a	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	80.0%	100%	96.2%	100%	88.9%	100%	93.8%	100%	85.7%	100%	92.6%	95.2%		-
	62 days GP referral to first treatment (Target: >85%)	84.8%	71.4%	61.4%	74.8%	86.9%	91.9%	80.6%	89.0%	86.3%	87.4%	73.3%	86.9%	83.9%		!
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	57.1%	n/a	100%	75.0%	57.1%	n/a	100%	57.1%	75.0%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	0	1	1	6	1	1	2	5	1	2	3	6	11		!
Learning Difficulties	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		-

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
		Note that all Cancer indicators show interim, unvalidated positions for the latest month (Sep-19) and are not included in quarterly or yearly totals

Trust Commentary

A&E waiting times – Types 1 & 3 Departments
As a pilot site for the national review of Urgent Emergency Care standards, the Trust is not currently reporting performance against the 4hr standard.

During September we continued to see growth in attendances to our Emergency Departments, with an 8% increase at CWH and a Trust wide increase of 6% in attendances compared to September 2018.

	WM	CW	TRUST
Sep-18	6,134	11,635	17,769
Sep-19	6,243	12,621	18,864
Growth %	2%	8%	6%

18 Weeks RTT – Incomplete
The Trust was compliant in September, reporting a position of 92.1%.Performance at West Middlesex remains challenged, driven predominantly by underperformance in Planned Care specialties, with General Surgery reporting 80.76% & Trauma & Orthopaedics at86.18%.

62 days GP referral to first treatment
The Trust was compliant in August, reporting a position of 87.4% against the 85% nationally mandated standard. At the time of reporting, September's position is being validated by the Operational teams ahead November's submission deadline.

62 days NHS screening service referral to first treatment
At the time of reporting, September's position is being validated by the Operational teams ahead November's submission deadline, currently standing at 100% compliance.

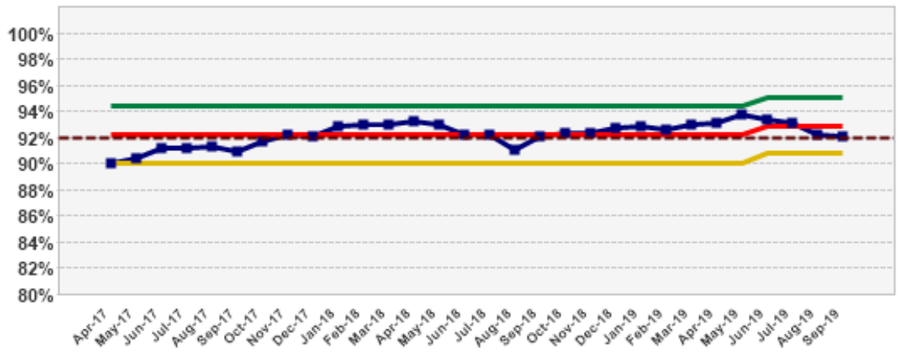
Remaining Cancer Indicators
The remaining cancer indicators were all compliant with National Standards in the latest submitted position of August, with the exception of 31 days subsequent cancer surgical cancer treatments which was reported at 85.7% against the 94% standard.

Clostridium Difficile infections
There were 3 cases of community onset health care associated Clostridium Difficile in September 2019 - 1 at Chelsea & Westminster and 2 at West Middlesex. There have been 11 identified cases against a Trust tolerance of 26 for 2019/20 to date.

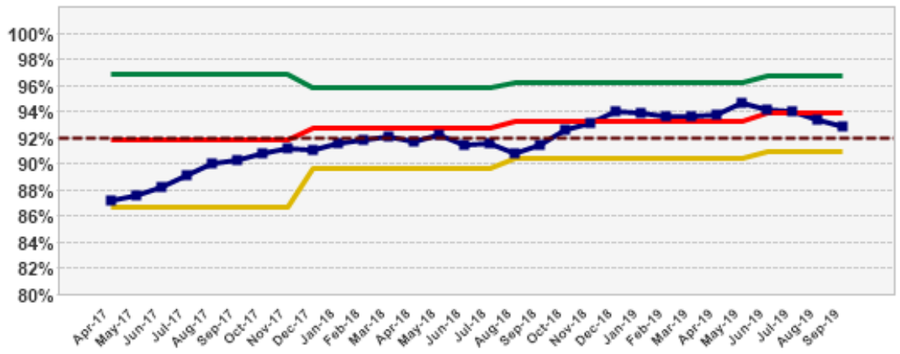
Self-certification against compliance for access to healthcare for people with Learning Disability
The Trust continues to declare compliance at both sites

RTT Incomplete pathways

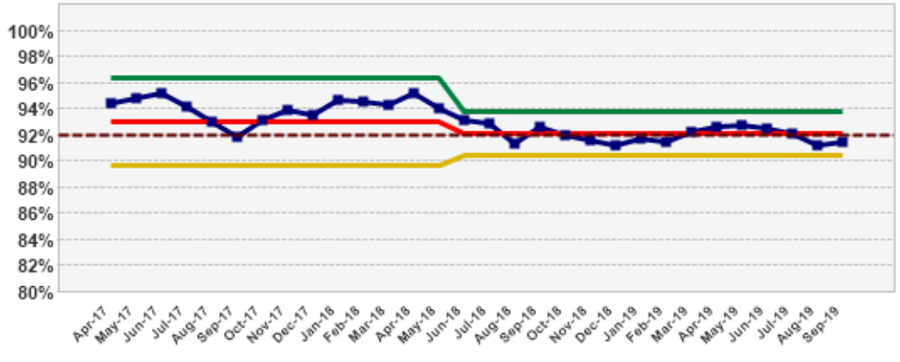
Trust Total



Chelsea and Westminster

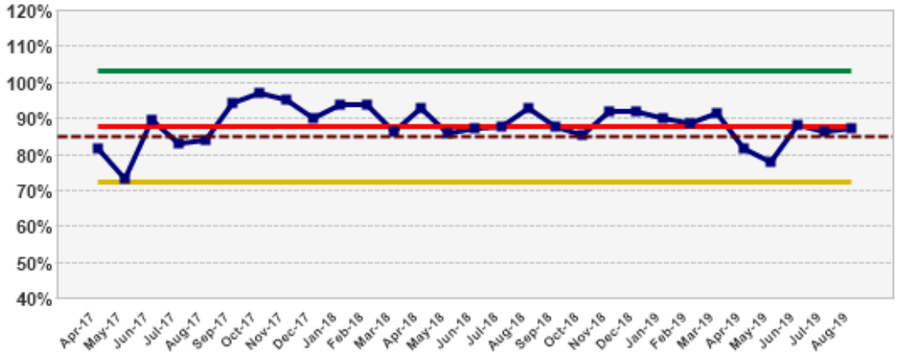


West Middlesex

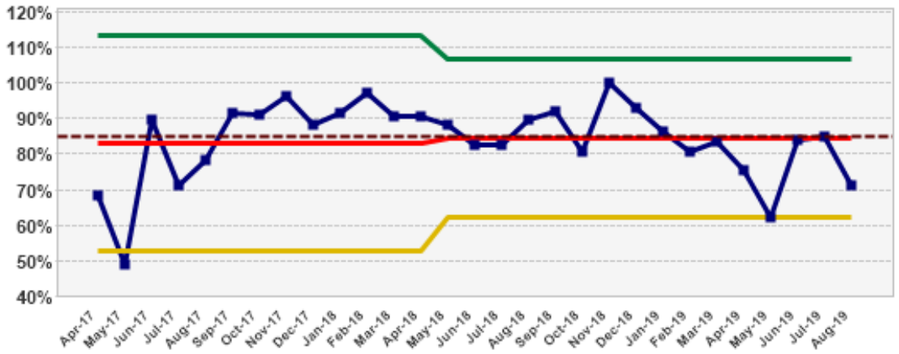


Cancer: 62 day standard

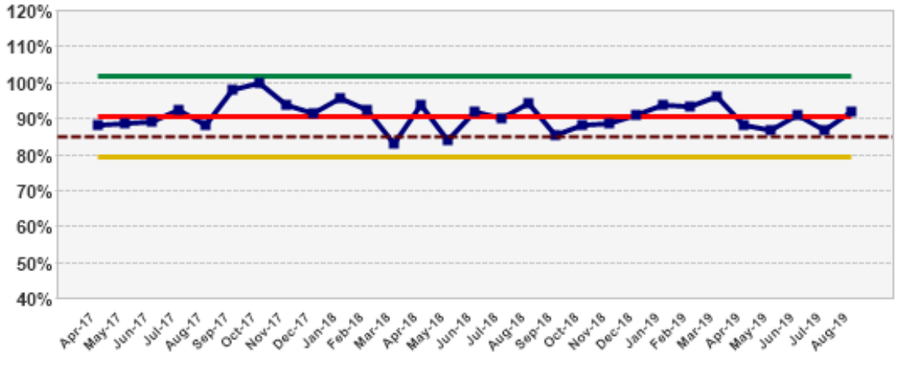
Trust Total



Chelsea and Westminster



West Middlesex



Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020 Q2	2019-2020	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	2	0	0	2	0	0	0	0	2	0	0	2	2		-
	Hand hygiene compliance (Target: >90%)	96.0%	96.9%	97.0%	96.5%	90.6%	90.9%	92.5%	92.3%	93.6%	94.2%	95.1%	94.3%	94.6%		-
Incidents	Number of serious incidents	2	3	1	19	3	4	1	16	5	7	2	14	35		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.6	8.4	7.1	7.7	8.7	8.8	9.1	8.9	8.1	8.6	8.1	8.3	8.3		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.04	0.02	0.00	0.02	0.00	0.00	0.02	0.01	0.02	0.01	0.01	0.01	0.02		!
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.92	5.51	5.10	5.36	2.73	3.58	4.31	3.84	3.81	4.54	4.69	4.33	4.59		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	1.5%	1.5%	0.0%	0.5%	0.0%	0.0%	0.0%	0.3%	1.0%	0.9%	0.0%	0.6%	0.4%		-
Harm	Never Events (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1		-
	Safety Thermometer - Harm Score (Target: >90%)	91.9%	93.8%	95.7%	92.1%	89.9%	96.5%	96.5%	95.4%	90.6%	96.0%	96.3%	94.3%	94.5%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	NEWS compliance %	96.9%	95.4%	97.9%	96.7%	97.4%	96.7%	97.0%	97.7%	97.1%	96.0%	97.5%	96.8%	97.2%		-
	Safeguarding adults - number of referrals	33	32	37	190	23	47	35	209	56	79	72	207	399		-
	Safeguarding children - number of referrals	50	51	49	327	101	78	81	524	151	129	130	410	851		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76		-
	Number of hospital deaths - Adult	38	30	34	186	64	52	60	345	102	82	94	278	531		-
	Number of hospital deaths - Paediatric	2	1	0	4	0	0	0	0	2	1	0	3	4		-
	Number of hospital deaths - Neonatal	1	2	1	8	1	0	3	9	2	2	4	8	17		-
	Number of deaths in A&E - Adult	2	0	2	12	2	1	5	20	4	1	7	12	32		-
	Number of deaths in A&E - Paediatric	0	0	0	1	2	1	0	4	2	1	0	3	5		-
	Number of deaths in A&E - Neonatal	0	1	0	1	0	0	0	0	0	1	0	1	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

Number of serious incidents
There were 2 serious incidents reported during September 1 at each of the Chelsea and Westminster and West Middlesex sites. The SI report prepared for the Board contains further details regarding SI's, including the learning from completed investigations.

Incident reporting rate per 100 admissions
Overall, the incident reporting rate decreased by 0.7 during September 2019, with a rate of 8.1 compared to 8.6 in August 2019. The West Middlesex site exceeded the 8.5 target rate with a rate of 9.1. Chelsea & Westminster site exceeded the expected target with a rate of 7.1. The 2019/20 year to date position has moved above the expected target rate to 8.3.

Rate of patient safety incidents resulting in severe harm or death per 100 admissions
There was 1 incident reported with severe harm and 1 death incident reported in September. The death occurred at Chelsea & Westminster and the incident of severe harm at West Middlesex.

The overall rate of patient safety incidents resulting in severe harm or death for 2019/20 is currently 0.01 which exceeds the target rate of 0.

Trust Commentary Continued

Never events
No Never Events were reported during September 2019.

Incidents of newly acquired category 3 & 4 pressure ulcers
There were no hospital-acquired grade 3 or 4 pressure ulcers reported on either site during September 2019

Medication-related safety incidents
A total of 156 medication incidents were reported in September. The Chelsea & Westminster site reported 85, West Middlesex site reported 70 and Community nursing / clinics reported 1 incident. The Medication Safety Group (MSG) has been working to increase the reporting of medication-related incidents at the West Middlesex site through shared learning and awareness of cross-site medication-related incident trends and lessons learnt. The reporting rate at WM site has increased from 54 in August to 70 in September; this will be reviewed regularly by the MSG to assess whether the increased reporting rate has been sustained.

Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days
The Trust position of medication-related incidents involving patients (NRLS reportable) improved in September 2019 with 4.69 per 1,000 FCE bed days. This is delivering above the Trust target of 4.2, and is above the national median of 4.3 (as per the latest Model Hospital data, March 2019). The number of reported medication-related incidents per 1,000 FCE bed days for WM site improved to 4.31. CW site continues to be above the target with 5.10 in September 2019.

Medication-related (NRLS reportable) safety incidents % with harm
Reporting for the integrated performance report in relation to medication-related incidents resulting in harm to patients has been aligned to mirror all other safety metrics, reporting moderate harm or above. The Trust had 0.0% of medication-related safety incidents with moderate or above harm in September 2019. This figure is within the target of 2%.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020 Q2	2019-2020	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	92.1%	94.8%	95.5%	94.9%	95.6%	95.7%	94.4%	95.3%	94.2%	95.3%	94.8%	94.8%	95.1%		-
	FFT: Inpatient not recommend % (Target: <10%)	3.8%	2.0%	2.7%	2.1%	0.7%	0.8%	1.5%	1.3%	1.9%	1.2%	1.9%	1.7%	1.6%		-
	FFT: Inpatient response rate (Target: >30%)	31.1%	39.3%	29.8%	32.8%	20.2%	25.6%	21.2%	21.4%	23.4%	29.7%	23.5%	25.5%	24.8%		!
	FFT: A&E recommend % (Target: >90%)	91.5%	90.2%	90.3%	90.6%	89.5%	89.9%	91.5%	90.2%	91.0%	90.2%	90.5%	90.6%	90.5%		-
	FFT: A&E not recommend % (Target: <10%)	5.3%	5.7%	6.0%	6.0%	6.5%	6.2%	5.1%	6.4%	5.6%	5.8%	5.9%	5.8%	6.1%		-
	FFT: A&E response rate (Target: >30%)	19.0%	17.7%	19.7%	18.7%	18.3%	17.3%	18.5%	18.3%	18.8%	17.7%	19.5%	18.6%	18.6%		!
	FFT: Maternity recommend % (Target: >90%)	94.7%	94.2%	92.3%	93.2%	93.5%	94.6%	98.0%	94.1%	94.6%	94.2%	92.8%	93.9%	93.3%		-
	FFT: Maternity not recommend % (Target: <10%)	2.9%	3.7%	4.3%	4.4%	3.2%	3.6%	0.0%	4.1%	3.0%	3.7%	3.9%	3.5%	4.4%		-
	FFT: Maternity response rate (Target: >30%)	19.6%	21.2%	20.4%	20.3%	15.3%	14.4%	13.0%	16.1%	19.0%	20.3%	19.4%	19.6%	19.8%		!
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	55	46	50	316	32	22	40	190	87	68	90	245	506		-
	Complaints formal: Number responded to < 25 days	45	40	26	221	26	16	16	122	71	56	42	169	343		-
	Complaints (informal) through PALS	194	149	180	1050	76	66	61	354	270	215	241	726	1404		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	3	1	9	0	3	1	4	9		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-

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

Trust Commentary

Friends and family test
Recommendation scores remain above target in all areas at the CW site. There have been improvements in the score at the WM ED, moving to a complaint position in September of 91.5%. The response rate for in patients at the WM site continues to improve. The ED and maternity response rates at both sites remain a challenge and require further improvement to bring them in line with the required targets.

Same Sex Accommodation
There continues to be no breaches in same sex accommodation

Complaints
The number of complaints received by the Trust in September decreased and 99% of these were acknowledged within 2 working days.

The Trust exceeded the target for responding within 25 working days and achieved 94% compliance with this indicator in September.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site Jul-19	Aug-19	Sep-19	2019-2020	West Middlesex University Hospital Site Jul-19	Aug-19	Sep-19	2019-2020	Combined Trust Performance Jul-19	Aug-19	Sep-19	2019-2020 Q2	2019-2020	Trust data 13 months Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.19	2.80	3.22	3.06	2.80	2.47	2.45	2.72	3.10	2.72	3.03	2.96	2.98		-
	Average length of stay - non-elective (Target: <3.95)	4.46	3.62	3.62	3.86	3.10	2.91	2.92	2.94	3.67	3.21	3.21	3.37	3.32		-
	Emergency care pathway - average LoS (Target: <4.5)	4.51	3.67	4.05	4.18	3.53	3.21	3.37	3.28	3.87	3.38	3.61	3.62	3.60		-
	Emergency care pathway - discharges	227	230	221	1338	425	421	404	2515	653	651	625	1930	3853		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.03%	4.66%	4.29%	3.91%	11.41%	11.63%	11.09%	11.16%	7.57%	8.05%	7.59%	7.73%	7.45%		!
	Non-elective long-stayers	441	402	419	2518	430	396	274	2251	871	798	693	2362	4769		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	81.7%	82.4%	87.0%	83.7%	91.8%	86.7%	88.9%	89.7%	85.5%	83.8%	87.7%	85.7%	85.8%		-
	Operations canc on the day for non-clinical reasons: actuals	8	5	18	64	21	16	9	76	29	21	27	77	140		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.24%	0.18%	0.63%	0.36%	1.39%	1.24%	0.69%	0.90%	0.60%	0.52%	0.65%	0.59%	0.53%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	2	5	13	3	2	5	16	3	4	10	17	29		!
	Theatre Utilisation (Target >85%)	68.2%	70.7%	71.9%	66.9%	72.7%	74.8%	72.3%	73.5%	69.7%	72.2%	72.1%	71.2%	69.1%		-
Outpatients	First to follow-up ratio (Target: <1.5)	1.51	1.43	1.50	1.49	1.37	1.30	1.33	1.35	1.41	1.34	1.38	1.38	1.39		-
	Average wait to first outpatient attendance (Target: <6 wks)	7.4	7.0	7.8	7.3	7.8	7.5	8.1	8.1	7.6	7.3	7.9	7.6	7.6		!
	DNA rate: first appointment	10.4%	10.5%	10.3%	10.4%	11.5%	12.8%	10.5%	11.5%	10.9%	11.5%	10.4%	10.9%	10.9%		-
	DNA rate: follow-up appointment	9.6%	10.4%	9.2%	9.6%	9.6%	10.0%	8.0%	9.7%	9.6%	10.3%	8.8%	9.5%	9.7%		-

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

Average length of stay
The Trust reported a combined organisational average length of stay 3.03 in September against a target of <2.9.
Emergency re-admissions within 30 days of discharge
Chelsea site remains well within the acceptable level, however the West Mid readmission rate remains challenged at 11.09% in September. Work continues with Hounslow CCG around frequent attenders. The Trust total position was complaint, standing at 7.59% in September delivering a position below the Trust threshold of 7.6%

Non-elective long stayers
NHSE require a 40% reduction from baseline by March 2020 in the number of beds being utilised for patients who have a LOS 21+ days. A reduction of 112 non-elective long stay patients was delivered in September from August's reported total of 798.

Daycase rate (basket of 25 procedures)
The Trust reported a combined position of 87.7% against the 85.0% standard. West Middlesex continues to report a positive position above target in September 2019, with the CW site reporting an improved position of 87.0% moving the site to a complaint position for the month.

Operations cancelled on the day for non-clinical reasons: % of total elective admissions
West Middlesex performance against his indicator improved throughout September, taking the Trust's overall position to a compliant at 0.65%.

Operations cancelled the same day and not re-booked within 28 days
Work is on-going to understand the drivers of the patients cancelled and not rebooked within 28 days. A number of these patients have declined reasonable offers of rescheduled dates. Focus will remain on mitigating avoidable patient delays pre and post cancellations.

Average waits to first outpatient attendance
The position has deteriorated slightly across September. Divisions continue to review waits across access standards and continues to consistently deliver the RTT expectation.

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020 Q2	2019-2020	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	98.7%	97.2%	98.0%	90.7%	92.0%	92.0%	95.6%	91.7%	95.8%	95.1%	96.9%	96.0%	91.2%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	100.0%	75.0%	93.4%	100.0%	78.9%	100.0%	85.7%	100.0%	86.7%	85.2%	91.0%	89.6%		-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	94.4%	94.1%	97.2%	92.9%	94.7%	92.9%	90.9%	96.0%	94.6%	93.5%	94.6%	94.4%		-
VTE	VTE: Hospital acquired	1	0	0	4	0	3	1	8	1	3	1	5	12		-
	VTE risk assessment (Target: >95%)	94.6%	93.9%	94.8%	94.0%	65.0%	87.3%	90.8%	69.5%	82.4%	90.9%	93.0%	88.7%	83.4%		!
TB Care	TB: Number of active cases identified and notified	2	4	3	22	11	6	2	41	13	10	5	28	63		-

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

VTE: Hospital acquired
C&W and WMUH sites: Clinicians are encouraged to report hospital associated VTE events via Datix for root cause analysis investigation. One hospital associated VTE event was reported at West Middlesex during September 2019.

VTE risk assessment

C&W site: Performance has improved compared to previous month and is close to the target of ≥ 95% (divisional performance - EIC: 92%; PC: 96% and WC: 94.6%). VTE risk assessment performance reports are circulated daily for immediate action on outstanding assessments. Monthly and divisional quality reports include VTE risk assessment performance, with action by divisional leads. Lists of patients with outstanding assessments (available via Lastword) are circulated to medical teams (by pharmacy, nursing/midwifery and administration staff) for action. On-going VTE education and awareness continues.

WMUH site:
Performance has continued to improve in September (90.8%) compared to previous months (divisional performance - EIC: 93%; PC: 79% and WC: 87%). Paper VTE risk assessment form has been implemented in clinical areas.
The APEX tool to electronically record completion rates is being embedded in clinical areas. Weekly VTE risk assessment performance reports have been introduced for clinical/service leads to address amongst teams, and weekly VTE meetings continue to address challenges/concerns and changes to practice to ensure achievement of target. Clinical staff are using VTE magnets on non-electronic patient noticeboards to identify patients with outstanding VTE risk assessments to prompt completion, with action at board rounds/ward visits/handovers. On-going VTE education and awareness continues.

#NoF time to theatre <36 hours for medically fit patients
In September the Chelsea site had 7 of 19 patients that did not meet the 36 hour standard. Three of these patients were unfit. Of the 4 remaining there was an average delay of 9.65 hours across the patients with one delay due to a Theatre infrastructure issue. These avoidable delays have been as a result of high volumes of admissions on a Friday leading to delays over the weekend for surgery. All patients are discussed with Clinical staff at the daily trauma meeting ensuring prioritisation and medical optimisation. Trauma coordination continues to improve the pathway for patients

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020 Q2	2019-2020	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	98.97%	97.33%	96.37%	97.61%	99.85%	97.55%	99.71%	99.13%	99.62%	97.50%	99.11%	98.77%	98.69%		!
	Diagnostic waiting times >6 weeks: breach actuals	24	51	49	349	10	150	18	313	34	201	67	302	662		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.4%	9.6%	9.4%	9.1%	9.0%	8.3%	8.2%	8.3%	9.3%	9.1%	9.0%	9.1%	8.9%		!
	A&E time to treatment - Median (Target: <60')	01:17	01:09	01:20	01:15	01:04	01:06	01:03	01:06	01:14	01:08	01:16	01:13	01:13		!
	London Ambulance Service - patient handover 30' breaches	28	10	12	115	24	23	50	219	52	33	62	147	334		-
	London Ambulance Service - patient handover 60' breaches	1	0	0	3	0	0	0	0	1	0	0	1	3		!
Choose and Book (available to Jul-19 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1768	1614	465.9	1829	0	0	0	0	1768	1614	465.9	1302	1829		-
	Choose and book: capacity issue rate (ASI)															-
	Choose and book: system issue rate	127	129	134	132											-

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

Trust Commentary

RTT Incompletes 52 week Patient at month end
There were no 52 week breaches at either site in September 2019.

Diagnostic Waiting Times
The Trust's performance against the six week waiting time standard returned to compliance in September, with the Trust reporting a position of 99.11%.

Performance at Chelsea & Westminster remained challenged at 96.37%, driven predominantly by patients waiting longer than 6 weeks for diagnostic Imaging.

A&E Un-Planned Re-Attendances
This indicator remains a significant challenge for the Trust across both hospital sites. In September, CWH reported an adverse position of 9.4% & WM 8.2%, against the 5% target

London Ambulance Service
In September, no ambulance crews waited >60 minutes to hand over a patient to our Emergency Department at either the West Middlesex or Chelsea & Westminster Hospital sites. The Trust has reported a total of 3 breaches for 2019/20

There was a decrease in the total number of patients waiting >30 minutes to be handed over across both Hospital sites. A review of escalation processes continues at both sites to improve handover times and reduce 30 minute breaches.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020	Jul-19	Aug-19	Sep-19	2019-2020 Q2	2019-2020	Trend charts	
Birth indicators	Total number of NHS births	505	470	476	2959	411	401	386	2385	916	871	862	2649	5344		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	36.1%	35.5%	30.1%	35.4%	31.9%	30.1%	25.9%	29.9%	34.2%	33.0%	28.2%	31.8%	32.9%		!
	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%)	97.0%	97.0%	95.1%	96.9%	96.3%	97.3%	97.5%	97.1%	96.7%	97.2%	96.2%	96.7%	97.0%		-
Safety	Admissions of full-term babies to NICU	27	20	24	131	n/a	n/a	n/a	n/a	27	20	24	71	131		-

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

Caesarean Births
CW site - There was reported Caesarean section rate of 28.2%. The combined Trust position for the Year to date stands at 32.9%; a decrease on last month of 1.1%

NICU admissions
In September there were 24 admissions of term babies to NICU.

62 day Cancer referrals by tumour site Dashboard

Target of 85%

Trust commentary – August (Latest Nationally Submitted position)

There were 15.5 breaches of the standard: 8.5 at Chelsea with 7 at West Middlesex. This was from a total of 58 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	8.5
Colorectal / Lower GI	0	2	0.5	3.5
Gynaecological	3	4	0.5	1
Haematological	1	1	1	1
Head and Neck			0.5	1
Lung	0.5	0.5		
Not yet coded				
Sarcoma	0	1	0	0.5
Skin	0	7	0	4
Upper Gastrointestinal	0	1.5	0.5	0.5
Urological	4	5	4	16
Totals	**8.5**	**22**	**7**	**36**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

CQUIN Dashboard

September 2019

National CQUINs (CCG commissioning)

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
CCG1a	Antimicrobial Resistance - lower urinary tract infections in older people	Chief Medical Officer	
CCG1b	Antimicrobial Resistance - antibiotic prophylaxis in colorectal surgery	Chief Medical Officer	
CCG2	Staff Flu Vaccinations	Chief Nursing Officer	
CCG3a	Alcohol and Tobacco - Screening	Chief Medical Officer	
CCG3b	Alcohol and Tobacco - Tobacco Brief Advice	Chief Medical Officer	
CCG3c	Alcohol and Tobacco - Alcohol Brief Advice	Chief Medical Officer	
CCG7	Three high impact actions to prevent hospital falls	Chief Nursing Officer	
CCG11a	Same Day Emergency Care (SDEC) - Pulmonary Embolus	Chief Operating Officer	
CCG11b	Same Day Emergency Care (SDEC) - Tachycardia with Atrial Fibrillation	Chief Operating Officer	
CCG11c	Same Day Emergency Care (SDEC) - Community Acquired Pneumonia	Chief Operating Officer	

National CQUINs (NHSE Specialised Commissioning)

No.	Description of Indicator	Responsible Executive (role)	Forecast RAG Rating
PSS1	Medicines Optimisation and Stewardship	Chief Medical Officer	
SDS1	Secondary Dental Services	Chief Operating Officer	

2019/20 CQUIN Schemes Overview

Nationally, CQUIN scheme content has been reduced in comparison with 2018/19, as has the associated funding. It has been agreed with Specialised Commissioning that the 'Medicines Optimisation and Stewardship' indicator will be our sole focus in 19/20. Agreement in principle has been reached with CCG Commissioners that payment will reflect 100% achievement for the year, but with our commitment that each indicator will be delivered on a 'reasonable endeavours' basis and, where possible, quarterly evidence submitted in the normal way. This is the same as the approach agreed for 18/19.

2019/20 National Indicators (CCG commissioning)

The key change to note from 18/19 is that CQUIN funding has been reduced from 2.5% of contract value, to 1.25%. The number of indicators has been limited to 5 accordingly. The forecast RAG rating for each indicator relates only to expected delivery of the specified milestones, not financial achievement (which is guaranteed).

2019/20 National Indicators (NHSE Specialised Commissioning)

The key change to note from 18/19 is that CQUIN funding has been reduced from 2% of contract value, to 0.75%. The number of indicators has been reduced accordingly. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.

2019/20 CQUIN Outcomes

NHSE Specialised Commissioning has now confirmed that the Trust achieved 100% for the Medicines Optimisation indicator for Q1. The outcome of the Q1 assessment from NWL CCGs is still awaited.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report – Chelsea Site

September 2019

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy	Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FF scores 2018/19 Q4
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe						
												month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	101.2%	93.4%	97.4%	94.2%	11.2	4.4	15.6	14.9	9.2%	18.9%	7.9%							5	49	95.4%
Annie Zunz	87.8%	90.0%	100.0%	94.2%	6.5	2.6	9.1	8	19.8%	62.7%	0.0%							3	10	100.0%
Apollo	100.0%	85.0%	92.1%	-	21.9	2.4	24.3	12.1	-7.2%	19.6%	0.0%							1	11	100.0%
Jupiter	102.0%	74.5%	98.0%	-	9.8	1.3	11.1	12.1	17.7%	31.3%	50.0%							2	13	100.0%
Mercury	101.0%	69.2%	98.0%	-	7.6	0.6	8.2	9.9	41.1%	43.4%	89.3%							0	8	94.1%
Neptune	111.0%	46.7%	89.0%	-	8.1	0.5	8.6	12.1	8.1%	17.3%	0.0%							1	9	97.1%
NICU	95.0%	-	96.4%	-	12.7		12.7	27	15.7%	12.9%	0.0%							8	40	100.0%
AAU	105.3%	68.1%	99.5%	90.9%	10.8	2.5	13.3	8.5	18.2%	12.5%	48.7%							13	57	100.0%
Nell Gwynne	119.0%	78.5%	136.0%	101.0%	4.8	3.3	81	7.3	2.8%	26.2%	6.5%							1	10	83.3%
David Erskine	110.1%	90.3%	116.7%	98.9%	3.7	2.9	6.7	7.3	10.8%	65.5%	7.1%							5	15	97.6%
Edgar Horne	98.2%	98.2%	96.7%	102.3%	3.1	2.8	6	6.7	6.7%	23.5%	11.1%							2	20	86.7%
Lord Wigram	89.3%	96.7%	97.8%	100.0%	4.2	3	7.1	7	10.8%	18.5%	7.2%							1	18	90.9%
St Mary Abbots	97.5%	73.7%	98.1%	100.0%	4.2	2.4	6.7	7.3	19.5%	22.0%	0.0%							1	18	97.3%
David Evans	97.0%	87.1%	100.0%	132.0%	6.1	2.5	8.6	7.3	12.7%	20.3%	0.0%		1					2	11	96.2%
Chelsea Wing	85.8%	130.7%	106.0%	1401.0%	11.7	10	21.8	7.3	20.6%	13.2%	31.2%							1	12	92.9%
Burns Unit	100.0%	100.0%	100.0%	100.0%	17.5	2.8	20.3	N/A	4.7%	18.4%	25.0%							0	5	
Ron Johnson	100.1%	95.6%	103.4%	105.1%	4.7	2.5	7.1	7.6	6.2%	18.7%	0.0%							5	34	91.7%
ICU	99.6%	-	100.0%	-	26.2		26.2	27	4.2%	14.5%	0.0%							3	24	
Rainsford Mowlem	105.1%	101.2%	115.8%	106.7%	3.5	3	6.5	7.3	-11.4%	12.4%	0.0%							3	18	89.6%
Nightingale	113.1%	72.0%	83.3%	90.0%	4.7	1.9	6.6	6.7	N/A	N/A	N/A							1	6	100.0%

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

September 2019

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy	Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FF scores 2018/19 Q4
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe						
												month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	97.2%	95.0%	99.1%	95.8%	7	2	9	14.9	4.6%	6.3%	11.1%							2	9	94.0%
Lampton	101.2%	111.5%	100.0%	141.6%	3	2.9	5.9	7.3	3.0%	12.9%	3.5%		2					0	5	98.9%
Richmond	96.0%	95.7%	119.5%	100.0%	7.8	3.5	11.3	7.3	12.6%	8.6%	0.0%							2	7	100.0%
Syon 1	97.8%	95.7%	97.4%	120.0%	3.5	2.3	6	7.3	16.9%	16.9%	0.0%							1	13	97.8%
Syon 2	101.8%	87.3%	100500.0%	102.3%	1.9	2.4	4.3	7	15.4%	8.0%	8.2%							3	15	93.2%
Starlight	112.3%	109.8%	12525.0%	-	8.4	0.3	8.8	12.1	10.1%	8.3%	0.0%							3	14	93.8%
Kew	82.7%	88.1%	100.0%	196.4%	3.1	3.7	6.8	6.7	4.9%	10.0%	0.0%							5	16	87.1%
Crane	100.0%	120.3%	100500.0%	135.0%	3.1	3.1	6.2	6.7	13.4%	5.7%	0.0%	1	1					2	8	79.5%
Osterley 1	115.6%	111.3%	110.4%	166.4%	3.7	3	6.7	7.3	11.0%	15.5%	7.8%							6	41	97.9%
Osterley 2	99.2%	97.2%	120.0%	104.2%	3.8	3.2	7	7.3	11.6%	2.6%	19.4%							1	18	97.2%
AMU	103.7%	80.2%	95.5%	88.2%	6.4	2.4	8.9	8.5	12.5%	8.1%	5.3%	1	1					10	51	97.2%
CCU	98.5%	113.0%	100.0%	-	5.6	0.7	6.4	7.9	7.1%	0.0%	0.0%							0	6	94.2%
Special Care Baby Unit	125.2%	-	124.3%	-	13.3	-	13.3	12.1	17.4%	0.0%	0.0%							1	14	100.0%
Marble Hill 1	100.9%	93.4%	94.2%	124.6%	4	3.3	7.5	7.3	13.3%	26.6%	30.1%		2					3	16	96.2%
Marble Hill 2	98.4%	98.1%	98.6%	98.3%	3	2.4	5.4	7.3	3.3%	5.7%	0.0%							1	7	97.6%
ITU	89.2%	-	87.8%		26.8	-	26.8	27	4.8%	16.8%	0.0%							3	22	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report

September 2019

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

Please note that as of August 2019 the CHPPD submissions have been split into Registered, Support Workers and Apprentice Nursing Associates. Allied health professionals do not sit in ward budgets in the Trust but are more allocated to speciality/ward groups and therefore are not part of the submission.

Fill rates on Mercury and Neptune were due to additional ad hoc bed closures on top of planned summer bed closures. Kew, Osterley 1, Marble Hill 1, Crane and Lampton required extra HCAs on night to manage confused patients safely. AAU had difficulties filling bank shifts for HCAs throughout September; the risk was mitigated by daily review and moving staff when required. Nell Gwynne had a high registered fill rate due to RMN requirement for mental health patients

In September there were no Trust acquired stage 3, 4 or unstageable pressure sores. There were 2 falls with moderate harm at the West Middlesex Site.

Family and friends test scores relate to August 2019 and were highest on Annie Zunz , SCBU, NICU, AAU, Richmond and Nightingale ward with 100% of patients likely to recommend the ward to their friends or family if they needed similar care or treatment. Crane scored the lowest at 79.5% with Nell Gwynne at 83%, Rainsford Mowlem at 89.6% and Kew at 87.1%. Significant improvements have occurred on David Erskine with a score of 97.6% compared to 78.9% in August.

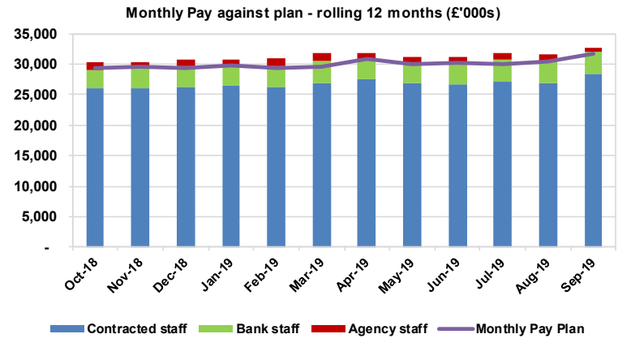
The maternity Family and Friends score is a mean inclusive of labour ward, antenatal and post natal areas.

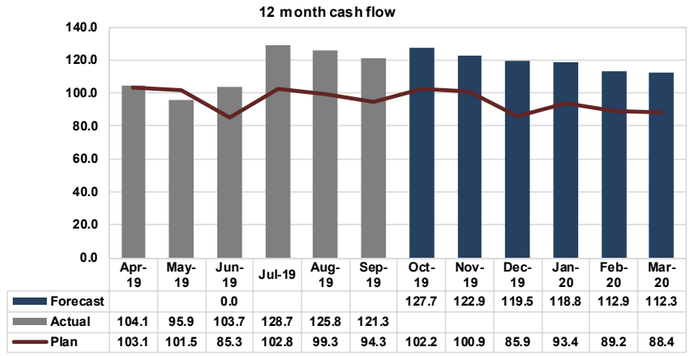
In line with recommendations by the National Quality Board (2016) and the Developing Workforce Safeguards (2018) guidance, actual staffing levels have been compared with staffing levels required according to the bi-annual patient's acuity and dependency assessments utilising the Shelford Safer Nursing Care tool. In early July 2019 this data was presented to Trust Board in line with other staffing and quality metrics. As part of this safe staffing review, the Chief Nurse & Medical Director confirmed in a statement to the Board that they were satisfied with the assessment that staffing is safe effective and sustainable.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard
Month 6 2019-20 Integrated Position

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	333,297	342,464	9,166
Expenditure			
Pay	(183,123)	(190,035)	(6,912)
Non-Pay	(131,760)	(130,091)	1,669
EBITDA	18,414	22,337	3,923
EBITDA %	5.52%	6.52%	1.00%
Depreciation	(8,650)	(8,699)	(49)
Non-Operational Exp-Inc	(8,383)	(8,107)	276
Surplus/Deficit	1,381	5,531	4,150
Control total Adj - Donated asset, Impairment & Other		(4,108) 0	
Surplus/Deficit on Control Total basis	1,381	1,423	42



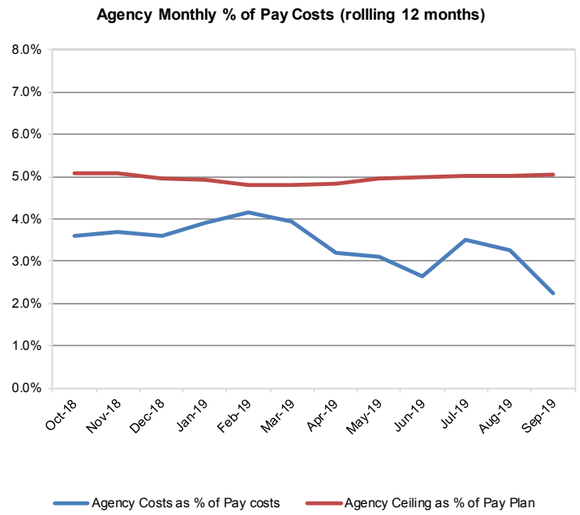


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast			0.0				127.7	122.9	119.5	118.8	112.9	112.3
Actual	104.1	95.9	103.7	128.7	125.8	121.3						
Plan	103.1	101.5	85.3	102.8	99.3	94.3	102.2	100.9	85.9	93.4	89.2	88.4

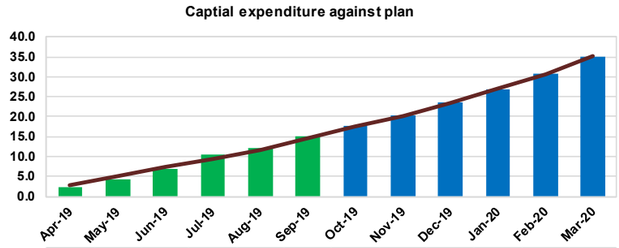
Comment:
The Trust is reporting a YTD surplus of £1.42m with an favorable variance of £0.04m against the YTD plan on a control total basis.

Income: Emergency activity, NICU, WM Outpatients and Maternity over performance trend continues. Elective, CW outpatients, ante-natal bookings and critical care are behind plan in month

Pay is adverse by £6.91m YTD. The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity. How ever, the main contributor to this position are unidenifiied CIPs and idenified red and amber CIP schemes.

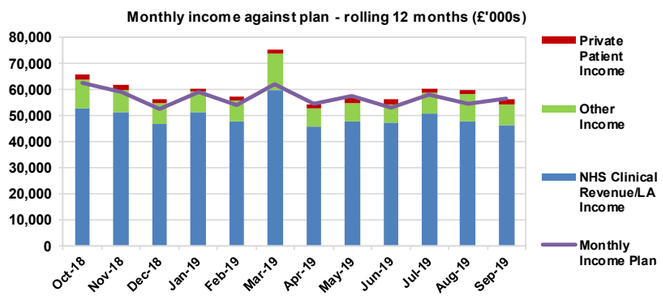


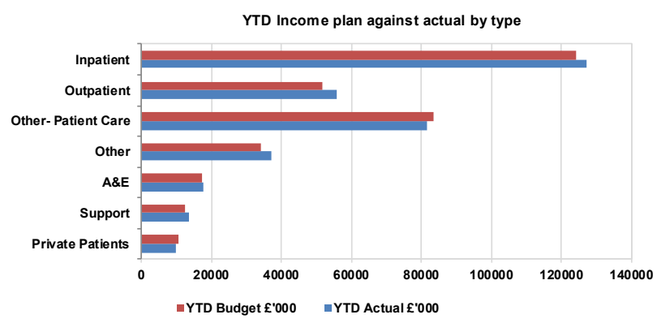
Comment:
The favourable cash variance to plan in M06 of £27m is mainly: Favourable cash variance b/fw d from M5 of £26.5m plus additional receipts £4.4m (mainly prior year NHS Income, Higher Local Authority Gum receipts, Higher PP Income and 470k Higher Donations) offset by higher net cash outflow s of £3.84m (higher creditor payments and higher payroll (Medical Uplift and Agenda for Change).

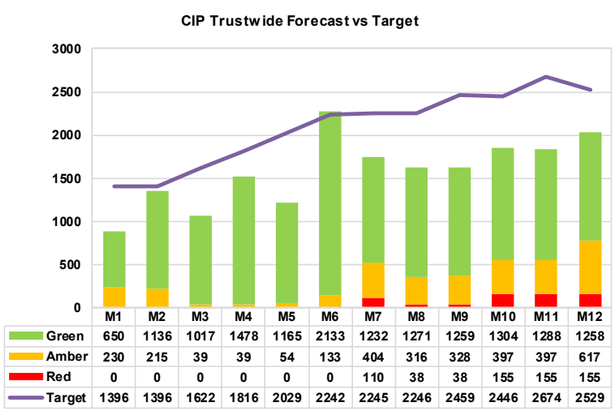


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	2.2	4.4	6.9	10.6	12.0	14.9						
Forecast							17.7	20.3	23.5	26.9	30.7	35.20
Plan	2.8	5.1	7.5	9.4	11.5	15	18	20	24	27	31	35.20

Comment:
The Trust has spent £14.93m at the end of month 6. This is £0.20m above the planned year to date spend of of £14.73m. The major variance is against NICU w hich is £413K overspent against its planned profiled year to date spend of £6.33M.







	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Green	650	1136	1017	1478	1165	2133	1232	1271	1259	1304	1288	1258
Amber	230	215	39	39	54	133	404	316	328	397	397	617
Red	0	0	0	0	0	0	110	38	38	155	155	155
Target	1396	1396	1622	1816	2029	2242	2245	2246	2459	2446	2674	2529

Use of Resources Rating	Jun 19 (YTD) Plan	Jun 19 (YTD) Actual
Capital Service rating	3	3
Liquidity rating	1	1
I&E Margin rating	2	2
I&E Margin Distance from Financial Plan		1
Agency rating	1	1
UORR before override M3		2
UORR after override M3		2

BPPC % of bills paid in target	Year to date		
	Current Month %	Previous Month (%)	Movement %
By number	94.9%	94.8%	0.1%
By value	83.2%	84.2%	-1.0%
Creditor days	123	130	(8)
Debtor days	33	34	(0)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.5/Nov/19
REPORT NAME	Seasonal Influenza Vaccination Programme Update
AUTHOR	Nathan Askew, Director of Nursing
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper provides the board with an update of the seasonal influenza vaccination programme, including a self-assessment declaration which requires approval prior to submission to NHS England/Improvement (NHSE/I).
SUMMARY OF REPORT	As of 22nd October 22.5% of front line staff had been vaccinated against a target of 80%. This year the vaccine will be delivered in phases, 2/3 of the vaccine is currently available to the Trust and the peer vaccination programme launched on the 21st October. The report provides an overview of the communications plan for the delivery of the seasonal vaccination programme
KEY RISKS ASSOCIATED	Failure to achieve the required 80% vaccination level of front line staff may lead to increased sickness and absence during the winter period, reducing the effectiveness to provide high quality care and would put staff at additional risk in the event of a pandemic.
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	As above
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care
DECISION/ ACTION	The Board is asked to note the content of this report and to approve the self-assessment in appendix 1.

Seasonal Influenza Vaccination Programme

Introduction

The 2019-20 seasonal influenza vaccination programme has been based on learning from the 2018-19 campaign, taking into account the areas of good practice and learning from issues that arose during the campaign. The campaign formally launched on 7th October with events held on both sites.

Strategic Flu Group

The Strategic Flu Group was formed in July 2019 and met throughout the summer to plan this year's programme. The group is chaired by the DIPC and has membership from all divisional and key corporate teams across all sites. The team meet every Thursday and assess the effectiveness of the programme against a standard agenda.

Supply of Flu Vaccine

The Australian flu season was particularly bad with a large increase in reported and confirmed laboratory cases as outlined in figure 1 below:

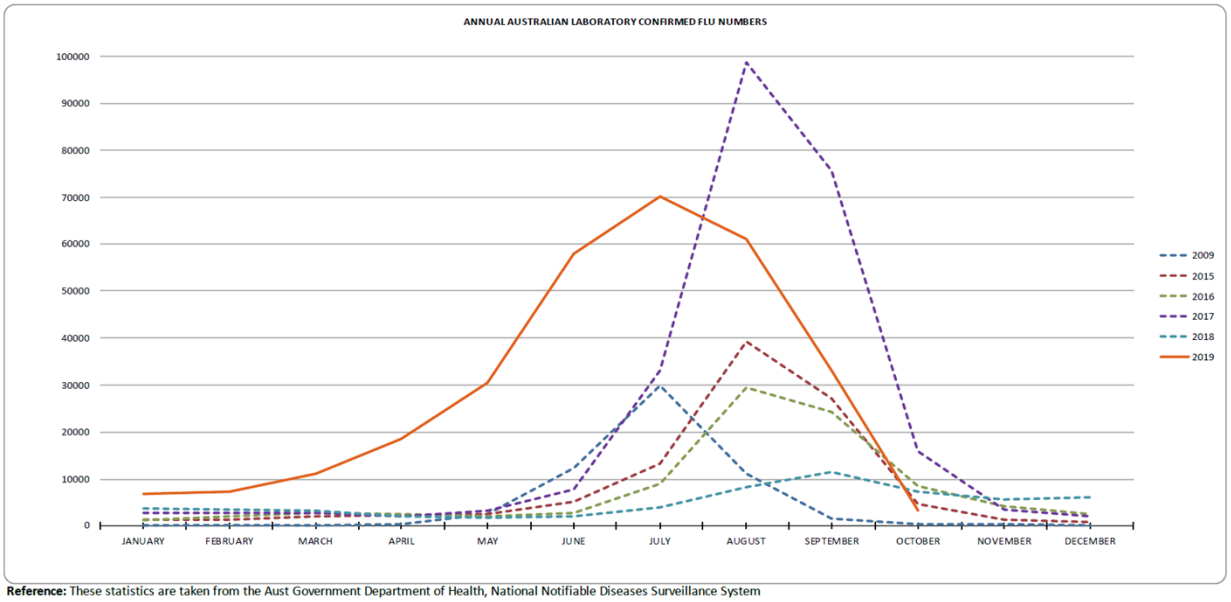
IMMUNISATION COALITION

The Immunisation Coalition is the leading voice in whole-of-life immunisation in Australia, protecting all Australians against communicable diseases.
website: http://www.immunisationcoalition.org.au/news-media/2019-influenza-statistics/

ANNUAL AUSTRALIAN INFLUENZA STATISTICS

YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTALS
2009	182	125	164	275	2558	12319	29841	11119	1626	407	255	171	**59042**
2015	1249	1342	1966	2218	2527	5013	13279	39222	27083	4725	1178	788	**100590**
2016	1175	1969	2666	2434	2058	2830	9037	29421	24216	8448	4044	2539	**90837**
2017	2744	2738	2810	1978	3274	7761	33115	98687	75549	15838	3391	1997	**249882**
2018	3750	3478	3173	1972	1714	1978	3963	8171	11438	7208	5570	6155	**58570**
2019	6834	7162	11153	18605	30398	57817	70122	60937	32972	3211			**299211**

LAST UPDATED: **14 October 2019**



Reference: These statistics are taken from the Aust Government Department of Health, National Notifiable Diseases Surveillance System

There was a slight delay in manufacture of the vaccine to enable the Australian variant form this year to be included. As a result the supply of vaccines to all Trusts in the UK has been phased. Chelsea and Westminster NHS Foundation Trust has had delivery of 2/3 our required vaccine with the remainder to be delivered in early November.

In light of this priority was given in the first two weeks of the programme to front line clinical staff (healthcare workers with direct patient contact and administrative staff in high risk areas such as ED).

Peer Vaccinators

Over 200 staff have been trained as peer vaccinators during the summer, which is an increase of over 80 vaccinators compared to last year. Last year demonstrated that the peer vaccinators were the most successful method of vaccination, having this delivered locally at ward and department level.

Occupational health will continue to ensure that there are drop in clinics on each site throughout the season. Peer vaccinators, occupational health and the corporate nursing team will ensure that induction and other Trust wide meeting opportunities are supported with the offer of the flu vaccine.

Communications and celebration

The coms team have developed a robust plan and have revised the flu materials. There will be the continued celebration of success through various channels including social media, bulletin and team brief.

The flu trolley will return and staff will also be incentivised with the continued used of the voucher raffle monthly. There will also be additional drop in session in the Atrium of the CW site and Rumbles Restaurant on the WM site.

Early Success

As of today 31% of front line clinical staff have been vaccinated and over 2000 vaccinations have been given. The breakdown by division and staff group is as follows:

Count of Consent	Column					
Row Labels	Clinical Support Services	Corporate	Emergency and Integrated Medicine	Planned Care	Women, Children, Dermatology, HIV and GUM	Grand Total
Admin & Clerical	41	72	33	10	27	183
Allied Health Professions (PAMs)	114	1	61	20	17	213
Medics	11	4	132	41	81	269
Nurses and Midwives	32	31	224	86	164	537
Other	4	23	15	5	12	59
Support staff (ISS)	6	35	6	3	2	52
Grand Total	**208**	**166**	**471**	**165**	**303**	**1313**
Front Line	157	36	417	147	262	1019
Front Line Target	633	84	1347	980	1482	4526
% compliance front line	**24.8**	**42.9**	**31.0**	**15.0**	**17.7**	**22.5**

Conclusion

The Board as asked to note the content of this report and to approve the submission of appendix 1 to NHSE/I as an accurate reflection of our self-assessment.

Appendix 1

A	Committed leadership	Self-Assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2019	
B	**Communications Plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	**Flexible Accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Nov/19
REPORT NAME	People performance report
AUTHOR	Karen Adewoyin, Deputy Director of HR
LEAD	Thomas Simons, Director of HR & OD
PURPOSE	The People and OD Committee Key Performance Indicator (KPI) Dashboard highlights current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	The dashboard is 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 and continue focus on PDRs
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 6 – September 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

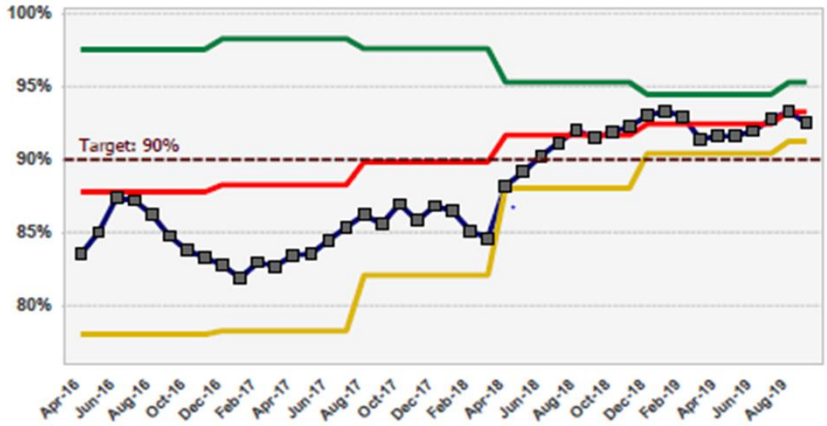
Statistical Process Control – April 2016 to Sep2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

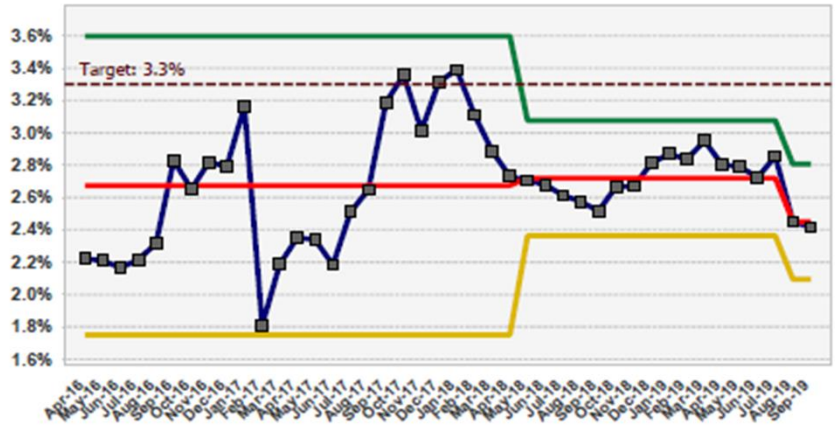
WORKFORCE INDICATORS

Statistical Process Control Charts for the 42 months April 2016 to September 2019

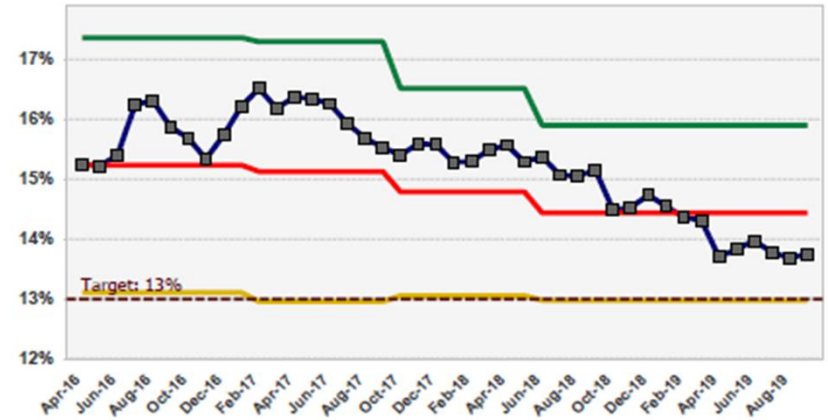
Mandatory Training compliance



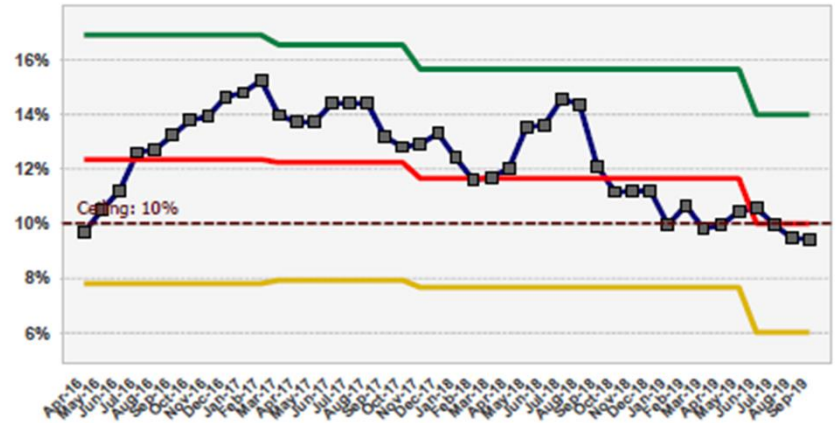
Sickness absence



Staff turnover rate



Vacancy rate



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

Chelsea and Westminster Hospital NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Target / Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.	6236.41	6,363.28	6,373.96					↑
1.2 Whole time equivalent	No.	5481.88	5760.72	5772.57					↑
1.3 Headcount	No.	5951	6253	6284					↑
1.4 Overpayments	**No.**								↔
2. HR Indicators									
2.1 Sickness absence	**%**	**2.52%**	**2.45%**	**2.42%**	**<3.3%**				↓
2.2 Long Term Sickness absence	**%**	**1.14%**	**1.34%**	**1.41%**					↑
2.3 Short Term Sickness absence	**%**	**1.38%**	**1.10%**	**1.01%**					↓
2.4 Gross Turnover	**%**	**19.61%**	**18.12%**	**18.28%**	**<17%**				↑
2.5 Voluntary Turnover	**%**	**15.16%**	**13.68%**	**13.75%**	**<13%**				↑
3. Employee Relations									
3.1 Live Employment Relations Cases	**No.**		**176**	**158**					↓
3.2 Formal Warnings	**No.**		**0**	**3**					↑
3.3 Dismissals	**No.**		**2**	**1**					↓
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	**No.**		**14198**	**13958**					↓
4.2 Bank Shifts Filled	**No.**		**12565**	**12413**					↓
4.3 Agency Shifts Filled	**No.**		**1633**	**1545**					↓
5. Vacancy									
5.1 Trust Vacancy Rate	**%**	**12.10%**	**9.47%**	**9.44%**	**<10%**				↓
5.2 Corporate	**%**	**8.90%**	**4.18%**	**6.17%**	**<10%**				↑
5.3 Clinical Support Services	**%**		**9.91%**	**9.76%**	**<10%**				↓
5.4 Emergency & Integrated Care	**%**	**12.17%**	**11.60%**	**10.54%**	**<10%**				↓
5.5 Planned Care	**%**	**12.98%**	**7.86%**	**8.19%**	**<10%**				↑
5.6 Women's, Children and Sexual Health	**%**	**12.09%**	**9.91%**	**10.07%**	**<10%**				↑
6. Recruitment (Non-medical)									
6.1 Offers Made	**No.**		**162**	**105**					↓
6.2 Pre-employment checks (days)	**No.**		**38.9**	**21.3**	**<20**				↓
6.3 Time to recruit (weeks)	**No.**			**8.54**	**<9**				↑
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	**%**	**87.92%**	**80.55%**	**81.10%**	**≥90%**				↑
7.2 Corporate	**%**	**83.21%**	**71.71%**	**74.80%**	**≥90%**				↑
7.3 Clinical Support Services	**%**		**76.77%**	**72.30%**	**≥90%**				↓
7.4 Emergency & Integrated Care	**%**	**90.99%**	**86.24%**	**87.20%**	**≥90%**				↑
7.5 Planned Care	**%**	**90.32%**	**80.84%**	**86.60%**	**≥90%**				↑
7.6 Women's, Children and Sexual Health	**%**	**87.92%**	**81.75%**	**81.40%**	**≥90%**				↓
8. Mandatory Training									
8.1 See Appendix 1 for details on Mandatory Training									

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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

Chelsea and Westminster Hospital NHS Foundation Trust

August 19 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	1.90%		17944.39	340.40	51	143.00	0.80%	1.62%	0.28%
Clinical Support	3.09%		28663.05	884.52	139	437.13	1.53%	3.21%	-0.12%
Emergency & Integrated Care	1.80%		47805.87	862.50	177	538.77	1.13%	2.00%	-0.20%
Planned Care	2.82%		31393.45	884.48	141	592.78	1.89%	3.03%	-0.21%
Women's, Children and Sexual Health	2.55%		49549.50	1264.64	212	762.35	1.54%	2.39%	0.16%
Trust	**2.42%**		**175356.26**	**4236.54**	**720**	**2474.03**	**1.41%**	**2.45%**	**-0.03%**

September 19 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Theory Adult BLS	85%	87%	<90%		↑
Practical Adult BLS	88%	88%	<90%		↔
Conflict Resolution	97%	96%	<90%		↓
Equality, Diversity and Human Rights	94%	94%	<90%		↔
Fire	91%	90%	<90%		↓
Health & Safety	96%	95%	<90%		↓
Infection Control (Hand Hygiene)	96%	95%	<90%		↓
Infection Control - Level 2	94%	93%	<90%		↓
Information Governance	93%	94%	<95%		↑
Moving & Handling - Inanimate Loads	94%	92%	<90%		↓
Patient Handling (M&H L2)	90%	90%	<90%		↔
Safeguarding Adults Level 1	95%	95%	<90%		↔
Safeguarding Children Level 1	95%	95%	<90%		↔
Safeguarding Children Level 2	95%	94%	<90%		↓
Safeguarding Children Level 3	91%	93%	<90%		↑

Employee Relations

Category	Metric	Sep-19
No of Disciplinary cases in month	Number	16
Length of Disciplinary cases	Days <60	56
Total Discplinary cases in year (April 19)	Number	33
% BAME Disciplinary Cases in month	%	37.5
Exclusions - No. of live in month	Number	3
Grievance - No. of live cases in month	Number	7
B&H cases - included in grievance numbe	Number	4
Sickness - No. of cases in month	Number	112
Long Term - sickness cases in month	Number	66
Short Team - sickness cases in month	Number	46
No. of Employment Tribunals (ET)	Number	3
Managers having ER training (from April 1	Number	52
% Sickness triggers being managed	%	-
No. of informal queries (disciplinary proc	Number	-

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

Division	Budgeted WTE	Staff in Post (WTE)	Vacancy (WTE)	Bank Usage (WTE)	Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status
Corporate	623.02	584.60	38.42	35.15	3.00	610.75	12.27	
Clinical Support	1052.84	950.04	102.80	135.72	5.50	1064.92	-12.08	
Emergency & Integrated Care	1756.86	1571.71	185.15	231.98	34.24	1761.19	-4.33	
Planned Care	1123.67	1031.68	91.99	115.68	23.17	1145.43	-21.76	
Women's, Children and Sexual Health	1817.57	1634.54	183.03	185.79	39.51	1775.05	42.52	
TRUST	**6373.96**	**5772.57**	**601.39**	**704.32**	**105.42**	**6357.34**	**16.62**	

September 19 Voluntary Turnover

Division	Turnover	Prev Month	% +/ -
Corporate	14.30%	13.88%	0.42%
Clinical Support	14.30%	14.21%	0.09%
Emergency & Integrated Care	16.30%	16.14%	0.16%
Planned Care	10.40%	9.88%	0.52%
Women's, Children and Sexual Health	12.90%	13.35%	-0.45%
TRUST	**13.75%**	**13.68%**	**0.07%**

Key to Sickness Figures

Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months (days x ave FTE)

Episodes = number of incidences of reported sickness

A Long Term Episode is greater than 27 days

**Total WTE Used Adjusted to account for staff currently on maternity leave & establishment adjustments

Chelsea and Westminster Hospital NHS Foundation Trust

People and Organisation Development Workforce Performance Report
PDRs Windows September 2019

PDR's Completed Since 1st April 2019 (19/20 Financial Year)					
Division	**Band Group**	**%**	**Division**	**Band Group**	**%**
COR	Band 2-5	40.67%	**CSD**	Band 2-5	25.81%
	Band 6-8a	49.08%		Band 6-8a	36.36%
	Band 8b +	65.48%		Band 8b +	93.33%
Corporate		**49.34%**	**Clinical Support**		**31.02%**
PDC	Band 2-5	59.32%	**EIC**	Band 2-5	76.18%
	Band 6-8a	75.00%		Band 6-8a	65.59%
	Band 8b +	90.91%		Band 8b +	88.89%
Planed Care		**66.94%**	**EIC Emergency & Integrated Care**		**71.84%**
WCH	Band 2-5	38.34%			
	Band 6-8a	40.33%			
	Band 8b +	93.75%			
WCH Women's, Children's & SH		**40.30%**			
Band 2-5	**Band 6-8a**	**Band 8b +**			
48.44%	52.82%	77.99%	**Trust Total**		**51.61%**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisation Development Workforce Performance Report September 2019

Establishment, Staff in Post and Vacancies:

The Trust currently employs 6374 people working a whole time equivalent of 5772.57 which is 11.85 WTE higher than August. The trust has increased by 212.76 wte (3.83%) over the previous twelve months. There has been a decrease in the vacancy rate for September, 9.44% against the Trust ceiling of 10% and a significant improvement since the same time last year. The qualified nursing vacancy rate is 7.83% and for medical staff this has reduced to 6.90% and through the new medical recruitment model a target has been set to reduce this to 4% by November 2020.

Staff Turnover Rate: voluntary

Voluntary Turnover remains relatively consistent at approximately 14%. The trust had 700 voluntary leavers over the past twelve months with the Chelsea site losing 515 headcount and West Mid 185 headcount. Out of the 700 voluntary leavers 238 (34%) left within their first year at the Trust, of these 23% (56) <3 months, 29% (70) 4-6 months and 48% (114) 7-12 months. Further analysis of specific areas or staff groups will be undertaken to identify any trends as the numbers are significant which will be reviewed at the newly established Trust Retention Committee, which will focus on retention across all staff groups. Whilst turnover has reduced from the previous year turnover remains high compared to peers on Model Hospital. The response rate for Joiner and leaver results are low, and for Q2 16% for joiners and 13% for leavers. Discussions are underway with the survey initiative who undertake the survey on the Trust's behalf to increase this to a more reflective level of approximately 50%. The full report is shared at the Workforce Development Committee but highlights are 83% of new joiners are positive about their experience at the Trust but could be improved by better induction, training and information for new starters, especially through the on-boarding process. For leavers 75% were positive and 71% would consider working for the Trust again with most feedback focusing on issues with resources and workload and improving management skills and support.

Mandatory Training Compliance :

The trust's mandatory training compliance rates has stayed at 93% in September. Our current rate has remained above our ceiling rate of 90% for 17 consecutive weeks. Adult BLS practical raised by 2% and additional sessions are being run by the Resus team. Safeguarding children level 3 saw the largest rise (5%) and work is ongoing to continue this improvement.

Sickness Absence: (August)

The trust's sickness rate is currently 2.42% which compares to 2.52% in August 2018. Our sickness target (3.3%) has not been breached during the last 18 months peaking in April '18 at 2.95%. This compares favourably with peers and the Trust remains in the lower quartile on Model Hospital.

Long-term sickness has increased 0.07% to 1.41%. The three most common reasons for sickness were cold, cough and flu, gastrointestinal problems and headache / migraines, whilst anxiety and depression remains the top reason for the number of days lost. The Trusts benefits platform was launched in July 2019 and to date 832 staff have registered. The number of staff accessing the 24/7 employee assistance service has been minimal, at just five, therefore the service was promoted during the recent health and well-being events to ensure staff are aware they have access to counselling sessions to improve the take up.

Temporary Staffing:

As vacancy rates have reduced there has been a corresponding reduction in temporary staffing usage 13,958 temporary staffing requests were filled in comparison to 14,198 in August, a decrease of 240 shifts. In addition, our temporary staffing fill rate has increased by 1.80% to 88.7% this month. The Bank to Agency ratio for filled shifts was 89:11 which remains better than the trust target of 80:20. the trust was under the total target spend by 51.6%. This represents 37.1% under target spending for the year to date. The trust is currently reporting 8 breaches on the NHSI capped rate of £100 per hour, all of which are medical consultant posts and weekly challenge sessions are continuing to reduce pay spend.

PDR:

The 12 month rolling PDR rate increased in September (0.65%) to 80.55% and our PDR window rate has increased 13.31% over the last month. Divisions are provided with monthly management reports detailing completion rates and plans have been established to support managers and staff to complete their PDRs within the required windows. Division are working to complete the majority outstanding PDR's prior to Cerner implementation in October and for those that are not possible will aim for the window end date of December.

People and Organisation Development Workforce Performance Report
September 2019

Race Equality Plan:

The Trust held three well attended sessions facilitated by the WRES team with over 80+ managers which provided an opportunity for senior leaders to understand the Trust's WRES data in more detail, and to also discuss how best to lead cultural and practical change to improve the experience of BAME staff. Further sessions are now being co-ordinated for other managers and at the same time a module on compassionate and inclusive leadership has been developed as part of the Trust's management fundamentals programme which will train approximately 200 managers per year from January.

The changes to the disciplinary process are now live and communications regarding the change has been cascaded through the Trust team brief and to all managers and has been well-received at all the forums it has been discussed.

Apprenticeships:

The leadership tender process for apprenticeships had 28 proposals and the Trust hope to finalise it before the middle of November. Work is being done to talk to senior managers to determine what is required by the trust for the senior leadership programme. We have used 39% of the monthly apprenticeship levy payment in September and this will rise further in October as we see nursing associates and degree nurses commence their programmes, as well as other new apprenticeship starts in finance and administration. In total for the period of June 2019 – September 2019 we have so far used 23.9% of the total levy paid. A further paper on Apprenticeships is on the POD committee with more detail.

Health and Wellbeing:

Work is continuing across the five key objectives in the Health and Wellbeing High Level Action Plan. Key actions have focused on raising awareness of health and wellbeing benefits and to date there are 851 registered users which is 13.5% of our workforce and further events took place during September and October to promote mental health at work day and national work life week. Events have been publicised up to the end of the year and further work is underway to develop different ways to promote the many activities within the Trust. This includes development of health and wellbeing champions and a role profile is being discussed at the next Health and Wellbeing Committee. Detailed analysis of the workforce is also being undertaken to understand the workforce and assist with the development of initiatives. This includes specific data sets such as deprivation areas, specific sickness trends, additional hours worked for example to enable a deeper understanding of some of the issues. This also includes a review of last years staff survey data where it is evident that female staff, those with a disability and staff aged 21-30 feel less satisfied with health and well-being at work.

Leadership and Development:

Six senior leaders have been chosen for the senior leadership development programme with the AHSC in partnership with Imperial Business College. Management fundamentals has been launched and staff are now able to book themselves onto modules. As stated in the Apprenticeship section work is on-going in the tendering process for the leadership apprenticeships.

Talent Management & Succession Planning:

Work is on-going to review the PDR process to support the succession planning process. A fuller report has been provided to POD.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	3.2/Nov/19
REPORT NAME	Workforce Equality and Diversity Report
AUTHOR	Karen Adewoyin, Deputy Director of People and OD
LEAD	Thomas Simons, Director of Human Resources and OD
PURPOSE	This report provides an overview of Chelsea and Westminster's progress against our Equality Objectives and includes all the relevant workforce information in order to meet its compliance with the Equality Act 2010. The report covers the period 1st April 2018 to 31st March 2019. It does not cover the compliance for patients and service users which has previously been presented as a separate report.
SUMMARY OF REPORT	The report provides assurance to the Board that the Trust is able to report against the general equality duty as outlined in the Equality Act 2019. The report also covers the Trust's compliance with the following mandatory frameworks: • Workforce Race Equality Standards (WRES) • Equality Delivery System2 (standards for staff) • Gender Pay Gap • Workforce Disability Standard (WDES)
KEY RISKS ASSOCIATED	Unsatisfactory performance in equality of employment which reflects the diverse nature of the population served by the Trust will present a risk to the reputation and can leave the Trust open to legal challenge.
FINANCIAL IMPLICATIONS	Legal costs of defending claims of discrimination.
QUALITY IMPLICATIONS	Evidence shows that organisations that embrace equality and diversity have better outcomes.
EQUALITY & DIVERSITY IMPLICATIONS	Indicators show poorer experience by some staff groups with protected characteristics.
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation

DECISION/ ACTION	This paper is for information and agreement to publish following a review by the Communications team to be in easily readable format which was used for the Gender Pay Gap report.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Equality and Diversity Report 2018/2019

September 2019

Contents

Section 1 - Introduction from Thomas Simons, Director of Human Resources and OD 5
Section 2 – Trust Strategic Priorities 6
Section 2 – Key Findings 6
Section 3 – Key achievements as at September 2019 ..... **7**
Section 4 - Future Actions and Priorities for 2019/20 7
Section 5 - Workforce Composition **7**
5.1 Workforce Composition - Ethnicity 7
5.2 Workforce Composition - Age 9
5.3 Workforce Composition - Gender 10
5.4 Trust Board of Directors Composition by Gender and Ethnicity 11
5.5 Workforce Composition by Religious Belief 11
5.6 Workforce Composition by Sexual Orientation 12
5.7 Workforce Composition by Disability 12
5.8 Workforce Disability Equality Standard (WDES) 13
5.9 Data Quality for Disability, Sexual Orientation and Religion - 2018/2019 14
Section 6 - Recruitment 14
6.1 Recruitment by Ethnicity 15
6.2 Recruitment by Gender 15
6.3 Recruitment by Age, Disability, Sexual Orientation and Religion 16
Section 7 – Non-Mandatory training 17
Section 8 – Promotions and Leavers 20
8.1 Promotions and Leavers by Ethnicity 20
8.2 Promotions and Leavers by Gender 20
Section 9 - Performance Development Reviews (PDR's) –Non Medical Staff 21
9.1 Performance Development Review Outcomes by Ethnicity 22
Section 10 - Application of Formal Employee Relations Procedures 2018/2019 23
10.1 Disciplinary Cases 23
10.2 Sickness Absence Cases 25
10.3 Probationary Cases 27
10.4 Performance (capability) Cases 28
10.5 Grievance Cases (including bullying and harassment) 30
Section 11- Local Clinical Excellence Awards for Consultants – 2018/19 31
Section 12- Staff Experience: 2018 NHS Staff Survey Results 32
Appendix 1 – Workforce Race Equality Standard (WRES) 34
Appendix 2 - Gender Pay Gap 2018/2019 36
Appendix 3 - WDES 37
Appendix 4 – Improving Race Equality through promoting fairness - Action Plan - 2019/2020 40

Section 1 - Introduction from Thomas Simons, Director of Human Resources and OD

Workforce Equality Report

We are delighted to present our workforce equality report together with details of the actions taken to address the gaps in equality that were identified last year. This is one of our responsibilities under the Equality Act 2010 and supports the delivery of the general Public Sector Equality Duty (PSED).

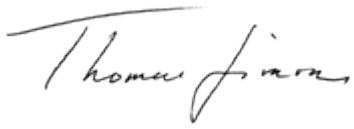
At Chelsea and Westminster we want to provide fair and inclusive services and employment which meet the diverse needs of our patients and staff. The Trust is committed to providing a workplace that is free from discrimination and inclusive of all staff. Over the last 12 months we have continued to focus on embedding equality, diversity and inclusion in everything we do.

Our report includes:

- An outline of our vision at Chelsea and Westminster to be the employer of choice
- An overview of some key achievements
- The profile of our workforce and key findings
- Future plans for 19-20 based on our priority areas for action

Since joining the Trust in March 2019 I have been delighted to be involved in the Windrush event, the Board agreeing our first Race Equality Plan, which included the launch of the BAME Network and a full weeks health and wellbeing event to ensure we are looking after our staff.

We certainly have more work to do to ensure that we improve the experience of all of our staff but I am confident that the plans we have in place and those we are continuing to develop will deliver the outcomes we hope to achieve, which is for all of our staff to have a great experience whilst working at the Trust.



Thomas Simons
Director of Human Resources and OD

Section 2 – Trust Strategic Priorities

Chelsea and Westminster has three strategic priorities:

- Deliver high-quality, patient-centred care
- Be the employer of choice
- Deliver better care at lower cost

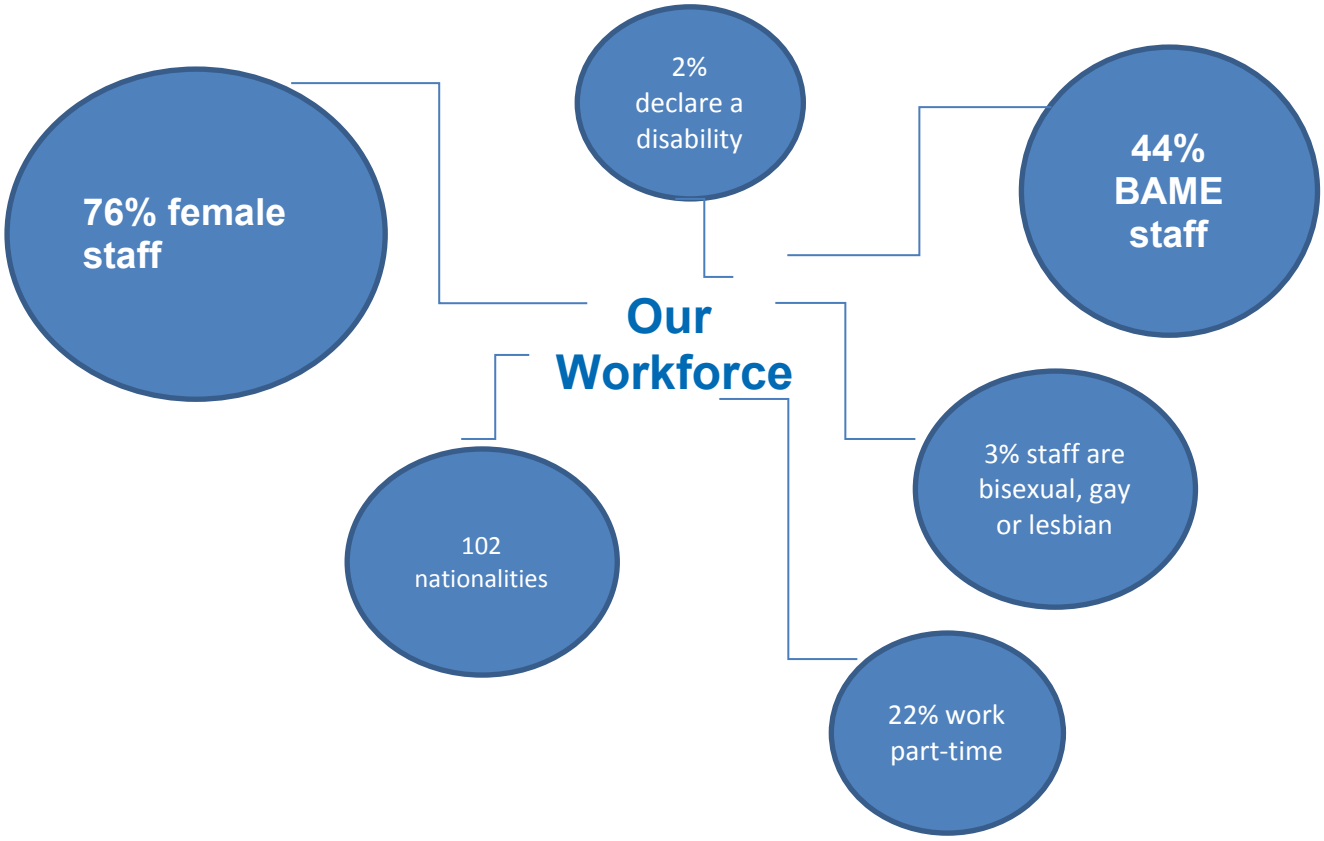
Our staff also work to a strong set of **PROUD** values which are:

- **P**utting patients first
- **R**esponsive to patients and staff
- **O**pen and honest
- **U**nfailingly kind
- **D**etermined to develop

The Trust is committed to promoting equality of opportunity for all its employees and believe individuals should be treated fairly in all aspects of their employment, including training, career development and promotion, regardless of their race, gender or disability or any other protected characteristic. We aim to create a culture that respects and values individual differences and that encourages individuals to develop and maximise their true potential.

Section 2 – Key Findings

Our workforce remains broadly representative of the population it serves and the workforce data is similar to previous years. The data in the report covers the monitoring period 1st April 2018 to 31st March 2019.



- Our staff survey results highlight that as a Trust we score below average at 8.7 for equality, diversity and inclusion compared to other Trusts where the best Trust scored 9.6 and the average was 9.1
- Some of our results in the staff survey were more positive for certain staff groups for example BAME staff were more positive about support from their immediate managers, quality of appraisals and safety culture.
- There has been a 2% increase in BAME staff in post since last year and BAME staff represent 44% of our workforce. However BAME staff report a poorer experience than Non BAME staff for example Non-BAME staff are 1.6 times more likely to be shortlisted than BAME staff and there is still a higher proportion of BAME staff entering formal disciplinary processes, 2.73 time more likely than Non-BAME staff which is higher than the London Acute Trust average
- The gender pay gap report highlighted that female employees earn an hourly mean average pay of 18.6% less than men
- Only 2% of staff have declared a disability yet 11% stated in the confidential staff survey that they had a disability highlighting significant under-reporting.

Section 3 – Key achievements as at September 19

We are proud to have achieved the following:

- The Trust supported the launch of the Women's and BAME staff networks. These are led by interested members of staff, and seek to provide information and support to colleagues who might appreciate a confidential, peer-run environment.
- Agreement and clear commitment by the Board to an Improving Race Equality through promoting fairness Action Plan
- Appointment of 2 BAME Non-Executive Directors
- Launch of the rainbow badges across the Trust which originated at Evelina Children's Hospital to make a positive difference by promoting a message of inclusion both for patients and staff who identify at LGBT+

Section 4 - Future Actions and Priorities for 2019/20

- Develop an overarching Equality and Diversity strategy to bring together key pieces of work developed in 2018/19 which incorporates key targets
- Deliver the Race Equality Plan – Year 1
- Deliver the four key actions agreed to reduce the gender pay gap
- Analyse the WDES data and develop disability specific actions as a result

Section 5 - Workforce Composition

The Trust had a headcount of 6180 substantive staff at the end of the financial year 2018/19 which is an increase of 5.32% over the same period last year. The following pages provide a high level summary of the workforce composition by protected characteristics.

5.1 Workforce Composition - Ethnicity

For the purposes of this report, the Trust has combined staff categories as Non BAME, BAME (Black, Asian and Minority Ethnic) and Not Stated. The national electronic staff record does not give the option of "Do Not Wish to Declare" ethnicity so these are recorded by default as Not Stated.

The Non BAME category incorporates staff that identify as White British, White Irish and Any Other White background.

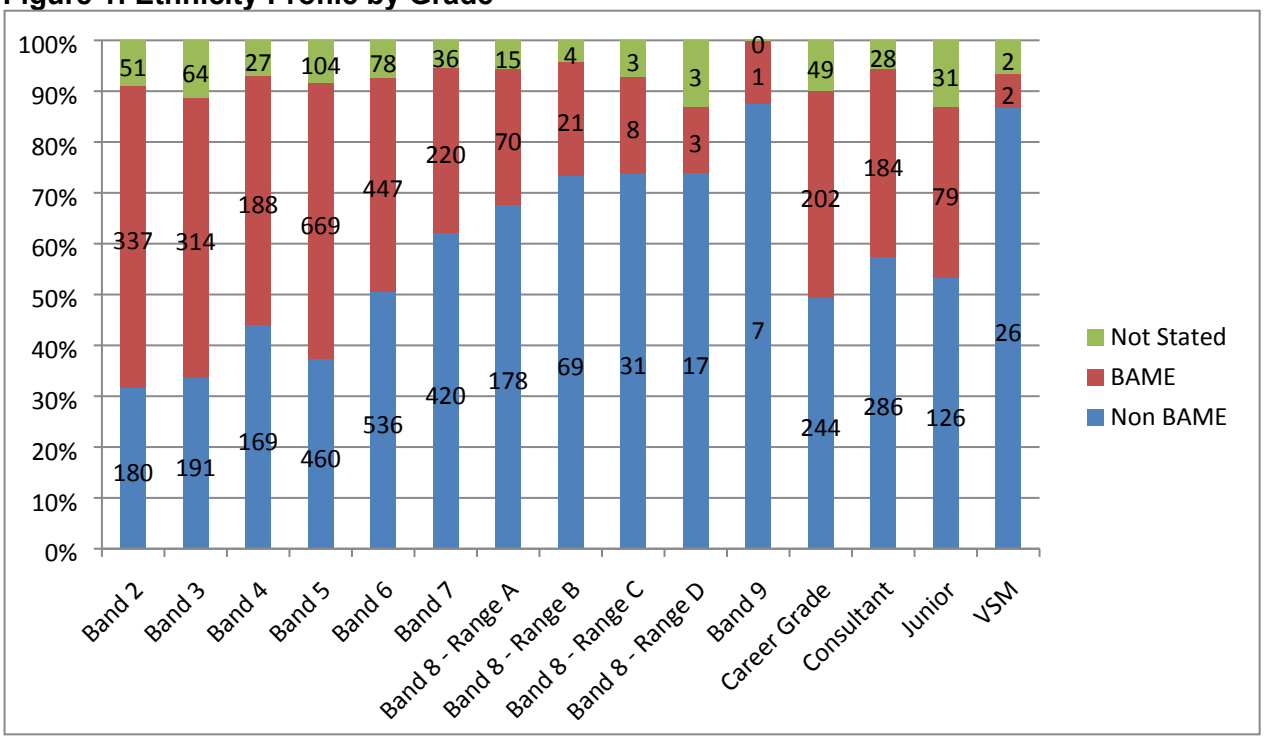
BAME includes staff who identify as Asian (Indian, Pakistani, Bangladeshi), Mixed (White Black/Asian), Black (Caribbean, African) and Other (Chinese and Any Other). This is in line with the Office of National Statistics' Census categories.

2940 (48%) of the workforce identify as Non BAME compared with 2745 (44%) as BAME staff. This compares with 50% and 42% respectively at the same point last year. 8% (495) of our staff are recorded as Not Stated, which is the same as the year ending 2017/2018.

The Trust employs an ethnically diverse workforce in comparison to the local population in London. Figure 1**:** shows the grade distribution of Non BAME and BAME staff across all staff groups across the organisation.

BAME staff form the majority of staff in Bands 2 to Band 5. Non BAME staff form the majority of staff from Bands 6 to Very Senior Manager (VSM). There has been no change to this from the previous monitoring period from 1st April 2017 to 31st March 2018.

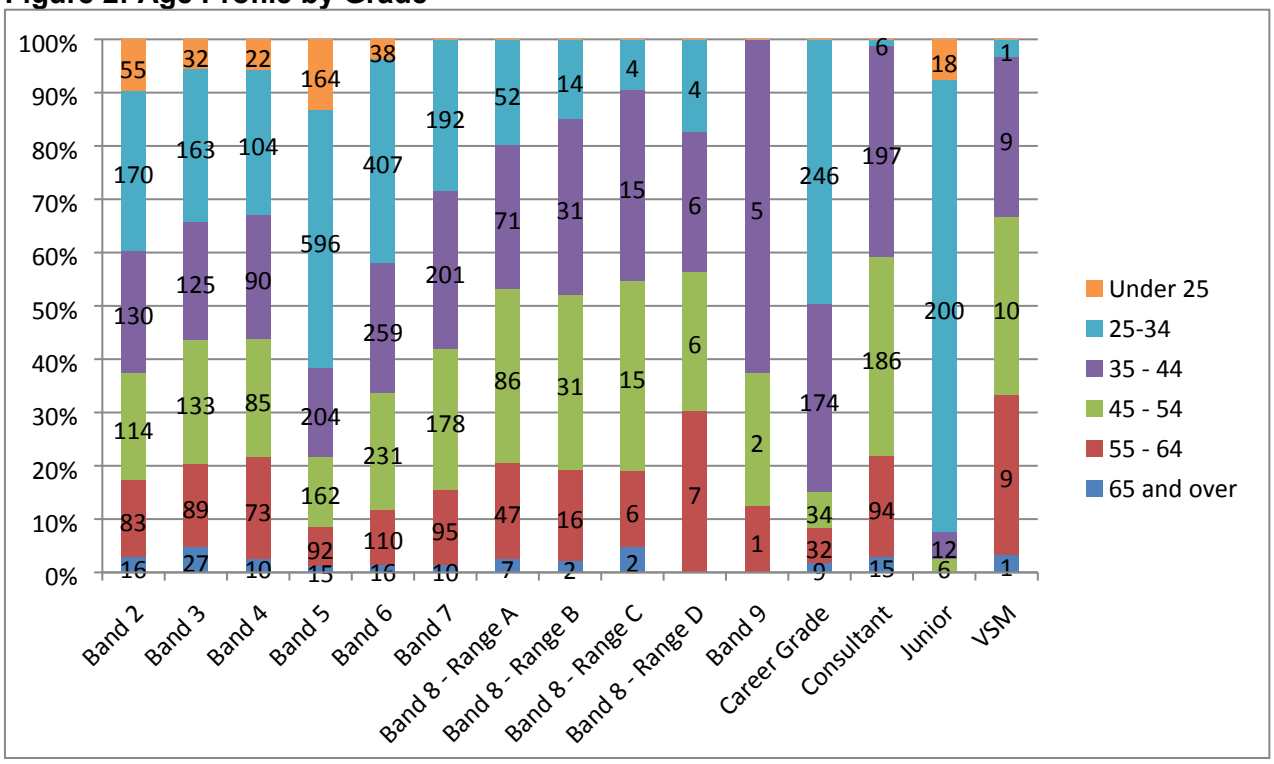
Figure 1: Ethnicity Profile by Grade



5.2 Workforce Composition - Age

The 25–34 age group makes up the single largest age group accounting for 35% of the Trust workforce. The Trust continues to seek to increase its attractiveness to people of all age groups through a range of measures including the widespread provision of work experience opportunities, apprenticeships and the promotion of flexible working.

Figure 2: Age Profile by Grade



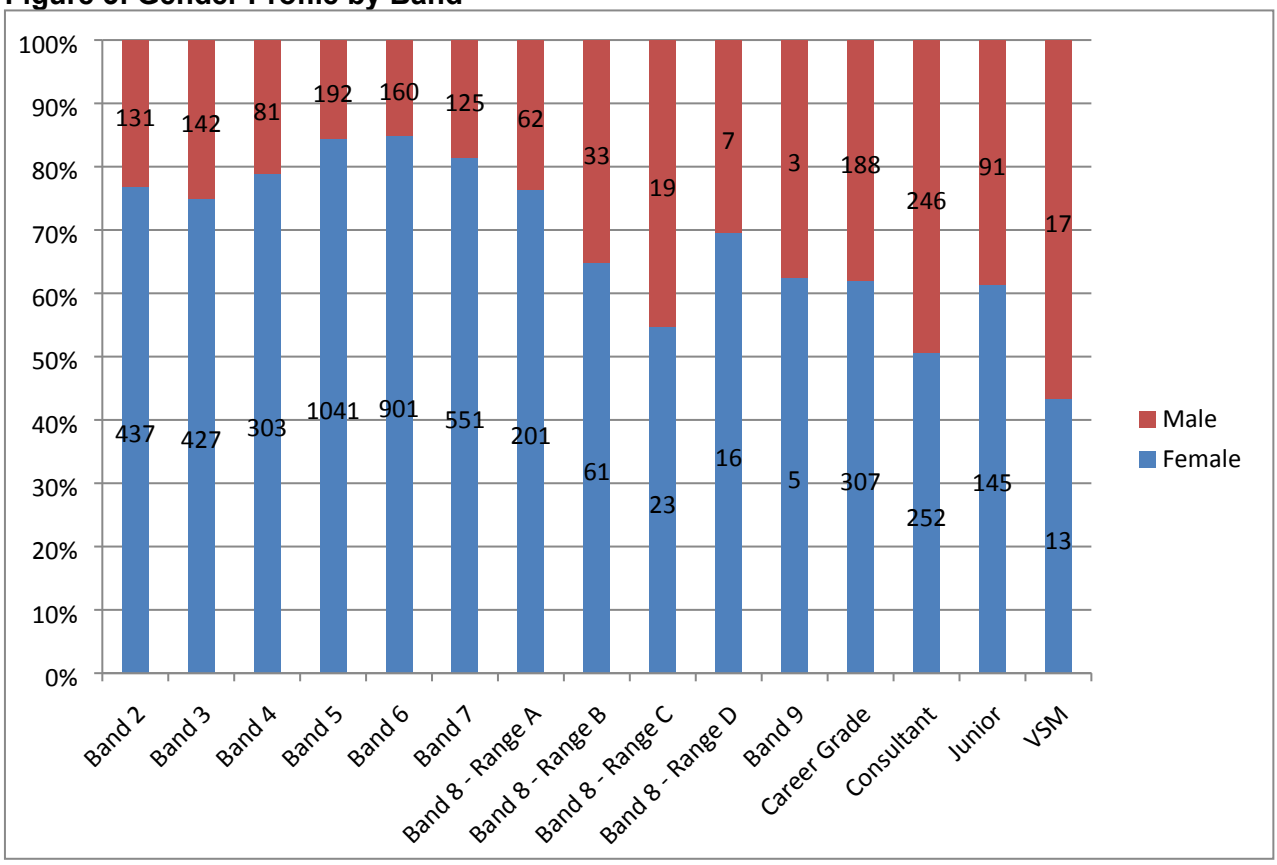
5.3 Workforce Composition - Gender

There were 4683 females employed across the organisation who make up 76% of the total workforce and there were 1497 males who make up 24% of the workforce.

This has not changed from the previous year and remains consistent with the national profile of the NHS workforce.

The table shows that in all but one of the AfC bands and medical grades there are more females than males. The one exception is at the Very Senior Manager (VSM) grade where the gender balance is in favour of males by 56% to 43% female.

Figure 3: Gender Profile by Band



5.4 Trust Board of Directors Composition by Gender and Ethnicity

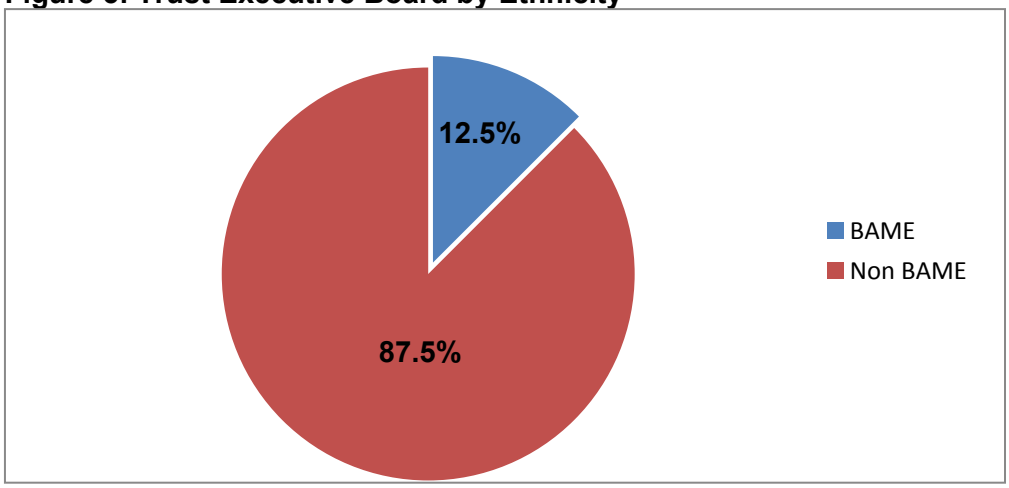
The Board of Executive Directors comprises of 8 posts, the Chief Executive supported by 7 Executive Directors with 6 voting members.

The gender balance at Executive Director level is 50% female and 50% male compared to the overall workforce profile of 76% female and 24% male. *This is favourable to the typical gender balance of female executive directors at acute Trusts which is 42% across London.

**NHS Women on Boards 50:50 by 2020*

The ethnicity profile of the Executive Directors is 100% white with no BAME staff at this level within the organisation.

Figure 5: Trust Executive Board by Ethnicity



The Trust Chair and 7 non-executive directors complete the Trust board. Of these 6 are male and 2 female. 7 are white and 1 is BAME which equates to 87.5% Non BAME and 12.5% BAME.

5.5 Workforce Composition by Religious Belief

Table 1 (below) shows the data held on the religious beliefs of staff. The majority of staff identify as Christian with 41% of staff declaring this as their belief. Christians were also the largest group last year at 39% so has increased as a proportion of the total by 2% and is the biggest change in the data.

The other religious groups have all increased slightly but these are very small increases, on average less than 1% from last year. The percentage of staff recorded as undefined, meaning no data is recorded on ESR is 21%, which has reduced from 24.43% the previous year.

Table 1: Religion Profile

Religious Belief	Total	%
Atheism	560	9.06%
Buddhism	61	0.99%
Christianity	2552	41.29%
Hinduism	279	4.51%
I do not wish to disclose my religion/belief	670	10.84%
Islam	354	5.73%
Jainism	12	0.19%
Judaism	21	0.34%
Other	280	4.53%
Sikhism	94	1.52%
Undefined	1297	20.99%
Grand Total	**6180**	

5.6 Workforce Composition by Sexual Orientation

Table 2 below shows the data held on the sexual orientation of staff. The majority of staff identify as heterosexual at 66%. This was also the largest single category last year and has increased by 4% as a proportion of the total from 62% last year.

The other groups have all increased slightly but these are very small increases on average, again less than 1% from last year. The percentage in the undefined category is 20.95%, which has reduced from 24.33% the previous year.

Table 2: Sexual Orientation Profile

Sexual Orientation	Total	%
Bisexual	29	0.47%
Gay or Lesbian	161	2.61%
Heterosexual or Straight	4064	66.00%
Not stated (person asked but declined to provide a response)	627	10.15%
Other sexual orientation not listed	2	0.03%
Undecided	2	0.03%
Undefined	1295	20.95%
Grand Total	**6180**	

5.7 Workforce Composition by Disability

Figure 6 shows that there are 5 possible responses that staff can give in this category, No, Prefer Not to Answer, Not Declared, Undefined and Yes.

2% of the workforce population are recorded on the Electronic Staff Record (ESR) as having declared that they have a disability. We do not hold any data for 1576 staff (based on the numbers in the "Not Declared" and "Undefined" categories).

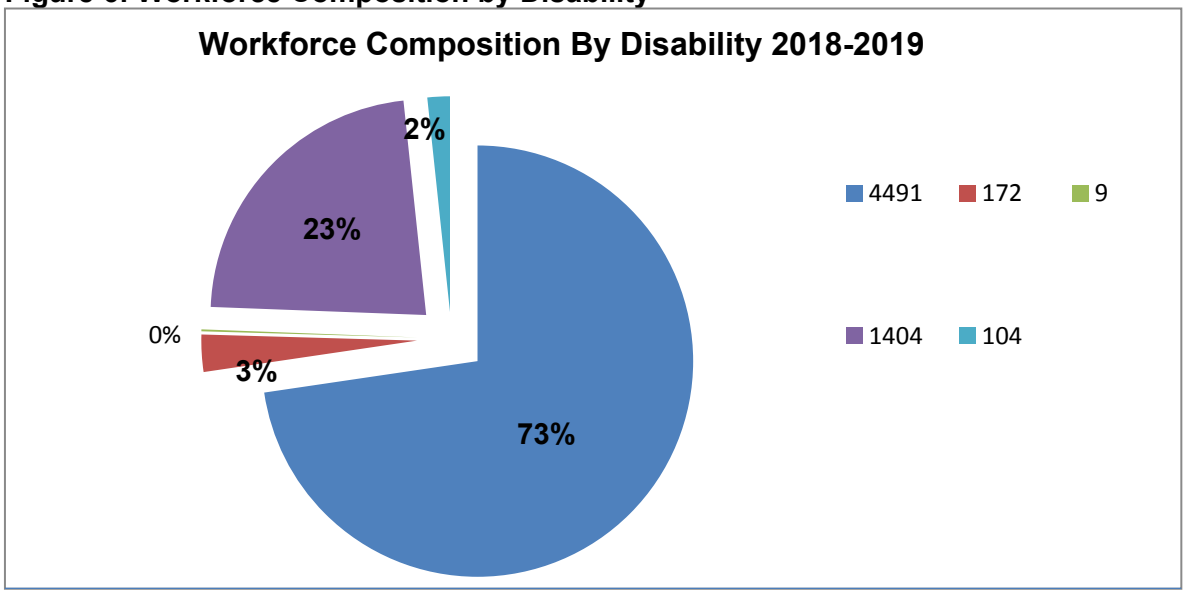
There has been a reduction in the "not declared" and "undefined" data from the 1st April 2017 to 31st March 2018 reporting period when the number was 1610.

The Trust does need to undertake some work to improve declaration rates in this area. 104 members of staff within the Trust workforce have declared that they have a disability which has been recorded on ESR.

In contrast 11.9% (230) of the 1,940 respondents to the specific question in the 2018 Staff Survey "*Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?"* stated that they had a disability. This is significant as this shows staff may feel more comfortable in referring to their disability in the confidential confines of the NHS Staff Survey.

This points to work that the Trust has to do to convince staff to feel able to disclose that they have a disability without feeling this may adversely affect career aspirations and prospects.

Figure 6: Workforce Composition by Disability



5.8 Workforce Disability Equality Standard (WDES)

2019 has seen the introduction of the Workforce Disability Equality Standard (WDES) and is mandated in the NHS Standard Contract. The WDES is a set of ten evidenced-based metrics which take effect from 1 April 2019 based on 2018/19 financial year data which will enable NHS organisations to compare the experiences of disabled and non-disabled staff.

It will compare the reported outcomes and experiences between disabled and non-disabled staff based on these 10 metrics. Its aim is to highlight at a glance the experiences of disabled staff.

Organisations submitted their data to NHS England on 1st August 2019 and publish the metrics and action plans to address any discrepancies by 30th September 2019. This will enable organisations to demonstrate progress against the indicators of disability equality and introduce new measures and practices which will help improve workforce disability equality. Further information is available:https://www.nhsemployers.org/case-studies-and-resources/2019/06/wdes-factsheet

The Trust is currently developing a detailed set of actions to support delivery against the following objectives:

1. Ensure visible Board and Executive ownership of the WDES Action Plan and associated strategies to improve the experience of disabled staff.

2. Improve disability declaration rates amongst staff on ESR above current 2% of workforce population and close the gap on the 12% declaration rate declared in the annual staff survey.

3. Engage with staff to hold focus groups, with the express aim of obtaining input from key stakeholder's e.g. disabled staff, trade unions about the future establishment of a Staff Network.

4. Develop and establish an influential Staff Network whose membership includes those with the lived experience of disability so that their experience is improved in the workplace.

5. Develop a plan that supports effective communications about the WDES Action Plan and associated work streams.

5.9 Data Quality for Disability, Sexual Orientation and Religion - 2018/2019

The number of staff for whom we do not hold information on their ethnic status has decreased from 8% to 6% since last year. Our overall data on disability, sexual orientation and religion has decreased since last year (see Table 3 below).

The Trust holds demographic information on 77% of staff in relation to disability which has increased from 76%. The reductions in the data collection are in relation to sexual orientation and religion from the previous reporting period.

We continue to highlight the importance of completing demographic data by promoting the use of self-service via ESR and by continuing further robust data capture processes when new employees join the Trust.

In respect of disability we encourage staff who may become disabled over the course of their employment to declare their disability and ensure that when identified that a member of staff has a disability that this is recorded on their ESR record if it wasn't at the time of them starting in the Trust.

Table 3: Disability, Sexual Orientation and Religion records for all staff

Protected Characteristic	Known status for all staff March 2019	Known status for all staff March 2018
Disability	77%	76%
Sexual Orientation	79%	89%
Religion	79%	89%

Section 6 - Recruitment

The Trust is committed to deliver open, transparent recruitment processes that do not discriminate against people on the grounds of their protected characteristics. In support of this commitment the Trust monitors the progress of applicants through the selection process. The Trust uses the NHS jobs website as its main source for advertising internal as well as external vacancies and also undertakes periodic overseas recruitment primarily for nursing staff. TRAC is used as our recruitment management system. The data highlights that there is more work to do to in terms of delivering our ambition.

6.1 Recruitment by Ethnicity

67% of all non-medical job applications in 2018/19 were from candidates from a BAME background. For medical posts (*excluding junior doctors in training) the percentage is 80% of all applicants are from a BAME background.

3.71% of non-medical applicants and 3.09% of medical applicants choose not to disclose their ethnicity at application stage. 1.1% of non-medical applicants did not state their ethnic background at application, this figure is 0.5% for medical applicants.

At shortlisting stage the ratio is 55.2% of BAME candidates are shortlisted for non-medical posts and 63% of BAME candidates for medical posts.

In regards to being appointed following shortlisting the ratio is 38.8% for BAME applicants for non-medical posts and 45.8% of BAME applicants for medical staff.

Table 4: Recruitment Analysis by Ethnicity

	Overall Percentage of		
Ethnic Group	**Applicants**	**Shortlisted**	**Appointed**
BAME	65.00%	56.00%	38.00%
Not Stated	6.00%	7.00%	21.00%
Non BAME	29.00%	37.00%	41.00%
Grand Total (number)	23,731	6525	1351

**Note: the data on applicants and shortlisted candidates comes from* TRAC *and covers the period from 01/04/2018 to 30/03/2019.* Junior doctors on rotation to the Trust are appointed via Health Education England and will not be included in the applications, shortlisted or appointed candidates.

Table 5: Relative likelihood of being appointed from shortlisting by Ethnicity 2018/2019

Descriptor	Non BAME	BAME
Number of shortlisted applicants	2429	3659
Number appointed from shortlisting	559	525
Relative likelihood of Non BAME candidates being appointed over BAME staff at shortlisting stage	1.60	

The likelihood of Non BAME candidates being appointed from shortlisting in 2018/2019 is 1.60 times greater than BAME staff. This is a slight improvement from 2017/18 when the likelihood was 1.66 times greater.

Whilst this is a reduction from the previous year the Trust will be putting in place an extensive Improving Race Equality Action plan of which recruitment is one aspect of the Trust strategy.

6.2 Recruitment by Gender

Recruitment analysis by gender shows that 62.8% of applications were from female applicants and 36.7% from male applicants.

Table 6: Recruitment Analysis by Gender 2018/2019

Group	Percentage of		
	Applicants	Shortlisted	Appointed
Female	62.80%	69.90%	76.70%
Male	36.70%	29.90%	23.30%
Do not wish to Disclose	0.50%	0.20%	0
Grand Total (number)	23721	6525	1351

6.3 Recruitment by Age, Disability, Sexual Orientation and Religion

Analysis by religion, age, sexual orientation and disability shows the conversion rates from shortlisting to appointment are broadly in line with the breakdown of applicants and the Trust profile for age and disability.

- The 25-34 age group make up the largest percentage of applicants and appointees
- 2.80% of appointees declare a disability compared with 3.50% of applicants
- 88.40% of applicants identified themselves as heterosexual
- 47.60% of applicants were Christian

The tables below give more detail on recruitment by these characteristics.

Table 7: Recruitment Analysis by Age 2018/2019

Group	Percentage of		
	Applicants	Shortlisted	Appointed
Under 25	15.35%	13.41%	16.60%
25-34	46.32%	44.70%	45.70%
35-44	21.70%	23.00%	21.10%
45-54	12.42%	13.90%	12.90%
55-64	4.00%	4.09%	3.50%
65+	0.20%	0.90%	0.20%
Not stated	0.01%	0%	0%
Grand Total (number)	23721	6525	1351

Table 8: Recruitment analysis by Disability 2018/2019

Group	Percentage of		
	Applicants	Shortlisted	Appointed
No	94.72%	90.60%	79.75%
Not stated	1.78%	4.70%	17.45%
Yes	3.50%	4.70%	2.80%
Grand Total (number)	23721	6525	1351

Table 9: Recruitment analysis by Sexual Orientation 2018/2019

	Percentage of		
Group	**Applicants**	**Shortlisted**	**Appointed**
Bisexual	1.20%	0.08%	0.66%
Gay	1.02%	1.40%	1.99%
Heterosexual	88.40%	87.90%	87.5%
Lesbian	0.15%	0.10%	0.2%
Not stated	9.23%	9.80%	9.65%
Grand Total (number)	23721	6525	1351

Table 10: Recruitment analysis by Religion 2018/201919

	Percentage of		
Group	**Applicants**	**Shortlisted**	**Appointed**
Atheism	10.56%	13.60%	12.04%
Buddhism	1.50%	4.70%	1.30%
Christianity	47.60%	45.70%	39.50%
Hinduism	7.01%	6.40%	11.88%
I do not wish to disclose my religion / belief	12.56%	15.70%	8.70%
Islam	18.62%	11.70%	24.38%
Jainism	0.20%	0.10%	0.20%
Judaism	0.20%	0.30%	0.40%
Sikhism	1.75%	1.70%	1.40%
Grand Total (number)	23721	6525	1351

Section 7 – Non-Mandatory training

The Trust offers development through a variety of methods - eLearning, internal courses and access to external courses - and across a wide spectrum of topics from clinical specialist topics to personal and management development.

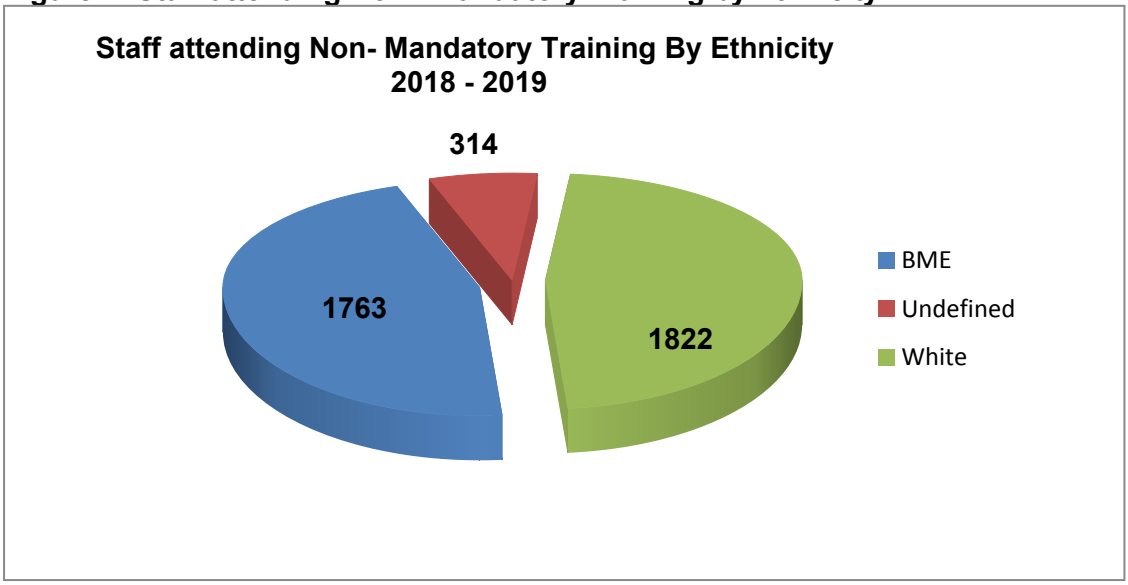
It should be noted that a large proportion of our professional development training is provided by external organisations from which we may not always receive participation rates.

The training that is offered is across a wide spectrum of topics from clinical specialist topics to personal and management development.

The data below is based on substantive staff and leavers only throughout the 2018/2019 financial year recorded within ESR on the Continuous Personal Professional database.

An additional 322 non-substantive staff attended non mandatory training during this period but are not included in the above statistics. (eg. bank, honorary or secondee staff).

Figure 7: Staff attending Non - Mandatory Training by Ethnicity



The total number of staff accessing non – mandatory training during 2018/2019 was 3899.

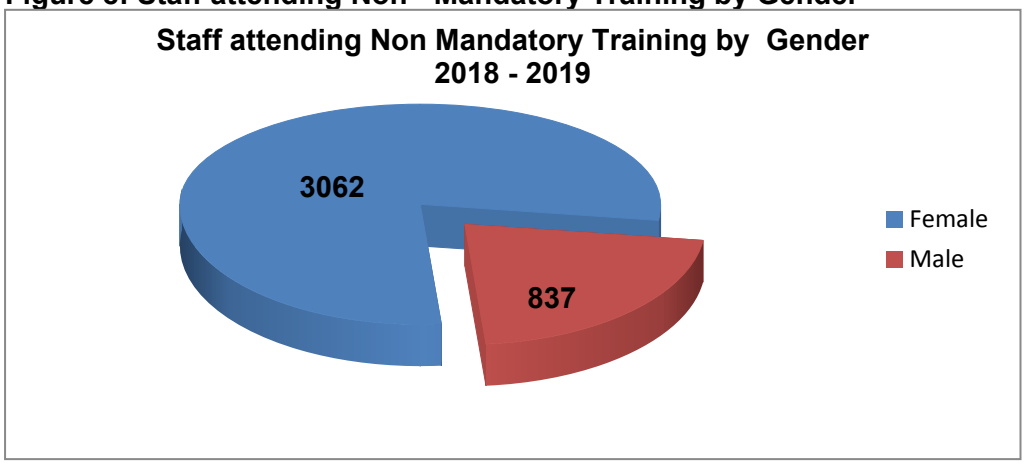
Analysis of non-mandatory training shows that the relative likelihood of Non-BAME staff accessing non mandatory training compared to BAME staff is 1.09. The ratio was 0.95 in the previous year.

This reflects that in this reporting period more BAME staff have accessed non-mandatory training than the previous year.

Table 11: Relative likelihood of accessing non-mandatory training by Ethnicity (WRES Indicator 4)

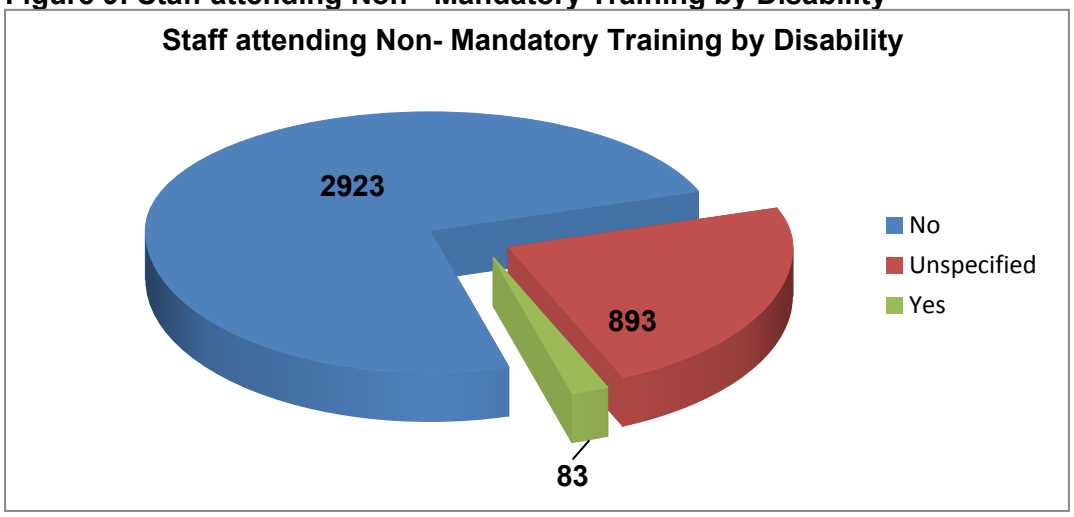
Descriptor	Non-BAME	BAME
Number of staff in organisation	3912	3459
Number staff that have accessed non mandatory training	1822	1763
Relative likelihood of Non- BAME staff accessing non mandatory training over BAME staff	1.09	

Figure 8: Staff attending Non - Mandatory Training by Gender



Of the 3389 staff who attended a non- mandatory training course in 2018/2019 female staff accounted for 78.5% and males for 21.5% which closely reflects the overall gender composition of the workforce.

Figure 9: Staff attending Non - Mandatory Training by Disability



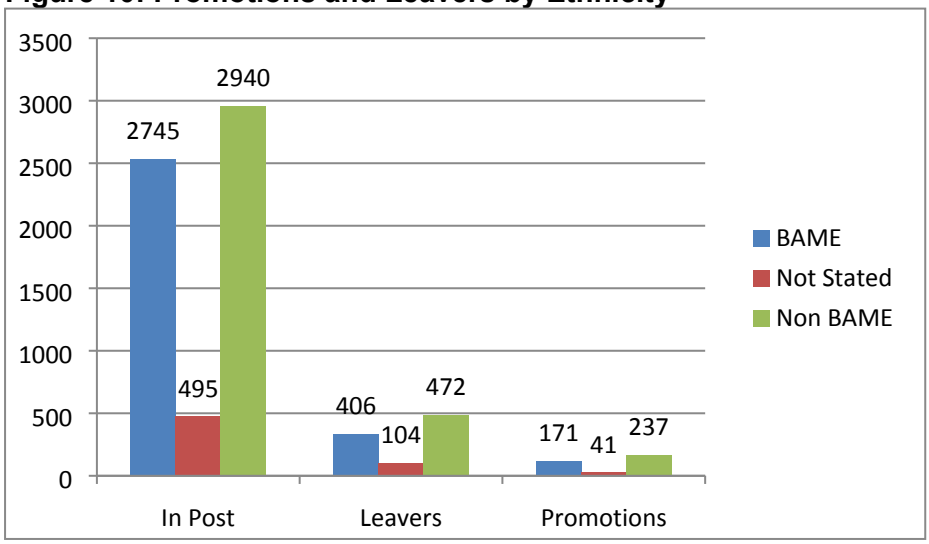
Disabled staff account for 2% of the overall numbers of staff accessing non-mandatory training courses which reflects the percentage of the staff recorded on ESR as having declared a disability.

Section 8 – Promotions and Leavers

8.1 Promotions and Leavers by Ethnicity

Figure 10 shows that Non BAME staff are more likely to leave the Trust than BAME staff. However Non BAME staff are also more likely to be promoted than BAME staff.

Figure 10: Promotions and Leavers by Ethnicity

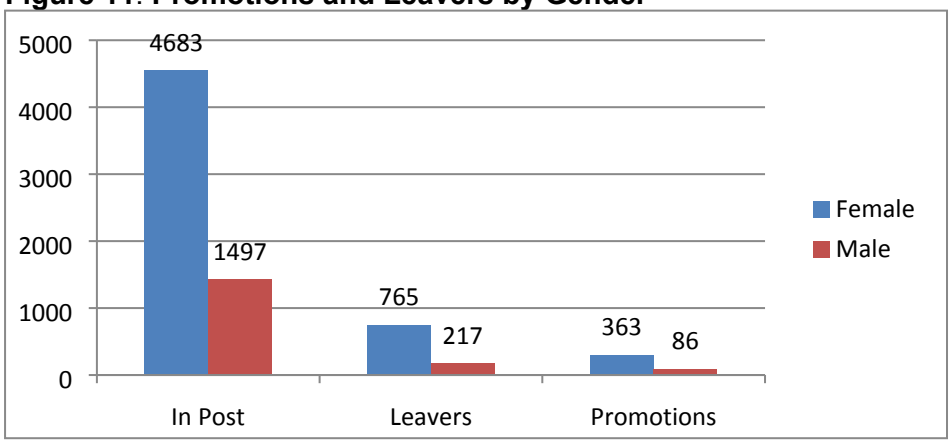


Group	Leavers	Promotions
BAME	14.79%	6.23%
Not Stated	21.01%	8.28%
Non BAME	16.05%	8.06%

8.2 Promotions and Leavers by Gender

Figure 11 shows that in 2018/2019 female staff are more likely to leave the Trust but are also more likely to be promoted and promotions have increased as a percentage by 1.19% from the previous year. The percentage gap between female and male leavers has decreased by 4.3% last year to 1.84% this year.

Figure 11: Promotions and Leavers by Gender



Group	Leavers	Promotions
Female	16.34%	7.75%
Male	14.50%	5.74%

Section 9 - Performance Development Reviews (PDR's) –Non Medical Staff

The below charts shows the number of Non-Medical PDR's completed within the 12 month period between April 2018 to March 2019.

Excluding medical staff and those on maternity leave or career break a total of 3561 staff were eligible to have a PDR within the 12 month reporting period.

3122 were completed although the PDR rate reported here will also have been affected by leavers and joiners throughout the year.

The below figures show the breakdown of PDR's by ethnicity and gender.

Figure 12: Total PDR's in the last 12 months by Ethnicity

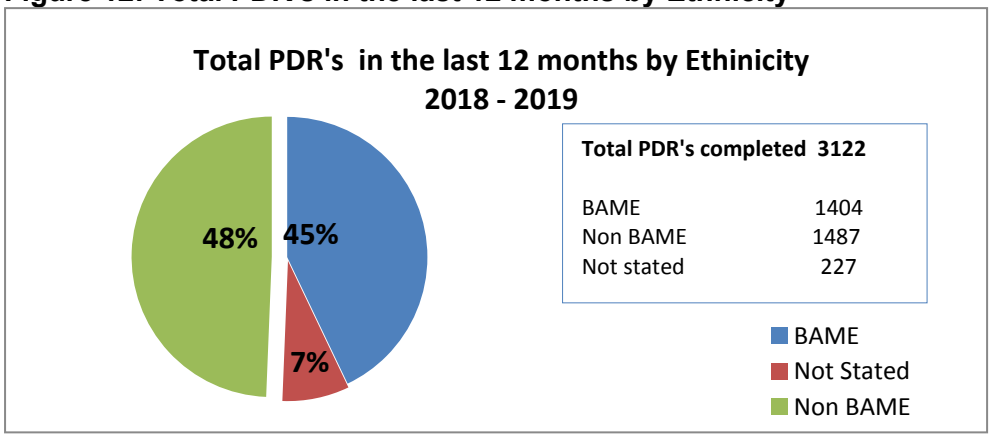
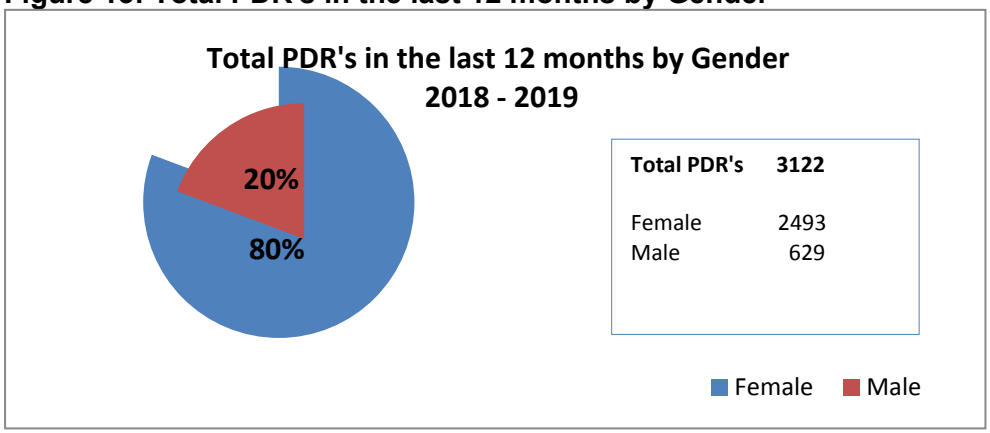


Figure 13: Total PDR's in the last 12 months by Gender

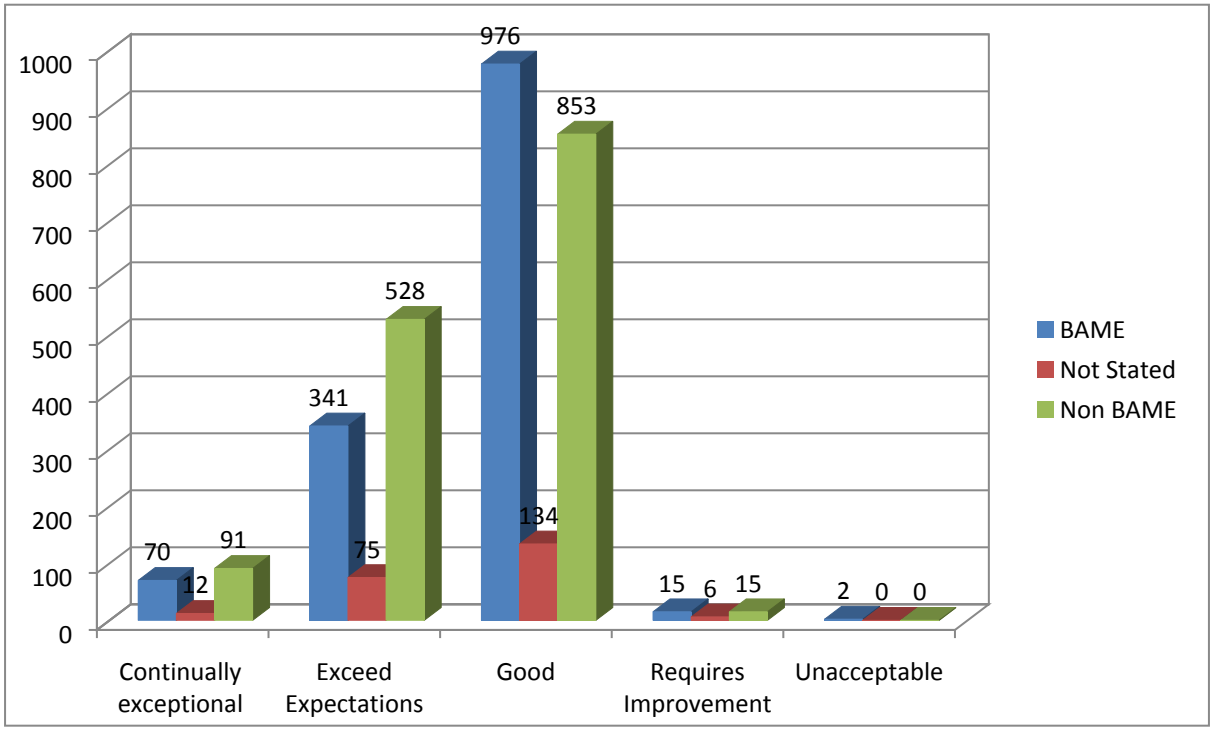


9.1 Performance Development Review Outcomes by Ethnicity

An updated PDR process that was introduced in 2017 introduced a rating system for staff for the first time. In 2018 the too new to assess category which was previously in place has been removed.

- Continually Exceptional
- Exceeds Expectations
- Good
- Requires Improvement
- Unacceptable

Figure 14: Performance Development Review Outcomes by Ethnicity



The above shows that good was the most common PDR rating across the Trust with exceeds expectations the second and continually exceptional the third.

The highest PDR outcome which is continually exceptional applied to 163 members of staff in 2018/2019. 53% of those scoring at this level were non BAME staff and 40% BAME which is a 13% percentage point difference in favour on Non BAME staff.

Of the exceeded expectations outcome 56% of these related to non BAME staff and 36% were BAME staff which is 20% percentage point difference in favour of Non BAME staff. Of the good rating 43% of these related to non BAME staff and 50% related to BAME staff. This is a 7% percentage point difference in favour of BAME staff.

Although smaller numbers the requires improvement outcome of those scored at this level related to 42% Non BAME staff and 42% of BAME staff with no difference between the two. The numbers of staff recorded with an unacceptable rating are in single figures and relates only to BAME staff.

Section 10 - Application of Formal Employee Relations Procedures 2018/2019

All employee relations cases are recorded by the following categories:

- Disciplinary
- Sickness Absence
- Probation
- Performance (Capability)
- Grievance and Bullying & Harassment.

In the financial year 2018/2019 there were 451 formal employee relations cases and these are broken down by category.

This is an overall increase of 110 cases on the 341 cases in 2017/2018.

- Disciplinary: 79 cases,
- Sickness Absence: 265 cases
- Probation: 55 cases
- Performance (Capability): 20 cases
- Grievance (including formal Bullying & Harassment) 32 cases

The cases in each of the above categories are broken down by ethnicity, gender and age to give an indication of how these relate to the composition of the workforce.

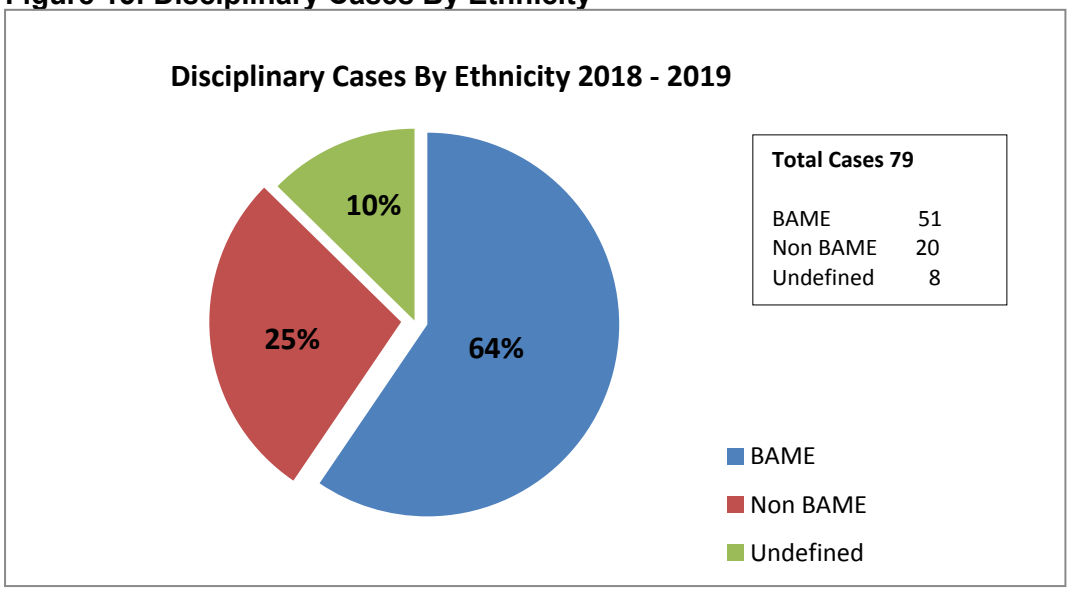
10.1 Disciplinary Cases

There were 79 disciplinary cases in the reporting period 1st April 2018 to 31st March 2019. BAME staff accounted for 51 of these (64%) in comparison to BAME staff being 44% of the total workforce in the same period.

Whilst the overall number of cases has remained the same as 2017/2018 there was an increase from 49 cases to 51 cases of BAME staff being subject to disciplinary proceedings over the same reporting period as last year, this represents a 5% increase in BAME staff entering the formal disciplinary process.

In contrast the number of cases involving Non BAME staff fell from 22 to 20 over the same period which represents a 10% decrease, whilst the number of undefined also fell from 10 cases to 8. Undefined indicates that ethnicity data has not been recorded on the Electronic Staff Record.

Figure 15: Disciplinary Cases By Ethnicity



The table below shows that the relative likelihood of BAME staff entering the formal disciplinary procedure is 2.73 times greater than for Non BAME staff.

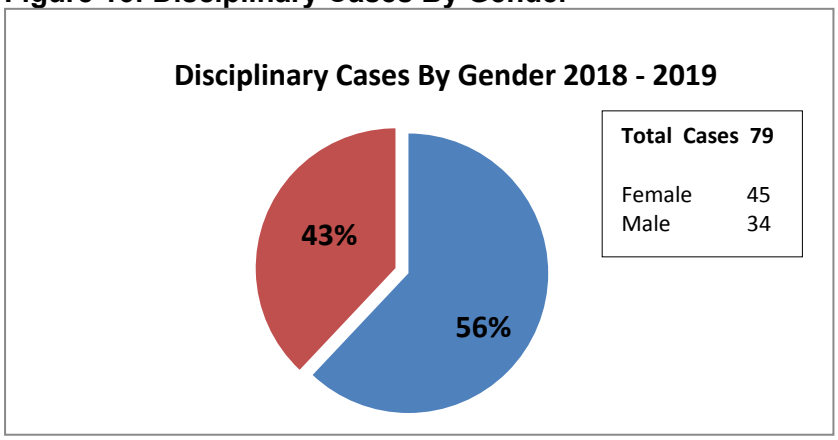
This is an increase from the 2.49 times greater in the previous year although the number of recorded disciplinary cases has remained the same.

The calculation does take into account the changes in the overall number of BAME and Non BAME staff within the organisation.

Table 12: Likelihood of entering the formal disciplinary hearing by Ethnicity 2018/19 (WRES Indicator 3)

Descriptor	White	BAME
Number of staff in organization	2940	2745
Number staff that have entered into disciplinary proceedings	20	51
Relative likelihood of BAME staff entering into disciplinary proceedings compared to White staff	2.73	

Figure 16: Disciplinary Cases By Gender



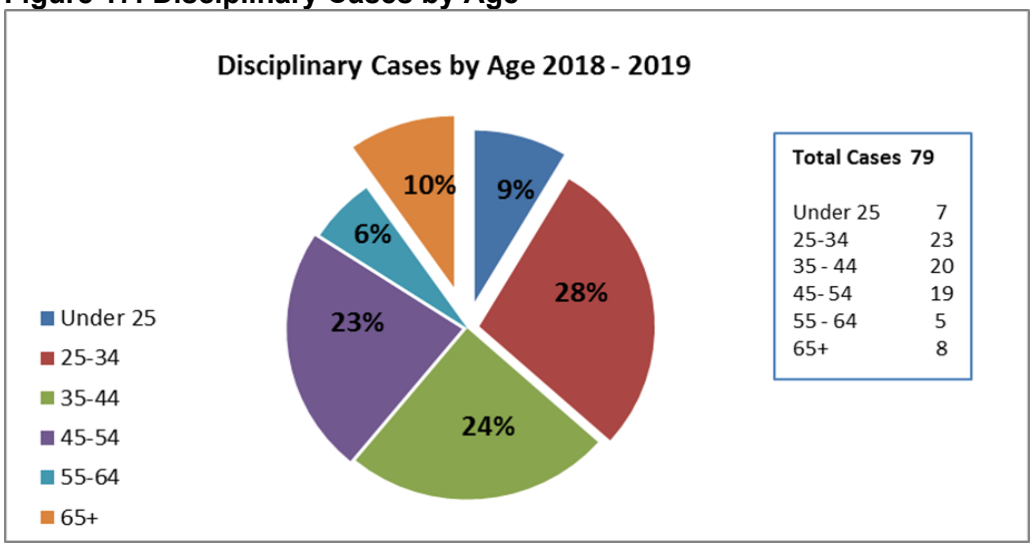
Analysis of disciplinary cases by gender shows the females account for (56%) of cases which is a decrease of 6% from the previous year of 62%.

Cases involving male staff have increased by 5% to 43% from 38% in the previous year

Disciplinary cases by age shows a fairly even spread across three age groups (25 – 54).

The 25–34 age group is the single largest age group at 28% of cases whilst this age group accounts for 35% of the total workforce.

Figure 17: Disciplinary Cases by Age

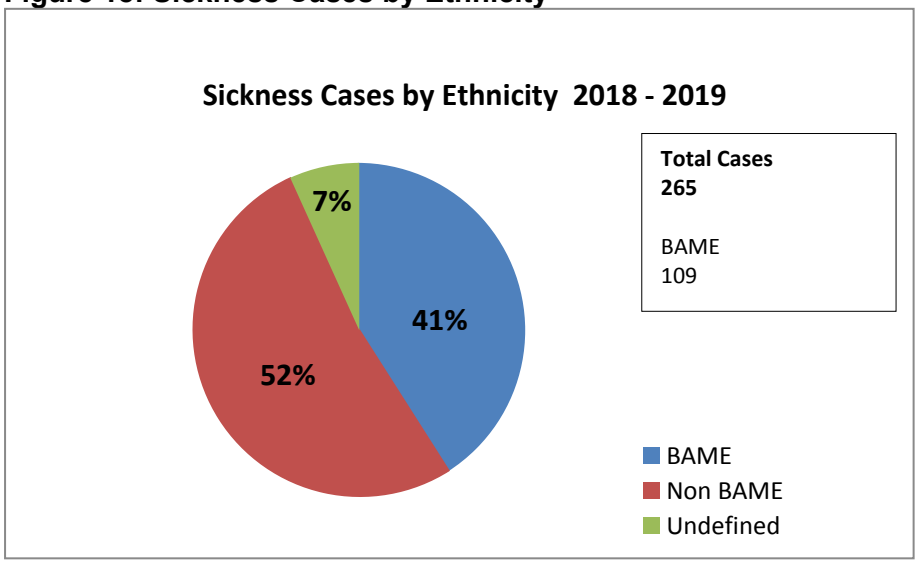


10.2 Sickness Absence Cases

There were 265 sickness absence cases in 2018/2019 up from 169 in 2017/2018.

The increase in cases was as a direct result of the Trusts employee relations team undertaking a specific targeted outreach programme of reviewing sickness absence across all divisions in the Trust.

Figure 18: Sickness Cases by Ethnicity

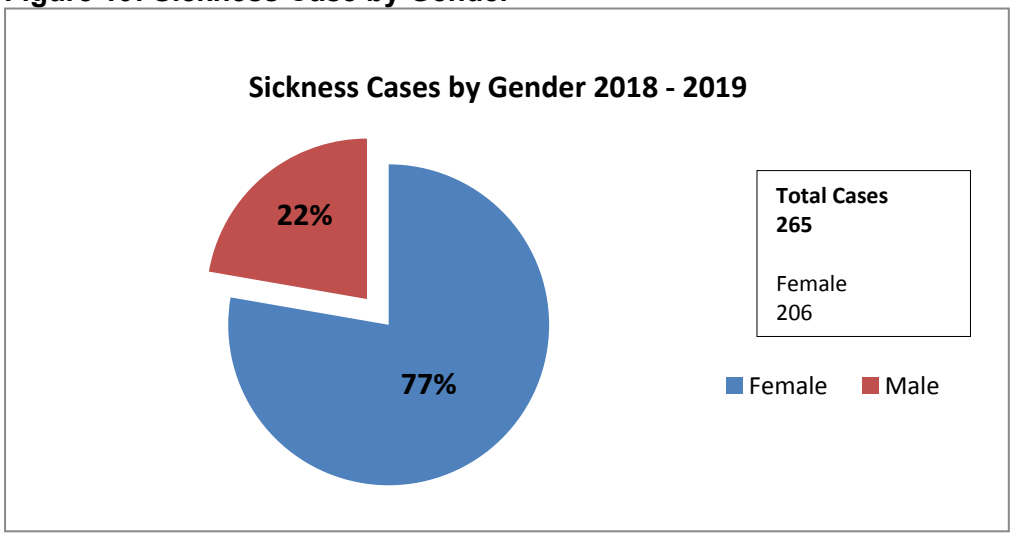


Analysis of sickness absence by ethnicity indicates that Non BAME staff accounted for 52% of these cases and is a rise of 9% from the 43% of cases in 2017/2018.

During the same period the number of BAME staff accounted for 41% of cases which was a reduction of 10% from the 51% of cases in 2017/2018. Further work will be needed to establish if these changes are as result of the outreach programme before any conclusions can be drawn.

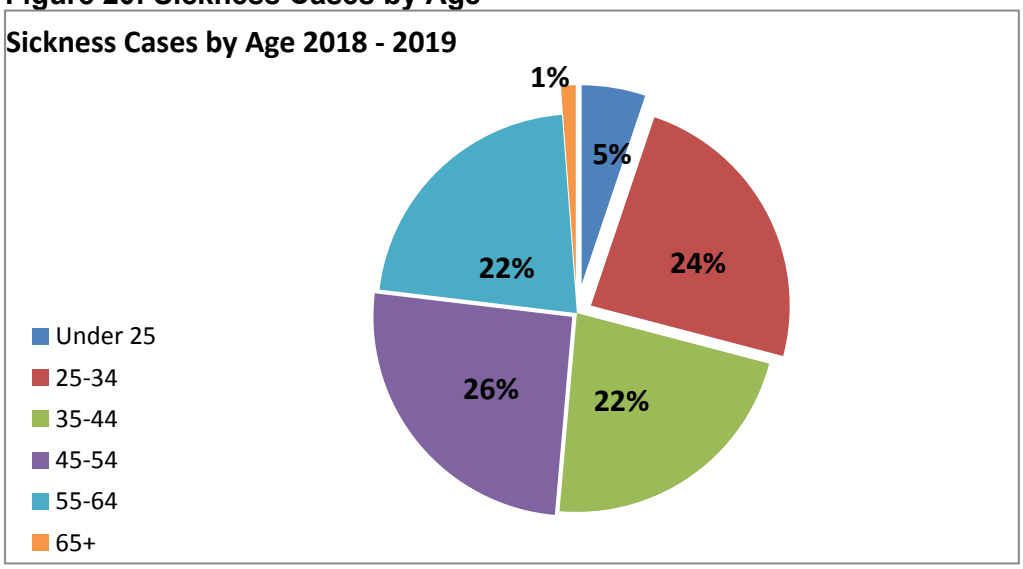
The number of undefined, which indicates that data has not been recorded on the Electronic Staff Record has increased from 6% the previous year to 7% this year.

Figure 19: Sickness Case by Gender



Sickness absence cases by gender reflects the overall workforce gender profile with females accounting for 77% of cases and males 22% which is similar to the previous year.

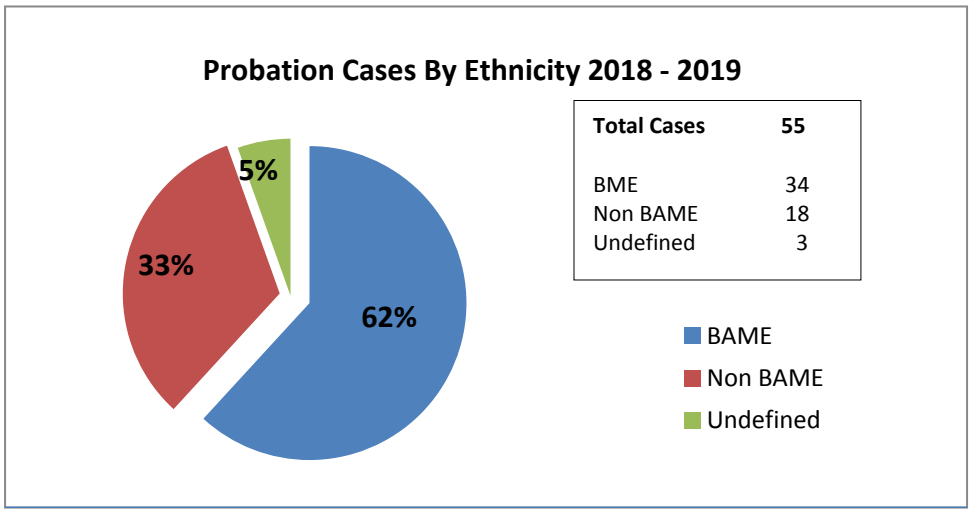
Figure 20: Sickness Cases by Age



Sickness absences cases by age shows that the 45-54 age group make up the single largest percentage of cases at 26%. This is a change from the previous year when the 35- 44 age group where the single largest group at 28%.

10.3 Probationary Cases

Figure 21:Probationary Cases by Ethnicity



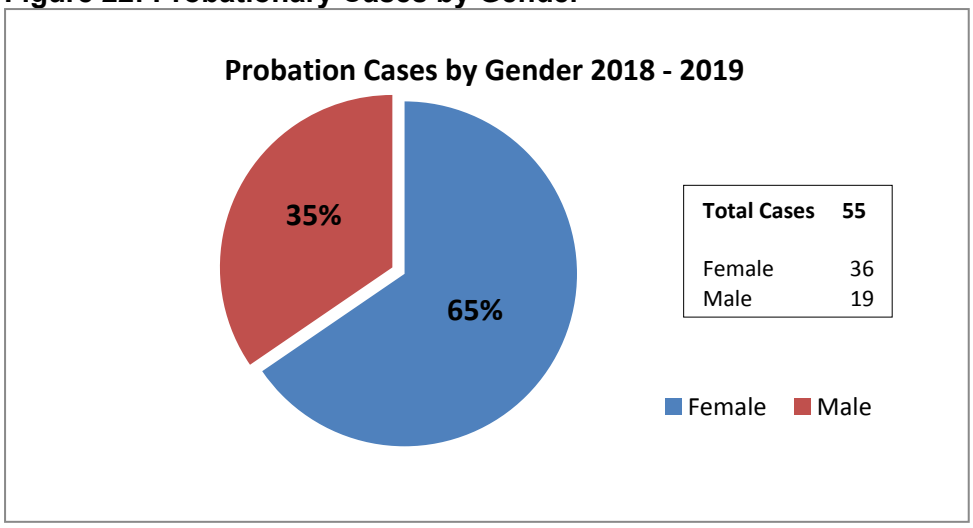
The overall number of probationary cases in 2018/2019 increased to 55 from 48 in 2017/2018 which is a 14.5% increase.

The majority of probationary cases related to BAME staff accounted for 62% of cases which is a 10% increase from 52% of cases in 2017/2018.

33% of probationary cases related to Non BAME staff who account for 48% of the Trust workforce profile in 2018/2019.

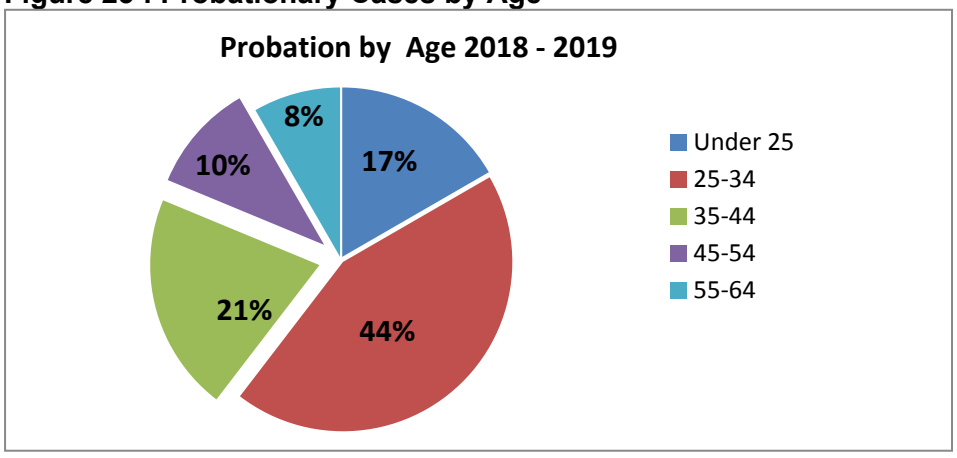
The number of undefined where the data has not been recorded on the Electronic Staff Record has reduced to 5% from 21% the previous year.

Figure 22: Probationary Cases by Gender



Female staff accounted for 65% of probation cases and males 35% although males make up 24% of the workforce.

Figure 23 : Probationary Cases by Age

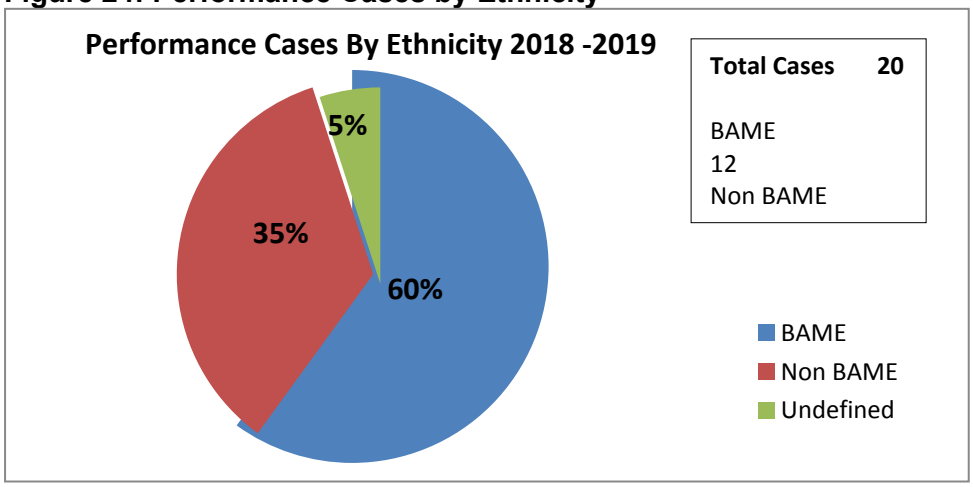


Probation cases by age show that the 25 -34 age group makes up 44% of cases. This age group are also the largest single age group within the workforce.

10.4 Performance (capability) Cases

There were 20 performance cases reported in the 2018/2019 reporting period year compared to 15 in 2017/2018 which represents an increase of 33%.

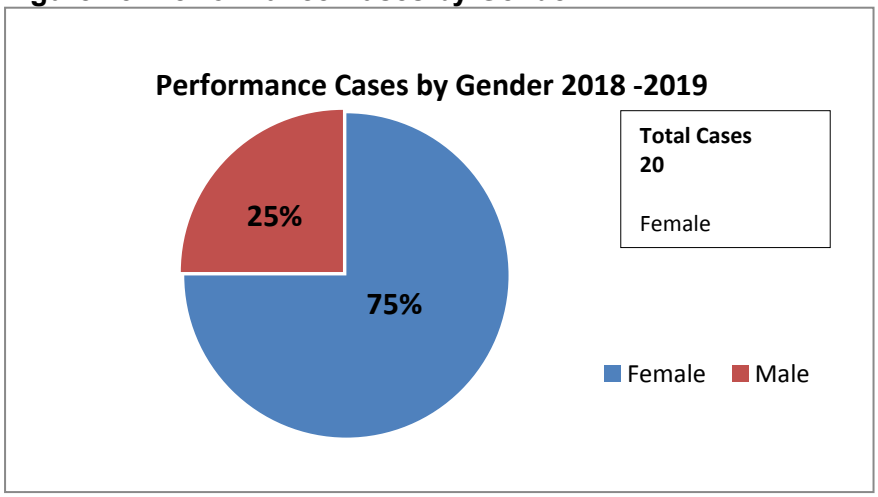
Figure 24: Performance Cases by Ethnicity



Performance cases by ethnicity in 2018/2019 shows that BAME staff accounted for 12 cases (60%) of these. The previous year the number cases involving BAME staff was also 12 cases which accounted 80% of the total in 2017/2018.

In 2018/2019 the change has been to the number of Non BAME staff which has increased from 1 to 7. 5% of cases were undefined where ethnicity data has not been recorded on the Electronic Staff Record.

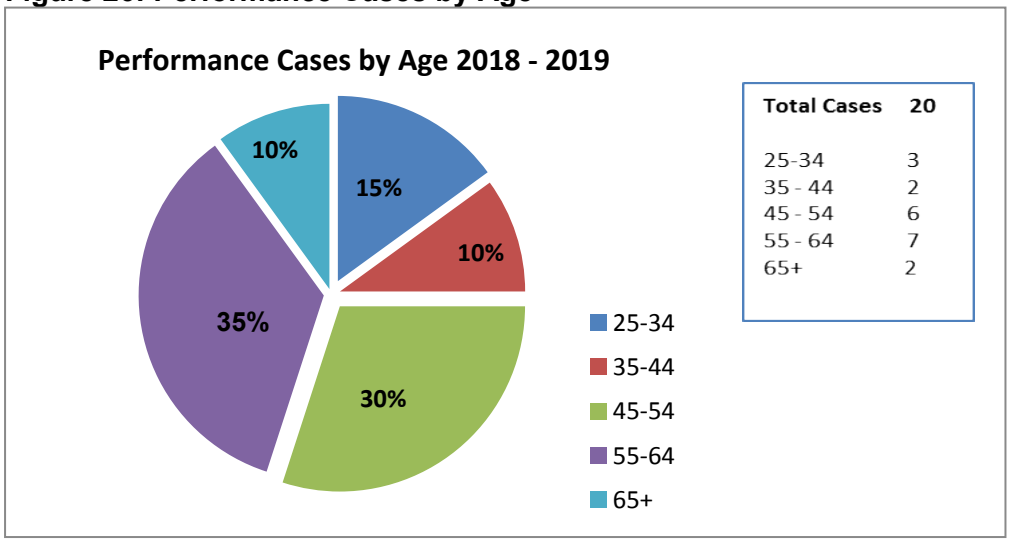
Figure 25: Performance Cases by Gender



Performance cases by gender shows that 15 cases (75%) were related to female staff and 5 cases (25%) to male staff which closely reflects the composition of the overall workforce of 76% female and 24% male.

In 2017/2018 there were in total 15 performance case of which 2 (13%) of cases were male staff and 13 (87%) were female staff.

Figure 26: Performance Cases by Age

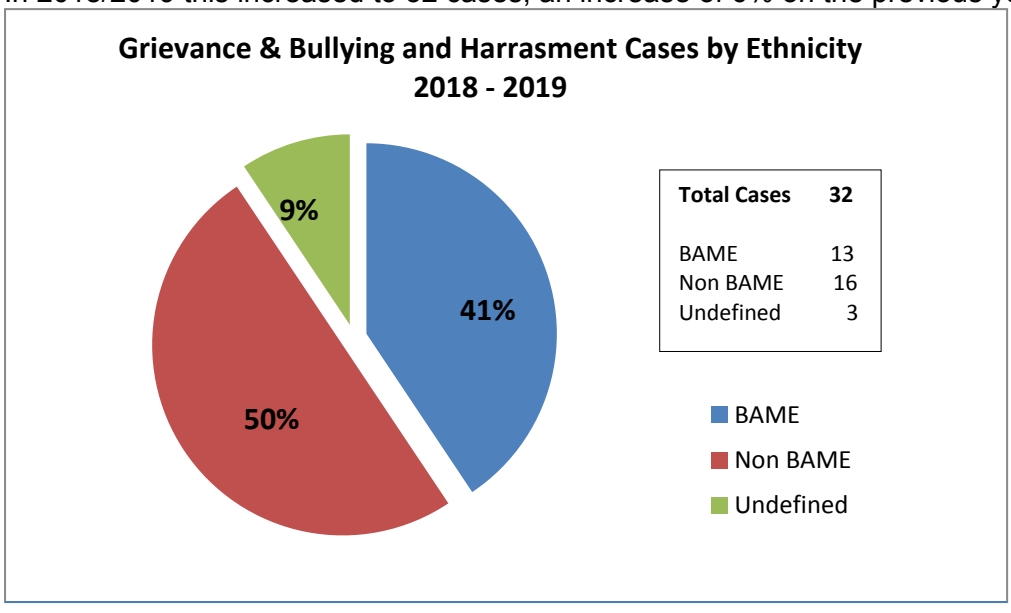


Performance case by age shows that the 55 – 64 age group make up the largest single group with 7 (35%) of cases. The largest single group in 2017/2018 were the 35-44 age group with 5 (33%) of cases.

10.5 Grievance Cases (including bullying and harassment)

Grievance (which also includes bullying harassment cases) can often involve multiple employees including the individual submitting the complaint and the person who may be accused of inappropriate behaviour who may lodge a counter grievance. There were 30 such cases of this nature in 2017/2018.

In 2018/2019 this increased to 32 cases, an increase of 6% on the previous year.

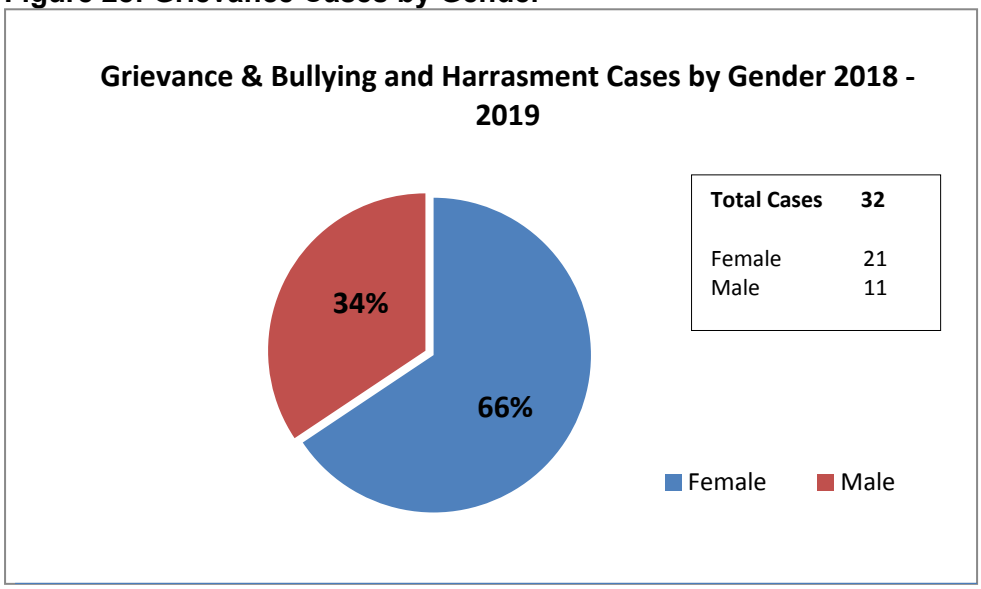


The data for grievance cases shows that 16 cases (50%) of those involved were Non BAME staff which is the same overall percentage in 2017/2018. However the number of cases has increased by 1 to 16 in the same period.

The number of cases for BAME staff has reduced from 15 cases (43%) in 2017/2018 to 13 cases (41%) in 2018/2019 which represents a reduction of 2%.

The overall percentage of undefined has increased to 9% (3 cases) of the total of 32 cases from 7% (2 cases) of the overall total of 30 in 2017/2018.

Figure 28: Grievance Cases by Gender



Female staff accounted for 66% of overall grievance cases in 2018/2019 down from 83% in 2017/2018, a reduction of 17%.

There has been a reverse increase in the overall percentage of male staff involved in these cases to 34% in 2018/2019 from 17% in 2017/2018 which represents a 50% rise.

Section 11- Local Clinical Excellence Awards for Consultants – 2018/19

There were 85 local clinical excellence applications received in 2018/2019 compared to 31 on 2017/2018. The analysis by gender and ethnicity is below:

Table 13: CEA Awards by Ethnicity

Ethnic Origin	Workforce profile Percentage	CEA Applicants	Successful Applicants
Non BAME Consultants	279 (57.88%)	51 (60%)	31 (67.39%)
BAME Consultants	177 (36.72%)	32 (37.65%)	13 (28.75)%
Unknown	26 (5.40%)	2 (2.35%)	2 (4.34%)
Total	**482 (100%)**	**85 (100%)**	**(22) 100%**

The percentage of Non BAME CEA applicants from all applicants has reduced from 64.52% in 2017/2018 to 60% in 2018/2019, however the percentage of successful Non BAME applicants has increased from 50% to 67.39% in 2018/2019.

The percentage of BAME CEA applicants from all applicants has increased from 35.48% in 2017/2018 to 37.65% in 2018/2019.

The overall percentage of successful BAME applicants from all applicants has reduced from 50% in 2017/2018 to 28.75% in 2018/2019.

Table 14: CEA Awards by Gender

Gender	Percentage	CEA applicants	Successful Applicants
Female	247 (51.25%)	36 (42.35%)	27 (58.70%)
Male	235 (48.75%)	49 (57.65%)	19 (41.30%)
Total	**482 (100%)**	**85 (100%)**	**46 (100%)**

The percentage of female consultants applying for the local CEA award reduced from 51.61% in 2017/2018 to 42.35% in 2018/2019.

The percentage of male consultants applying for CEA's increased from 48.39% in 2017/2018 to 57.65% in 2018/2019.

The percentage of successful female applicants has slightly reduced from 59% to 58.70% in 2018/2019 and males increased slightly from 41% from 41.30% in 2017/2018.

Section 12- Staff Experience: 2018 NHS Staff Survey Results

The National NHS Staff Survey results were published in February 2019. This year there have been a number of changes made to the benchmark report to improve usability and provide historical trends.

The main change is the 32 key findings have been replaced by 10 themes which are scored on a 0-10 point scale with 10 being the highest possible score.

The 2018 staff survey results revealed some differences in experience when analysed by disability status, ethnicity, age and gender.

The full results of the 2018 staff survey can be found at:
www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2018/

2018 Staff Survey by Gender

Theme	Female	Male
Staff Engagement	7.3	7.4
Bullying & Harassment	7.5	7.8

Equality Diversity & Inclusion	8.7	8.9
Morale	6.1	6.1
Health & Wellbeing	5.7	6.2
Immediate Managers	6.8	6.9
Quality of Appraisals	6.0	5.8
Safety Culture	6.9	6.8

2018 Staff Survey by Disability

Disabled staff are the least likely group to report positive experiences across a range of indicators as indicated below.

Theme	Disabled	Non-Disabled
Staff Engagement	6.9	7.4
Bullying & Harassment	6.9	7.5
Equality Diversity & Inclusion	8.2	8.7
Morale	5.6	6.2
Health & Wellbeing	4.6	6.9
Immediate Managers	6.4	6.9
Quality of Appraisals	5.3	6.2
Safety Culture	6.4	6.9

2018 Staff Survey Themes by Age

Theme	21-30	31- 40	41-50	51-65	66+
Staff Engagement	7.2	7.3	7.5	7.3	7.7
Bullying and Harassment	7.5	7.7	7.5	7.4	8.6
Equality Diversity & Inclusion	8.7	8.7	8.6	8.7	9.6
Morale	6.1	5.9	6.1	6.2	7.4
Health & Wellbeing	5.4	5.8	6.0	5.7	7.6
Immediate Managers	7.1	6.8	6.8	6.7	7.4
Quality of Appraisals	6.3	5.9	6.1	5.7	6.1
Safety Culture	6.9	6.8	6.9	6.8	7.2

2018 Staff Survey Themes by Ethnicity

Theme	Non BAME	BAME
Staff Engagement	7.3	7.4
Bullying & Harassment	7.6	7.7
Equality Diversity & Inclusion	9.1	8.2
Morale	6.2	6.0
Health & Wellbeing	5.8	5.8
Immediate Managers	6.8	6.9
Quality of Appraisals	5.4	6.7
Safety Culture	6.8	7.0

NHS National Survey questions mandated by the Workforce Race Equality Standard (WRES)

Under the Workforce Race Equality Standard the Trust is required to publish the responses by ethnicity to the following specific NHS staff survey results:

http://www.nhsstaffsurveyresults.com/local-workforce-equality-standards-wres/

5. Percentage of staff experiencing bullying, harassment or abuse from patients or relatives	Non BAME	40.5%
	BAME	37.8%
6. Percentage of staff experiencing bullying, harassment or abuse from staff	Non BAME	25.6%
	BAME	27.6%
7. Percentage believing that trust provides equal opportunities for career progression or promotion	Non BAME	88.6%
	BAME	74.2%
8. Percentage of staff experiencing discrimination at work from managers or colleagues	White	6.6%
	BAME	11.6 %

Appendix 1 – Workforce Race Equality Standard (WRES)

The table below summarises the Trust's annual WRES return which was submitted to the national WRES team in August 2019 by the Equality and Diversity Manager.

WRES Indicator	Ethnicity	Headcount	Explanatory notes
1. Workforce reporting	Non BAME	2940	As at 31 March 2019
	BAME	2745	
	UNKNOWN	495	
2. Relative likelihood of staff being appointed from shortlisting across all posts	Non BAME staff 1.60 times more likely		Based on NHS Jobs and TRAC data captured during 2018/2019
3. Relative likelihood of staff entering the formal disciplinary process	BAME staff 2.73 times more likely		Based on 2018/2019 cases
4. Relative likelihood of staff accessing non-mandatory training and CPD	Non BAME staff 0.96 times more likely		Data should be read with caution, as not all non-mandatory is captured through the current training databases across both sites.
5. Percentage of staff experiencing bullying, harassment or abuse from patients or relatives	Non BAME	40.5%	2018 Staff Survey
	BAME	37.8%	
6. Percentage of staff experiencing bullying, harassment or abuse from staff	Non BAME	25.6%	
	BAME	27.6%	
7. Percentage believing that trust provides equal opportunities for career progression or promotion	Non BAME	88.9%	
	BAME	74.2%	
8. Percentage of staff experiencing discrimination at work from managers or colleagues	Non BAME	6.6%	
	BAME	11.6%	
9. Percentage difference between BAME Board voting membership and overall BAME workforce	BAME Board Members	12.5%	As at 31 March 2019
	Overall BAME workforce	44%	

Appendix 2 - Gender Pay Gap 2018/2019

Introduction

Gender pay reporting legislation requires employers with 250 or more employees from April 2017 to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

The results must be published on both the employer's website and the government website- https://gender-pay-gap.service.gov.uk/Viewing/ .

The requirements of the legislation are that employers must publish six calculations:-

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

The Trusts full Gender Pay Gap report for 2018/ 2019 can be found here:
https://www.chelwest.nhs.uk/about-us/working-here/equality-diversity/links/gender-pay-gap-report-mar-2018.pdf

Appendix 3 - WDES

Metric 1	Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (VSM) (including executive board members) compared with the percentage of staff in the overall workforce.	*Data from ESR - 104 staff have a disability recorded on ESR* *Data identifies by* • *Non clinical or clinical* • *Band or grade*
Metric 2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts	*A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.* ***Trust score is 1.20*** *Data comes from TRAC* *254 applicants with disabilities shortlisted / 38 appointed in 2018/2019* *Doesn't take in account how many withdraw after shortlisting / or attended interviews.* **Trust holds Disability Confident Employer Level 2 status until October 2019* **Disability Confident Employer Level 2 info pack is available*
Metric 3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	*A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.* ***Trust score is 2.04*** *Data from ER cases 2018/2019 – 15 cases where employee had a disability recorded in ESR* *Breakdown by case type:* *Sickness case: 9* *Disc cases: 3* *Grievance B/H: 2* *Perfor Mgmt: 1* *Trust launched Maintaining the Employment of People with Disabilities: Guidance for Line Managers launched June 2018.*
Metric 4a	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: Patients/service users, their relatives or other members of the public Managers	*4 questions from Staff Survey together- the higher the percentage the worse the score* *Trust scores* *No of Respondents — Disabled — Non-Disabled* *229 — 46.7% — 40.8%* *226 — 16.8% — 12.5%*

	Other colleagues	*225 29.8% 20.4%*
Metric 4b	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.	*132 50.8% 53.3%*
Metric 5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	*Question from Staff Survey - the higher the percentage the better the score* *Trust score* *No of Respondents Disabled Non-Disabled* *151 77.5% 83.4%*
Metric 6	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	*Question from Staff Survey - the higher the percentage the worse the score* *Trust score* *No of Respondents Disabled Non-Disabled* *169 35.5% 24.2%*
Metric 7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	*Question from Staff Survey - the higher the percentage the better the score* *Trust score* *No of Respondents Disabled Non-Disabled* *226 38.1% 52.9%*
Metric 8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	*Question from Staff Survey - the higher the percentage the better the score* *Trust Score* *No of Respondents 72.35%* *130*
Metric 9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	*Staff Survey outcome. One of 10 themes scored from 0 -10 with 10 being highest possible score* *Overall Trust Score* *230* *No of Respondents Disabled Non-Disabled* *6.9 7.4 7.3*
Metric 9b	Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? Yes or No	*Yes – Trust had disabled staff start/finish task group in 2018 which helped the Maintaining the Employment of People with Disabilities: Guidance for Line Managers launched June 2018.*
Metric 10	Percentage difference between the organisation's board voting membership and its organisation's	*Make up of Trust Board incl NED's by disability*

	overall workforce, disaggregated: • By voting membership of the board • By Executive membership of the board	*Exec Board = 0%* *Overall Workforce = 2%*

Appendix 4 – Improving Race Equality through promoting fairness - Action Plan Year 1 - 2019/2020

Objective	Key Actions		Due Date	Intended Impact/Outcome	Measure of Impact	Owner
1. Accelerate the Boards and Senior Managers commitment to improving Race Equality	I.	The Board and Executive Cabinet sign-up to, and sign-off, the Action Plan and pledge commitment to delivery	End Q1	Staff, including BAME staff, are clear of the Board commitment to provide a fair, inclusive and non-discriminatory work environment	Staff Experience Questions 9b 9c 9d Commitment is published	Board Executive
	II.	The Board, Executive and Senior managers participate in development and mandatory training on race equality, and compassionate and inclusive leadership	End Q2	Increased awareness amongst senior staff of diversity, inclusion issues, and changes in leadership behaviour where appropriate	Staff Experience Questions 9b 9c 9d Evidence of training	Board Executive
	III.	All Senior and middle managers to have an objective to embed inclusion as part of the appraisal process	End Q2	The Board, Executive Cabinet and Senior Managers act as role models for race equality and inclusion	Staff Experience Questions 9c 9d	Board Executive
	IV.	All Executives to participate in a Reverse Mentoring scheme	End Q3	The Executive and Senior Managers are mentored by a BAME member of staff	Staff Experience Q 9 9a 9d	Executive
	V.	Develop a communication programme which aims to facilitate conversations about Race amongst Senior Managers	End Q4	Increased awareness for managers of the BAME staff experience	Staff Survey Questions 9c 9d	Director of HR&OD
	VI.	Develop Trust Equality Strategy	End Q4	Staff and managers understand the work to be undertaken over the next 3-5 years	Staff Experience Question Q9a, Q9d	Director of HR&OD

Objective	Key Actions		Due Date	Intended Impact/Outcome	Measure of Impact	Owner
2. Develop an influential Staff Network for BAME members	I.	Hold BAME focus groups across the Trust	End Q1	BAME staff share what they want from a BAME network and are involved in its creation	Staff Experience Questions 9c 9d	Divisional Director of Nursing Director HR&OD
	II.	Develop Terms of Reference and governance arrangements for the Network	End Q1	Provides an opportunity for the Board and Executive Team to engage directly with BAME staff about their experience		Director HR&OD
	III.	Launch the BAME network on international Windrush Day 21 June 2019	End Q2	Provides a voice for BAME staff in the organisation		Chair, BAME Network
	IV.	Develop a communication strategy for the BAME network	End Q2 & then quarterly	Provides an opportunity for BAME staff to directly influence Trust strategy		Chair, BAME Network
	V.	Set meetings/ agenda/ reporting structures		The Network has a demonstrable impact on the culture of the Trust		E&D Lead
	VI.	Celebrate success of BAME staff in the organisation	End Q2	Increase awareness of BAME staff contribution to the Trust	Staff Experience Question 9 Q9a, Q9d	BAME network chair
3. Ensure fairness in Trust disciplinary, grievance and performance management processes	I.	Develop a methodology to ensure a "check and challenge" process is used when investigations and disciplinary action is being considered	End Q2	Provides a transparent and structured approach to the disciplinary process Reduction in the number of staff going through the disciplinary process	Reduction in number of BAME staff impacted	AD HR
	II.	Articulate the lessons	End Q1	Themes are understood and guide revisions in	Staff Survey Question	AD HR

Objective	Key Actions		Due Date	Intended Impact/Outcome	Measure of Impact	Owner
		learned from the review of 79 disciplinary cases and implement changes in approach as required		process	15	
	III.	Refresh the training offered to managers on handling discipline, grievance, bullying, performance management and handling investigations. Ensure sufficient emphasis on diversity, culture and inclusion issues	End Q1	Improvements in the people management capabilities of all line managers A sustained reduction in actual or perceived discrimination against BAME staff	Staff Survey Question 15	AD HR
	IV.	Identify and train interview experts from BAME backgrounds staff to support and participate in disciplinary panels	End Q3	A sustained reduction in actual or perceived discrimination against BAME staff	Staff Survey Questions 12, 13 Q15c WRES Indicators 5, 6, 8	AD HR
	V.	Develop a trajectory for the delivery of the training	End Q2		Achieving targets set for completion of training	AD HR
	VI.	Undertake an analysis of the application of use of performance management processes across the Trust by site, staff group and protected characteristics	End Q1	'Hot spots' identified and provide focus for additional support	WRES Indicators 3, 7	AD HR
	VII.	Identify leading practice on effective performance	End Q1	New performance process which minimise bias	Staff Survey Question 19	AD HR

Objective	Key Actions		Due Date	Intended Impact/Outcome	Measure of Impact	Owner
		management and consider incorporating relevant practices into the approach used at the Trust				
	VIII.	Develop a process for "check and challenge" for the review of probationary "failures"	End Q2	Reduce the number of staff failing the probation process	Reduction in number of BAME staff impacted	AD HR
4. Ensure fairness of recruitment processes and progression opportunities for BAME staff	I.	Introduce interventions at each key stage of the recruitment life process to eliminate adverse impacts on BAME applicants	End of Q3	Competency-based, and non-discriminatory selection practices are used by the Trust	Staff Survey Question 14 WRES Indicator 2	AD HR Resourcing
	II.	Ensure that selection decisions made a band 8a and above are subject to scrutiny by a member of the Executive team	End Q2	The best candidate is appointed and the evidence base is transparent	WRES Indicator 2	AD HR Resourcing
	III.	Provide guidance on competency-based selection processes including a suite of competency-based questions for hiring managers	End Q2	Eliminate the scope for unconscious bias	Staff Survey Question 14 WRES Indicator 7	AD HR Resourcing
	IV.	Ensure process outlines	End Q2	Introduce an appeals process for staff post	Staff Experience	AD HR

Objective	Key Actions		Due Date	Intended Impact/Outcome	Measure of Impact	Owner
		actions where the evidence indicates that staff with protected characteristics are adversely impacted by recruitment and selection decisions		recruitment process	Question 14 WRES Indicator 2	Resourcing
	V.	Identify and train interview experts from BAME backgrounds staff to support and participate in panels at band 8a and above	End Q2	Interview panels are diverse for appointments at band 8a and above	Staff Experience Question 14 WRES Indicator 2	AD HR Resourcing
	VI.	Refresh recruitment training and ensure sufficient emphasis on diversity, culture and inclusion issues	End Q2	All managers trained and competent to undertake new recruitment processes to undertake selection on behalf of the Trust	WRES Indicator 2	AD Learning & OD
	VII.	Develop a process and associated guidance to ensure that unsuccessful internal candidates for band 8a roles and above receive feedback on their performance and an associated personal / career development plan	End Q3	Processes in place to track the career progression of BAME staff	WRES Indicator 1, 2 Q19f	AD Learning & OD
	VIII.	Develop a consistent approach and process for providing “stretch” opportunities for staff	End Q4	Opportunities are provided to BAME staff for professional, career development	Staff Experience 4 & 5 Q19f	AD HR

Objective	Key Actions		Due Date	Intended Impact/Outcome	Measure of Impact	Owner
5. Address the negative experience that BAME staff have of bullying and harassment	I.	In partnership with the Staff Side, BAME Network and FTSU Guardian, review and triangulate hard and soft intelligence regarding BAME staffs' experience of bullying and harassment	End Q3	Understand themes or areas of greater reporting of B&H	Staff Survey Question 14 WRES Indicator 6	Director of HR&OD
	II.	Develop a comprehensive set of interventions to address the issues emerging from the review	Q3	A sustained reduction in actual or perceived discrimination against BAME staff	Staff Survey Questions 12, 13 Q15c WRES Indicators 5, 6, 8	AD HR
	III.	Develop options for encouraging a cultural shift from formal grievance to informal resolution and mediation	Q3	Reduction in BAME staff entering the formal disciplinary process 'Difficult conversations' handled through mediation Managers have increased cultural awareness	Staff Survey Question 15 WRES Indicator 5 WRES Indicator 3	AD HR
	IV.	Develop a zero tolerance to 'racism' reported by staff	End Q3	Reduce impact of aggression from patients to BAME staff	Staff Experience 4&5	Security Manager / site DoN

Refreshed on 10 July 2019 and timelines under review in October People and OD Committee

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	5.1/Nov/19
REPORT NAME	Board Assurance Framework
AUTHOR	Iain Eaves, Director of Improvement
LEAD	Iain Eaves, Director of Improvement
PURPOSE	To present the latest iteration of the Board Assurance Framework (BAF) for review and discussion
SUMMARY OF REPORT	The Board Assurance Framework (BAF) provides a structure and process which enables the organisation to focus on those risks which might compromise achieving the strategic objectives. The BAF identifies the key controls which are in place to manage and mitigate those risks and also enable the Board to gain assurance about the effectiveness of these controls. Each BAF risk is monitored through one of the Board Committees. All BAF risks have been reviewed by the relevant committee since the BAF was last presented to the Board. In addition, the BAF has been reviewed by the Risk Owners, Executive Management Board and the Audit and Risk Committee. This has resulted in a number of changes aimed at ensuring a consistent approach to the articulation of risks, controls and lines of assurance. These are summarised within the report.
KEY RISKS ASSOCIATED **FINANCIAL IMPLICATIONS** **QUALITY IMPLICATIONS**	The document sets out the key strategic risks facing the organisation including the financial and quality implications
EQUALITY & DIVERSITY IMPLICATIONS	None
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	For review and discussion

Chelsea & Westminster Hospital NHS Foundation Trust
Board Assurance Framework – November 2019

Summary

The Board Assurance Framework (BAF) provides a structure and process which enables the organisation to focus on those risks which might compromise achieving the strategic objectives. The BAF identifies the key controls which are in place to manage and mitigate those risks and also enable the Board to gain assurance about the effectiveness of these controls.

Each BAF risk is monitored through one of the Board Committees. All BAF risks have been reviewed by the relevant committee since the BAF was last presented to the Board at the July meeting. In addition, the BAF has been reviewed by the Risk Owners, Executive Management Board and the Audit and Risk Committee. This has resulted in a number of changes aimed at ensuring a consistent approach to the articulation of risks, controls and lines of assurance.

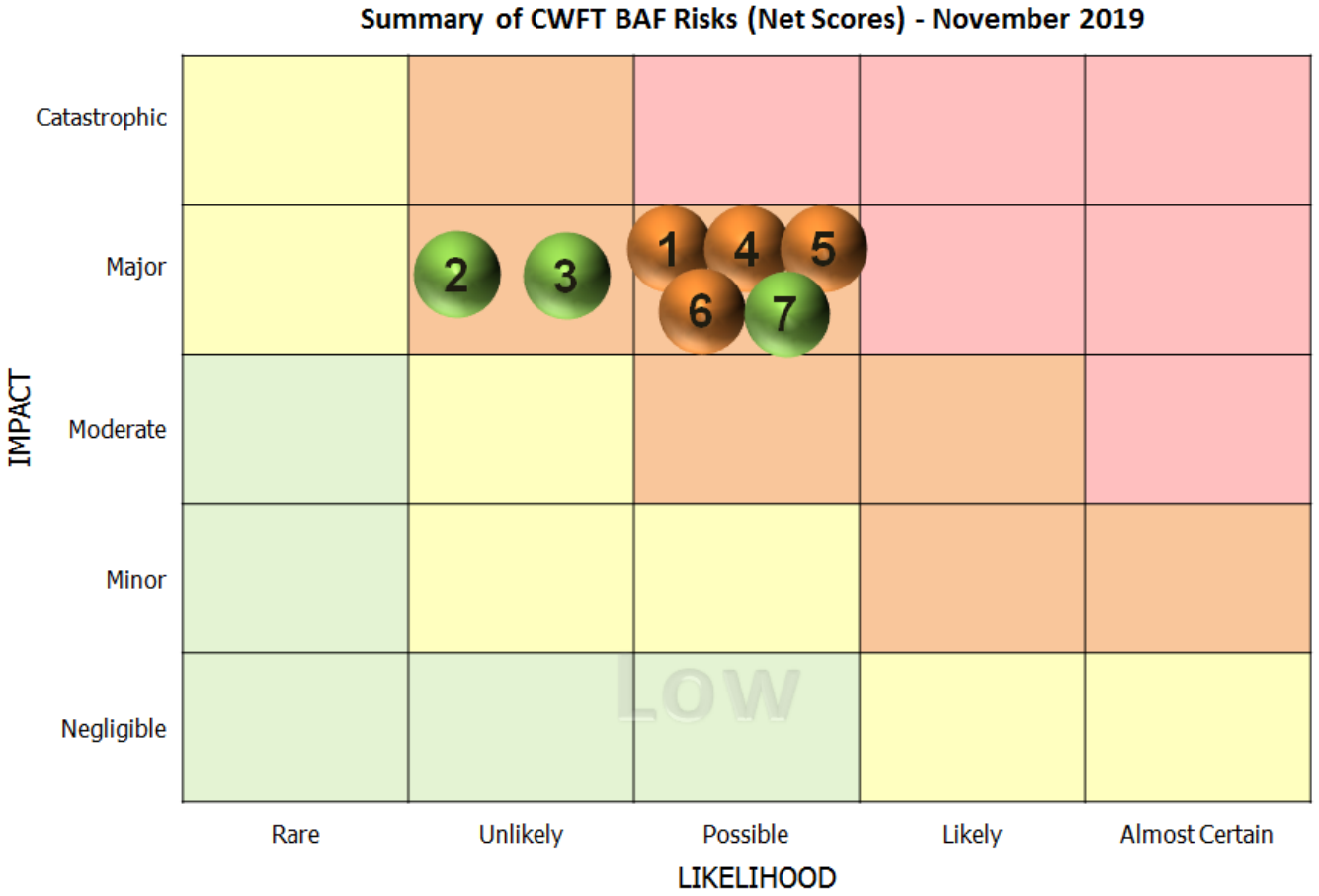
The key changes are:

- BAF Risk 1 consolidates the wider system / North West London (NWL) facing elements into a single risk statement focused on 'delivery of the NWL Health & Care Partnership System Recovery Plan and building a sustainable portfolio of outstanding acute and specialised services; consolidated across NWL (and beyond); leading to improved care and patient experience'.
- BAF Risk 2 consolidates the quality, governance and regulatory elements into a single risk statement focused on ensuring 'that the systems are in place to effectively plan, deliver and monitor service delivery in order to support high quality care and consistent achievement of all relevant national and local quality, performance and regulatory standards'.
- All of the individual risks have been reviewed and the controls, means of assurance and any actions required to address gaps in the controls have been updated.
- A summary risk matrix has been added that includes an overall assessment of the effectiveness of the controls that are in place.

As a result the BAF now comprises seven risks which are set out at three levels of increasing detail in the following sections of the report:

- *Section 1* sets out the new summary matrix of all seven BAF risks, providing a single page overview.
- *Section 2* sets out the individual risks in one table and includes the detailed individual risk statements and risk scores.
- *Section 3* provides a one page overview of each risk including the individual controls, sources of assurance and any actions required to address gaps in the controls.

1. Chelsea & Westminster Hospital NHS Foundation Trust: Board Assurance Framework - Overview (November 2019)



Key:

No.	Risk (Short Title)
1	Sustainability
2	Quality
3	Culture Values & Leadership
4	Use of Resources
5	Innovation & Improvement
6	Estate & Environment
7	EPR & Digital Programme

- Controls are ineffective, may require immediate action to remediate
- Controls are partially effective, close monitoring by management is required
- Controls are effective, no additional action required

2. Chelsea & Westminster Hospital NHS Foundation Trust: Board Assurance Framework - Risk Summary (November 2019)

No	Short Title	Risk type and description		Gross Risk		Current Risk		Time horizon	Executive Lead / Risk Owner	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
				L x I	T	L x I	T					
1	Sustainability	Strategic & Operational	Failure to deliver the NWL Health & Care Partnership System Recovery Plan and build a sustainable portfolio of outstanding acute and specialised services; consolidated across NWL (and beyond); leading to improved care and patient experience. Cause(s): • No/partial delivery in NWL Provider Board back office support programmes • No/partial delivery in NWL Provider Board clinical standardisation programmes • Insufficient progress with ICHT Joint Transformation Programme • Failure of CCG consolidation and fragmentation of Commissioning Intentions • The system does not have appropriate management or governance arrangements in place to support the delivery of joined up, effective and efficient services across NWL Impacting on: • The Trust's ability to support growth in activity, with the impact on performance and quality of care • The Trust's ability to implement new models of care and the resulting impact on the availability and quality of services • The Trust's freedom to make investment and other decisions within the relevant regulatory frameworks, policies and guidance	4 x 4	16	3 x 4	12	1-3 years	Chief Executive	October 2019	Trust Board / Finance & Investment Committee	FIC (30/10/2019)
2	Quality	Operational	Failure to ensure systems are in place to effectively plan, deliver and monitor service delivery in order to support high quality care and consistent achievement of all relevant national and local quality, performance and regulatory standards Cause(s): • Governance structures not in place or ineffective • Lack of alignment on priorities and plans across the organisation • Poor adherence to policies and guidelines • Cerner EPR not implemented effectively (see Risk 8) Impacting on: • The ability to deliver the best patient experience and clinical outcomes • The Trust is subject to regulatory action and possible fines because it is not able to demonstrate compliance with relevant standards e.g. CQC, Health & Safety, GDPR • The Trust is unable to demonstrate compliance with Single Operating Framework and falls below the standards set by our commissioners, regulators and those we set for ourselves including 4h A&E access, 18w RTT and Cancer standards	3x5	15	2x4	8	1-12 months	Deputy Chief Executive/ Chief Nurse	October 2019	Quality Committee / Audit and Risk Committee	ARC (24/10/19) QC - (to be reviewed 5/11/2019)

			• The Trust does not make the most effective use of its resources • The loss of reputation as a result of the above									
3	Culture, Values & Leadership	Strategic & Operational	Failure to continue to build on the culture and values we have developed, meaning that we do not become the 'Employer of choice' in a competitive labour market. Cause(s): • Failure to respond to the staff survey (and other indicators) • Failure to build an engaged, responsive, and inclusive workforce • Staff do not feel valued, listened to and supported Impacting on: • The effective implementation of plans and policies across the Trust and the associated impact on safety and quality of services and the patient and family experience • The ability of the Trust to attract or develop competent credible leaders and promote the Trust as a place to work and provide excellent care • The health & welling and wider resilience of our people • The extension of our culture and values outside of the organization and for the benefit of the wider population • The Trust's reputation with partners, commissioners, regulators, the NHS and the public	4 x 4	16	2 x 4	8	1-2 years	Director of HR & OD	October 2019	Trust Board/ People & Organisation Development Committee	POD (30/10/2019)
4	Use of Resources	Strategic & Operational	Failure to maintain the financial sustainability of the Trust and the services it provides Cause(s): • Impact of 2019/20 contract (including reduction in MFF) • Impact of inflationary costs and potential impact of Brexit of cost of drugs, supplies and staffing • Loss of transaction funding not fully mitigated • Lack of robust financial management across operational and corporate teams to ensure the cumulative impact of all decisions is understood • Non-Delivery of financial efficiency targets • Digital and other innovations are not fully exploited (see Risk 5) Impacting on: • The Trust's capacity to support growth in activity, with the impact on performance reducing any linked incentive funding • The ability to continue to invest in the workforce and infrastructure required to maintain and improve the quality of services	4 x 5	20	3x 4	12	1-12 months	Chief Financial Officer	October 2019	Finance & Investment Committee	FIC (30/10/2019)

			• Loss of freedom to make investment and other decisions within the relevant regulatory frameworks, policies and guidance									
5	Innovation & Improvement	Strategic & Operational	Failure to embed innovation and improvement in our culture and deliver innovative, patient centered services at scale Cause(s): • Staff not encouraged and enabled to drive innovation and improvement • Lack of capability and capacity to support idea generation, testing and scaling • Failure to build partnerships to access innovative ideas and technology • Failure to spread innovative practice • Lack of funding to support innovation programme Impacting on: • Transformative models of care, required to deliver wide ranging service improvement, are not adopted • Development agenda fails to grow and deliver • Lost revenue opportunities from failure to commercialise innovations • The Trust's world class care aspiration is not delivered • The Trust's s profile and reputation for innovation doesn't develop	4 x 4	16	3 x 4	12	1 -3 years	Director of Improvement	October 2019	Trust Board/ Finance & Investment Committee	FIC (30/10/2019)
6	Estate & Environment	Strategic & Operational	Failure to develop our estate to support the delivery of high quality, effective and efficient care Cause(s): • Commercial and cost improvement plans not delivered • Capital constraints • Capital development programme not delivered (including ITU/NICU development) • Long term development plan for WMUH is not realised Impacting on: • Capacity to support growth in activity, with the impact on performance • Ability to transform models of care and improve the quality of services	4 x 4	16	3 x 4	12	1-5 years	Deputy Chief Executive	October 2019	Finance & Investment Committee	FIC (30/10/2019)
7	EPR and Digital Programme	Operational	**Short Term:** Risk that the EPR programme will not be delivered on time or within budget and that any associated risks are not effectively managed and mitigated: **Cause(s):** • Capability/ resource risks • Clinician, Executive and other staff engagement	4 x 4	16	3 x 4	12	1-3 years	Deputy Chief Executive	October 2019	Finance & Investment Committee	FIC (30/10/2019)

			(including training) • Risks associated with multiple clinical systems and legacy impact • Data migration issues or operation of system causes data quality issues post go live impacting on reporting and quality of care • Change management does not ensure adoption of best practice and /or benefits realisation. **Impacting on:** The running of the hospitals. The Trust is unable to deliver normal services and contractual responsibilities during periods of significant disruption. Key risks include: • Cyber security • EPR migration or operational systems • Other Major Incidents **Medium to Long Term:** Failure to develop and implement Digital Strategy to support: • Modern workforce and requirements of future care • Innovation & improvement programmes • Needs and convenience of patients and population • Wider requirements of London and NWL Strategies									

3. Chelsea & Westminster Hospital NHS Foundation Trust: Board Assurance Framework – Controls and Assurance (November 2019)

BAF Risk 1: Failure to deliver the NWL Health & Care Partnership (HCP) System Recovery Plan and build a sustainable portfolio of outstanding acute and specialised services; consolidated across NWL (and beyond); leading to improved care and patient experience. **Cause(s):** • **No/partial delivery in NWL Provider Board back office support programmes** • **No/partial delivery in NWL Provider Board clinical standardisation programmes** • **Insufficient progress with ICHT Joint Transformation Programme** • **Failure of CCG consolidation and fragmentation of Commissioning Intentions** • **The system does not have appropriate management or governance arrangements in place to support the delivery of joined up, effective and efficient services across NWL.** **Impacting on:** • **The Trust's ability to support growth in activity, with the impact on performance and quality of care** • **The Trust's ability to implement new models of care and the resulting impact on the availability and quality of services** • **The Trust's freedom to make investment and other decisions within the relevant regulatory frameworks, policies and guidance** ***NB Extreme risk on Trust Risk Register is the continued growth in Non Elective activity impacting quality, safety and performance.***			**Executive Owner:** **Chief Executive**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Quality and Use of Resources	4 x 4 = 16 (Extreme)	3x4 = 12 (High)	2x3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver better care at lower cost	Well-Led	Trust Board / Finance & Investment Committee	Under FIC review via e-governance (16/10/19)

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
Delivery against NWL System Recovery Plan is overseen by NWL System Recovery Board. Progress is also monitored through the NWL Provider Board. Both are chaired by the CWFT CEO as the SRO for the NWL HCP and delivery is supported by a Turnaround Director	NWL System Recovery Plan Update Report Programme Reports Deep Dive Reports	Impact assessment on CWFT of: 1)System recovery programmes 2) Contract and operating plan	Chief Financial Offer	December 2019
Transformation Boards in place to support delivery of the key the NWL Health & Care Partnership programmes and strategy. CW Directors have lead operational and relational roles for many of these programmes.	NWL H&CP Clinical and Care Strategy Programme Reports Deep Dive Reports			
Joint programme of work with Imperial College Healthcare Trust in place underpinned by Memorandum of understanding and overseen by Joint Executive Board.	Joint Service Transformation Plan (high level) Joint Programme update reports	Detailed programme plans to be developed and integrated into Trust Draft Operating Plan 2020/21	Director of Strategy	January 2020

BAF Risk 2: Failure to ensure systems are in place to effectively plan, deliver and monitor service delivery in order to support high quality care and consistent achievement of all relevant national and local quality, performance and regulatory standards **Cause(s):** • **Governance structures not in place or ineffective** • **Lack of alignment on priorities and plans across the organisation** • **Poor adherence to policies and guidelines** • **Quality of information does not support effective decision making** • **Cerner EPR not implemented effectively (see Risk 8)** **Impacting on:** • **The ability to deliver the best patient experience and clinical outcomes** • **The Trust is subject to regulatory action and possible fines because it is not able to demonstrate compliance with relevant standards e.g. CQC, Health & Safety, GDPR** • **The Trust is unable to demonstrate compliance with Single Operating Framework and falls below the standards set by our commissioners, regulators and those we set for ourselves including 4h A&E access, 18w RTT and Cancer standards** • **The Trust does not make the most effective use of its resources** • **The loss of reputation as a result of the above**			**Executive Owner:** **Deputy Chief Executive / Chief Nurse**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Quality	3 x 5 = 15 (Extreme)	2x4= 8 (Moderate)	1x4 = 4 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver high quality patient centred care	Well-Led	Quality Committee / Audit & Risk Committee	Revised risk – updated (23/10/19)

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
Established Board Governance structures and processed in place to monitor all relevant national and local quality, performance and regulatory standards including: • Integrated Quality &Performance report incorporating national quality, performance and financial standards monitored through Quality Committee and Trust Board • CQC registration requirements monitored through Clinical Effectiveness Committee. CQC action plan monitored through Quality Committee • Legal function, compliance and outcomes monitored at Executive Management Board and reported to Quality Committee including evidence of learning • Annual internal audit programme agreed and monitored through Audit and Risk Committee	Patient experience, serious Incident , complaints and mortality surveillance reports Integrated Quality &Performance report National survey reports and action plans Annual legal report Clinical audit reports Internal and external audit reports NHSE/I Provider Oversight Meetings CQC self-assessment and Inspection reports Embedded quality assurance system Ward accreditation	CQC inspection due in Q3 2019/20 Annual self-evaluation of Board Committee effectiveness	Chief Nurse Company Secretary	October 2019 November 2019
Divisional oversight and governance structures in place to monitor all relevant national and local quality, performance and regulatory standards reporting to the Trust's Executive Management Board (EMB)	Divisional Update Reports to EMB Divisional Performance and Improvement Reports Divisional Finance Reports			
Embedded top down and bottom up annual business planning process ensures alignment across strategic objectives and quality, financial and operational plans.	Annual Quality Priorities and Plans Annual Operating and Financial Plans	2020/21 business planning process due to complete in Q4 2019/20	Chief Financial Officer	December 2020

Plans are signed off through Executive Management Board, the relevant Board Committee and Trust Board.				
Quality Impact Assessment (QIA) process in place to ensure any quality risks associated with proposed service changes and financial improvement plans are effectively mitigated	Project Initiation Documentation Risk matrix and mitigation plans			
Mandatory training programme in place and compliance monitored through Divisional Performance & Improvement meetings, Executive Management Board, People & OD Committee and Quality Committee	Divisional Performance Reports Integrated Quality & Performance Report Workforce Report			
Medical revalidation process in place and monitored through People &OD committee. Quarterly meeting with GMC Liaison officer and quarterly GMC returns made	Medical revalidation report GMC survey report			

BAF Risk 3: Failure to continue to build on the culture and values we have developed, meaning that we do not become the 'Employer of choice' in a competitive labour market. **Cause(s):** • **Failure to respond to the staff survey (and other indicators)** • **Failure to build an engaged, responsive, and inclusive workforce** • **Staff do not feel valued, listened to and supported** **Impacting on:** • **The effective implementation of plans and policies across the Trust and the associated impact on safety and quality of services and the patient and family experience** • **The ability of the Trust to attract or develop competent credible leaders and promote the Trust as a place to work and provide excellent care** • **The health & welling and wider resilience of our people** • **The extension of our culture and values outside of the organization and for the benefit of the wider population** • **The Trust's reputation with partners, commissioners, regulators, the NHS and the public**			**Executive Owner: Director of Human Resources and Organisation Development**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Human Resources	4 x 4 = 16 (Extreme)	2x4= 8 (High)	2 x 3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Strategic objective**	**Date of last review by Committee:**
Be the employer of choice	Well-Led	Be the employer of choice	Reviewed by POD 25/09/19 Updated 23/10/19

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
People programme in place and delivery monitored through Workforce Development Committee and People and OD committee	People programme Staff survey report HR KPI dashboard (incl. voluntary turnover rate)	Establishment of Retention Steering Group to consolidate plans and identify further actions.	Thomas Simons	31 December 2019
EDI plan in place and delivery monitored through Workforce Development Committee and People & OD Committee	EDI action plan report Staff survey report			
Health and Wellbeing plan in place and delivery monitored through Workforce Development Committee, People & OD Committee and Health and Wellbeing Steering Committee	Health and Wellbeing action plan report Staff survey report	Consolidation of OH services with alternative provider to give greater stability and service breath.	Karen Adewoyin	31 December 2019
Systems in place to monitor key workforce metrics including Divisional Boards, Executive Management Board, Workforce Development Committee and the People & OD Committee	Workforce KPI dashboard ((incl. voluntary turnover rate)	Workforce information Improvement plan to develop reporting arrangements	Thomas Simons	31 March 2020
Systems in place to listen to and respond to staff feedback including listening events, staff networks, team brief, senior link leads and perfect day	Trust and Divisional Staff Survey Action Plans Senior link survey report Hotspot reporting New Starter 3 monthly drop in sessions	Review starter and leaver survey process to ensure action is taken on feedback.	Karen Adewoyin	31 December 2019
External systems in place for staff feedback monitored through Divisional Boards, Executive Management Board and People & OD Committee	National staff survey report GMC survey Staff Friends and Family test Freedom to Speak Up report			
Partnership Forum and LNC reviews formal and informal staff feedback	Internal and National staff survey scores Quarterly FFT scores Leaver surveys Union feedback			

BAF Risk 4: Failure to maintain the financial sustainability of the Trust and the services it provides **Cause(s):** • **Impact of 2019/20 contract (including reduction in MFF)** • **Impact of inflationary costs and potential impact of Brexit of cost of drugs, supplies and staffing** • **Loss of transaction funding not fully mitigated** • **Lack of robust financial management across operational and corporate teams to ensure the cumulative impact of all decisions is understood** • **Non-Delivery of financial efficiency targets** • **Digital and other innovations are not fully exploited** **Impacting on:** • **Capacity to support growth in activity, with the impact on performance reducing any linked incentive funding** • **Ability to continue to invest in the workforce and infrastructure required to maintain and improve the quality of services** • **Loss of freedom to make investment and other decisions within the relevant regulatory frameworks, policies and guidance**			**Executive Owner:** **Chief Financial Officer**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Use of Resources	4 x 5 = 20 (Extreme)	3x4 = 12 (High)	2x3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver better care at lower cost	Well-Led	Finance and Investment Committee	Under FIC review via e-governance (16/10/19)

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
Long term financial strategy and position is reviewed quarterly by the Finance and Investment Committee	LTFM report			
Changes in commissioner contract terms are reviewed and signed off by the Executive Management Board, Finance and Investment Committee and Trust Board. Performance against the contract is monitored as part of the delivery against the Trust's overall financial plan.	Annual Financial Plan Divisional and Trust level monthly Financial Performance Reports			
Annual financial plan signed off through Executive Management Board, Finance and Investment Committee and Trust Board	Annual Financial Plan			
Annual financial improvement plan (CIP) informed signed off through Improvement Board, Executive Management Board and Finance and Investment Committee	Cost Improvement Plan Improvement Programme Plans Project Initiation Documents			
Delivery against the Trust's overall financial plan is monitored on a monthly basis through Divisional Finance Review meetings, the Executive Management Board, Finance and Investment Committee and Trust Board	Divisional and Trust level monthly Financial Performance Reports			
Delivery against the Trust's financial improvement plan (CIP) is monitored through Divisional Finance Review meetings, the Improvement Board, and Finance and Investment Committee	Improvement Programme Reports Monthly CIP Delivery Report Divisional and Financial Performance Reports	The trust is projecting a recurrent shortfall against the 2019/20 financial improvement target. Plans are in development to mitigate the gap.	Chief Financial Officer and Director of Improvement	October 2019
The effective use of resources is monitored against external benchmarks through the Improvement Board and individual programme boards (e.g. theatre productivity, bed productivity, outpatient transformation, diagnostic demand management), as well as external visits and assessments (GIRFT, NHSI)	Programme Board Reports Reference Costs & Model Hospital GIRFT Reports Use or Resources Assessment			
The effectiveness of the Trust's financial control systems are monitored through the Audit and Risk Committee as part of the internal audit programme	Internal Audit Reports			

BAF Risk 5: Failure to embed innovation and improvement in our culture and deliver innovative, patient centered services at scale **Cause(s):** • **Staff not encouraged and enabled to drive innovation and improvement** • **Lack of capability and capacity to support idea generation, testing and scaling** • **Failure to build partnerships to access innovative ideas and technology** • **Failure to spread innovative practice** • **Lack of funding to support innovation programme** **Impacting on:** • **Transformative models of care, required to deliver wide ranging service improvement, are not adopted** • **Research & Development agenda fails to grow and deliver** • **Lost revenue opportunities from failure to commercialise innovations** • **Ability to deliver world class care aspiration** • **Profile and reputation for innovation is negatively impacted**			**Executive Owner:** **Director of Improvement**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Innovation	4 x 4 = 12 (Extreme)	3x3 = 9 (High)	2x3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver high quality patient centered care	Well-Led	Finance & Investment Committee	Under FIC review via e-governance (16/10/19)

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
Innovation Strategy Group in place to oversee the implementation of the Trust's Innovation Strategy	Innovation strategy Improvement and Innovation Framework Innovation Project tracker Media footprint for innovation Staff survey results	Formalise approach to and oversight of commercialisation and partnership agenda.	Director of Strategy	October 2019
Improvement and Innovation Framework in place setting out clear approach to developing the Trust's improvement and innovation culture, and building the Trust's capability and capacity to support this		Innovation and Improvement Champions in place across all departments	Director of Improvement	January 2020
CW Innovation Programme in place as vehicle for attracting new partners and funding. • Overseen by an Innovation Advisory Board that brings together a broad set of third party skill sets and experience to provide guidance, challenge and support • Supported by dedicated Innovation Business Partners	Feedback from Advisory Board members Innovation project tracker Innovation fund growth Media footprint for innovation	Explored the creation of an innovation fund with corporate funders and partners	CW+ CEO	January 2020
Innovation Operations Group in place to oversee delivery of Trust's portfolio of innovation projects and support diffusion of innovative practice	Innovation Project tracker Projects plan and update reports against agreed project milestones and KPIs.	-	-	-
Alignment of innovation grant awards with Trust strategy supported through Improvement and Innovation Team and overseen by Executive Management Board and CW Grants Committee	Innovation Project tracker Grant applications CW+ Impact Report	New process supported by Improvement and Innovation team will support improved capture and tracking of the full end to end process	Director of Improvement / CW+ CEO	November 2019

BAF Risk 6: Failure to develop our estate in a sustainable way to support the delivery of high quality, effective and efficient care **Cause(s):** • **Commercial and cost improvement plans not delivered** • **Capital development programme not delivered (including ITU/NICU development)** • **Long term development plan for WMUH is not realised** **Impacting on:** • **Capacity to support growth in activity, with the impact on performance** • **Ability to transform models of care and improve the quality of services** • **Environmental impact of how we deliver services**			**Executive Owner:** **Deputy Chief Executive**	
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**	
Estate & Environment	4 x 4 = 16 (Extreme)	3x4 =12 (High)	2x3 = 6 (Moderate)	
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**	
Deliver high quality patient centered care	Well-Led	Finance & Investment Committee	Under FIC review via e-governance (16/10/19)	
Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
Estates Strategy approved by Trust Board and reviewed through Finance and Investment Committee and Trust Board Strategy sessions	Estates Strategy WMUH Site Master Plan	Site Master Plan for WMUH and supporting arrangements in development. Procurement process to be established.	Deputy Chief Executive	Reviewed at October 3rd Board Strategy session
Capital Development Programme, aligned to Estates Strategy, signed off and regularly reviewed through Capital Programme Board, Finance and Investment Committee and Trust Board	Capital Development Programme Report ERIC report			
Annual Operating Plan and budgets aligned with Capital Development Programme with clear scheme of delegation with regular updates to Executive Management Board	Estates and Facilities Monthly Report			
ITU/NICU development overseen by dedicated Programme Board reporting to Finance and Investment Committee	ITU/NICU Programme Report	Apply learning from the NICU/ICU project and ensure that the contingency for unknown risks in future major developments is adequate	Chief Financial Officer	-
Rolling maintenance programme in place aligned to Annual Operating Plan	Estates and Facilities Monthly Report			

BAF Risk 7: Short Term: Risk that the EPR programme will not be delivered on time or within budget and that any associated risks, including business continuity, are not effectively managed and mitigated Cause(s): • Capability/ resource risks • Clinician, Executive and other staff engagement (including training) • Risks associated with multiple clinical systems and legacy impact • The of data migration issues or operation of system causes data quality issues post go live impacting on reporting and quality of care • Change management does not ensure adoption of best practice and / or benefits realization Impacting on: The running of the hospitals. The Trust is unable to deliver normal services and contractual responsibilities during periods of significant disruption. Key risks include: • Cyber security • EPR migration or operational systems • Other Major Incidents Medium to Long Term: Failure to maximize the benefits from the EPR programme and develop and implement a wider Digital Strategy to support: • Modern workforce and requirements of future care • Innovation & improvement programmes • Needs and convenience of patients and population • Wider requirements of London and NWL Strategies			Executive Owner: Deputy Chief Executive
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
EPR and Digital Programme	4 x 4 = 16 (Extreme)	3x4 = 12(High)	2x3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver better care at lower cost	Well-Led	Finance and Investment Committee	Under FIC review via e-governance (16/10/19)

Current controls and assurance	Actions to further enhance risk management			
Current key controls to manage risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
Established series of external Gateway Reviews for Key Stages Go/No Go decisions. External auditors assurance and actions monitored at EPR Board and Finance and Investment Committee.	Monthly EPR Programme Report External Audit gateway reports	Final gateway report due to be reviewed at Finance and Investment Committee ahead of final go live decision	Deputy Chief Executive	October 30th 2019
Joint EPR change board governance process with Imperial College Healthcare Trust in place and supported by joint programme resource	Monthly EPR Programme Report			
Data cleaning and optimization embedded process in place to ensure data correction and preparedness for EPR migration. Monitored at EPR board and by external auditor	Monthly EPR Programme Report External Audit gateway reports			
SOP's in place and refreshed for all IT down time processes	EPR annual audit			
Establishment of Director of Digital Operations post to align operational with technical programme	Monthly EPR Programme Report External Audit gateway reports			

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	5.2/Nov/19
REPORT NAME	Hospital Pharmacy Transformation Plan (HPTP) update
AUTHOR	Deirdre Linnard, Chief Pharmacist and Head of Professions Clinical Support Division
LEAD	Dr Roger Chinn, Deputy Medical Director & CCIO, Trust Medicines Optimisation Lead Executive Presenter: Deirdre Linnard
PURPOSE	In February 2016, Lord Carter of Coles published his final report on productivity and efficiency in the NHS, stating that the NHS could save at least £800m through transforming hospital pharmacy services and medicines optimisation. A key requirement of Lord Carter's report is that all Acute Trusts are required to have a board approved Hospital Pharmacy Transformation Plan (HPTP), this was approved by the Trust Board in March 2017. An update of the HPTP is presented to inform the Trust Board how the Trust Pharmacy Department is performing against the specific recommendations for transformation of hospital pharmacy.
SUMMARY OF REPORT	The Model Hospital Project created a national dashboard that allows comparisons between organisations and to support improvement. In 2017, the HPTP identified that there were areas of exemplary practice in Medicines Optimisation for the Pharmacy Departments at Chelsea and Westminster Hospital NHS Foundation Trust. For example the Trust Medicines Optimisation Steering Group had a proven and successful approach to ensuring cost-effective prescribing. However, there were significant challenges in relation to the under-resourcing of the Pharmacy establishment at the West Middlesex Site and achieving the target of pharmacists actively prescribing of 50%. In this 2019 update to the plan, in addition to the sharing of Pharmacy resource across both sites, we acknowledge the significant investment of 12 whole time equivalents of registered Pharmacy staff, in the last quarter of 2018-2019, mainly at the West Middlesex site. Audits for the NHS National benchmarking project in June 2019, using Hospital Expert Advisory Group Metrics to collect the data, have shown a significant improvement following this investment: • 77% of pharmacists time cross-site is spent on patient facing clinical duties against a Carter target of 80% • 56.4% of eligible pharmacists are Independent Prescribers/ Independent Prescribers in training • 93% medicines reconciliation achievement (July 2019 audit)

KEY RISKS ASSOCIATED	There are overarching risks relating to the HPTP *(Refer to Section 4 for full details of risks and mitigation)* • Lack of funding or resource required to support multiple HPTP and Carter work streams and projects • Transformation may require additional Pharmacy resource for delivery. • Pharmacy time released by changes may not be enough to bring about transformational change to meet the Carter targets. • Progress may be dependent on NWL infrastructure changes. • Organisational change fatigue.
FINANCIAL IMPLICATIONS	The premise of HPTPs, according to Lord Carter's report is to ensure that the pharmacy workforce is focussed to drive optimal outcomes and values from the £6.7bn it spends on medicines per year. This may require investment in Pharmacy to deliver savings. The quantum of savings in the 3 year plan from 2017 to 2020 was in the region of £2.4m, by reducing unwarranted variation in medicines expenditure and transforming pharmacy services. The 3 year total savings delivery is projected at £2.44m, over achieving the original target of £2.4m by 1.5%.
QUALITY IMPLICATIONS	Medicines CIP plans are reviewed for any quality implications by the Trust QIA panel. Quality metrics are monitored by the Trust Medicines Optimisation Steering Group and the Trust Patient Safety Group.
EQUALITY & DIVERSITY IMPLICATIONS	The vision of the North West London Sustainability and Transformation Plan is that everyone living, working and visiting here has the opportunity to be well and live well, to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country. The HPTP supports that aspiration through joint working with Pharmacy Teams across the STP footprint.
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	The Board is asked to approve the update to the HPTP.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Hospital Pharmacy Transformation Plan (HPTP) Chelsea and Westminster Hospital NHS Foundation Trust

V9.0 16/07/2019

START DATE:	22/07/2019	**NEXT REVIEW:**	31/07/2020
COMMITTEE APPROVAL:	**DATE: 22/07/2019** Medicines Group	**CHAIR'S SIGNATURE:** Professor Mark Bower	
	ENDORSED BY: Trust Board	**DATE:**	
DISTRIBUTION:	Trust-wide		
LOCATION:	Trust Intranet		
RELATED DOCUMENTS:	• Carter Report February 2016 • Trust Carter Assessment and Action Planning Tool September 2016 • NHS Specialist Pharmacy Services - *A National Approach to Medicines Procurement. A contribution to local Carter responses.* Produced by the National Pharmaceutical Procurement Specialists Committee (NPPSC) September 2016. • North West London Sustainability and Transformation Plan • 2018 Report of the Gosport Independent Panel		
AUTHOR / FURTHER INFORMATION:	Chief Pharmacist - Deirdre Linnard Chair of the Trust Medicines Group – Prof Mark Bower Lead Executive for Medicines Optimisation – Miss Zoe Penn DDO for the Clinical Support Division - Tara Argent Divisional Medical for the Clinical Support Division – Dr Julia Hillier		
STAKEHOLDERS INVOLVED:	Pharmacy, All Trust Clinical Staff, Planned Care Division, Trust Non-medical Prescribing Lead, Trust Board, North West London Pharmacy Leads		

DOCUMENT REVIEW HISTORY:

Date	Version	Responsibility	Comments
22/09/2016	1.0	Deirdre Linnard	First draft
23/10/2016	2.0	Deirdre Linnard	Incorporating comments from stakeholders including NHS Specialist Pharmacy Services - *A National Approach to Medicines Procurement. A contribution to local Carter responses.*
25/10/2016	3.0	Deirdre Linnard	Appendices added
28/10/2016	3.1	Deirdre Linnard	Minor updates to include impact of increasing percentage of Pharmacist Prescribers to 50%
31/10/2016	3.2	Deirdre Linnard	Final draft amendments
31/12/2016	4.0	Deirdre Linnard	Updated to include feedback from NHS England and Model Hospital dashboard metrics as at 31.12.2016
15/02/2017	5.0	Deirdre Linnard	Updated to include Joint Statement of Co-operation by NWL Pharmacy Teams
22/02/2017	6.0	Deirdre Linnard	Updated following approval at Trust Executive Board
31/03/2017	7.0	Deirdre Linnard	Updated following Trust Board 02/03/2017 to update reporting structure, leads and quantum of savings
01/02/2018	8.0	Deirdre Linnard	Review and update
16/07/2019	9.0	Deirdre Linnard	Review and update
DATE EXPIRED			

TABLE OF CONTENTS

1 EXECUTIVE SUMMARY 4
2 CARTER METRICS AND MODEL HOSPITAL AND MODEL HOSPITAL BENCHMARKS 5
2.1 Dashboard Metrics – Overview as July 2019 5
2.2 What do we do well? 6
2.3 Staff and Medicines Costs 6
2.4 Safe 7
2.5 Effective 7
2.6 Responsive 8
2.7 People, Management and Culture: Well-led 8
2.8 How are the Model Hospital benchmarks be used to drive Service Transformation? 8
2.8.1 Monitoring implementation 9
2.8.2 NWL STP and the Joint statement of Co-operation NWL Pharmacy Teams 9
3 HPTP PLAN SUMMARY – Key Themes 9
3.1 Recommendation 3a – HPTP Planning and Governance 9
3.1.1 Quantum of savings – Reduction in unwarranted variation in medicines expenditure 10
3.1.2 Quantum of savings – Pharmacy Infrastructure savings 10
3.2 Recommendation 3b - Clinical Pharmacy and Infrastructure Services 10
3.3 Recommendation 3c – Electronic Prescribing and Medicines Administration 11
3.4 Recommendation 3d – Accurate Coding of Medicines 11
3.4 Recommendation 3e - Top 10 Drugs Savings Opportunities 11
3.5 Recommendation 3g - Medicines Stock holding and Supply Chain 11
3.6 Overarching recommendations and Sector Wide Transformation 11
4 RISKS AND MITIGATIONS 13
5 ISSUES AND MITIGATIONS 14
6 APPENDICES 15
Appendix 1 – Model Hospital Dashboard Metrics – extract 07/07/2019 16
Appendix 2 – Defintion of Cost per Weighted Average Unit (WAU) 18
Appendix 3 – Selected Peer Group – Shelford Group 19
Appendix 4 – Carter Recommendations for Hospital Pharmacy 20
Appendix 5 – Action Planning Tool and Carter recommendations 21
Appendix 6 – Joint Statement of Co-operation - NWL Pharmacy Teams 22

1 EXECUTIVE SUMMARY

In February 2016 Lord Carter of Coles published his final report on productivity and efficiency in the NHS, identifying £5bn of efficiency opportunities resulting from unwarranted variation. The report stated that the NHS could save at least £800m through transforming hospital pharmacy services and medicines optimisation. It made 8 specific recommendations at Acute Trust, national and regional levels. 6 of the principal recommendations apply to Pharmacy in Acute Trusts.

A key requirement of Lord Carter's report was that all Acute Trusts had a board approved Hospital Pharmacy Transformation Plan (HPTP) to NHS Improvement by April 2017. The plan, which covers a 4 year period, is intended to be a high level summary that informs how Chelsea and Westminster Hospital NHS Foundation Trust will meet the Model Hospital benchmarks and specific recommendations by April 2020.

Medicines Optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. Medicines optimisation applies to people who may or may not take their medicines effectively. The overall aim of the HPTP is to deliver the medicines optimisation agenda, placing the patient at the centre of everything that we do and to deliver Lord Carter's recommendations.

The *Model Hospital Project* created a national dashboard that allows comparisons between organisations and support improvement. The Pharmacy dashboard is still in development and data is subject to change as more up to date information becomes available. In 2017, the HPTP identified that there were areas of exemplary practice in Medicines Optimisation for the Pharmacy Departments at Chelsea and Westminster Hospital NHS Foundation Trust. For example the *Trust Medicines Optimisation Steering Group* had a proven and successful approach to ensuring cost-effective prescribing. However, there were significant challenges in relation to the under-resourcing of the Pharmacy establishment at the West Middlesex Site and achieving the target of pharmacists actively prescribing of 50%.

In this 2019 update to the plan, in addition to the sharing of Pharmacy resource across both sites, we acknowledge the significant investment of 12 whole time equivalents of registered Pharmacy staff, in the last quarter of 2018-2019, mainly at the West Middlesex site and in the following areas:

- Acute Medical Unit
- Ambulatory Emergency Care,
- Intensive Care and Clinical trials
- Surgical Satellite Dispensary.

Audits for the NHS National benchmarking project in **June 2019**, using Hospital Expert Advisory Group Metrics to collect the data, have shown a significant improvement following this investment:

- **77%** of pharmacists time cross-site is spent on patient facing clinical duties against a Carter target of 80%
- **56.4%** of eligible pharmacists are Independent Prescribers or on the IP course currently (62.5% CW and 40% of WMUH) - Carter target 50%
- **93%** medicines reconciliation achievement

The quantum of savings in the 3 year plan from 2017 to 2020 was in the region of £2.4m, by reducing unwarranted variation in medicines expenditure and transforming pharmacy services.

Delivery for **2017-2018 and 2018-2019** was **£1.67m**, over delivering on the original £1.6m target.

For **2019-2020,** a plan for **£765,000** Medicines and Pharmacy savings is on target for delivery.

The 3 year total savings delivery is projected at £2.44m, overachieving the original target of £2.4m by 1.5%

This is an addition to:

- An average **£2.5 m** contribution to the Trust bottom line from the Boots outsourced Pharmacy Out-patients, per year, over a 5 year period from June 2015 to June 2020
- Commissioner benefit from the Boots outsourced Pharmacy Out-patients
- Benefit to commissioners from savings due to biosimilar and other switching, as measured by the Model Hospital dashboard Top 10 Medicines *(see Table 4).*

There are 8 key work streams in the HPTP and each has their own work plan:

	Work stream	Description
1	*Sustainability and Transformation (STP) Plan and Vanguards* *Lead – Deirdre Linnard*	Work in partnership with pharmacy and other health care professionals across the health economy to close gaps in health and well-being, in care and quality and in finance and sustainability according to the NWL STP and emerging Vanguards.
2	*Reduce unwarranted variation in expenditure* *Lead – Chisha McDonald*	Continue the work of the Medicines Optimisation Steering Group in delivering cost-effective prescribing.
3	*Seven Day Services* *Leads – Chisha McDonald & Deirdre Richardson*	Ensure that Pharmacy resource is utilised and integrated effectively across sites, bringing economies of scale and delivering more equitable 7 day services across site.
4	*Workforce* *Lead - Katey Hewitt*	Utilise skill mix and the new Pharmacy apprenticeship schemes to ensure that pharmacist and pharmacy technician time is released for direct patient facing activities.
5	*Education and Training* *Leads – Iun Grayston & Vanessa Marvin*	Work with the Health Education England London and South East and Trust Clinical Education and Training Leads to develop a strategy to increase the percentage of pharmacists who are actively prescribing.
6	*Electronic Prescribing and Medicines Administration* *Lead – Deirdre Linnard*	Trust EPR and Digital Transformation Programme *(Trust Plan)*
7	*Pharmacy Procurement & Distribution Processes* *Lead - Katey Hewitt*	Increase electronic ordering and invoice management, reduce stockholding and waste
8	*Partnership Working* *Lead – Deirdre Linnard*	Work in collaboration with neighbouring Trusts to review how services might be provided across the sector e.g. procurement of medicines, out-sourced ward box assembly and provision of Aseptic Services

2 CARTER METRICS AND MODEL HOSPITAL AND MODEL HOSPITAL BENCHMARKS

The Model Hospital Dashboard aims to provide a high level summary of the Trust's Pharmacy and Medicines Optimisation performance to identify areas for review and to reduce unwarranted variation.

It should be noted that the Dashboard is live and subject to frequent updates, so the information in the HPTP must be reviewed and updated frequently. The Trust can now select different peer group comparators on the dashboard compared to the original selected peer group (Appendix 3). The snapshot of data as at 07/07/2019 is the latest data available.

2.1 Dashboard Metrics – Overview as July 2019

Refer to Appendix 1 for a snapshot of the dashboard as at 07/07/2019. It should be noted that much of the data on the Dashboard is form the 2017/2018 Financial year, so does not reflect the staffing improvements which took effect in the last quarter of 2018-2019.

2.2 What do we do well?

Trust level

Indicators where the Trust is rated green and significantly better than peer or national comparators, include:

- Top 10 additional savings to March 2019 - £2.43m versus a national median of £1.67m and a peer median of £4.46m. The lower achievement compared to the peer median is related to the savings opportunity. HIV medicines are not included in the Top 10 and these comprise the greatest proportion of the Trust's medicines.
- Non-high cost drugs medicines spend/WAU is in the lowest quartile at £126, compared to a national median of £322 and a peer median of £202.
- % of Pharmacy staff with appraisals completed at 97%

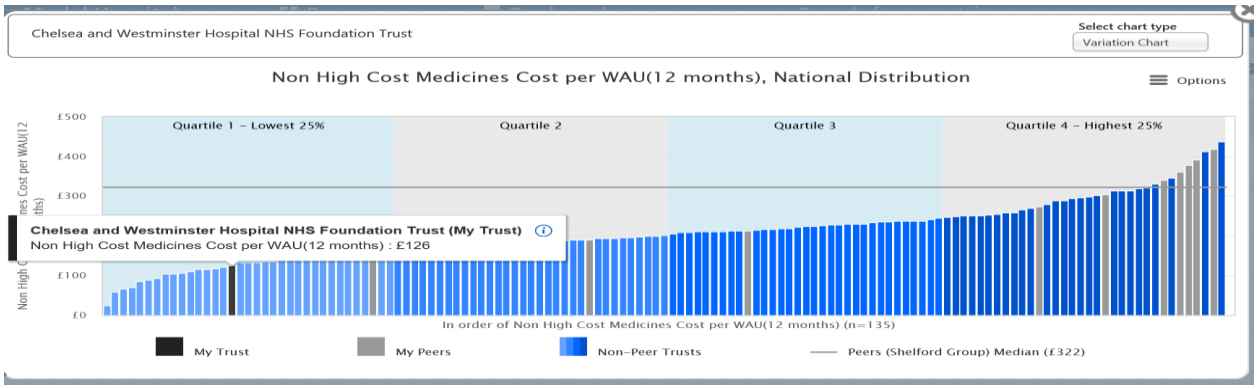
2.3 Staff and Medicines Costs

Table 1

Cost per WAU	Data period	Trust value	Peer median	National median	Chart	Actions
Pharmacy Staff & Medicines Cost per WAU (12 months)	To Mar 2017	£506	£527	£354		
Medicines Cost per WAU (12 months)	To Mar 2017	£463	£488	£320		
High Cost Medicines Cost per WAU (12 months)	To Mar 2017	£337	£166	£109		
Non High Cost Medicines Cost per WAU (12 months)	To Mar 2017	£126	£322	£202		

WAU = weighted average unit

Table 2



Whilst the Trust is significantly above the national and local medians for high cost medicines, in-tariff drug spend is much lower at £126/WAU compared to £322/WAU for Peers and £202 /WAU for national comparators, indicating that in-tariff spend is cost-effective. (March 2017 data)

The dashboard confirms that Chelsea and Westminster Hospital site has the second highest High Cost Medicines spend/WAU of £337/WAU nationally, the highest is the Royal Liverpool and Broadgreen at Free Hospital at £3339/WAU. (March 2017 data)

Chelsea and Westminster Hospital site is an outlier against measures related to combined medicines and staffing expenditure/WAU, however, this reflects High Cost Drugs that are pass-through and charged back to commissioners. When the data is triangulated with staffing costs from the Model Hospital Reports from November 2015, it confirms that combined staffing costs/WAU is below the 2015 benchmark (169 WTE vs. 181 WTE simulated costs.

Table 3 – Staffing FTE Simulated from 2015 Model Hospital Packs

Staffing FTE	Simulated	Actual 2014-2015	Actual 2019-2017	% of 2015 Benchmark
Chelsea and Westminster Hospital Pharmacy	102	109	107* **many posts now have cross-site responsibilities*	105%
West Middlesex University Hospital Pharmacy	79	50	62	78.4%
Total	**181**	**159**	**169**	**93.4%**

Table 4

Metric	Performance	Comparators	Rating	Action/Mitigation
Top 10 additional savings to March 2019 - these comprise the greatest proportion of the Trust's medicines.	£2.43m	Peer median = £4.46m National median = £1.67m and	Green	The lower achievement compared to peer median is related to the savings opportunity. HIV medicines are not included in the Top 10.
Choice of paracetamol preparations [% IV Paracetamol vs. Total Spend	84% (2017-2018)	Peer = 65% National = 62%	Red	Highest nationally, may be driven by Lastword prescribing order sets which allow for multi-route prescriptions

2.4 Safe

Table 5

Metric	Performance 2017-18	Comparators	Rating	Action/Mitigation
Total antibiotic consumption in Defined Daily Doses per 1,000 admissions	5,897	Peer = 4,945 National =4,816	Red	Warranted variation mainly driven by HIV/GUM usage which is largely out-patient based.

2.5 Effective

Table 6

Metric	Performance 2017- 2018	Comparators	Rating	Action/Mitigation
Clinical Pharmacy Activity	60 %	Peer = 69% National = 76%	Red	**June 2019, now increased to 77%.** Definition does not include Medicines Information, Technical Services and medicines savings activities.
% Pharmacists actively prescribing	25%	Peer = 44% National = 35%	Red	**June 2019, improved to 56.4% either with qualification or due to complete**
% of medicines reconciliation within 24 hours	46%	Peer = 57% National = 74%	Red	**June 2019, improved to 93%** using HEAG metrics and with additional investment in AMU staffing at WM site

Number of days stockholding	32 days	Peer = 17 days National = 21 days	Red	Requirement to hold stock for 6 months' over labelled packs for prescription supply to HIV clinic patients. Advised not to reduce stock due to EU Exit planning. NWL& K Pharmacy Collaborative Procurement Project will lead this workstream.

2.6 Responsive

Table 7

Metric	Performance 2014-2015	Comparators	Rating	Action
Sunday on ward clinical hours	3	Peer = 4 National = 4	Red	Sunday on ward service to Acute Admissions at Chelsea Site only

Whilst Chelsea site has an on-ward presence for AAU at weekends, the West Middlesex site Pharmacy Team is not resourced to provide on on-ward service at weekends. This is being reviewed via the Workforce work stream.

2.7 People, Management and Culture: Well-led

Table 8

Metric	Performance 2017-2018	Comparators	Rating	Action
% Sickness Absence rate	5%	Peer = 3% National = 3%	Red	**June 2019,** this metric has significantly improved to 0.25% CW and 0.39% WM site.
Mandatory Training	90%	Peer = 96% National =9 3%	Red	**June 2019,** this metric has significantly improved to 96% cross-site

2.8 How are the Model Hospital benchmarks be used to drive Service Transformation?

The Model Hospital benchmarks drive a programme of work across 8 work streams to ensure that Pharmacy utilises staff and medicines resource across sites to the maximum benefit, releasing time for direct patient care. It is recognised that collaborative working with colleagues across the *North West London Sustainability and Transformation Plan* footprint is essential to delivery of the Carter recommendations. Please refer to *Appendix 6* for a *Joint statement of co-operation between North West London Pharmacy Teams.*

Some examples include:

- CWFT leading a Pharmacy procurement review including working with colleagues across North West London and Kingston to develop a framework for out-sourcing of ward box assembly and IV fluids and developing a focussed procurement resource;
- reviewing medicines manufacturing and aseptic preparation, in conjunction with Fulham Road partners;
- working with colleagues across all sectors in North West London to reduce medicines waste as part of the North West London Sustainability and Transformation Plan;
- realising economies of scale and improving the dispensing process through EPMA implementation across CWFT and ICHT
- investing in Pharmacy Apprentices and skill mix of staff supporting ward based dispensing.

Pharmacist time released is invested into ward round attendance. Medicines Management Technician time released is used to increase their presence at discharge especially for counselling, referrals for community medication reviews and the new medicine service. To reduce unwarranted variation in medicines expenditure, we will continue to use data sources that analyse medicines expenditure trends, in collaboration with CCGs.

2.8.1 Monitoring implementation

The Trust has a process in place to monitor implementation of the Trust Hospital Pharmacy Transformation Plan (HPTP) overseen by the Medical Director and Lead Executive for Medicines Optimisation. The Trust Medicines Optimisation Steering Group has a proven and successful approach to ensuring cost-effective use of resources and reports upwards to the Trust Improvement Board.

2.8.2 NWL STP and the Joint statement of Co-operation NWL Pharmacy Teams

The Joint statement of Co-operation - NWL Pharmacy Teams within the Trust HPTP describes the Pharmacy vision for the STP. Medicines Optimisation projects include:

- Anti-infective stewardship (London wide initiative, led by CWFT Antimicrobial Pharmacist)
- Procurement best practice (NWL&K Procurement Project - led by CWFT)
- Prescribing wisely initiatives with local CCGs e.g. best buy inhalers, reducing dispensing of OTC medicines, initiating ‘best buy’ insulins (collaborative approach across NWL)
- Reducing prescribing of lidocaine patches (collaborative working further to NHS England Guidance - Items which should not routinely be prescribed in primary care)
- Medicines manufacture and aseptic preparation (National Pharmacy Aseptic Services Review-Data Collection)

3 HPTP PLAN SUMMARY – Key Themes

3.1 Recommendation 3a – HPTP Planning and Governance

The Trust has a process in place to monitor implementation of the Hospital Pharmacy Transformation Plan, overseen by Miss Zoe Penn, Medical Director and Lead Executive for Medicines Optimisation and reported via the Trust Medicines Optimisation Steering Group. The Medicines Optimisation Steering Group will report to the Trust Improvement Board and upwards to the Finance and Investment Committee and to the Quality Committee for financial and quality aspects respectively.

The quantum of savings was set originally set at £2.4m over 3 years, as described below.

3.1.1 Quantum of savings – Reduction in unwarranted variation in medicines expenditure

Based on previous experience in delivering medicines savings, the target for new medicines savings over 3 years from 2017 to 2020 was set at £1.5m, or £500,000 per year.

- The 2017-2018 target was £594,000
- The 2018-2019 proposed savings target was set at £580,000
  Delivery for the 2 years above was £1.01m

- The 2019-2020 medicines savings target is **£650,000**

3.1.2 Quantum of savings – Pharmacy Infrastructure savings

The Pharmacy Infrastructure savings target was been set at £900,000 over 3 years, taking into account the following:

- requirement for pharmacy expertise to deliver medicines savings and to transform patient care;
- increasing demand for Pharmacy services;
- fixed costs for delivering the Boots Out-sourced Out-patients;
- lag time to scope and implement North-West London initiatives.

Performance against 2 year target

- The 2017-2018 target was £410,000
- The 2018-2019 savings target was £215,000
- Delivery for the 2 years above, not including medicines savings was £663, 000

Target for 2019-2020

- The 2019-2020 Pharmacy savings target is £115,000 (excluding medicines CIP)

It is expected that benefits of North West London and Kingston Pharmacy Procurement collaboration will be seen in 2020-2021.

3.2 Recommendation 3b - Clinical Pharmacy and Infrastructure Services

This is the most wide ranging recommendation and crosses the entire Pharmacy service. Key themes are to:

a) ensure that Pharmacy resource is utilised effectively across sites bringing economies of scale;
b) utilise skill mix and Pharmacy apprenticeship schemes to ensure that 80% of pharmacist time and additional pharmacy technician time is released for direct patient facing activities;
c) increase the percentage of pharmacists actively prescribing to Carter target of 50%. As at June 2019, 56.4% of all pharmacists have the qualification or are due to complete within the 2019-2020 financial year.
d) ensure that Pharmacy resource is utilised effectively across sites bringing economies of scale and delivering more equitable 7 day services across site.
e) It is now estimated that the current balance between core clinical and infrastructure activities is around 66:33, with around 77% of pharmacist time engaged in patient facing clinical activities according to HEAG definitions. Some pharmacist activities are not included in the current model as being core clinical e.g. clinical input to reducing unwarranted variation in expenditure. The aim will

be to achieve a 70:30 ratio overall between core clinical and infrastructure activities for the service, with 80% of pharmacist time dedicated to core clinical activities.
Work streams: Seven Day Services, Workforce, Education and Training

3.3 Recommendation 3c – Electronic Prescribing and Medicines Administration

The Pharmacy Department will engage with the Trust electronic prescribing and medicines administration (EPMA) programme and colleagues at ICHT to ensure a successful implementation and achieve 100% electronic prescribing by 2020.
Work stream: Electronic Prescribing and Medicines Administration (EPMA)

3.4 Recommendation 3d – Accurate Coding of Medicines

The Pharmacy Department has developed integrated reporting across sites in 2016-2017, ensuring that coding of medicines, particularly high cost drugs is accurately recorded within NHS reference costs. The aim will be to continue with this standard of reporting and support the Trust to identify drug costs down to service level.
Plan: maintain or improve current performance

3.4 Recommendation 3e - Top 10 Drugs Savings Opportunities

The Pharmacy team will continue to lead the work plan of the Medicines Optimisation Steering Group, identifying unwarranted variation in expenditure and delivering cost-effective prescribing. The Trust is already rated green on the model hospital dashboard *for Non High Cost medicines/WAU (In-tariff drug spend)*.
Work stream: Reduce unwarranted variation in expenditure

3.5 Recommendation 3g - Medicines Stock holding and Supply Chain

A document has been prepared by the regional pharmacy procurement specialists in England (the National Pharmaceutical Procurement Specialists Committee NPPSC) as a guide to their joint national agenda and as a contribution to chief pharmacist's local transformation plans for the Carter Review.

Pharmacy procurement and distribution processes are being reviewed as part of the NWL and Kingston Pharmacy Procurement Project, to increase electronic ordering and invoice management, reduce stockholding and waste and investigate outsourcing of ward box assembly. Health Education England has developed Pharmacy apprenticeships in the form of pharmacy services assistant and senior pharmacy services assistant that offer opportunities for new ways of working. The Trust recruited its first pharmacy assistant apprentice in 2018-2019, although they soon moved on to a pre-registration pharmacy technician role in another organisation. The trust has one pharmacy apprentice in post and further recruitment is in process in 2019-2020.

In view of possible EU Exit by 31/10/2019, further reduction of stock holding is not advised until assurance around continuity of medicines supply has been provided.
Work streams: Pharmacy Procurement & Distribution Processes, *Partnership Working, Workforce, Education and Training*

3.6 Overarching recommendations and Sector Wide Transformation

Work in partnership with pharmacy and other health care professionals across the health economy to close gaps in health and well-being, in care and quality and in finance and sustainability according to the NWL Sustainability and Transformation (STP) Plans and emerging Vanguards.
Work stream: Sustainability and Transformation (STP) Plan and Vanguards

Collaborative working with colleagues across the *North West London Sustainability and Transformation Plan* footprint is essential to delivery of the Carter recommendations. Please refer to *Appendix 6* for a *Joint statement of co-operation between North West London Pharmacy Teams.*

The NWL and Kingston Pharmacy Procurement Project, led by CWFT, will deliver economies of scale though collaborative procurement.

4 RISKS AND MITIGATIONS

Table 8

Risks	Mitigations
Overarching • Lack of funding or resource required to support multiple HPTP and Carter work streams and projects • Transformation may require additional Pharmacy resource for delivery • Pharmacy time released by changes may not be enough to bring about transformational change to meet the Carter targets • Progress may be dependent on NWL infrastructure changes • Organisational change fatigue	• Medicines Optimisation Steering Group with Integration Team support has shown a proven return on investment of ~£5 for every £1 invested • Prescribing pharmacists could mitigate for junior doctor shortages • Innovative workforce solutions (using Apprentice Pharmacy Assistants) and advances in technology will release Pharmacist and Pharmacy Technician time from dispensing to direct patient care • Joint statement of co-operation NWL STP • Support via the North West London Sustainability and Transformation Plan
Sustainability and Transformation (STP) Plan • Lack of IT interoperability with communication of information about medicines across sectors • Commissioners are not always aligned in their policies for commissioning medicines	• Trust commitment to Digital maturity linked to a robust EPMA implementation plan • Active local cross-sector Chief Pharmacist network • Partnership working with CCGs and NHSE
Reduce unwarranted variation in expenditure • Cost pressures due to increasing prevalence of long term conditions e.g. diabetes • Patients may not agree to change to more cost effective treatments	• Medicines Optimisation Steering Group with Integration Team support has shown a proven return on investment of ~£5 for every £1 invested • Strong clinical leadership
Seven Day Services • Inequitable services and resourcing across sites	• Pharmacy Integration work streams
Workforce • Pharmacy turnover vacancy rates • Difficulty in recruiting to West Middlesex site	• Move to cross-site recruitment • Recruitment and retention premia
Education and Training • Implications of funding and day release for Pharmacist independent prescribing courses. Availability of Pharmacist prescribing courses	• HEE course funding • Release of local budget and better skill mix through Pharmacy Assistant apprentice schemes (partial)
Electronic Prescribing and Medicines Administration (EPMA) • Digital maturity - EPMA is not delivered to project timescale	• Trust commitment to Digital maturity linked to a robust EPMA implementation plan
Pharmacy Procurement & Distribution Processes • Functionality of Pharmacy Stock Control system and interoperability with Trust Finance systems	• EU Exit • Pharmacy led project already underway to increase electronic ordering and invoicing at Chelsea Site • Regional pharmacy procurement specialists in

• Regional contracts issued to suppliers that do not have electronic ordering and invoicing capabilities • Outsourcing may not be more cost-effective and lead to risk of reliance on a single supplier in the long term.	England are committed to ensuring all trade with wholesalers is delivered electronically to meet the Carter metric of 90% trade (items) being electronically transferred.
Partnership Working • Lack of stakeholder engagement • Complexities of procurement processes	Utilise London Procurement Project expertise to negotiate framework agreements

5 ISSUES AND MITIGATIONS

Table 9

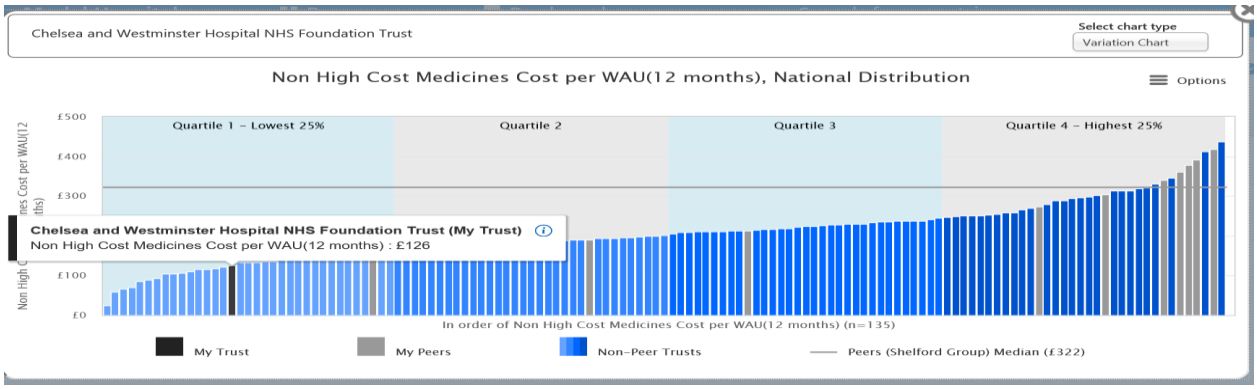
Issues	**Mitigations**
Overarching Resources to manage integration project	Trust Integration and Transformation Programme
Seven Day Services Funding required to deliver 7 day services	Pharmacy Integration work streams
Workforce High vacancy rates and turnover	HR support and link to nursing recruitment initiatives

6 APPENDICES

APPENDIX 1 – MODEL HOSPITAL DASHBOARD METRICS – EXTRACT 07/07/2019

Headline Metrics

Cost per WAU	Data period	Trust value	Peer median	National median	Chart	Actions
Pharmacy Staff & Medicines Cost per WAU (12 months)	To Mar 2017	£506	£527	£354		
Medicines Cost per WAU (12 months)	To Mar 2017	£463	£488	£320		
High Cost Medicines Cost per WAU (12 months)	To Mar 2017	£337	£166	£109		
Non High Cost Medicines Cost per WAU (12 months)	To Mar 2017	£126	£322	£202		



Trust Level

Money & Resources	Data period	Trust value	Peer median	National median	Chart	Actions
Use of Generic Immunosuppressants [% Generic vs Total Spend (Selected Drugs)]		No data available				
Choice of Paracetamol Formulations [% IV Paracetamol vs Total Spend]	2018/19	84%	65%	62%		
Use of Inhalation Anaesthetics - % Sevoflurane`	Mar 2019	82%	69%	75%		

Money & Resources	Data period	Trust value	Peer median	National median	Chart	Actions
Top 10 Medicines – Additional Savings Delivered to Current Month (2019-20)		No data available				
Top 10 Medicines – Additional Savings Delivered to Current Month (2018-19)	To Mar 2019	£2.43m	£4.46m	£1.67m		

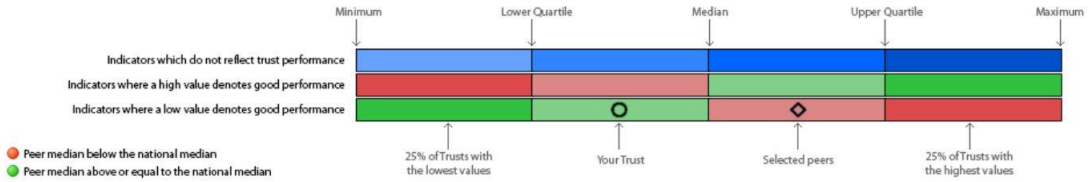
Safe	Data period	Trust value	Peer median	National median	Chart	Actions
Total Antibiotic Consumption in DDD*/1,000 Admissions	2017/18	5,897	4,945	4,816		
Percentage of antibiotics prescriptions with evidence of review within 72 hours	Q4 2017/18	93%	100%	96%		
% Diclofenac vs Ibuprofen & Naproxen (Monthly)	Mar 2019	8.82%	4.23%	4.70%		

Effective	Data period	Trust value	Peer median	National median	Chart	Actions
Clinical Pharmacy Activity [Pharmacist Time Spent on Clinical Pharmacy Activities]	2017/18	60%	69%	76%		
% Pharmacists Actively Prescribing	2017/18	25%	44%	35%		
% Medicines Reconciliation Within 24 Hours of Admission	2017/18	46%	57%	74%		
Dose-Banded Chemotherapy [Doses Delivered as Standardised Bands]	2017/18	94%	95%	98%		
Medication Incidents Rate per 1,000 bed days	31/03/2018	4.1	5.1	4.0		
% Medication Incidents Reported as Causing Harm or Death/All Medication Errors	31/03/2018	11.0%	9.6%	10.6%		
Number of Days Stockholding	2017/18	32	17	21		
Pharmacy Deliveries per Day [Average Number of Deliveries]	2017/18	15	20	15		
e-Commerce - Ordering (Alliance)	2016/17	96.6%	98.2%	96.6%		
e-Commerce - Ordering (AAH)	2016/17	96.6%	89.7%	94.0%		

Caring	Data period	Trust value	Peer median	National median	Chart	Actions
National Inpatients Survey - Medicines Related Questions	2017/18	71.6%	75.2%	72.8%		

Responsive	Data period	Trust value	Peer median	National median	Chart	Actions
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent)	2017/18	3	4	4		

People, Management & Culture: Well-led	Data period	Trust value	Peer median	National median	Chart	Actions
% Sickness Absence Rate	2017/18	5%	3%	3%		
% Staff with Appraisals Completed	2017/18	97%	97%	93%		
% Staff with Statutory and Mandatory Training	2017/18	90%	96%	93%		
% Staff Turnover Rate	2017/18	26%	11%	14%		
% Staff Vacancy Rate	2017/18	5%	7%	7%		



APPENDIX 2 – DEFINTION OF COST PER WEIGHTED AVERAGE UNIT (WAU)

Cost per WAU is a measure of the efficiency of a trust and can be broken down into constituent parts, allowing us to make comparisons of spend categories to trust size in a meaningful way.

The cost per WAU and the Adjusted Treatment Cost (ATC) are two equivalent measures of productivity and are calculated in much the same way. The cost per WAU represents the cost of providing £3,517.45 worth of healthcare at a given Trust, whereas the ATC represents the cost of providing £1 worth of healthcare in that trust.

Trusts with a high total cost per WAU (>£3,517.45) will have an ATC index over £1, and trusts with a low total cost per WAU (<£3,517.45) will have an ATC index less than £1.

Each Trust's own cost per WAU can be calculated by dividing its total costs (its reference costs quantum) by this weighted activity. So if a trust carries out 100 units of a certain Healthcare Resource Group (HRG) which has a national average cost of £4,000, then the cost weighted output assigned to the trust for that work would be 100 x £4,000 = £400,000 (or approximately 114 WAUs). If that trust spent £500,000 delivering those 100 units of activity, their cost per WAU for this area of clinical activity would be £500,000 / 114 = £4,375 per WAU. The same trust's ATC for that output would be £500,000/£400,000 = 1.25.

APPENDIX 3 – SELECTED PEER GROUP – SHELFORD GROUP

The model hospital allows for different comparators to be selected, for the purposes of this comparison the Shelford group of 10 multi-speciality academic Trusts has been selected.

APPENDIX 4 – CARTER RECOMMENDATIONS FOR HOSPITAL PHARMACY

Recommendation 3: *Trusts should, through the Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock-holding, in agreement with NHS Improvement and NHS England by April 2020; so that their pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities.*

a) *developing HPTP plans at a local level with each Trust board nominating a Director to work with their Chief Pharmacist to implement the changes identified, overseen by NHS Improvement and in collaboration with professional colleagues locally, regionally and nationally; with the Chief Pharmaceutical Officer for England signing off each region's HPTP plans (brigaded at a regional level) as submitted by NHS Improvement;*

b) *ensuring that more than 80% of Trusts' pharmacist resource is utilised for direct medicines optimisation activities, medicines governance and safety remits and reviewing the provision of all local infrastructure services, which could be delivered collaboratively with another Trust or through a third party provider;*

c) *each Trust's Chief Clinical Information Officer moving prescribing and administration from traditional drug cards to Electronic Prescribing and Medicines Administration systems (EPMA);*

d) *each Trust's Finance Director, working with their Chief Pharmacist, ensuring that coding of medicines, particularly high cost drugs, is accurately recorded within NHS Reference Costs;*

e) *NHS Improvement publishing a list of the top 10 medicines with savings opportunities monthly for Trusts to pursue;*

f) *the Commercial Medicines Unit (CMU) in the Department of Health undertaking regular benchmarking with the rest of the UK and on a wider international scale to ensure NHS prices continue to be competitive, and updating its processes in line with the Department of Health's NHS Procurement Transformation Programme as well as giving consideration as to whether the capacity and capability of the CMU is best located in the Department of Health or in the NHS, working alongside NHS England's Specialist Pharmacy Services and Specialised Commissioning functions;*

g) *consolidating medicines stock-holding and modernising the supply chain to aggregate and rationalise deliveries to reduce stock-holding days from 20 to 15, deliveries to less than 5 per day and ensuring 90% of orders and invoices are sent and processed electronically*

APPENDIX 5 – ACTION PLANNING TOOL AND CARTER RECOMMENDATIONS

The tool is divided into sections according to the principal recommendations in the final Carter report. For convenience, the relevant Carter recommendation is shown in *italics* at the start of each section. The sections are as follows:

Recommendation 3(a) – HPTP planning and governance
Recommendation 3(b) – clinical pharmacy and infrastructure services
Recommendation 3(c) – Electronic prescribing and medicines administration
Recommendation 3(d) – Accurate coding of medicines
Recommendation 3(e) – Top 10 drug saving opportunities
Recommendation 3(g) – Medicines stock-holding and supply chain
Recommendation 3 – Overarching recommendation

APPENDIX 6 – JOINT STATEMENT OF CO-OPERATION - NWL PHARMACY TEAMS

The vision of the North West London Sustainability and Transformation Plan[1] (STP) is that everyone living, working and visiting here has the opportunity to **be well and live well,** to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country. Medicines are a key intervention to improve health and well-being but they consume a large proportion of the NHS non-pay budget within the sector. It is therefore important that the NWL STP is supported by a programme to optimise the use of medicines in order to improve outcomes and patient/carer experience, while reducing waste and costs along the entire patient pathway.

NWL sector hospital and CCG lead pharmacists are committed to delivering the aims of the STP through a joint medicines optimisation vision. Hospital Chief Pharmacists will build on a strong track record of co-operation to ensure delivery of safe, high quality and sustainable hospital pharmacy services.

Collaborative working by lead pharmacists, through the *North West London Medicines Optimisation Pharmacy Network,* is already well established in our region. The Imperial College Health Partners *Medicines Optimisation Roadshow* in March 2015 was the first of 15 national events that showcased local medicines research, best practice case studies and our commitment to a medicines optimisation strategy.

The network recognises that in the future, there are a number of areas where greater collaboration to release greater efficiencies is possible. First wave projects, where we are already establishing working groups to scope opportunities, include:

- Medicines manufacturing and aseptic preparation
- Homecare (in collaboration with London Procurement Partnership)
- Ward stock distribution
- Waste reduction

Future areas of joint work are likely to include procurement best practice; reducing unwarranted variation in expenditure; anti-infective stewardship; partnership working with primary care and community pharmacists to improve/support the increasing number of frail elderly in the community and new/expanded workforce roles, including adoption of apprenticeships.

There are also areas of common interest where the system as a whole can benefit from co-ordination and expertise sharing, including service centralisation, development of outsourcing arrangements, e-prescribing and use of medicines safety cabinets.

On an operational level, the group will continue to share good practice and innovation and strive for shared-approaches to issues of policy and delivery wherever practical and desirable. We look forward to continuing to work together to deliver pharmacy services into 2020 and beyond.

Deirdre Linnard, Chair of the North West London Medicines Optimisation Pharmacy Network

[1] https://www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps/stp-october-submission-2016 p33

On behalf of

- Chief Pharmacists for North West London Acute, Community, Mental Health and Specialist Trusts
- NWL CCG Lead Pharmacists

Board of Directors Meeting, 7 November 2019

PUBLIC SESSION

AGENDA ITEM NO.	5.3/Nov/19
REPORT NAME	Half year report on use of the Company Seal 2019/20
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 2019/20

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
202	West Middlesex University Hospital, Twickenham Road, Isleworth VE289 – SaHF paediatric variation (A&E and 3rd floor) (paediatric variation) (2 copies)	05.04.2019	Sandra Easton Chief Financial Officer Pippa Nightingale Chief Nursing Officer
203	West Middlesex University Hospital, Twickenham Road, Isleworth VE314 – Emergency Department variation (ED variation) (2 copies)	05.04.2019	Lesley Watts Chief Executive Officer Robert Hodgkiss Chief Operating Officer
204	West Middlesex University Hospital, Twickenham Road, Isleworth VE305 – Cardio Cath Lab (CCL variation) (1 copy)	05.04.2019	Lesley Watts Chief Executive Officer

			Robert Hodgkiss Chief Operating Officer
205	The Mayor and Burgesses of the London Borough of Hounslow and The Most Noble Ralph George Algernon Twelfth Duke of Northumberland and the Honourable James William Eustace Percy and The Secretary of State for Health and Social Care and Chelsea and Westminster Hospital NHS Foundation Trust Agreement made under section 38 of the Highways Act 1980 relating to land known as SNOWY FIELDER WAYE ISLEWORTH TW7 in the London Borough of Hounslow (4 copies)	21.06.2019	Sandra Easton Chief Financial Officer Lesley Watts Chief Executive Officer