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

Room A, West Middlesex

5 September 2019 11:00 - 5 September 2019 13:30

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Room A, West Middlesex
Date: Thursday, 5 September 2019
Time: 11.00 – 13.30

Agenda

	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 4 July 2019	Report	Chairman
11.10	1.4	Matters arising and Board action log, including 1.4.1 Update on Trade Union relationship structure *(Board action 04.07)*	Report Report	Chairman Director of HR & OD
11.15	1.5	Chairman's Report	Report	Chairman
11.25	1.6	Chief Executive's Report	Report	Chief Executive Officer
	2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**		
11.35	2.1	Staff Experience Story	Verbal	Chief Nursing Officer
11.50	2.2	Quality Improvement update	Report	Director of Improvement
12.00	2.3	Learning from Serious Incidents	Report	Chief Nursing Officer
12.10	2.4	Mortality surveillance Report Q1	Report	Chief Medical Officer
12.20	2.5	Integrated Performance and Quality Report, including 2.5.1 Winter preparedness	Report / Verbal	Deputy Chief Executive / Chief Operating Officer
	3.0	**PEOPLE**		
12.30	3.1	People performance report 3.1.1 Racial Equality project plan progress report Q1 *(Board action 02.05)* 3.1.2 Health and Wellbeing Plan	Report	Director of HR & OD
	4.0	**STRATEGY**		
12.40	4.1	EPR Programme update	Report	Chief Information Officer

	5.0	**GOVERNANCE**		
12.50	5.1	Medical Revalidation Annual Report – for approval	Report	Chief Medical Officer
13.00	5.2	Guardian of Safe Working Report Q1	Report	Chief Medical Officer
	6.0	**ITEMS FOR INFORMATION**		
13.10	6.1	EU Exit update	Pres.	Director of HR & OD
13.15	6.2	Questions from members of the public	Verbal	Chairman
13.25	6.3	Any other business	Verbal	Chairman
13.30	6.4	Date of next meeting – 7 November 2019, Room A, West Middlesex		

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:			
		Turning Points Ltd	April 2018	Ongoing	
		Express Diagnostic Imaging Ltd	April 2018	Ongoing	
		Express Healthcare	April 2018	Ongoing	
		Macusoft Ltd (Sponsored by Imperial College London comprising incubation and access to the Data Science Institute, machine learning labs and Imperial College Healthcare NHS Trust);	April 2018	Ongoing	
		Owner of Turning Points Ltd	April 2018	Ongoing	
		Owner of Express Diagnostic Imaging Ltd	April 2018	Ongoing	
		Owner of Macusoft Ltd (Sponsored by Imperial College London comprising incubation and access to the Data Science Institute, machine learning labs and Imperial College Healthcare NHS Trust);	April 2018	Ongoing	
		Examiner of St. John the Baptist Parish Church, Old Malden	April 2018	Ongoing	
		Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT	April 2018	Ongoing	

Nick Gash	Non-executive Director	Trustee of CW + Charity	April 2018	Ongoing	
		Associate Director Interel (Public Affairs Company)	April 2018	Ongoing	
		Lay Advisor to HEE London and South East for medical recruitment and trainee progress	April 2018	Ongoing	
		Lay member North West London Advisory Panel for National Clinical Excellence Awards	April 2018	Ongoing	
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	April 2018	Ongoing	
Stephen Gill	Non-executive Director	Owner of S&PG Consulting	May 2014	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	
Sandra Easton	Chief Financial Officer	Sphere (Systems Powering Healthcare) Director representing the Trust	18/01/2016	Ongoing	Position held on behalf of the Trust.
		Treasurer—Dartford Gymnastics Club	01/04/2018	Ongoing	Daughter's gymnastics club
		Chair—HfMA Sustainability	01/04/2018	31/09/2019	
		Trustee HfMA (Healthcare Financial Management Association)	07/12/2018	06/12/2021	Trustee of charity. Non-financial professional interest. Approved by CEO 3 year term envisaged. HfMA is a provider of NHS finance education and the Trust has a contract for both the provision of such services and ongoing membership to HfMA. Conflict of interest will be managed by DDoF assuming responsibility for the contract and any future tenders.
		School Governor at Sutton-at-Hone CofE Primary School	01/09/2019	31/08/2019	Co-opted governor of local primary school attended by 2 of my children. Indirect interest. Initially a 1 year term but may be extended.
Robert Hodgkiss	Chief Operating Officer	No interests to declare.			
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			
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 04 July 2019, Boardroom Chelsea and Westminster Hospital

Present:	Jeremy Jensen	Deputy Chair & Non-Executive Director	(JJ)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Deputy Chief Executive/Chief Operating Officer	(RH)
	Zoe Penn	Medical Director	(ZP)
	Lesley Watts	Chief Executive Officer	(LW)
In attendance:	Chris Chaney	CEO, CW+	(CC)
	Roger Chinn	Deputy Medical Director	(RC)
	Ian Eaves	Director of Improvement	(IE)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Thomas Simons	Director of HR and OD	(TS)
	Sheila Murphy	Interim Company Secretary	(SMM)
	Vida Djelic	Board Governance Manager	(VD)
Apologies:	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Andy Jones	Non-Executive Director	(AJ)
	Liz Shanahan	Non-Executive Director	(LS)

1.0	**GENERAL BUSINESS**
1.1	**Welcome and apologies for absence** In the absence of the Chair, JJ, as Deputy Chair welcomed the Board Members and those in attendance, to the meeting. Apologies were noted as above.
1.2	**Declarations of Interest** NG declared that he is now chair of the North West Panel National Clinical Excellence Awards NG commented that the Declarations of Interests document should show the specific start date and not just the month. **Action: The Company Secretariat will address necessary amendments.**
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 amendment. Item 1.2 (Page 9) should read ***NG*** (not ND) *reported that he has taken on the role of Chair of the National Advisory Panel Clinical Excellence awards.*

1.4	**Matters Arising and Board Action Log** Matters Arising **1.4.1 Membership Strategy *(Board action 02.05)*** The Board was informed that the paper had been approved by the Council of Governors' (CoG) and the Membership Sub-Committee and was taken as read. **1.4.1 Parking Charges Review *(Board action 02.05)*** LW gave an update, prepared by the fact that this was due for discussion at the Council of Governors on 25 July and that there have been no complaints raised. The following factors have been taken into consideration: • Car parking charges for disabled visitors had been reviewed at West Middlesex site; no complaints received • The Trust provides transport for patients where appropriate • There is no subsidiary for patients using any form of transport • Where there is financial hardship there is no charge • The charge will be capped at £3.00 The Trust still has a recurrent deficit position and very difficult decisions to make in the way we use our resources. The current decision is to agree £3.00 capped charge. **Updates to the Action Log** **Action from 2 May 2019** 1.4 should have SG's name against it 2.5 is on the agenda for discussion today **Action from 7 March 2019** 2.3 PN confirmed this action complete **Action from 10 January 2019** 1.6 Ambulatory care to be reviewed at the Finance Committee (FIC) in September EH- suggested that the patient experience element for Ambulatory Care is included in the report 2.4.2 List of the trade union representatives and the Trusts relationship with them – TS commented he was unaware of the action but agreed to provide an update to the Board in September **Action:** TS to bring an update of trade union representatives and the Trusts relationship to Board in September. NG commented that acronyms were used throughout the paper without any explanation of their meaning LW agreed that the board would provide a cover sheet to the papers for the public board in order to address this **Action: SM to ensure a cover sheet is provided so address acronyms used in the Public Board papers**
1.5	**Chairman's Report** The paper was taken as read and no questions were raised.
1.6	**Chief Executive's Report**

	LW took the report as read and highlighted the following: - In the last two weeks the Trust has seen a record number of patients across both sites specifically for non-elective and A&E attendances - There has been significant involvement in community projects - The Trust's Windrush celebrations cross site and is looking to the future with the launch of the BAME staff network. - The papers includes a summary of the meeting with the Regulatory bodies - The Executive teams are working with other Trust Execs in NW London to put together a plan in order to address the significant NWL deficit for this year and a plan for the next two to three years. Part of this work will mean there will be a consolidation of clinical service across some specialties in NW London. - London Pride celebrations will commence this weekend; pride flags will be put up outside the hospital today - The Trust has been piloting the PrEP Impact Trial, NHSE have confirmed that the trust will continue to provide care to the rest of the cohort In response to JJ, LW informed the Board that the aim of the consolidation of clinical services is for London to become a global world class service therefore providing availability of greater expertise to patients. In response to SG asking for a timescale on when more information could be provided to the Board, LW explained that work on the consolidation of services would take time and that the Clinical Service Strategy will inform the Estates Strategy noting that some of the worst NHS estate issues in the country were centered across NW London. RH confirmed to EH that the 100 day challenge programme concludes at the end of September and explained that three specialties; HIV, Dermatology and Ophthalmology are being considered in partnership with Imperial. JJ asked the Executives to ensure that the criteria and engagement with the Trust's patients on these services is included as part of the evaluation process. **Action/Matter Arising: Executives to ensure that the criteria and engagement with the Trust's patients forms part of the evaluation process**.
2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.1	**Patient Experience Story** JJ welcomed to the meeting Tracey Virgin-Elliston, Lead Nurse Specialist for Stoma Care, and Mr Gerard Ring. Tracey informed the Board she has 30 years of experience as a stoma care nurse and briefly explained how and why a stoma is formed. Tracey explained how the team works to support the patient as well as the family through what can be life changing events for all involved. It was noted that the team supports premature babies, young children, adults and end of life patients all with different needs. Mr Ring talked though his patient journey with the stoma care team explaining how although the surgery was planned he was admitted as an emergency in November 2018 for colorectal surgery resulting in a colostomy and ileostomy. He was in hospital for two weeks and is now completing his last two sessions of chemotherapy in the coming months. Mr Ring explained the benefit of the Stoma care service in his experience: - Tracey was available to explain and show him how to change and clean the colostomy bag - She gave him confidence with his self-image and self-esteem - She provided an independent person to talk to about concerns outside of the family unit in addition

	to the strong family support as well as for the patient - The service is available for the whole time a patient has a stoma - It is a multi-skilled team JJ asked if Mr Ring has accessed other third party services such as the Mulberry Centre, Maggie's and Macmillan services for cancer patients. Mr Ring commented that at present he did not need to access any support services outside the wonderful support provided by the stoma care team. JJ asked Mr Ring if there was any aspect of the care that he considered the hospital could improve and whilst Mr Ring said he had no complaints about the care, administration could have been better particularly with regard to duplication of appointment letters and timing of blood tests to coincide with the treatment schedule. He related how this on one occasion led to a five hour wait for a magnesium infusion in the A&E department at West Middlesex during his care. Tracey noted that the Stoma department often has to book appointments on behalf of patients because there are complaints of long wait times. In response to NG, PN informed the Board that there are 72 nurse specialists across both sites notably in diabetes and cancer care pathways and for patients with long term conditions. all specialties have nurse specialists across the Trust On behalf of the Board JJ thanked Mr Ring for attending to tell his story Direct feedback from patients to the board was invaluable and provided real insight for directors.
2.2	**Quality Improvement update** IE Presented the paper to the board and highlighted the following: - All four Quality Priorities for 2019/20 actions were on plan at the end of May - All CQC actions are now complete - There is an updated version of the Quality Strategy on the agenda to be discussed at today's meeting In response to JJ asking why there was no target for a reduction of falls IE- explained that there is an issue on reporting therefore work is underway to establish a baseline target prior to further review. EH commented that the Quality Committee (QC) discussed the need for and received assurance that the closed CQC actions are regularly reviewed to ensure they remain appropriately closed. The Board noted the report.
2.3	**Serious Incidents Report** PN introduced the report and highlighted the following: - Section 2 of the report shows increased reporting in April; PN provided assurance that this related to nine reports attached to one incident and a detailed review has been conducted - The report shows a new format for reporting which includes internal and external reports - Since April 2019 there has been one never event reported the details of the event and action taken being set out in the report; a detailed review was conducted and Liz Shanahan, Non-Executive Director took part on the panel to provide a further level of scrutiny. JJ commented that 68 of the 142 actions identified had passed the expected due date. PN clarified that the change in data since writing of the report and that there are only seven currently remaining outstanding. The Board noted the report.
2.4	**Complaints Report**

	PN introduced the report and updated the Board on the following: - The Quality Committee are now looking at who and how we hold to account the learning from complaints - Complaints are logged on to a database and reported in the same way as SI's - The most common areas for complaints relates to appointments - Tara Argent has organised for a staff member to sit within the PALS team to address complaints concerning appointments with the aim of rectifying concerns raised immediately by booking and changing appointments where possible. JJ asked RH for clarification on how the Trust is addressing the recurring issue of patient administration complaints to which RH explained that the Trust sees 1.2 million outpatients a year, 100,000 per month, so in the context of these 70 complaints is a small number but recognised the issue and the need to reduce the number of complaints. RH informed the Board that work with Imperial is underway to procure a digital service for appointments and the PAS system used on the Chelsea site which is not fit for purpose is being replaced with Cerner. RH also informed the Board that 64 interviews were conducted in the last 2 days to provide extra administrative support over the summer months. From Q4 onwards the Trust should start to see improvement. In May the Senior Operations team spent a day reviewing the website's information pages and with help from Communication work is underway to make sure that the telephone numbers displayed on the website are correct with one number for each specialty; this should be completed in the next two to three weeks. Administration function issues are discussed at the Outpatient Transformation Group which meets fortnightly. Responding to NG discussion took place around the complaint themes specifically administration and communication. PN explained that the second highest theme in complaints at the Trust involved the Trust's values and behaviours noting that all staff know and can recite the PROUD values but us some cases it was necessary to work on these to improve interaction with patients. LW commented that the same applied regarding communication by patients with staff and that that there would be posters going up across the Trust emphasizing a zero tolerance policy in regards to aggression and violence towards staff. The Board noted the report.
2.5	**NHSR Maternity 10 Point Plan – progress report** PN updated the board on the Maternity 10 Point Plan progress highlighting: - The report is due to be submitted in August and is at the Public Board today for sign off - Achieving the Maternity 10 Point Plan results in a 10% discount on the Trust's maternity insurance premium for the second year - The teams have worked very hard to ensure the 10 Point Plan is met. No questions were raised on this item. The Board noted the report.
2.6	**Safe Staffing Annual Report** PN and ZP jointly presented the report highlighting: - There are 13 steps and standards that need to be met to be compliant with the National Safe Staffing Safeguards. The Trust was asked to benchmark themselves against these.

	- The Chief Nurse and Chief Medical Officer are assured that safe staffing is currently in place across the organisation. - A section of the standards is professionally set through the Royal Colleges. In response to JJ, PN and ZP confirmed to the Board that the report shows the Trust is not compliant in a number of areas but that alternative processes are in place to address safe staffing. EH noted that given the workforce availability in certain specialties with the Trust it would be impossible for each section to be compliant. JJ asked for clarity in relation to seven day staffing noting the report shows that the Trust does not see a worse mortality rate at weekends; JJ asked if there are operational reasons as to why the Trust does not have seven day staffing. PN explained that the Trust looked at the demand for certain services but the current model works for the Trust in terms of financial and patient demand. There are some services that will move to a seven day service such as Therapies which has recently undergone an implementation consultation. In responding to SG who commented that some of the data in the Appendices looked out of date, PN explained that this was because The Acute Independency Audits are only completed once a year in winter. The Board noted the report.
2.7	**Quality Strategy 2019-2022** PN presented the report and highlighted the following: - This is an extension of the existing strategy which went to Quality Committee on Tuesday 2 July. - It was agreed at Quality Committee that this would become a five year Strategy - Patient engagement and Improvement have been built upon in the Strategy PN signposted JJ to the pie chart on page 214 of the pack to explain the quadruple aim of quality improvement. EH noted that Quality Committee was very happy with the strategy, and considered it is a short and compelling document that is easy to digest SG commented that he found it difficult to see the measuring criteria for areas relating to ambition and aspiration to which EH responded that the Quality Committee had challenged the Executives to create a more detailed plan on these points. The Board noted the report.
2.8	**Patient and Public Engagement and Experience Strategy 2019-2022** PN presented the report and updated the Board highlighting the following: - The strategy has been refreshed and went to Quality Committee on Tuesday 2 July where it was agreed it would become a 5 year Strategy - The document sets out the engagement strategy as well as the patient experience priorities. - Quality Committee suggested simplifying some of the wording for the six aims - The strategy identifies who the Trust partners are but currently does not t include CW+ this will be added and Commissioner will be changed to STP's Liz Shanahan raised a query through JJ asking for reassurance that communication with patients is a two way process and that we receiving feedback back. PN explained that rather than having large patient forums there are four forums that encourage patient feedback; specifically it was noted that VTE information has recently been circulated to patients.

	LW asked to see a list of ways that the Trust engages and collates feedback from patients. JJ asked if the Trusts communication strategy was going to be joined up with NW London CC responded to JJ explaining that a dedicated post was created this year within the Communications team to encourage external engagement particularly from Hounslow and NW London. The Board noted the report.
2.9	**Integrated Performance Report, including** **<u>2.9.1 Presentation on the new standards *(Board action 02.05)*</u>** RH presented the report updating the Board on the Integrated Performance and Quality report for May 2019 as follows: - The A&E standard in April was not met (94.9%) due to non-compliance on the West Middlesex site which was driven by a significant number of breaches in the UCC - The data for May is blacked out in the report as the Trust will not report the 4 hour standard whist it pilots the new A&E standards. The Trust is however monitoring the performance - The A&E Standard for the month of May was compliant at 95.7% - The Trust saw a 5% grown in A&E Attendances in May - There were a record number of patients seen in A&E in the last two weeks, 1,138 patients were seen on Monday 24 June and 1,142 seen on 1 June - The RTT standard was delivered in April with further improvement in May. The Trust recognises that this will drop post Cerner as every other 'go live' cycle has seen this trend - 62 Day Compliance for Cancer Standards have struggled in April and May due to the disconnect between the electronic systems and summerset and due to a significant number of urology compliance breaches - The Trust has been successful in its bid to RM partners for £600k which will transform the pathway RH responded to JJ that it is not known what is driving the increase in A&E demand but that it could be due to patients knowing they will be seen and treated within four hours and not having to wait to see their primary care service. RH is now SRO for the Emergency Care Board and this is being discussed at every meeting. It is the same for all Trusts. LW confirmed to JJ that patients are not waiting two months for treatment after their diagnosis of cancer. RH added that the urology pathway is very challenging to complete in 62 days due to the number of biopsies and tests needed. NG noted that urology issues have been a common theme for some time and asked for assurance that the issues are primarily external factors. RH explained that the breaches occur because of the complicated and challenging pathway. The Trust is looking to reduce time in the first part of the pathway with more rapid access to diagnostics, which should reduce the burden on histopathology. Patients are often seen at Charing Cross Hospital and if patient appointments are cancelled, this is not fed though until it is too late. It was noted that the General Manager for Cancer started last week and would be looking closely at Urology. <u>UEC Test Measures Pilot</u> RH also updated the Board as follows: - The Trust is in midst of a 6 week pilot which focuses on time to initial clinical assessment for both type 1 and type 3 patients. The premise of the pilot is to look at total time spent in A&E - There are 16 Trusts nationally involved in the pilot - The pilot is an open and honest field test with no predetermined outcome

	2.9.2 People Performance Report TS Updated the board and highlighted the following: - Sickness and mandatory training remains static for the month - Temporary staffing remains a key focus for the Executive team - The Race inclusion plan has been signed off and communicated throughout the Trust - The BAME network has launched and is being led by Karen Bonner ND raised a question around temporary staffing and agency rates in Planned Care to which TS responded that the division has some significant challenges particularly in Anesthetics but considerable work has been undertaken around rotas and whether the correct approach is being taken. EH commented on the need for the report to show what key strategic workstreams are being developed and suggested a section on workforce related headline and TS agreed to include this in the next report to the Board. **Action: TS to include detail on key strategic workstream development in the report to Board.**
3.0	**STRATEGY**
3.1	**EPR Programme update** The paper was presented by KJ who updated the Board on the following: - Phase 2 at Chelsea and Westminster is planned for the Autumn - A series of gateway reviews have been undertaken by EY to provide an assurance on the progress - The programme is on track for a 'go live' date - Key risk was flagged in relation to a no deal Brexit and the impact this may have (31st October 2019) SE commented that as it is not known if there will be a no-deal Brexit the Trust will proceed accordingly. JJ commented that the major risk was the number of modules and the overall size of the implementation which was the largest Cerner implementation ever undertaken.
4.0	**GOVERNANCE**
4.1	**Guardian of Safe Working Report Q4** RC presented the report and highlighted to the Board the following: - The report has been taken through People and Operational Development Committee (PODC) - The Trust has benefited from the implementation of the Guardian of Safe Working as the junior doctors are much more engaged - There are no red flag areas identified - The Guardian of Safe Working is a key part of the junior doctors induction program - Reporting rates are very low; this has been reviewed by the BMA and the GMC which have confirmed is not because of a fear of reporting JJ asked how feedback is collected from the junior doctors. RC advised that there are a number of forums that they are signposted for the junior doctors to attend and that the Trust also conducts an internal survey to gather feedback. The Board noted the report.
5.0	**ITEMS FOR INFORMATION**

5.1	**Questions from members of the public** 1) Kush Kanodia – said he felt strongly about the decision taken by the Executive team to implement charges to parking for disables visitors. He felt it went against the 'unfailingly' kind values of the trust and sent the wrong message to patient with a disability. Kush said they he would be campaigning for this to be overturned LW thanked Kush for his comments and said that whilst she understood his concerns, which he had expressed on a number of occasions, the charges have been capped at £3.00 and that patients who needed financial help attending the hospital could access patient transport and in some cases would be entitled to recoup charges incurred for hospital attendances. JJ reminded Kush that this will be discussed further at the Council of Governors meeting in July Anna Hodson-Pressinger commented that she agreed and was supportive of Kush's comments on cark parking charges. 2) Anna Hodson-Pressinger asked if there were support groups for patients with a cancer diagnosis to which LW highlighted Macmillan and the Mulberry Centre. 3) Anna Hodson-Pressinger asked for clarification around UCC Patient attendances specifically that if 30% of patients are seen immediately by UCC what happens to the remaining 70%. RH explained that for all patients that attend A&E the expectation is that 30% of the total number of patients attending will be seen in the new Ambulatory Care Centre. 4) Tom Pollock raised the issue of acronyms being used in the Public Board Papers and explained how difficult it was to read and understand the papers. LW apologised for this commenting that in future there will be a cover sheet to explain any acronyms going forward. 5) Anna Hodson-Pressinger asked what level of staff completes the 10 point Maternity plan. PN advised Anna that it was the Director of Midwifery but that PN is sighted on it and sign off the submission. There were no further questions.
5.2	**Any other business** • LW announced that PN will received an MBE for services to Midwifery • JJ asked for it to be recorded in the minutes that the Chairman's appraisal had been completed • A question had been received from Cllr Patricia Quigley which required response from the Council of Governors **Action: Council of Governors to answer question from Cllr. Patricia Quigley regarding health and wellbeing.**
5.3	**Date of next meeting – 5 September 2019**
5.4	**Gold Accreditations – presentations** The following Gold accreditation certificates were presented by PN; • Sexual Health London (E-services) • Lord Wigram ward • ICU

	• Simpson Suite • 56 Dean Street & Dean Street Express

Meeting closed at 13.25

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Trust Board Public – 4 July 2019 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
04 July 2019	1.2	Declarations of interest	Action: The Company Secretariat will address necessary amendments.	SMM/VD	This has been actioned.
	1.4	Trade Union	Action: TS to provide structure of the Union's relationship with the Trust to Board in September.	TS	This has been appended.
		Acronyms	Action: SMM to ensure a cover sheet is provided so address acronyms used in the Public Board papers.	SMM	Authors of papers have been asked to explain on the cover sheet each acronym used in their papers.
	1.6	CEO Report	Action/Matter Arising: Executives to ensure that the criteria and engagement with the Trust's patients forms part of the evaluation process.	Executive Directors	Complete.
	2.9.2	People Performance Report	Action: TS to include detail on key strategic workstream development in the report to Board.	TS	Complete.
	5.2	Governor question	Action: Council of Governors to answer question from Cllr. Patricia Quigley regarding health and wellbeing.	SMM/EC	Complete.
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.
	3.1	2018 National Staff Survey results	Action: TS noted that an action plan on areas of improvement would be brought to Board in September.	TS	This is on September Board agenda.
			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	This is on forward plan for November QC.
07.03.19	2.3	Serious Incidents Report	Action: PN to take report further on the Healthcare Safety Investigation Branch (HSIB) to the Quality Committee.	PN	Complete.
10.01.19	1.6	Chief Executive's Report	Action: Impact of ambulatory care to be reviewed by FIC.	RH	This is on the forward plan for the 25 September FIC.
	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.

Partnership Forum
&
The Local negotiating committee (LNC)

Partnership Forum

Purpose

- To promote good employee relations and maintain a positive, constructive and trusting relationship through robust arrangements for information, consultation and negotiation.

Principles

- To provide collective bargaining forum for a joint commitment to the success of the Trust
- To involve staff representatives whenever appropriate in the governance arrangements of the Trust.
- To communicate and consult with colleagues and trade union representatives over plans for organisational change and changes in strategic direction
- To create a positive and safe workplace where poor behaviour is challenged and staff have opportunities for development
- To recognise the need for change and to look at all models of change to ensure the Trust remains viable
- To have an open, honest and transparent approach with Trade Unions

Partnership Forum cont:

Membership

- Trade union representatives are the Trust employees and will comprise the staffside chairs and nominated representatives from all recognised trade unions **(Appendix 1)**
- The core management representatives **(Appendix 1)**

Meetings

- The partnership forum normally meets once every two months.
- Meetings are chaired by a manager or a trade union member of the partnership forum.
- A quorum shall consist of six members, which must include three staff side representatives and three management representative (of which one must be from a directorate other than the directorate of human resources).
- The Director of HR and OD and staffside chairs finalise the agenda before the meeting.

The Local Negotiating Committee (LNC)

Purpose

- The LNC is made up of elected local representatives who meet with local management to negotiate on behalf of medical and dental staff of all grades employed within an organisation.
- The LNC has the authority to make collective agreements with management for all medical and dental staff directly employed by the employing organisation
- The committee overseas local negotiating activity, taking into account national policies and priorities related to medical and dental staff.

Principles

- To be aware of local, regional and national developments that may have an impact on the Trust
- To encourage the recruitment of staff members to the BMA/HCSA
- To be aware of the issues and problems affecting each grade of medical staff within the employing organisation and to be able to consult/ feedback to medical staff.

The Local Negotiating Committee (LNC)

Membership

- LNC elected local representatives and local management representatives including Executive Board representation.
- The medical staff committee, or its equivalent, approve the LNC constitution and oversee elections to the LNC

Meetings

- Joint LNC meet every two months
- The chairperson plays an important role in negotiations and works closely with the industrial relations officer or assistant secretary from BMA/HSCA regional services over relevant local, regional, and national developments.
- The industrial relations officer or assistant secretary is a non-voting member of the LNC, and his or her role is to provide advice and support to the LNC in its negotiating and associated activities.

Governance

Partnership Forum minutes are provided to PODC on a bi-monthly basis.

Partnership Forum and LNC have Executive Board representation and issues escalated to Executive Cabinet and Executive Management Board as required.

In exceptional circumstances, issues in relation to collective bargaining and industrial relations would be brought forward for consideration by the Trust Board.

Appendix 1 – Partnership Forum Members

Trade Unions

- British Association of Occupational Therapists (BAOT)
- British Dietetic Association (BDA)
- British Orthoptic Society
- British Medical Association (BMA)
- Chartered Society of Physiotherapists (CSP)
- Society of Radiographers (SOR)
- The Royal College of Midwives (RCM)
- The Royal College of Nursing (RCN)
- UNISON
- Unite
- Hospital Consultants and Specialists Association (HCSA)

The Core Management Representatives

- Chief Executive and/or Chief Operating Officer
- Director of HR and OD (Chair)
- Director of Finance (or deputy)
- Divisional Director of Operations (or deputy)
- Chief Nurse (or deputy)
- General Manager Facilities
- Associate Director of Human Resources (or deputy)
- Head of Employee Relations

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Sept/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
September 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.

2.0 Trust Events

Health and Wellbeing Week, 1-5 July

The week long programme of events organised by our HR team promoting the Trust's commitment to improve health and wellbeing of our staff was well attended throughout the week. Topics covered included promoting a Healthy Body, Healthy Living and Healthy Mind with sessions available for staff to try a range of activities. This also included the launch of the Trust's staff health and wellbeing app Vivup – accessible via the MyChelwest app or directly online which incorporates existing and new initiatives.

CW+ Hub

CW+ sponsored by the Mayor London CW+ is developing a designated area on the Chelsea site will be available for use from November to promote health and wellbeing for staff and patients available for patient/ staff meetings and events.

Trust and Staff Nominations

In recognition of the on-going commitment to healthcare I am delighted to let you know that:
Karen Bonner has been nominated for the Nursing Times' Diversity and Inclusion Champion of the Year Award.
The Trust has been nominated for the Nursing Times' Patient Safety improvement Award and the HSJ Acute Trust of the Year Award.

2.0 Non-Executive Director Appointments

I am delighted to confirm that our recruitment process was extremely successful with the Governors' Nominations and Remuneration Committee able to shortlist candidates from a diverse range of backgrounds and experience that would be of great benefit to the Trust's Board. Upon recommendation from the Appointing Panel the Council of Governors ratified the appointment of Aman Dalvi OBE and Ajay Mehta who will formally commence in post in December.

3.0 Council of Governors July 2019

The meeting took place on our West Middlesex site and was well attended enabling discussion of a variety of topics including continuously improving access for all to our services, the Trust's membership strategy and a particularly interesting update on workforce from the Director of Human Resources and Organisational Development.

4.0 The National Picture

Our Chief Executive Officer will update you in more detail on the national picture and our financial status however I can say that the Trust is playing a significant role influencing and developing the integrated care systems across North West London and plans to improve healthcare across London.

Sir Thomas Hughes-Hallett
Chairman

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Sep/19
REPORT NAME	Chief Executive's Report
AUTHOR	Sheila Murphy, Interim Company Secretary
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Annex A – August team brief Annex C – CEO bulletin 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
August 2019

1.0 Performance

In July the Trust experienced further growth against the same period last year and continued high level of activity across its range of services specifically in non-elective demand and A&E attendances which is up 7% on the same period last year at Chelsea and Westmisnter Hosptial, with a Trust wide increase of 5% in attendances compared to July 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 into the national process later in the year.

The Referral to Treatment (RTT) incomplete target was sustained in July for the fourth consecutive month of this financial year. The Trust has delivered an exceptional level of performance, with all divisions and both sites delivering the standard.

The Cancer 62 Day standard was delivered for the second consecutive month in July. All other Cancer Standards have remained in a compliant position with the exception of the 62 Day Screening position, impacted by 1.5 breaches from a total of 3 patients in month.

Diagnostic performance recovered in July following reporting a non-compliant position in June.

2.0 Divisional updates / staffing updates

In June, the Trust has maintained positive performance in its vacancy rate, core training compliance and sickness absence rates. Temporary staffing usage is reducing 'month on month' although this is an area of renewed focus to ensure the most effective deployment of resources. There is particular focus on reducing the temporary medical staffing costs with the divisions working to optimise medical staffing in the summer months and during the leave period, and a renewed focus to ensure medical staff job planning is fully completed. The Trust is on track with the annual Perfroamnce Development Proces (PDR) process with all 8b and above completing PDRs in the required time period.

As reported previously, the frailty unit on Nightingale ward at our Chelsea site continues to progress. Patient feedback on the ward remains positive and the team is using the daily data to support and improve the unit. The intent now is to extract the learning and best practise from the unit to the inform the West Middlesex frailty strategy and pathways.

The Trust and Divisions are maintaining the focus towards the next Care Quality Commission (CQC) inspection with a key aspect being the focus on ward accreditation and the executive link 'temperature checks'. This approach provides the triangulation and assurance to complement the established divisional 'ward to board' structure.

In July, the Trust has a maintained positive performance in its vacancy rate, core training compliance and turnover rates. The Trust has restarted the annual PDR process and needs to remain focused on achieving this target by the end of December 2019. The Trust has seen a significant increase in

the level of medical locum bank and agency spend and this is an area that requires additional review and action.

The Trust carried out the first Health and Wellbeing week in July and launched a number of new employee benefits and support mechanisms. This coincided with the introduction of single platform for staff to access health and wellbeing activities and support mechanisms.

3.0 Staff Achievements and Awards

June PROUD Award winners

Emergency and Integrated Care division: Grace Collins, Healthcare Assistant, Frailty Unit, CW

Planned Care division: Tracey Virgin-Elliston, Colorectal Nurse, WM

Clinical Support division: Aideen Millar, Acting Head of Imaging, CW

Women's and Children's division: Sally Farthing (WM) and Kate Israel (CW), Midwifery Screening Leads

Corporate division: Gordon Mitchell, Volunteer, Kobler Clinic, CW

July PROUD Award winners

Emergency and Integrated Care division: Sima Sheth, Discharge Team Lead, WM and Dr Ravi Patel, FY1 General Surgery Medical Staff – Colorectal, CW

Planned Care division: Dr Mohammed Mitwali, Orthopaedic Doctor, WM

Clinical Support division: Katey Hewitt, Associate Chief Pharmacist Operations, CW

Women's and Children's division: Geri Choo, Labour Ward Coordinator, CW and Ilya Kantsedikas, CW

Corporate division: ISS Catering Team, WM

Volunteers: Birju Pujara, Volunteer, CW

Awards

I am delighted to announce that the Trust has been shortlisted in HSJ Awards 2019 in the category of Acute or Specialist Trust of the Year. This is a real testament to the tremendous hardwork of all staff across the Trust. Winners will be announced at the awards ceremony on the 6 November 2019.

- Nominations have opened for our annual Staff Awards—nominations can be made by staff, patients and the public at www.chelwest.nhs.uk/staffawards

4.0 Communications and Engagement

Events

Health and Wellbeing Week, 1-5 July

Our HR team held a Health and Wellbeing Week at the Trust at the beginning of July, including a week long programme of events which underlined the Trust's commitment to improving the health

and wellbeing of all staff and promoted Healthy Body, Healthy Living and Healthy Mind. We also launched our staff health and wellbeing platform Vivup – accessible via the MyChelwest app or directly online – which brings together our existing and new initiatives.

Team Briefing

Presentations for August covered the launch of our new Improvement and Innovation Hub, an update on our upcoming CQC visit, our Surgical Satellite Pharmacy on Syon Ward at West Middlesex, our HIV physiotherapy service and the team's research in this area, and our 21 Elephants waste management campaign.

Media coverage

July

- Nursing Times - Toolkit launched to help 'transform' maternity services across UK
- Design Week - Filling hospitals with art reduces patient stress, anxiety and pain

August

- Vanguard NGR News - Saraki donates breastfeeding equipment to 3 states, FCT
- Facilities Management Journal - ISS stays on at West Middlesex University Hospital

Website

Overall summary

The Trust website had 118,000 visits in July. Three quarters of visitors were new and one quarter were returning visitors.

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

In response to the difficulties experienced by patients in contacting the administrative services, we have undertaken a review of the information on our website. Over 300 separate pages were reviewed by the operational teams and where necessary contact numbers were updated and information refreshed relating to the specific services. We also added a contact us page with one number for patients to call for new appointment queries that is monitored closely and the number of operators receiving calls is flexed in line with demand to drive down the call waiting time and improve the patient experience.

Departmental/divisional leads are reminded to review content on pages within their services and advise any changes to communications@chelwest.nhs.uk

Social Media

Twitter

Topics for July included Pride, HIV joint proposal with Imperial, Research Patient and Public Involvement Forum, Health and Wellbeing Week, #NHS71, hot weather, Values Week and Cerner. Impressions for July totalled 161,000 across both sites,

High performing tweets included:

- Pride (over 12,500 engagements)
- HIV joint proposal (over 8,000 engagements)
- Research Patient and Public Involvement Forum (Over 8,000 engagements)

Facebook

Our reach across our two Facebook pages totalled 195,000 in July with posts relating to Pride and hot weather being the most popular.

5.0 Strategic Partnerships Update

Strategic Partnerships Board

The Strategic Partnership Board last met on 27 August 2019. The main focus continues to be on our operating environment – particularly the development of Integrated Care Systems and the role the Trust is playing in Health & Care Partnership activities, joint provider and Borough based integration plans. The meeting reviewed:

- Progress with establishment of a Joint Transformation Programme with Imperial College Healthcare NHS Trust (ICHT) (see below)
- The consultation on the draft London Health & Care Vision and specifically its coherence with NWL plans and where the Trust can make specific impact
- The London Health Board is a non-statutory group chaired by the Mayor of London, Sadiq Khan, and is made up of elected leaders and key professional health leads within London. It aims to make London the healthiest global city by encouraging local and city-wide initiatives designed to improve health, care and health inequalities.
- The development of our site master plan and Estates Development at West Middlesex
- Update on commercial relationships; and
- The outcomes of the Board Away Day and how we the Executive take this forward through our detailed strategies, principally Clinical Services Strategy, Quality Strategy and People Plan

Health & Care Partnership

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

The main area of focus is against the System Recovery Programme which seeks to address the underlying deficit (£324m in 2018/19) in the sector. The key programmes focus on:

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

- Transformation and Standardising clinical services in providers: on this latter programme the Trust is leading an innovative programme testing the effectiveness of Tele-Dermatology services

Joint Transformation Programme with Imperial College Healthcare Trust

The Executive met with our counterparts at Imperial on 14 August 2019 to oversee the Joint Transformation Programme, which supports the wider NWL Health & Care Partnership (see above).

- We received mid-term progress reports on the early adopters programmes in HIV, Dermatology and Ophthalmology on their *100 Day Challenge* programme.
- The Joint Executive have assumed oversight of the joint programme on establishing West London Children's services (the implementation programme of *Healthier Hearts and Lungs).*

6.0 Finance

The Trust continues to deliver it financial targets in 2019/20 which is a real team effort, 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. Everyone has worked hard to identify schemes that will improve the quality of our healthcare provision whilst reducing costs. However, there is still £8.8m of unidentified CIPs that need to be delivered by March. The only way we will do this is by everyone coming up with ideas (no matter how small) and working to deliver this target.

Lesley Watts

Chief Executive Officer

August 2019

Team briefing

August 2019

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

Emergency and integrated care

The summer continues to be busy for the division, particularly in our Emergency Departments where our team have recently seen the two busiest days in our history for A&E attendances.

We continue to focus on quality improvement and in June opened a 10-bed frailty unit on the Nightingale Ward at Chelsea. This unit provides support to our frailest patients with the aim of reducing their length of stay and assisting them to maintain their independence. The unit will be reviewed over the next six months and, if successful, will be implemented at West Middlesex.

We have also been focusing on improving patient flow and ensuring that patients are discharged from our wards as early in the day as possible. In June and July, the proportion of our patients going home after 5pm reduced by 20% compared to this time last year, which has a significant impact on their experience.

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

It's been a very busy few months for our division. We are on track to finish the Labour Ward redevelopment work at our Chelsea site in September and ensure that 35% of our expectant mums will be on a continuity pathway by March 2020. We have recruited consultant obstetrician and gynaecologist posts on each site and, following two successful maternity recruitment days, we are now expecting 56 midwives to join us in the coming months.

Our paediatric nursing teams are eagerly awaiting the newly qualified nurses who will join us on the rotation programme. We are collaborating with the London Neonatal Network to support nursing development and recruitment in our neonatal units.

We've also recently put forward a proposal with Imperial College Healthcare NHS Trust to bring together our HIV inpatient services at our purpose-built Ron Johnson Ward at the Chelsea site and launched a new teledermatology service at West Mid.

Our Private Patients have started to offer services at West Mid, including evening outpatient clinics and cardiology procedures.

Planned care

We are proud of the diversity of our staff and this is reflected within our division. Following our July new starter walk-around, Gintare Cerniauskaite, our Associate HR Business Partner, said: "It was a great morning to go and meet the new starters in the division. I was lucky to meet some of the overseas nurses who chose to come all this way to work for us. The Trust will continue to support and develop staff to help them progress in their careers and ensure that they enjoy their experience here."

So far it has been an extremely busy summer and the divisional directors wish to thank all of the staff in planned care for their hard work and commitment to our patients, delivering our elective programme, and supporting the emergency pathway.

Clinical support

Our division welcomed two new general managers on 1 July, completing our senior management team. They are Dean Booth (General Manager for Radiology and Medical Photography) and Vicky Saungweme (General Manager for Cancer Services, Diagnostics, Endoscopy and Decontamination). They bring with them a wealth of experience, are currently on their induction pathway and have already met with many of the other divisions.

We continue to focus on preparing for the Cerner go-live at our Chelsea site, ensuring that all of our teams attend training. With careful planning, 200 of our admin staff are already on the training programme, which includes a buddy scheme with their counterparts on the West Middlesex site.

The team has been working extremely hard and delivered amazing results for the Trust, including JAG accreditation for another year, passing our Pharmacy Technical Services Inspection with the best grading possible and confirmation of 100% CQUIN delivery in Quarter 4.

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: **Neima Kailondo,** Healthcare Assistant, Nell Gwynne
- Women and Children**: Nicola Burton**, Junior Service Manager, Paediatrics
- Clinical Support: **Greg Szwedo**, Team Leader, Decontamination

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. Compliance figures are:

Division	Compliance	Trend from previous month
Corporate	**96%**	⇧
Emergency and Integrated Care	**93%**	⇧
Planned Care	**91%**	⇧
Women, Neonatal, Children, Young People, HIV/Sexual Health	**92%**	⇧
Clinical Support	**94%**	⇔
Overall compliance	**93%**	⇔

Although overall compliance is on an upward trend, there is particular focus on the topics which are currently below our Trust targets—adult basic life support, fire and information governance.

To support new and aspiring managers, a new modular management fundamentals programme is launching in September. More details and how to book will be publicised in the Bulletin. There are some places still available on the manager PDR sessions at West Mid on 19 September and 9 October. To book, please email learningdev@chelwest.nhs.uk.

CernerEPR training starts this week

With just three months to go until the CernerEPR launch at our Chelsea site on 5 November, classroom training has started this week with the first courses for clinical staff. Those of you who have booked your training will receive a reminder via the EventBrite booking system, confirming the location. Morning sessions start at 8:30am and afternoon sessions at 1pm. A competency test at the end of the course will reassure staff that they have learned the basics of using CernerEPR in their roles. The test is carried out on Learning Chelwest so please check that you have your login details before the day of training. Contact cerner.training@chelwest.nhs.uk with any queries.

Open Day and Annual Members Meeting 2019

We'd like to invite all staff to join us for our Open Day from 2–5pm on 5 September in the atrium at West Middlesex. The theme this year is keeping healthy and active. Staff and local community partners will be running stands, including free health checks, a look behind the scenes, health and wellbeing sessions, career advice, entertainment and children's activities. This year, we will also be unveiling a special exhibition in memory of the 390 men from Isleworth who served in World War One. The Open Day will be followed by our Annual Members Meeting, which will take place in the Education Centre with welcome and refreshments from 5pm. See www.chelwest.nhs.uk/amm for further information.

Finance update

Thank you to all those of you who helped produce our 2018/19 Annual Report and Accounts which can be viewed at chelwest.nhs.uk/corporate-publications. In 2018/19 the Trust met its financial target and delivered a capital programme of more than £50m.

2019/20 is shaping up to be a challenging year as the Trust seeks to deliver its £25m cost improvement programme (CIP) target. At month three, the Trust met its financial targets set by NHS Improvement, but we still need to identify more than £9m of CIPs to deliver our annual plan.

Chelsea and Westminster Hospital
NHS Foundation Trust

Lesley's weekly message

Monday 19 August 2019

It's that time of year again and I'm thrilled to launch our flagship annual Staff Awards where we recognise and celebrate the very best examples of our teams going the extra mile to care for our patients. Nominations are now open on our website and I want to see as many of you as possible putting forward your colleagues for the outstanding work that they do. Please spread the word among your teams. Each nomination will go a long way in helping us to acknowledge the commitment and hard work of those among you who work tirelessly every day to provide our patients with the high standard of care and experience they deserve. This year's ceremony will take place on the evening of 2 October at Harlequins Rugby Club in Twickenham and the awards are very kindly supported by our charity CW+. All those of you shortlisted will be invited to the event, with categories ranging from Doctor of the year, to Nurse of the year, AHP of the year, Corporate/Admin employee of the year and my very own special award. It's always a great night and I look forward to recognising your achievements over the past year with lots of new and familiar faces.

Last week, the scaffolding on the roof at our Chelsea site was brought down and I was delighted to pop up and check out the amazing view as our brand new Intensive Care Unit takes shape. This milestone brings us one step closer to the full transformation of our Adult and Neonatal Intensive Care Units, as part of our £12.5 million Critical Care Campaign. I'd like to take this opportunity to once again thank all of our friends, partners and the local community, whose support

means we recently reached our fundraising target, well ahead of schedule. Your patience and support whilst these works are taking place is also very much appreciated and will allow us to house one of the leading Critical Care services in the UK once complete. Hear from the Aitkens family in this short video about their first-hand experience of the Neonatal Intensive Care Unit at our Chelsea site with the birth of their daughter Alex and why the redevelopment, which they have so kindly supported, means so much to them.

In more good news, we have now exceeded the fundraising target for our CW+ Sun and Stars Appeal to transform our children's wards at West Middlesex. We'd like to thank all of those who donated to the appeal, including Councillor Samia Chaudhary, who during her time as Mayor of Hounslow raised an incredible £74,000 in aid of the appeal. On Monday she visited our Starlight Ward to present the cheque to our teams and I'd like to join you all in thanking her for her unfailing generosity. From cricket matches, to a gala dinner and a 10,000ft skydive, she went out of her way to rally up the local community over the past year, helping us to create a child-friendly, welcoming, calming environment on these wards, with better facilities for our younger patients and their families. You can read more about her contribution and story here.

I'd like to share the Summer edition of our Trust magazine, Going Beyond, with you all, which we released last week. This is now available on our website and can be picked up from main reception and other waiting areas across our hospitals. If you have any news, stories or suggestions for future editions, we want to hear from you – please get in touch with our communications team. This is the perfect chance to showcase all of the fantastic work going on across the Trust, highlight your achievements and give you and your teams a well-deserved spot in the limelight.

Finally, I was reminded of the importance of getting our frail, elderly patients up, dressed and moving - by our team on the new Acute Frailty Unit on Nightingale Ward. Embracing the global End PJ Paralysis movement, supported by nurses, therapists and medical colleagues, the team are improving our patients' quality of life. As part of this, Lucie Wellington, Senior Physiotherapist, has initiated the creation of a clothes bank on the unit to allow many of our patients who don't have access to their own clothes to get dressed. I was humbled to see that with the support of Lucie and her team, Catherine Barnes, a 90 year old patient

on Nightingale, was up, dressed and most certainly moving as she took to dancing with the team on Thursday. Activities like these go a long way in helping our patients to recover faster and remind us that we should value the time and quality of life of all of our patients.

Best wishes,

Twitter: @lesleywattsceo

Please note that due to IT restrictions you will need to send the Twitter link above to your personal device.

Don't forget you can email me on feedback@chelwest.nhs.uk anytime.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Sep/19
REPORT NAME	Improvement Programme update
AUTHOR	Iain Eaves, Director of Improvement
LEAD	Iain Eaves, Director of Improvement
PURPOSE	To report on the progress of the Improvement Programme
SUMMARY OF REPORT	The Trust is making progress in line with the plan against the four quality priorities for the year. The Trust continues build its library of quality improvement projects aligned to the objectives of the Quality Strategy and remains actively engaged with the Getting It Right First Time (GIRFT) programme.
KEY RISKS ASSOCIATED	Failure to continue to deliver high quality patient care
FINANCIAL IMPLICATIONS	By improving care and patient outcomes, e.g. through GIRFT, we expect to also drive improved efficiency and reduce costs.
QUALITY IMPLICATIONS	These are considered as part of the embedded Quality Impact Assessment process of the Improvement Programme.
EQUALITY & DIVERSITY IMPLICATIONS	Equality and Diversity implications have been considered as part of the embedded Quality Impact Assessment process of the Improvement Programme, which is led by the Chief Nurse and Medical Director.
LINK TO OBJECTIVES	• Deliver high-quality patient-centred care • Deliver better care at lower cost
DECISION/ ACTION	For assurance

1. 2019/20 Quality Priorities

The Trust Quality Priorities for 2019/20 are to:

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

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

Priority	Key Indicator	Baseline	End of year target	Year to date progress	Next Steps / Commentary
1. Improving sepsis care	% of patients screened for sepsis	84%	90%	86% average across Q1*	New electronic systems (Cerner & Apex) will improve recording of adherence to the sepsis pathway on both sites
	% of patient receiving IV antibiotics within 1hr	80%	90%	80% average across Q1*	
2. Reducing hospital acquired E.Coli BSI	Number of hospital onset E.Coli BSI cases	57	51	There were 10 cases in total in the 4 months from April to July.	The small number of cases means that there is significant variation on a month by month basis.
3. Reducing inpatient falls	Rate of falls per 1,000 bed days	3.8	3.6	The average falls rate was 3.9 between April and July in line with historical levels	Falls prevention awareness week is taking place at the end of September.
4. Improving continuity of carer within maternity services	% of women on a continuity of carer pathway	9%	35%	Performance was in line with plan trajectory of 17.5% for Q1	Additional continuity teams will be rolled out during the second half of the year.

*CWH site.

2. CQC Improvement Plan

In July it was reported that all of the actions from the 2017/18 CQC inspection had been moved to completed status, with significant improvement across a number of key themes including PDR and mandatory training rates, vacancy rates, complaints response times and RTT performance.

Where appropriate, ongoing monitoring of delivery continues through the relevant governance structures within the Trust. For example, with confirmation of the November go-live date of the Cerner implementation at the Chelsea site, the recommendation that 'The hospital should continue its implementation of one electronic patient record' has been closed on the CQC action log and implementation is monitored through the EPR Digital and Transformation Board, and Executive Management Board. Improving the Friends and Family Test (FFT) response rate and theatre productivity also remain key areas of continued focus for the Trust with established oversight arrangements.

3. Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is a national programme seeking to improve the quality of care within the NHS by reducing unwarranted variation. By highlighting variation in the way services are delivered across the NHS and sharing best practice, it is expected that GIRFT will improve care and patient outcomes, whilst also improving efficiency. We are considered to be an exemplar for the way the Trust has engaged with the programme and integrated it within its overall Improvement Programme:

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

We have received the reports for three recent visits covering Acute & General Medicine, Hospital Dentistry and Breast Surgery. These visits were a great opportunity to highlight key areas of good practice to the national GIRFT team. Specific areas recognised within the reports include:

- The Trust's 7-day Acute Assessment Unit (AAU) staffing model and same day emergency care provision.
- The Trust's good links with public health and school visitors for oral health promotion.
- Strong performance against the 2 week wait and 62 day cancer targets.

Three further visits have confirmed dates (Adult Diabetes, Geriatric Medicine and Dermatology). Given the movement to work in partnership with other acute providers, and look at care and efficiencies as a system, trusts in North West London have agreed to share their data reports to gain a sector-wide data picture for each specialty.

4. Quality Improvement Projects

Our systematic approach to quality improvement has grown over a number of years. In July the Board approved the Trust's updated Quality Strategy for the next 5 years which builds on this and sets out an overarching framework to:

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

Our library of improvement projects aligned to the delivery of these five aims continues to grow and we seek to regularly showcase examples at Board and Board Committee level. One of these projects is focused on improving oral health care for stroke patients. Mouth care studies have shown the benefits of systematic staff-led oral care interventions, as compared with standard care for ensuring oral hygiene for individuals after stroke.

Kew Ward (Chelsea site), cares for c.180 stroke patients every year and the staff there have developed an oral health care protocol and policy, implemented new oral hygiene interventions and improved infection control practice. This has improved oral hygiene and nutrition, which aids wound healing, mood, dental health and responding to medical treatment.

As a result, the number of cases of hospital acquired pneumonia has reduced by 67% on the ward. Staff also report improvements in end of life care and the dignity and respect experienced by patients. All of this has resulted in better outcomes, an improved patient and family experience and reduced costs as a result of shorter lengths of stay in hospital and reduced antibiotic usage.

The policy and protocol has now been rolled out Trust-wide, with all wards having access to the equipment and opportunities to attend awareness weeks and days.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Sep/19
REPORT NAME	Learning from Serious Incidents
AUTHOR	Stacey Humphries, Quality and Clinical Governance Assurance Manager Alex Bolton, Head of Health Safety and Risk
LEADS	Pippa Nightingale, Chief Nurse
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 July 2019 the Trust declared 194 serious incidents (both internal and external); of these 100 were associated with CWH, 94 with WMUH. Maternal, fetal, neonatal care; patient falls; and operations/procedures 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 June and July 2019, 36 SIs were declared; of these 24 were internal and 12 were external SIs, investigation processes are being led by Divisional leads. During June and July 2019, 12 external SI investigations were completed and submitted to the Trust's commissioners. • 4 x Slips/trips/falls • 2 x Surgical/invasive procedure incident • 2 x Treatment delay • 1 x Venous thromboembolism (VTE) • 1 x Pending review • 1 x Diagnostic incident • 1 x Apparent/actual/suspected self-inflicted harm Root and contributory causes are identified as part of the serious incident investigation process; to support thematic review themes are to be codified within the Datix system for serious incidents completed since April 2019. The following primary themes were identified during this reporting period: • Gaps / weaknesses in Trust policies/procedures • Lack of adherence to Trust policies/procedures • Lack of risk assessment • Activity impacting resource availability • 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.

Serious Incident Report

1. Introduction

This report provides 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 July 2019 the Trust declared 194 serious incidents (both internal and external); of these 100 were associated with CWH and 94 with WMUH.

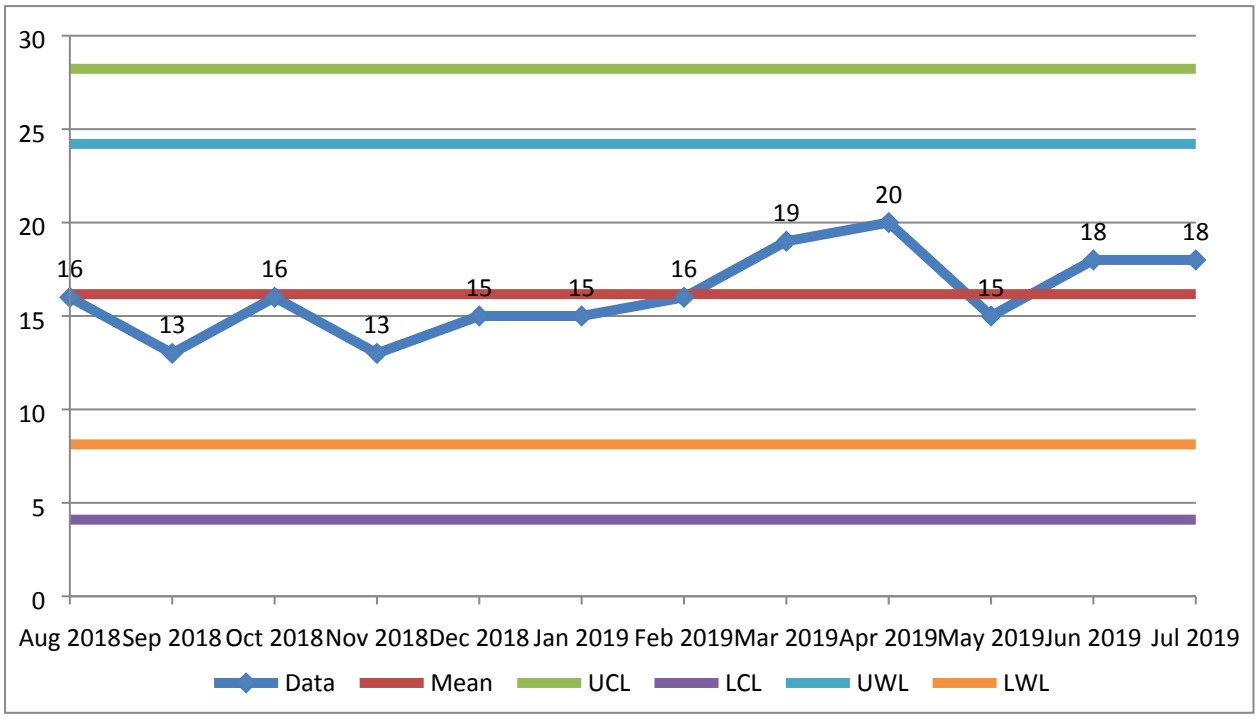


Fig 1: Internal and external SIs declared, August 2018-July 2019

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

3. Chelsea and Westminster Hospital site

100 serious incidents were declared in the twelve month period to the end of July 2019; of these 56 were internal investigations and 44 were externally reported on StEIS.

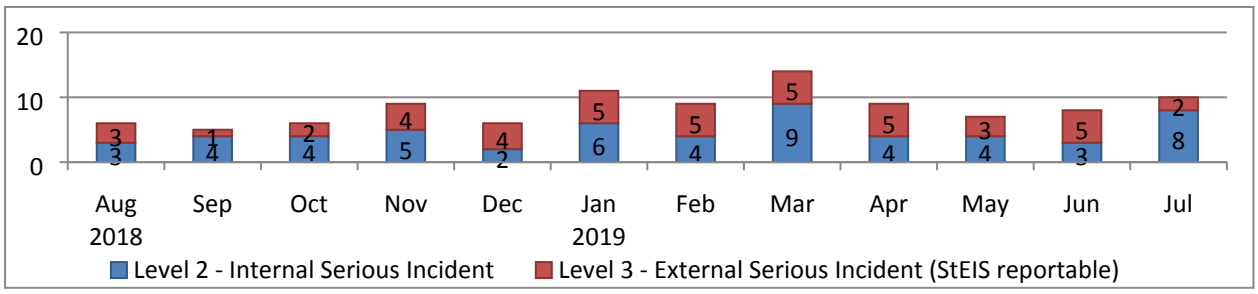


Fig 2: Internal and external SIs declared by CWH, August 2018 – July 2019

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	29	21	50
Emergency and Integrated Care	16	9	25
Planned Care	7	10	17
Clinical Support Services	3	3	6
Corporate functions	1	1	2
Total	56	44	100

Tab 1: Internal and external SIs declared at CWH by Division, August 2018 – July 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.

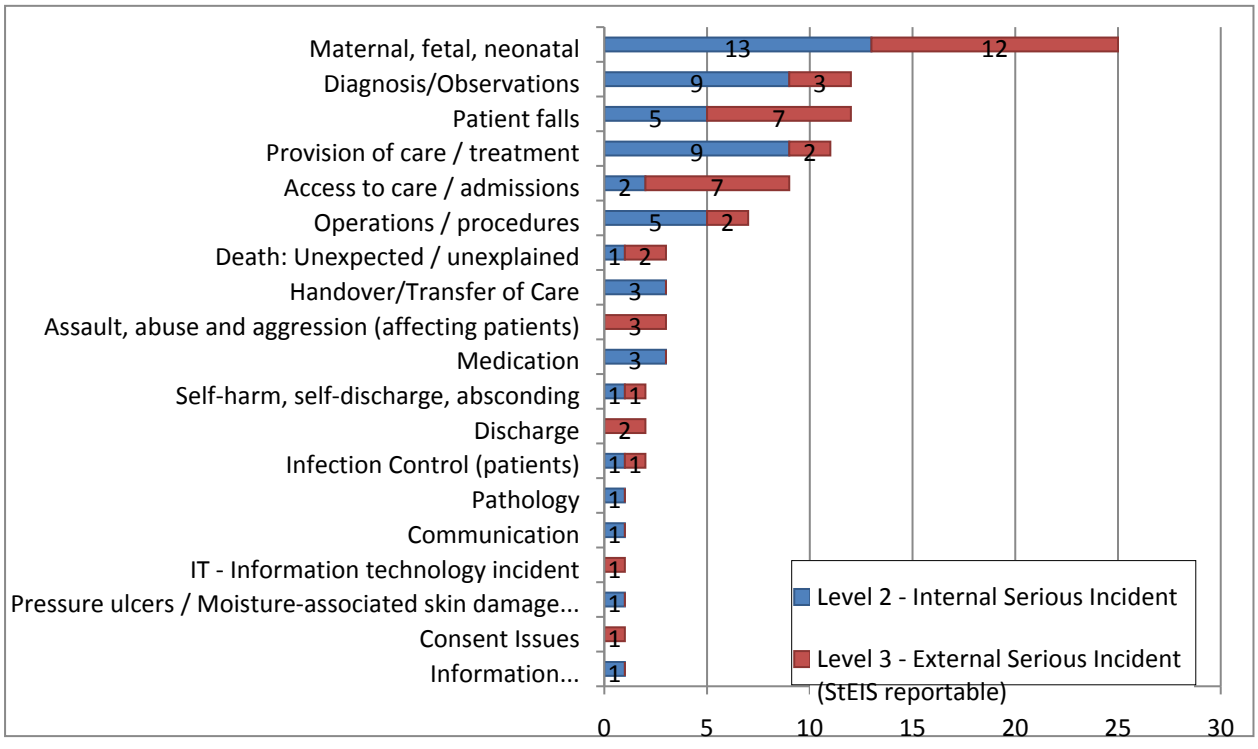


Fig 3: Internal and external SIs declared at CWH by incident category, August 2018 – July 2019

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	6	10	16
Accident and Emergency	6	2	8
Eye Clinic	1	5	6
Rainsford Mowlem Ward	3	2	5
Acute Assessment Unit (AAU)	3	1	4
Maternity Urgent Care Centre	2	2	4
Birth Centre	2	1	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, August 2018 – July 2019

Of the 100 Serious Incidents associated with the site during this reporting period 67 have been investigated and closed; the degree of harm that occurred as a direct result of the incident identified post investigation is outlined below:

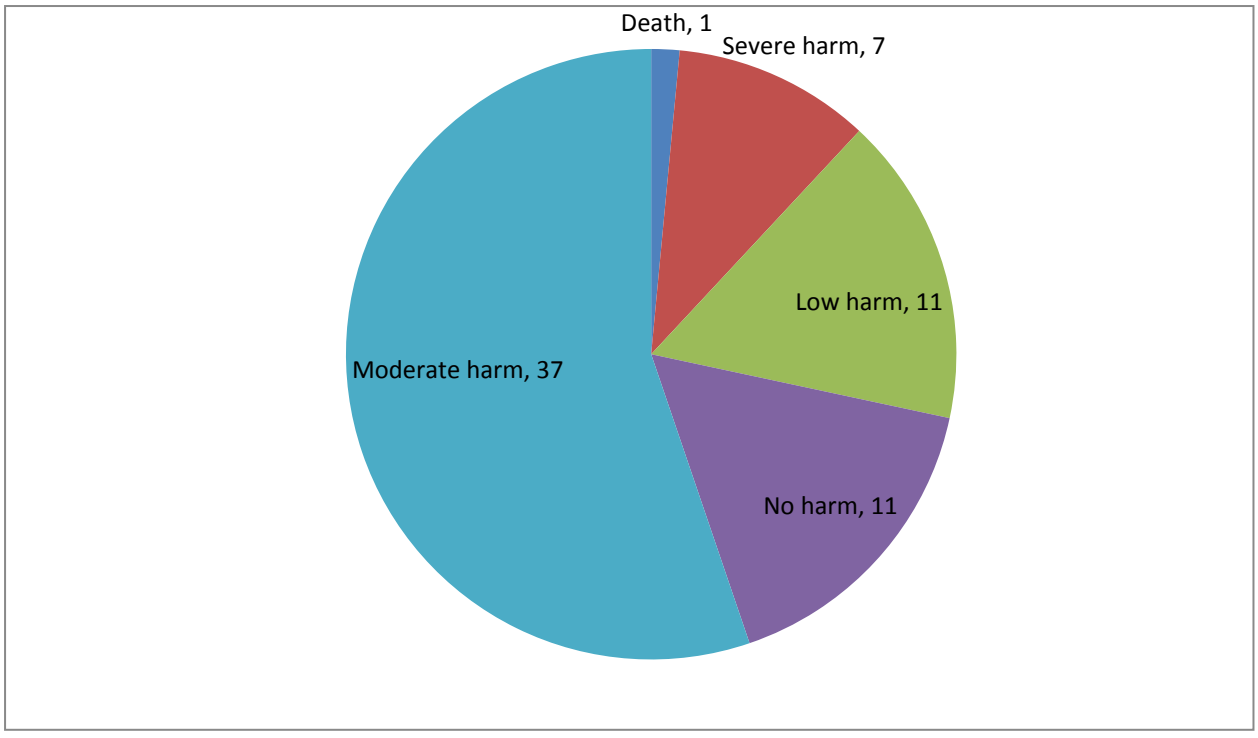


Fig 4:Closed Internal and external SIs declared at CWH by degree of harm, August 2018 – July 2019

4. West Middlesex University Hospital site

94 serious incidents were declared in the twelve month period to the end of July 2019; of these 52 were internal investigations and 42 were externally reported on StEIS.

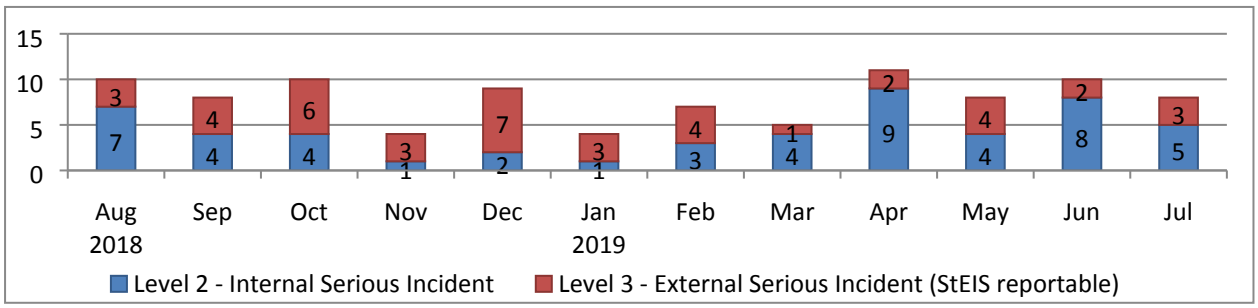


Fig 5: Internal and external SIs reported by WMUH, August 2018 – July 2019

The specialties that have reported the highest number of incidents within each of the divisions are; Maternity / Obstetrics (n=25), General Surgery (n=10), Care Of Elderly (n=7) and Outpatients (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	18	16	34
Planned Care	21	10	31
Emergency and Integrated Care	8	15	23
Clinical Support Services	5	1	6
Grand Total	52	42	94

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

Maternal, fetal, neonatal care; operations/procedure issues and patient falls are the most frequently declared SI categories at WestMid; it is noted that 7 serious incidents relating to operations / procedures occurred within this timeframe at ChelWest as compared to 18 at WestMid. Of the 18 incidents reported, 9 incidents related to unexpected/unintended outcome or injury; 7 were declared internal SIs and 2 external SIs.

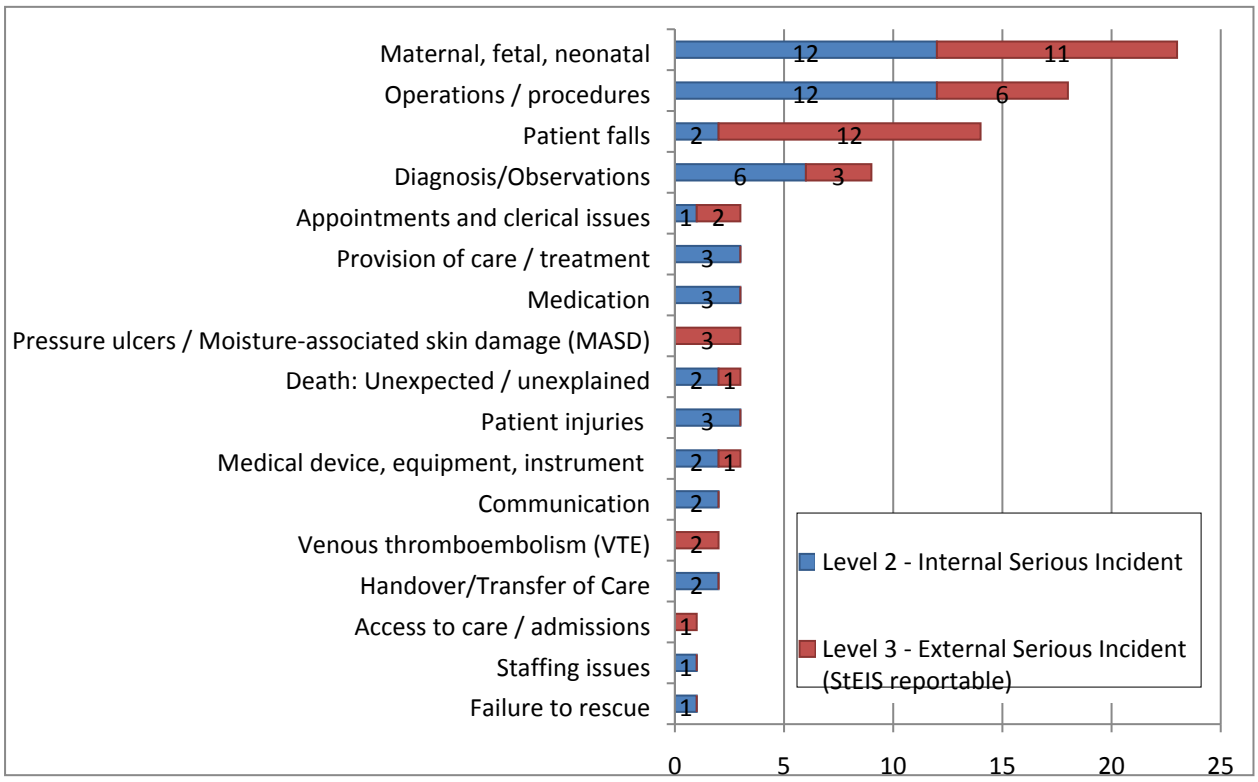


Fig 6: Internal and external SIs declared at WMUH by incident category, August 2018 – July 2019

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	7	16
Syon 1 Ward	5	2	7
OPD 4	4	2	6
Accident and Emergency	3	2	5
Syon 2 Ward	2	3	5
Clinical Imaging	3	1	4
Crane Ward	2	1	3
Intensive Care Unit (ITU)	2	1	3
Theatre 5	2	1	3
Marble Hill 1 Ward	0	3	3

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

Of the 94 Serious Incidents associated with the site during this reporting period 55 have been investigated and closed; the degree of harm that occurred as a direct result of the incident identified post investigation is outlined below:

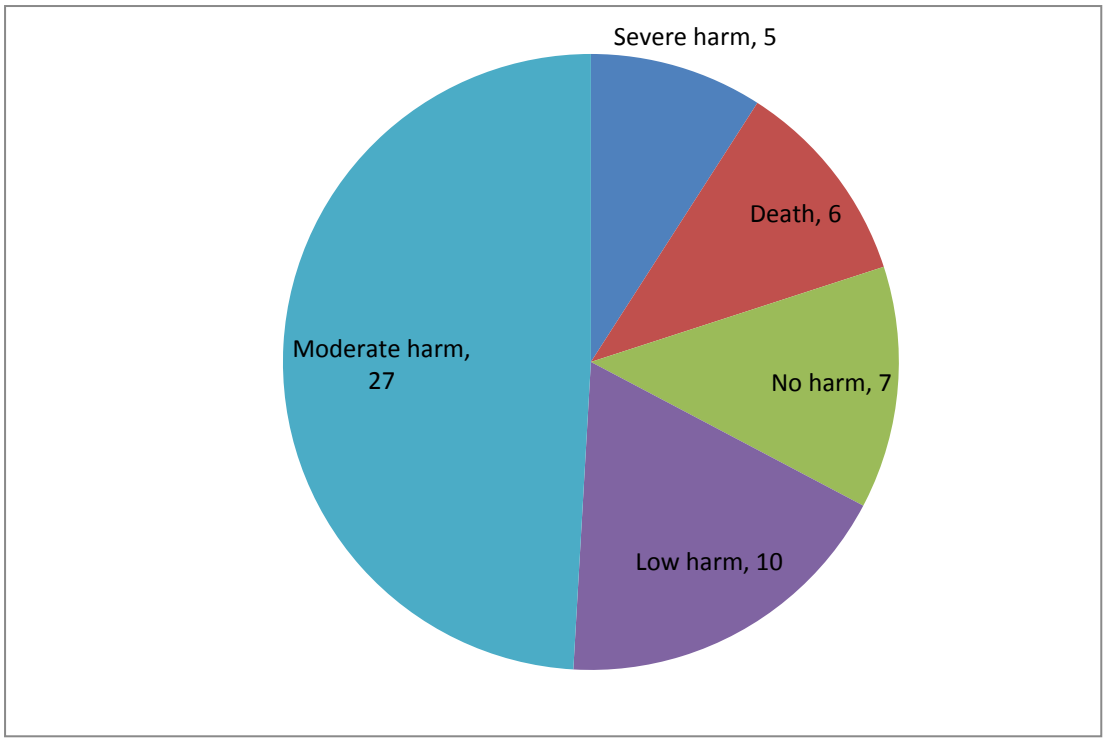


Fig 7: Closed Internal and external SIs declared at WMUH by degree of harm, August 2018 – July 2019

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 June and July 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								
of which 'Never Events'	1	0	0	0								
No. reported on StEIS within agreed time scales	7	6	7	5								
Report submission to CCG												
No. of SI reports submitted to CCG	7	7	6	6								
No. submitted within the agreed time scales	7	4	6	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 Board that improvement actions are being delivered to reduce the risk of recurrence.

	Month action due for completion												
	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Total
CSD	0	0	0	0	0	0	2	4	0	0	1	0	**7**
EIC	0	0	0	0	0	2	7	1	1	0	0	0	**11**
PCD	0	0	0	0	3	9	10	5	2	0	5	0	**34**
WCHGD	2	2	2	2	0	20	29	13	0	0	2	1	**73**
Total	**2**	**2**	**2**	**2**	**3**	**31**	**48**	**23**	**3**	**0**	**8**	**1**	**125**

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

There are currently 125 actions identified following serious incident investigation that remain open; of these 42 have passed their expected due date as outlined within the SI investigation. None delivery or lack of

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

Overdue serious incident actions are aligned to the following Divisions:

	Level 2: Internal Serious Incident	Level 3: External Serious Incident	Total
Women's, Children's, HIV, GUM and Dermatology	11	17	**28**
Planned Care	3	9	**12**
Emergency and Integrated Care	1	1	**2**
Total	**15**	**27**	**42**

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

7. Never events

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

There has been 1 Never Event reported by the Trust since the 1st April 2019

Never Event Category	Surgical - Wrong site surgery
StEIS Reference	2019/8130
Incident description	The incident was reported on 10th April 2019 and occurred on the West Middlesex site. The incident involved a 36 year old patient who was incorrectly booked for an ultra sound guided liver biopsy following a mix up of patients. The patient had no complications after the biopsy and has made a full recovery. The patient who should have been booked for the procedure has since had a liver biopsy.
Immediate actions taken	A face-to-face pre-assessment/consenting process has been introduced in advance of a liver biopsy appointment. Patients will have a pre-assessment appointment in the dedicated hepatology/liver clinic in the week of their liver biopsy to confirm the clinical indications, obtain provisional consent and to arrange pre-assessment blood tests.
SI Report deadline	The SI report was submitted to the CCG on the 8th July 2019

8. Monthly Serious Incident reporting activity

During June and July 2019, 36 SIs were declared; of these 18 were internal and 18 were external SIs.

Site	Level	June 2019	July 2019	YTD total
CWH	Internal Serious Incidents	3	8	19
	External Serious Incidents (StEIS reportable)	5	2	15
Chelsea and Westminster Hospital Total		**8**	**10**	**34**
WMUH	Internal Serious Incidents	8	5	26
	External Serious Incidents (StEIS reportable)	2	3	11
West Middlesex University Hospital Total		**10**	**8**	**37**
Total		**18**	**18**	**71**

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

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

8.1. Categories

The most frequently identified incident type during June/July 2019 was 'Maternal, fetal, neonatal' care; 10 SIs were identified of which 7 internal and 3 were external, no themes within this category have been identified at this time. Cases within this category related to: unexpected admissions to SCBU/NICU (2WMUH site, 2 CHW site) and maternal unplanned admissions to ITU (2 CWH site).

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
13	4 Internal, 9 External	Maternal, fetal, neonatal	4 Internal, 1 External	5	18
0		Operations / procedures	10 Internal, 3 External	13	13
2	1 Internal, 1 External	Patient falls	2 Internal, 3 External	5	7
5	4 Internal, 1 External	Access to care / admissions		0	5
3	1 Internal, 2 External	Provision of care / treatment	1 Internal	1	4
1	1 Internal	Medication	2 Internal	2	3
3	3 Internal	Handover/Transfer of Care		0	3
2	2 External	Death: Unexpected / unexplained	1 Internal	1	3
0		Patient injuries	2 Internal	2	2
2	2 External	Assault, abuse and aggression (affecting patients)		0	2
0		Medical device, equipment, instrument	2 Internal	2	2
0		Venous thromboembolism (VTE)	2 External	2	2
0		Appointments and clerical issues	1 Internal, 1 External	2	2
1	1 Internal	Information Governance/Confidentiality		0	1
1	1 External	Discharge		0	1
0		Diagnosis/Observations	1 External	1	1
0		Communication	1 Internal	1	1
1	1 Internal	Infection Control (patients)		0	1
		Key			**71**
		Internal SI			
		External SI			

Fig8: Internal and external SIs declared by site and category, 2019/2020

8.2. Location

Within June and July 2019, Women's, Children's, HIV/GUM, Dermatology division reported 14 serious incidents. Emergency and Integrated Care and Planned care divisions both reported 9 and Clinical Support division reported 4.

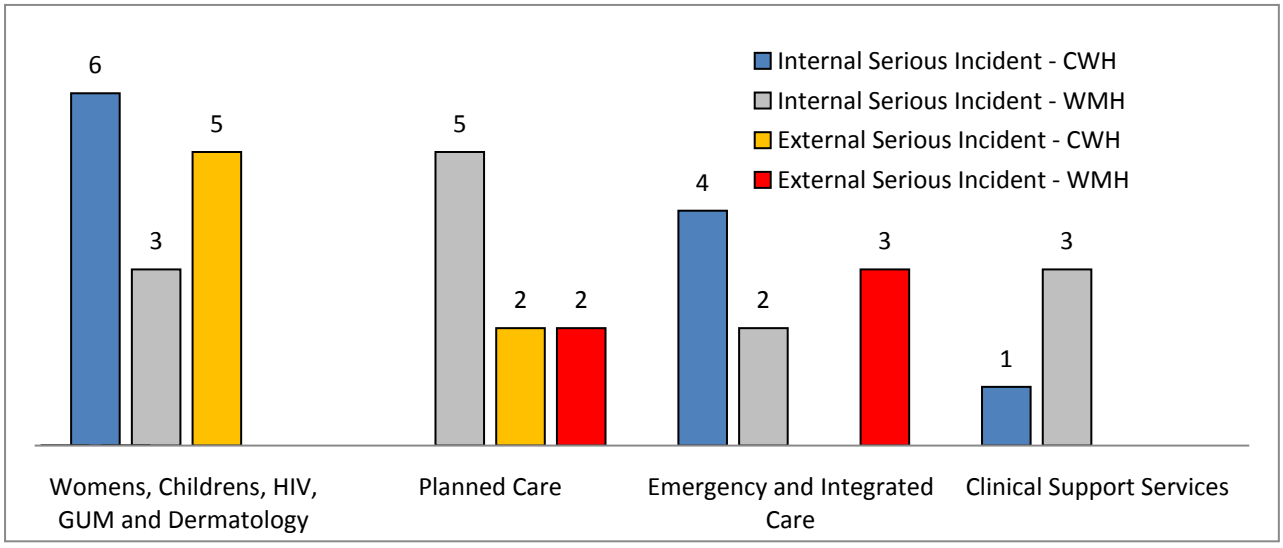


Fig 9: Internal and external SIs declared by Division, June/July 2019

The location with the most reported SIs during June/July 2019 is Labour ward (CWH site); the 2 Internal SIs related to maternal unplanned admission to ITU and an unexpected admission to SCBU, the 3 external SIs related to a still birth, an unexpected admission to SCBU and an unexpected admission to NICU.

Location (exact)	Level 2: Internal Serious Incident	Level 3: External Serious Incident	Total
Labour Ward, ChelWest	2	3	5
Labour Ward, WestMid	2	0	2
Syon 2 Ward, WestMid	2	0	2
Rainsford Mowlem Ward, ChelWest	2	0	2
Syon 1 Ward, WestMid	2	0	2
Kensington Wing, ChelWest	2	0	2

Tab 10: Degree of harm for Serious Incidents (internal and external) reported June/July 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 June/July 2019 are as follows:

Degree of harm	Level 2: Internal Serious Incident	Level 3: External Serious Incident	Total
None (no harm caused)	6	0	6
Low (minimal harm caused)	3	1	4
Moderate (significant but not permanent harm)	13	8	21
Severe (permanent or long term harm caused)	2	1	3
Death (caused by the Incident)	0	2	2
Grand Total	24	12	36

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

28% of the SIs reported were graded as no or low harm, 58% were graded as moderate and 14% of the SIs declared were graded as severe harm or death.

Of the 3 severe harm incidents reported, 1 has been reported externally following the colorectal review at WMH in June 2019 and the 2 internal SIs relate to a surgical site infection (CWH) and appointment recording error (WMH).

The 2 incidents reported as having directly led to the death have been reported externally and relate to A unexpected death in ITU (CWH) and a stillbirth (CWH). The degree of harm will be confirmed by the SI investigation process.

8.4. Serious Incident Reports submitted to Commissioners (External)

Site	Division	Directorate	StEIS ref	StEIS Category	Page
CWH	PC	Surgery	2019/5373	Slips/trips/falls	12
WMUH	EIC	Emergency Medicine	2019/12100	VTE	18
CWH	CS	Patient Access	2019/7024	Treatment delay	17
CWH	EIC	Specialist Medicine	2019/6585	Slips/trips/falls	14
WMUH	PC	Surgery	2019/6422	Surgical/invasive procedure incident	16
CWH	WCHGD	HIV / Sexual Health	2019/7183	Slips/trips/falls	15
CWH	EIC	Emergency Medicine	2019/8813	Apparent/actual self-inflicted harm	19
CWH	PC	Surgery	2019/7813	Treatment delay	20
WMUH	EIC	Specialist Medicine	2019/8130	Surgical/invasive procedure incident	24
CWH	WCHGD	Paediatrics	2019/9073	Pending review	22
CWH	PC	Surgery	2019/9344	Slips/trips/falls	21
WMUH	CS	Patient Access	2019/9750	Diagnostic incident	23

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

- Gaps / weaknesses in Trust policies/procedures
- Lack of adherence to Trust policies/procedures
- Lack of risk assessment
- Activity impacting resource availability
- Patient factors

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Sep/19
REPORT NAME	Mortality Surveillance – Q1 2019/20
AUTHOR	Alex Bolton, Head of Health Safety and Risk
LEAD	Zoe Penn, Chief Medical Officer
PURPOSE	This paper updates the Board on the process compliance and key metrics from mortality review.
SUMMARY OF REPORT	The Trust wide Hospital Standardised Mortality Ratio (HSMR) relative risk of mortality, as calculated by the Dr Fosters 'Healthcare Intelligence indicator', between April 2018 and March 2019 was 71.1 (67.1 – 75.2); this is below the expected range. Ten months of low relative risk, where the upper confidence limit fell below the national benchmark, were experienced during the twelve month period to end of March 2019. This indicates a continuing trend for improving patient outcomes and reducing relative risk of mortality within the Trust. Mortality case review is undertaken following all in-hospital deaths (adult, child, neonatal, stillbirth, late fetal loss). The outcome of the Trust's mortality review process, review completion rates and sub-optimal care trends / themes are overseen by the Mortality Surveillance Group (MSG). The group also scrutinises mortality analysis drawn from a range of sources to support understanding and to steer improvement action. The Trust aims to review 80% of all mortality cases within 2 months of death. 311 cases for review were identified within Q1 2019/20, of these 23 open reviews are still within their 2 month review timeframe. 52% of cases occurring within Q1 have been reviewed and closed to date. 8 cases of suboptimal care have been identified within Q1 to date. Identified sub-optimal care cases have been discussed at local specialty Morbidity and Mortality (M&M) meetings and themes have been identified at MSG. Key themes arising over the last 12 months include; handover between clinical teams, delays in assessment, investigations or diagnosis, Establishing and sharing ceilings of care discussions, medication errors.
KEY RISKS ASSOCIATED	Lack of full engagement with process of recording mortality reviews within the centralised database impacting quality of output and potential missed opportunities to learn / improve. Lack of full divisional representation at the Mortality Surveillance Group impacting the recognition and response to mortality review learning.
FINANCIAL IMPLICATIONS	Limited direct costs but financial implication associated with the allocation of time to undertake reviews, manage governance process, and provide training.
QUALITY IMPLICATIONS	Mortality case review following in-hospital death provides clinical teams with the opportunity to review expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes / service delivery.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Deliver high quality patient centred care
DECISION/ ACTION	The Board is asked to note and comment on this report.

Mortality Surveillance – Q1 2019/20

1. Background

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

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

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

2. Relative risk of mortality

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

The Trust wide HSMR relative risk of mortality, as calculated by the Dr Fosters 'Healthcare Intelligence indicator', between April 2018 and March 2019 was 71.1 (67.1 – 75.2); this is below the expected range.

Ten months of low relative risk, where the upper confidence limit fell below the national benchmark, were experienced during the twelve month period to end of March 2019. This indicates a continuing trend for improving patient outcomes and reducing relative risk of mortality within the Trust.

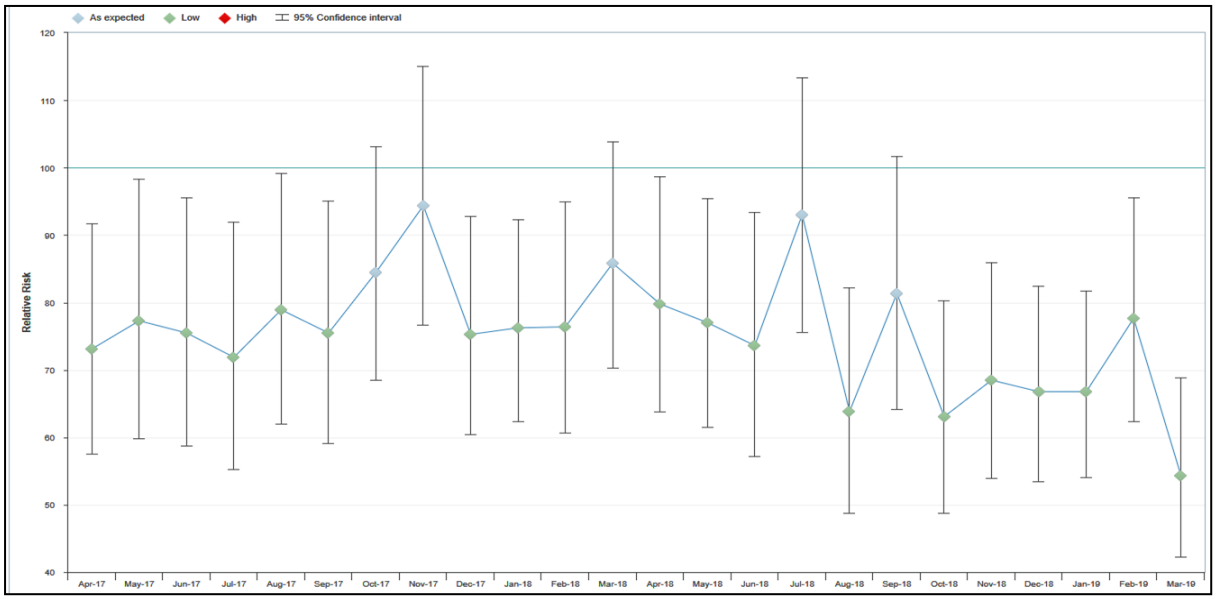


Fig 1: Trust HSMR 24-month trend (April 2017 – March 2019)

Improving relative risk of mortality has been experienced across both sites since March 2017. During the 12 month period to March 2019 the HSMR relative risk of mortality at ChelWest was 67.7 (61.7-74.1); at WestMid it was 73.2 (67.9-78.8). Both sites performed below the expected range and overall the Trust compares favourably to local peer organisations.

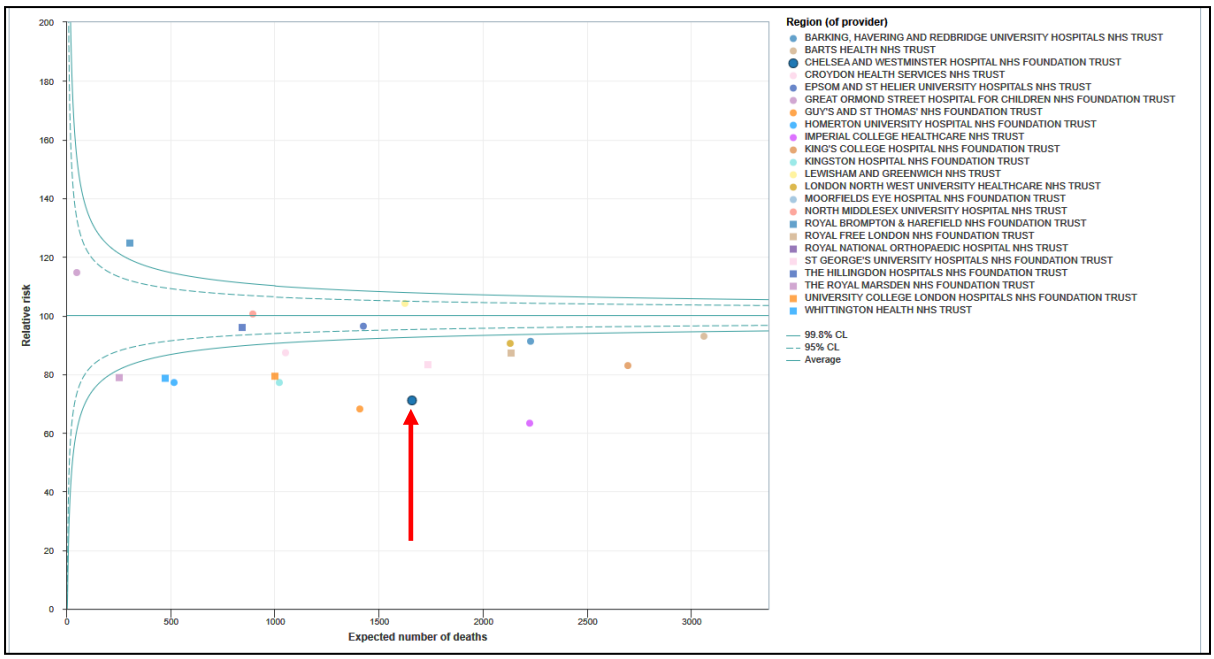


Fig 2 – Relative Risk, regional acute provider comparison (Apr 2018 to Mar 2019)

3. Diagnostic & procedure groups

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

4. Crude rate

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

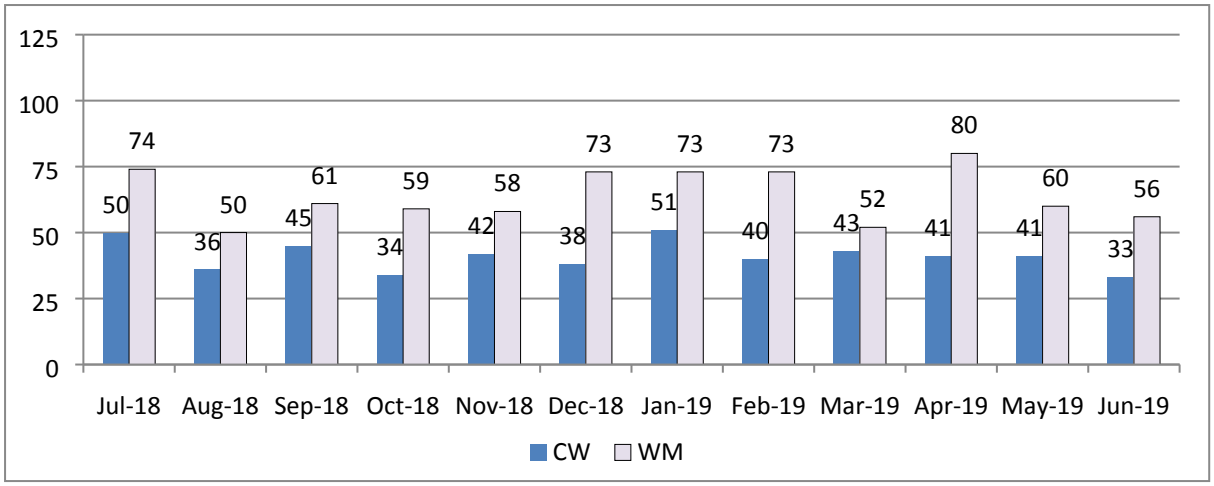


Fig 3: Total mortality cases logged to Datix by site and month, July 2018 – June 2019

5. Review completion rates

5.1. Closure target

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

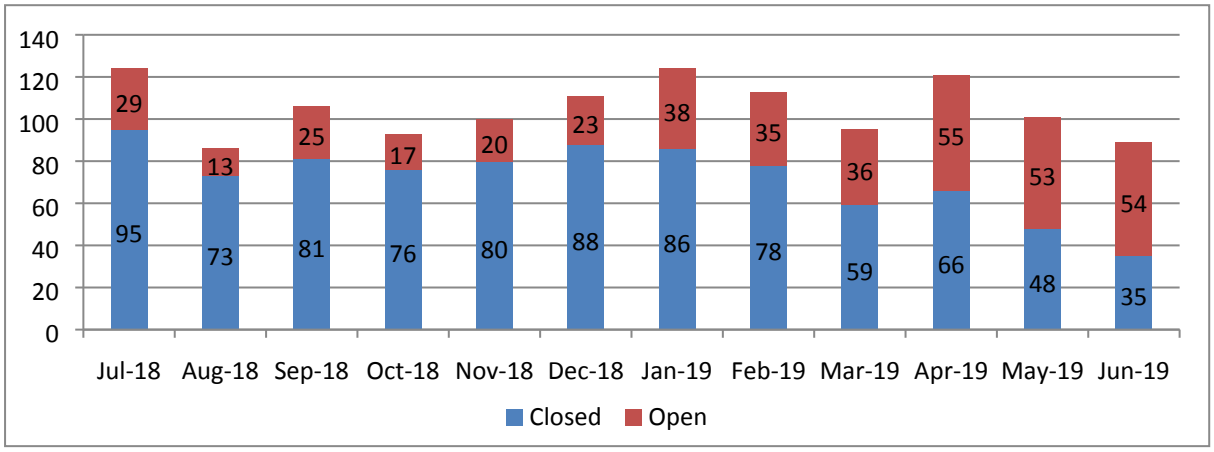


Fig 4: Open and Closed mortality cases by month, July 2018 – June 2019

1263 mortality cases (adult/ child/ neonatal deaths, stillbirths, late fetal losses) were identified for review during this 12 month period. Clinical teams aim to close cases within two months of death; this report was compiled on 19th August 2019, at time of writing 23 open cases within Q1 are still within their review timeframe.

70% of cases occurring during between July 2018 and June 2019 have been reviewed by the named consultant (or nominated colleague) and closed following specialty M&M/MDT discussion and agreement (excluding those still within review timeframe within percentage calculation).

	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Total
Closed	249	244	223	149	**865**
Open	67	60	109	162	**398**
Total	316	304	332	311	**1263**
% Closed	**79%**	**80%**	**67%**	**52%**	**70%**

Table 1: Cases by financial quarter, July 2018-June 2019

Percentage calculation excludes 28 cases in Q1 that remain within the two month review timeframe as of 19/08/2019

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Total
EIC	79%	82%	67%	52%	70%
PCD	77%	67%	61%	56%	66%
WCHGD	77%	89%	77%	42%	72%
CSD	N/A	N/A	N/A	N/A	N/A
Total	**79%**	**80%**	**67%**	**52%**	**70%**

Table 2: Percentage of closed cases by division and fin. quarter, July 2018-June 2019

Percentage calculation excludes 28 cases in Q1 that remain within the two month review timeframe as of 19/08/2019

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

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

6. Sub-optimal care

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

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

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

58 cases of suboptimal care were identified via the mortality review process between July 2018 and June 2019:

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

CESDI grades for closed cases occurring in Q1 2019/20

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3	
EIC	118	3	0	0	121
PCD	16	2	0	0	18
WCHGD	7	1	2	0	10
Total	**141**	**6**	**2**	**0**	**149**

CESDI grades for closed cases occurring in Q4 2018/19

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3	Total
EIC	169	10	0	0	179
PCD	25	2	0	0	27
WCHGD	9	5	1	2	17
Total	**203**	**17**	**1**	**2**	**223**

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

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

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

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

The key sub-optimal care themes across both sites during this reporting period relate to:

- Handover between clinical teams
- Delays in assessment, investigations or diagnosis
- Establishing and sharing ceilings of care discussions
- Medication errors

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

- Trust wide planning for the implementation of medical examiners and development of bereavement services
- Review of hospital transfer policy
- Review of approach to major haemorrhage process
- Improvement plan relating to the management of VTE risk assessment and prophylaxis

7. Conclusion

The outcome of mortality review is providing a rich source of learning that is supporting the organisations improvement objectives. A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q1 2019/20; this is an indicator of improving outcomes and safety.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

AGENDA ITEM NO.	3.1/Sep/19
REPORT NAME	Integrated Performance and Quality Report – July 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 July 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 July 2019. **Regulatory performance** – The Trust continued to deliver a high level of performance in its UEC standards. During July we continued to see growth in attendances to our Emergency Departments, with a 7% increase at CWH, 8% at WM and a Trust wide increase of 8% in attendances compared to July 2018. RTT continues to deliver a high level of Performance with both sites delivering over the 92% standard for the month. 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 July. 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. For DM01 Diagnostics the Trust returned to a compliant position against the standard reporting a combined Trust total of 99.62% in July.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators due to on-going increase in demand.
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 July 2019 and to note that whilst some indicators were not delivered in the month, the overall YTD compliance remained good.

TRUST PERFORMANCE & QUALITY REPORT

July 2019

NHSI Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020 Q2	2019-2020	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)															-
RTT	18 weeks RTT - Incomplete (Target: >92%)	94.6%	94.1%	94.1%	94.1%	92.7%	92.5%	92.1%	92.5%	93.7%	93.4%	93.1%	93.1%	93.4%		-
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.8%	97.0%	96.8%	96.7%	98.0%	96.9%	98.0%	97.7%	97.6%	96.9%	97.6%	97.6%	97.3%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	99.0%	97.5%	97.1%	97.5%	99.0%	97.5%	97.1%	97.1%	97.5%		-
(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jul-19) in this report	31 days diagnosis to first treatment (Target: >96%)	92.9%	100%	100%	96.9%	100%	96.1%	100%	99.1%	96.3%	97.9%	100%	100%	98.1%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	n/a	n/a	100%	100%	100%	n/a	n/a	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-
	62 days GP referral to first treatment (Target: >85%)	62.3%	83.7%	83.9%	75.0%	86.8%	90.9%	86.7%	88.1%	77.8%	88.3%	86.0%	86.0%	83.1%		!
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	n/a	85.7%	50.0%	73.3%	n/a	85.7%	50.0%	50.0%	73.3%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	2	1	0	4	1	0	1	2	3	1	1	1	6		-
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant		-
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-

Please note the following three items	n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.	
		RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators	Either Site or Trust overall performance red in each of the past three months

Trust Commentary

A&E waiting times – Types 1 & 3 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 July we continued to see growth in attendances at our Emergency Departments, with a 7% increase at CWH, 8% at WM and a Trust wide increase of 8% in attendances compared to July 2018.

	WM	CW	TRUST
Jul-18	14,922	12,199	27,121
Jul-19	16,187	13,094	29.281
Growth %	8%	7%	8%

62 days GP referral to first treatment
The Trust was compliant in July reporting a position of 86.0% against the 85% nationally mandated standard.

62 days NHS screening service referral to first treatment
Performance was reported at 50.0% in July which was as a result of 1.5 breaches against a total of 3 treatments.

Remaining Cancer Indicators
The remaining cancer indicators were all compliant with National Standards.

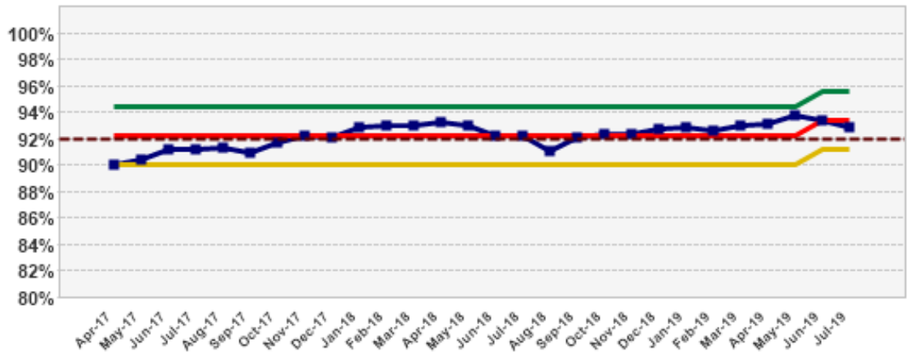
Clostridium Difficile infections
There was one case of community onset health care associated Clostridium Difficile in July 2019 at the Chelsea & Westminster site. In 2019/20, there have been 6 identified cases against a Trust tolerance of 26 for 2019/20.

SELECTED BOARD REPORT NHSI INDICATORS

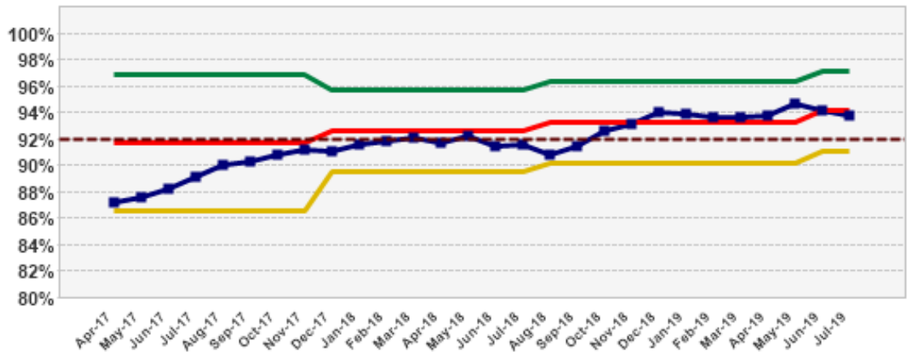
Statistical Process Control Charts for the 28 months April 2017 to July 2019

RTT Incomplete pathways

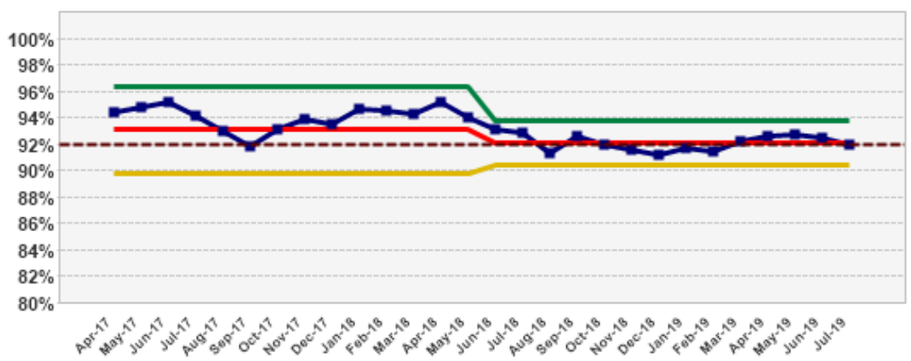
Trust Total



Chelsea and Westminster

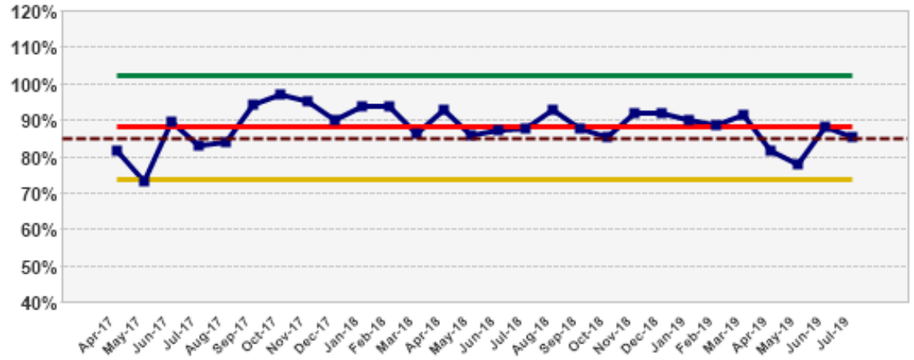


West Middlesex

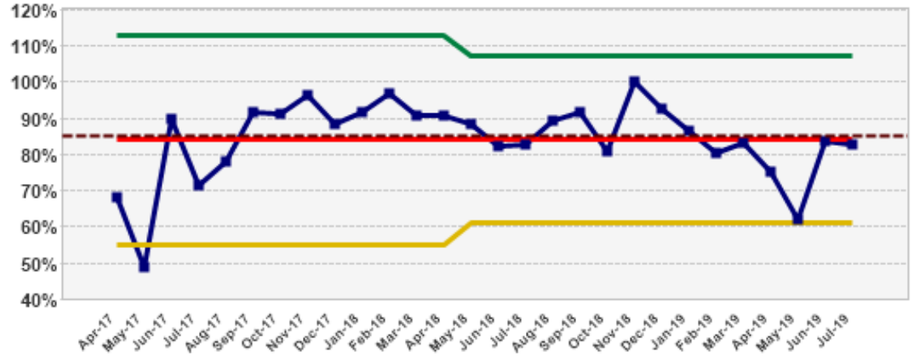


Cancer: 62 day standard

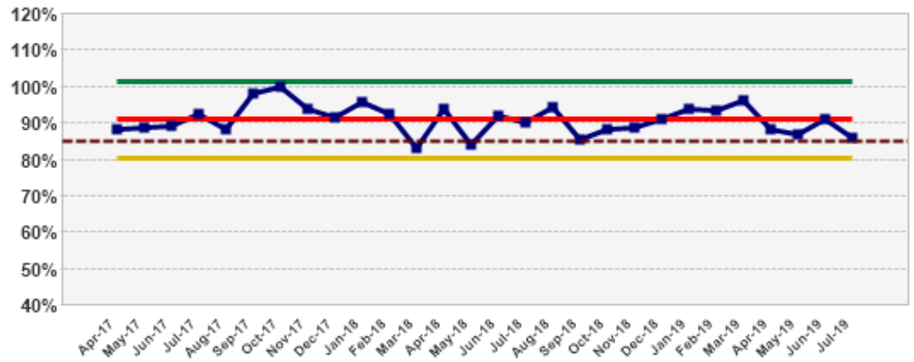
Trust Total



Chelsea and Westminster



West Middlesex



Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020 Q2	2019-2020	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	1	1	0	0	0	0	0	0	1	1	1		-
	Hand hygiene compliance (Target: >90%)	96.8%	95.8%	96.0%	96.2%	87.0%	98.0%	90.0%	93.4%	96.0%	96.0%	95.5%	95.5%	95.6%		-
Incidents	Number of serious incidents	3	5	2	15	4	2	3	11	7	7	5	5	26		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.5	7.8	7.5	7.7	8.8	9.2	8.7	8.9	8.1	8.5	8.0	8.0	8.3		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.03	0.04	0.02	0.00	0.00	0.02	0.02	0.00	0.02	0.03	0.03	0.02		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.25	6.23	4.94	5.37	5.19	3.22	2.61	3.80	5.22	4.69	3.75	3.75	4.58		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.2%		-
Harm	Never Events (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1		-
	Safety Thermometer - Harm Score (Target: >90%)	89.9%	92.3%	91.9%	91.4%	96.3%	96.1%	89.9%	94.7%	93.8%	94.9%	90.6%	90.6%	93.6%		-
	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 %	97.7%	95.6%	96.9%	96.8%	99.2%	98.8%	97.8%	98.1%	98.4%	97.0%	97.3%	97.3%	97.4%		-
	Safeguarding adults - number of referrals	26	23	40	132	39	35	23	127	65	58	63	63	259		-
	Safeguarding children - number of referrals	11	51	50	227	89	88	101	365	100	139	151	151	592		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.77	0.77	0.76	0.76	0.77	0.77	0.76	0.76	0.77	0.77	0.76	0.76	0.76		-
	Number of hospital deaths - Adult	31	25	38	122	50	45	64	232	81	70	102	102	354		-
	Number of hospital deaths - Paediatric	0	1	2	3	0	0	0	0	0	1	2	2	3		-
	Number of hospital deaths - Neonatal	1	3	1	5	1	1	1	6	2	4	2	2	11		-
	Number of deaths in A&E - Adult	2	2	2	10	5	4	2	14	7	6	4	4	24		-
	Number of deaths in A&E - Paediatric	0	0	0	1	0	1	2	3	0	1	2	2	4		-

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

Trust Commentary

MRSA Bacteraemia
There was one MRSA positive bacterium reported in July at the CW site. The patient was a baby transferred from another trust and known to be MRSA positive in May 2019. The patient was clinical unwell and had a prolonged admission with the Trust, care being provided between PHDU and Mercury ward. The case has been through the Trust RCA process and the DIPC concluded there had been no lapses of care.

Number of serious incidents
There were 5 serious incidents reported during July 2019 (2 serious incidents recorded at Chelsea and Westminster and 3 at West Middlesex). 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 0.5 during July 2019 with a rate of 8.0 compared to 8.5 in June 2019. The West Middlesex site exceeded the 8.5 target rate with a rate of 8.6. Chelsea & Westminster site remained below the expected target with a rate of 7.4. The 2019/20 year to date position is below the expected target rate, and remains at 8.3 for the second consecutive month. We continue to encourage reporting across all staff groups with a focus on the reporting of no harm or near miss incidents.

Rate of patient safety incidents resulting in severe harm or death per 100 admissions
During July 1 severe harm and 1 death incident were reported. These 2 incidents are currently being investigated as serious incidents. The overall rate of patient safety incidents resulting in severe harm or death for 2019-2020 is currently 0.02, which is above the target rate of 0.

Trust Commentary Continued

Medication-related safety incidents
A total of 153 medication incidents were reported in July 2019. The Chelsea & Westminster site reported 96, West Middlesex site reported 54 and Community nursing / clinics reported 3 incidents.

Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days
The Trust position of medication-related incidents involving patients (NRLS reportable) deteriorated to 3.75 per 1,000 FCE bed days in July 2019. This is above the Trust target of 4.2 and above the national median of 4.0 (as per the latest Model Hospital data). The number of reported medication-related incidents per 1,000 FCE bed days for WM site was 2.61 which has decreased from June. The decline in the reporting rate at WM site will be addressed by the Medication Safety Group. CW site continues to be above the target and the reporting rate improved to 4.94 in July.

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 harms or above. The Trust had 0.0% of medication-related safety incidents with moderate or above harm in July 2019. This figure is better than the target of 2%. Both the CW & WM sites reported 0% incidents with moderate harm or above for July.

Never events
No Never Events were reported during July 2019.

Safety Thermometer – Harm Score
The overall harm score remained above the threshold for the fourth consecutive month, at 90.6%. The score for WMUH site was 89.9%, with CWH site reporting 91.9%. The 2019/20 year to date position is above the expected target score of 90%, and is currently 93.6%.

Incidents of newly acquired category 3 & 4 pressure ulcers
Preventing Hospital Acquired Pressure Ulcers remains high priority for both sites. There was no hospital-acquired grade 3 or 4 pressure ulcers reported on either site during July 2019.

NEWS compliance %
Both sites remain compliant over 95% with monthly audits undertaken in June. **July data unavailable at the time of reporting,** Areas of non or low compliance are addressed by Divisional Directors of Nursing with action plans where required.

Safeguarding adults – number of referrals
The total number of safeguarding adult referrals increased in July from the previous month with a Trust position of 63 reported. This was predominantly driven by an increase to 40 referrals at the CWH site which is up from a June (total of 23). The WM site position was 23 against a previous month end position of 35 in June.

Summary Hospital Mortality Indicator (SHMI)
The Trust's relative risk of mortality using this metric was 0.76, below the national expected rate. SHMI outcomes are considered by the Mortality Surveillance Group on a monthly basis;

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020 Q2	2019-2020	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	96.3%	96.3%	92.1%	94.8%	95.6%	95.0%	95.5%	95.5%	95.9%	95.6%	94.2%	94.2%	95.2%		-
	FFT: Inpatient not recommend % (Target: <10%)	1.4%	1.4%	3.8%	2.0%	1.1%	1.6%	0.8%	1.4%	1.2%	1.5%	2.0%	2.0%	1.6%		-
	FFT: Inpatient response rate (Target: >30%)	32.0%	32.0%	31.1%	31.9%	20.5%	18.9%	20.2%	20.3%	24.0%	23.1%	23.4%	23.4%	23.9%		!
	FFT: A&E recommend % (Target: >90%)	91.4%	90.0%	91.5%	90.8%	90.6%	91.0%	89.5%	90.0%	91.2%	90.2%	91.0%	91.0%	90.6%		-
	FFT: A&E not recommend % (Target: <10%)	6.0%	6.7%	5.3%	6.0%	7.0%	6.6%	6.5%	6.7%	6.2%	6.7%	5.6%	5.6%	6.2%		-
	FFT: A&E response rate (Target: >30%)	19.9%	17.3%	19.0%	18.7%	19.1%	18.0%	18.3%	18.5%	19.7%	17.4%	18.8%	18.8%	18.6%		!
	FFT: Maternity recommend % (Target: >90%)	92.6%	92.7%	94.7%	93.2%	92.8%	94.8%	93.5%	93.3%	92.6%	93.1%	94.6%	94.6%	93.2%		-
	FFT: Maternity not recommend % (Target: <10%)	5.3%	6.0%	2.9%	4.6%	5.8%	5.2%	3.2%	4.9%	5.3%	5.9%	3.0%	3.0%	4.7%		-
	FFT: Maternity response rate (Target: >30%)	20.9%	19.4%	19.6%	20.1%	17.8%	20.6%	15.3%	17.3%	20.4%	19.6%	19.0%	19.0%	19.7%		!
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	60	55	58	227	39	32	35	133	99	87	93	93	360		-
	Complaints formal: Number responded to < 25 days	38	43	27	139	24	27	17	83	62	70	44	44	222		-
	Complaints (informal) through PALS	172	159	197	726	58	51	78	229	230	210	275	275	955		-
	Complaints sent through to the Ombudsman	0	0	0	0	1	1	0	5	1	1	0	0	5		-
	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 - Inpatient

Recommended - There has been a consistent improvement from the Trust's last year end position of 93% with a combined position of 94.2% reported in July. The Trust has consistently reported compliant positions above the 90% target across both sites throughout 2019 for the year-to-date.
Response rate – Remains below the 30% target since the change in method of surveying patients in. The Trust position is driven by underperformance at the WM site.

Friends and Family Test – A&E

Recommended – Combined Trust performance met the 90% target for the fourth consecutive month.
Not recommended – Has seen an increase of 1% over the last year.
Response rate – July saw a slight increase at a Trust level moving to 18.8% in July.

Friends and Family Test - Maternity

Recommended – The Trust continues to perform consistently above the 90% target for the fourth consecutive month.
Not recommended – The Trust has continued to consistently deliver against target throughout 19/20.
Response rate – The Trust has been consistently below the target 30% response rate and delivery of this standard remains a key challenge.

Breach of same sex accommodation

There have been no same sex accommodation breaches

Complaints

There was a rise in the number of complaints received in month, with the combined Trust total reported at 93 in July.

PHSO

3 PHSO cases have been concluded in month and none of these have been upheld.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020 Q2	2019-2020	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.39	2.76	3.21	3.09	3.35	2.26	2.78	2.85	3.38	2.65	3.11	3.11	3.04		-
	Average length of stay - non-elective (Target: <3.95)	3.81	3.78	4.44	3.97	2.84	3.09	3.26	3.03	3.24	3.38	3.76	3.76	3.42		-
	Emergency care pathway - average LoS (Target: <4.5)	4.32	4.33	4.48	4.34	3.18	3.55	3.71	3.39	3.58	3.83	3.99	3.99	3.73		-
	Emergency care pathway - discharges	224	213	227	887	420	379	404	1620	644	592	632	632	2507		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.01%	3.80%	4.02%	3.63%	9.85%	9.54%	10.39%	10.07%	6.34%	6.60%	7.03%	7.03%	6.74%		!
	Non-elective long-stayers	434	416	429	1685	377	372	414	1564	811	788	843	843	3249		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	84.7%	81.1%	81.7%	83.1%	85.3%	90.5%	91.8%	90.4%	84.9%	84.5%	85.5%	85.5%	85.8%		!
	Operations canc on the day for non-clinical reasons: actuals	5	14	8	41	6	14	21	51	11	28	29	29	92		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.16%	0.48%	0.24%	0.34%	0.39%	0.97%	1.40%	0.88%	0.24%	0.65%	0.60%	0.60%	0.51%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	1	0	6	1	4	4	11	1	5	4	4	17		!
	Theatre Utilisation (Target >85%)	65.1%	65.5%	63.0%	65.1%	74.7%	73.6%	72.8%	73.2%	68.1%	68.1%	66.1%	66.1%	67.7%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.50	1.53	1.52	1.51	1.34	1.35	1.37	1.37	1.38	1.40	1.41	1.41	1.41		-
	Average wait to first outpatient attendance (Target: <6 wks)	6.8	7.0	10.7	7.5	6.2	7.1	6.2	6.4	6.6	7.1	8.0	8.0	7.0		!
	DNA rate: first appointment	11.4%	10.1%	10.2%	10.4%	10.8%	10.9%	11.5%	11.4%	11.1%	10.5%	10.8%	10.8%	10.8%		-
	DNA rate: follow-up appointment	10.3%	9.0%	9.4%	9.4%	10.3%	9.5%	9.5%	10.0%	10.3%	9.2%	9.4%	9.4%	9.6%		-

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

Trust Commentary

Average length of stay – elective
The Trust reported a combined organisational average length of stay 3.11 in July against a target of 2.9. Both CWH & WM reported worsening positions of 3.21 & 2.78 respectively.

Emergency re-admissions within 30 days of discharge
Chelsea site remains within the acceptable level however the West Mid readmission rate remains challenged. Work continues with Hounslow CCG around frequent attenders.

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 21% was achieved in June. July data is unavailable at the time of reporting.

Daycase rate (basket of 25 procedures)
West Middlesex was well above the target in July 2019. The CW site reported a position 3.3% below target set for this metric.

Operations cancelled on the day for non-clinical reasons: % of total elective admissions
West Middlesex had a higher than usual cancellation rate due to list overruns and equipment breakdown. The Trust remains under the target of 0.8%

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020 Q2	2019-2020	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	73.9%	97.2%	98.6%	87.3%	90.1%	91.5%	92.0%	90.6%	80.9%	94.8%	95.6%	95.6%	88.8%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	93.8%	100.0%	100.0%	96.9%	77.3%	76.5%	100.0%	85.2%	84.2%	89.2%	100.0%	100.0%	91.2%		-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	94.4%	100.0%	100.0%	98.6%	71.4%	100.0%	92.9%	89.1%	84.4%	100.0%	96.0%	96.0%	94.5%		-
VTE	VTE: Hospital acquired	1	2	0	3	0	1	0	2	1	3	0	0	5		-
	VTE risk assessment (Target: >95%)	93.2%	94.6%	94.6%	94.0%	56.4%	66.3%	65.0%	58.9%	77.6%	82.5%	82.3%	82.3%	79.1%		!
TB Care	TB: Number of active cases identified and notified	3	4	2	15	12	3	11	33	15	7	13	13	48		-

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 risk assessment

C&W site: Performance has remained consistent as the previous month at 94.6% and fractionally below the standard of 95%.

WMUH site: Performance has remained consistent with the previous month at 65.0% however this expected to improve during August following the on-going delivery of the WM recovery plan supported by better and more consistent data capture.

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-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%)	98.07%	95.19%	98.97%	97.80%	99.85%	99.14%	99.85%	99.39%	99.24%	98.08%	99.62%	99.62%	98.88%		!
	Diagnostic waiting times >6 weeks: breach actuals	54	110	24	249	8	53	10	145	62	163	34	34	394		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.8%	8.8%	9.4%	9.0%	7.9%	8.7%	9.0%	8.4%	8.5%	8.7%	9.3%	9.3%	8.8%		!
	A&E time to treatment - Median (Target: <60')	01:15	01:15	01:17	01:15	00:51	00:49	00:44	00:49	01:07	01:05	01:06	01:06	01:06		!
	London Ambulance Service - patient handover 30' breaches	30	19	28	93	34	66	24	146	64	85	52	52	239		-
	London Ambulance Service - patient handover 60' breaches	1	0	1	3	0	0	0	0	1	0	1	1	3		-

Trust Commentary

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

Diagnostic waiting times
The Trust returned to a compliant position against the National DM01 standard, reporting a combined Trust total of 99.62% in July.

London Ambulance Service
In July, 1 ambulance crew waited >60 minutes to hand over a patient to our Emergency Departments.

There was a decrease in the total number of patients waiting >30 minutes to be handed over on the West Middlesex site. A review of escalation processes is currently being undertaken on both sites to improve handover times and reduce 30 minute breaches.

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020	May-19	Jun-19	Jul-19	2019-2020 Q2	2019-2020	Trend charts	
Birth indicators	Total number of NHS births	518	490	505	2013	399	400	411	1598	917	890	916	916	3611		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	36.9%	40.9%	36.1%	36.6%	30.4%	29.7%	31.9%	30.8%	34.0%	35.8%	34.2%	34.2%	34.1%		!
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30		-
	Maternity 1:1 care in established labour (Target: >95%)	97.3%	97.3%	95.8%	96.9%	95.2%	97.9%	96.3%	96.9%	96.3%	97.6%	96.0%	96.0%	96.9%		-
Safety	Admissions of full-term babies to NICU	16	26	27	87	n/a	n/a	n/a	n/a	16	26	27	27	87		-

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 34.2%. The combined Trust position for the Year to date stands at 34.1%; a decrease on last month of 1.7%

62 day Cancer referrals by tumour site Dashboard
Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
		May-19	Jun-19	Jul-19	2019-2020	YTD breaches	May-19	Jun-19	Jul-19	2019-2020	YTD breaches	May-19	Jun-19	Jul-19	2019-2020 Q2	2019-2020	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		91.7%	100%	81.0%	91.2%	3	91.7%	100%	81.0%	81.0%	91.2%	3		-
	Colorectal / Lower GI	75.0%	100%	90.0%	88.5%	1.5	80.0%	100%	93.3%	90.7%	2	78.3%	100%	92.0%	92.0%	89.9%	3.5		-
	Gynaecological	33.3%	100%	100%	66.7%	1	100%	100%	75.0%	95.0%	0.5	71.4%	100%	80.0%	80.0%	88.5%	1.5		-
	Haematological	100%	100%	n/a	100%	0	0.0%	50.0%	100%	66.7%	2	60.0%	83.3%	100%	100%	84.0%	2		-
	Head and neck	n/a	n/a	n/a	100%	0	100%	66.7%	100%	90.0%	0.5	100%	66.7%	100%	100%	91.7%	0.5		-
	Lung	n/a	85.7%	n/a	87.5%	0.5	n/a	n/a	100%	100%	0	n/a	85.7%	100%	100%	91.7%	0.5		-
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a	n/a			-
	Skin	100%	100%	100%	98.5%	0.5	100%	100%	100%	97.9%	0.5	100%	100%	100%	100%	98.2%	1		-
	Upper gastrointestinal	0.0%	0.0%	n/a	33.3%	2	50.0%	33.3%	75.0%	61.5%	2.5	40.0%	25.0%	75.0%	75.0%	52.6%	4.5		!
	Urological	34.8%	28.6%	50.0%	44.6%	20.5	85.0%	93.9%	80.0%	83.9%	9	58.1%	82.5%	72.7%	72.7%	68.3%	29.5		!
	Urological (Testicular)	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	100%	100%	100%	0	100%	n/a	n/a	100%	0	100%	100%	100%	100%	100%	0		-

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

Trust commentary

There were 8.5 breaches of the standard: 2.5 at Chelsea with 6 at West Middlesex. This was from a total of 60.5 treatments.

Split by Tumour site the breaches and treatment numbers were as follows:

Tumour Site	Chelsea and Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Brain	-	-	-	-
Breast	-	-	2	10.5
Colorectal / Lower GI	0.5	5	0.5	7.5
Gynaecological	0	0.5	0.5	2
Haematological	-	-	0	2
Head and Neck	-	-	0	1
Lung	-	-	0	2
Not yet coded	0	1.5		
Skin	0	4.5	0	5.5
Upper Gastrointestinal	-	-	0.5	2
Urological	2	4	2.5	12.5
Totals	**2.5**	**15.5**	**6**	**45**

CQUIN Dashboard

July 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 Stewards hip' indicatorwill be our sole focus in 2019/20. 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 teh approach agreed for 2018/19.

2019/20 National Indicators (CCG commissioning)

The key change to note from 2018/19 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 2018/19 is that CQUIN funding has been reduced from 2% of contract value, to 0.75%. The number of indicators has been reduced accordingly. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.

2018/19 CQUIN Outcomes

NHSE Specialised Commissioning has now confirmed that the Trust achieved 100% for the full year, for all indicators.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report – Chelsea Site

July 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	90.5%	88.5%	95.2%	85.6%	8.7	3.3	12	14.9	9.8%	18.7%	12.8%							11	38	91.6%
Annie Zunz	87.8%	80.6%	100.0%	99.9%	6.3	2.4	8.7	8	22.6%	13.4%	20.0%							2	6	100.0%
Apollo	87.0%	91.5%	83.1%	76.5%	18.6	2.9	21.5	12.1	2.8%	20.9%	0.0%								9	100.0%
Jupiter	142.9%	70.9%	131.1%	-	9.3	2.7	12	12.1	29.4%	34.0%	69.6%							2	10	94.1%
Mercury	83.8%	74.2%	108.6%	-	7.5	0.9	8.4	9.9	17.5%	36.0%	0.0%								7	100.0%
Neptune	100.6%	84.4%	105.6%	-	8.1	1	9.1	12.1	-2.1%	16.2%	0.0%							3	7	97.0%
NICU	95.1%	-	96.3%	-	12.9	0	12.9	27	19.6%	15.3%	0.0%								16	100.0%
AAU	104.8%	71.1%	101.2%	96.8%	10.7	2.2	12.9	8.5	19.0%	48.4%	0.0%							5	33	97.4%
Nell Gwynne	105.9%	75.7%	126.9%	97.8%	4.4	3.2	7.6	7.3	2.8%	31.4%	6.5%								8	100.0%
David Erskine	94.7%	89.8%	104.3%	132.3%	3.6	3.7	7.3	7.3	14.7%	66.7%	13.1%							2	9	85.7%
Edgar Horne	88.0%	79.8%	102.2%	94.6%	3.6	3.1	6.6	6.7	4.1%	27.8%	11.1%							5	15	95.8%
Lord Wigram	90.8%	98.6%	100.0%	102.2%	4	2.8	6.8	7	10.8%	18.3%	7.2%							6	16	96.8%
St Mary Abbots	90.3%	87.9%	97.3%	96.6%	4.2	2.7	6.9	7.3	19.5%	26.7%	10.0%							2	16	95.5%
David Evans	96.4%	86.3%	98.8%	137.0%	5.6	2.3	7.9	7.3	11.4%	30.1%	0.0%							2	7	94.9%
Chelsea Wing	80.8%	82.4%	102.0%	84.1%	11.7	6.4	18.1	7.3	21.2%	13.4%	28.9%							3	10	92.0%
Burns Unit	109.0%	100.0%	114.0%	100.0%	20.2	3.5	23.7	N/A	6.3%	21.0%	25.0%								3	
Ron Johnson	92.6%	113.6%	112.1%	112.9%	5	2.9	7.9	7.6	5.8%	18.7%	11.1%							7	22	100.0%
ICU	100.0%	-	105.9%	-	27.9	0	27.9	27	4.5%	18.9%	0.0%							9	20	
Rainsford Mowlem	97.8%	122.3%	103.2%	133.3%	3.3	3.8	7	7.3	-13.2%	13.2%	0.0%							5	12	91.7%
Nightingale	100.0%	68.1%	101.6%	96.8%	4.8	2.3	7.1	6.7	N/A	N/A	N/A							3	3	

Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

July 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	96.6%	91.0%	100.5%	97.4%	6.2	1.9	8.1	14.9	1.2%	6.3%	12.3%								6	
Lampton	100.9%	100.0%	99.3%	100.0%	3	2.4	5.4	7.3	5.8%	12.9%	3.5%		1					2	4	97.4%
Richmond	97.1%	90.3%	92.9%	96.8%	8.9	3.9	12.8	7.3	9.9%	8.8%	0.0%								3	94.4%
Syon 1	98.7%	81.2%	100.0%	81.1%	3.5	1.9	5.5	7.3	13.6%	14.8%	0.0%								12	94.8%
Syon 2	99.6%	96.6%	96.0%	103.3%	3.4	2.7	6	7	21.1%	8.3%	15.7%	1	2						10	94.7%
Starlight	99.4%	87.0%	109.0%	-	9.5	0.3	9.8	12.1	13.5%	6.8%	0.0%								10	97.9%
Kew	86.5%	77.6%	100.0%	117.6%	3.1	2.8	5.9	6.7	4.9%	4.9%	4.3%							3	10	95.8%
Crane	100.0%	106.5%	100.0%	111.3%	3.2	2.8	6	6.7	10.6%	5.7%	7.0%							2	4	96.0%
Osterley 1	101.9%	109.6%	100.3%	111.3%	3.3	2.6	5.9	7.3	11.0%	15.5%	7.8%								25	90.0%
Osterley 2	96.4%	95.9%	99.9%	98.4%	3.4	3	6.5	7.3	9.3%	2.7%	19.4%							2	14	100.0%
AMU	102.7%	85.2%	97.1%	85.5%	7	2.7	9.7	8.5	9.4%	6.0%	5.0%		1					8	36	90.7%
CCU	96.7%	98.7%	99.2%	-	5.5	0.9	6.4	7.9	14.4%	0.0%	0.0%							5	6	92.5%
Special Care Baby Unit	114.1%	-	112.5%	-	9.2	0	9.2	12.1	17.4%	0.0%	0.0%								11	100.0%
Marble Hill 1	94.4%	86.9%	91.0%	120.8%	3.9	3.3	7.2	7.3	15.3%	28.0%	38.0%		1						10	89.8%
Marble Hill 2	119.4%	119.1%	127.9%	116.1%	3.9	3	7	7.3	11.6%	6.5%	0.0%								4	100.0%
ITU	92.2%	-	92.1%	-	26	0	26.1	27	10.7%	21.1%	0.0%							2	14	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report

July 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 for the same month 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.

Kew ward is showing low fill rates due to early and late shifts showing on the roster template, but shifts were filled with long days which are 4 hours less hours per day. Fill rates are higher for RNs than HCAs due to an early shift being added in for RNs to take charge of the ward. The roster template will be adjusted from October 2019 onwards. Fill rates are high on Marble Hill 2 and Jupiter due to RMN usage for patients with mental health needs. Nell Gwynne is showing high RN fill rates overnight due to a patient with a tracheostomy requiring specialising. Rainsford Mowlem & David Erskine had an extra HCA overnight for confused patients at high risk of falls requiring closer supervision. Extra HCAs were used on nights for David Evans for additional elective lists on some weekends and for high elective activity mid-week on occasion. Richmond ward shows high CHPPD compared to the national average, due to the bed census data being pulled at midnight, therefore not capturing day surgery patients.

Fill rates on Mercury due to additional ad hoc bed closures on top of planned summer bed closures. Jupiter fill rates for HCAs reduced as less HCAs used when RMNs are being used to care for patients with mental health needs.

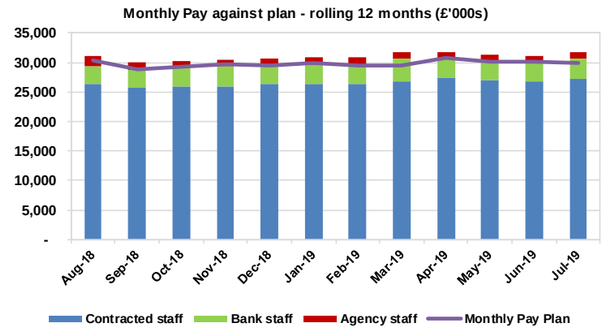
In July there were no Trust acquired stage 3, 4 or unstageable pressure sores. There was 1 fall with moderate harm at the West Middlesex Site. Family and friends test scores relate to June 2019 and were highest on Annie Zunz, Ron Johnson, Mercury, Apollo, NICU, SCBU, Nell Gwynne, Marble Hill 2 and Osterley 2 with 100% of patients likely to recommend the ward to their friends or family if they needed similar care or treatment. David Erskine scored the lowest with a score of 85.7% and Marble Hill 1 scored 89.8%. Significant improvements have occurred on Kew with scores increasing to 95.8% from 78.9% last month.

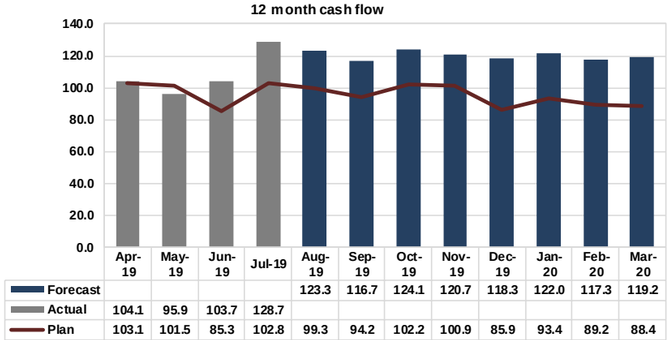
In line with recommendations by the National Quality Board (2016) and the Developing Workforce Safeguards (2018) guidance, actual staffing levels have been compared with staffing levels required according to the bi-annual patient's acuity and dependency assessments utilising the Shelford Safer Nursing 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 4 2019-20 Integrated Position

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	222,775	226,760	3,985
Expenditure			
Pay	(120,967)	(125,870)	(4,902)
Non-Pay	(89,236)	(87,352)	1,883
EBITDA	12,572	13,538	966
EBITDA %	5.64%	5.97%	0.33%
Depreciation	(5,767)	(6,096)	(329)
Non-Operational Exp-Inc	(5,480)	(5,388)	93
Surplus/Deficit	1,325	2,054	729
Control total Adj - Donated asset, Impairment & Other		(813)	
Surplus/Deficit on Control Total basis	1,325	1,242	(83)



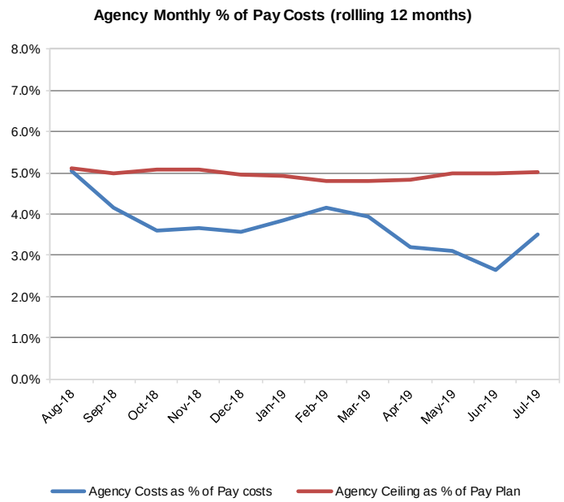


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast					123.3	116.7	124.1	120.7	118.3	122.0	117.3	119.2
Actual	104.1	95.9	103.7	128.7								
Plan	103.1	101.5	85.3	102.8	99.3	94.2	102.2	100.9	85.9	93.4	89.2	88.4

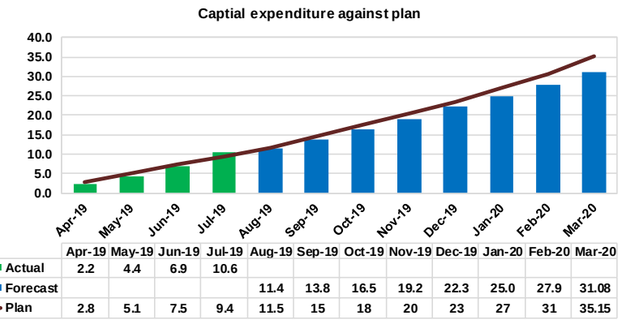
Comment:
The Trust is reporting a YTD surplus of £1.2m with an adverse variance of £0.08m against the YTD plan on a control total basis. .

Income: Outpatient activity over performance continues, especially at the WM site. Maternity across both sites is the other main driver the over performance. Critical care (adults, Neonates and Paeds), GUM and NEL admissions are all above plan

Pay is adverse by £4.9m YTD, The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity, However, the main contributor to this position are unidenifiied CIPs , red and amber CIP schemes.

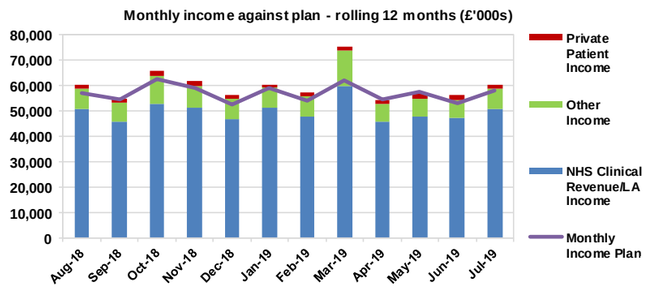


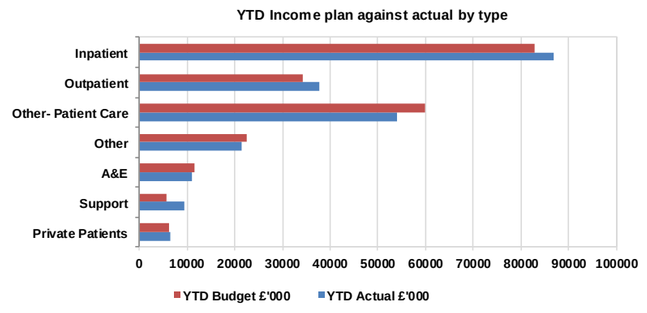
Comment:
The favourable cash variance to plan in M04 of £25.9m is manily: Favourable cash variance b/fwd £18.4m plus additional receipts £14.3m (including 18/19 PSF) ofset by higher net cash outflows of £6.8m (higher creditor payments and planned VAT receipts now claimed in August).

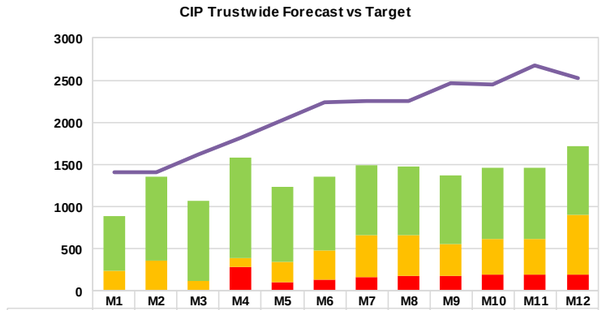


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	2.2	4.4	6.9	10.6								
Forecast					11.4	13.8	16.5	19.2	22.3	25.0	27.9	31.08
Plan	2.8	5.1	7.5	9.4	11.5	15	18	20	23	27	31	35.15

Comment:
The Trust has spent £10.56m at the end of month 4. this is £1.22m above the planned year to date spend of spend in month 4 of £9.43m. The major variance is against Backlog Maintenance which is £1,196K overspent against its planned profiled year to date spend of £400k







	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Green	650.15	1006.2	950.57	1192.1	896.75	868.9	839.51	819.28	819.28	841.63	841.63	821.39
Amber	230.31	344.79	105.8	105.69	228.51	357.14	496.63	489.26	381.91	426.77	426.77	715.62
Red	0	0	0	277.77	101.11	122.44	153.42	164.75	166.75	181.76	183.76	181.75
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	2	2
Liquidity rating	1	1
I&E Margin rating	2	2
I&E Margin Distance from Financial Plan		2
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	90.4%	90.5%	0.0%
By value	77.7%	79.1%	-1.4%
Creditor days	130	131	(1)
Debtor days	32	44	(12)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Sep/19
REPORT NAME	Workforce Performance Report - July 2019
AUTHOR	Natasha Elvidge, Associate Director of HR; Resourcing
LEAD	Thomas Simons, Director of Human Resources & Organisational Development
PURPOSE	The People and OD Committee KPI Dashboard highlights current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	The dashboard to provide assurance of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance
KEY RISKS ASSOCIATED	The need to reduce turnover rates.
FINANCIAL IMPLICATIONS	Costs associated with high turnover rates and reliance on temporary workers.
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	For noting.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Performance Report
to the People and Organisational Development Committee

Month 4 – July 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

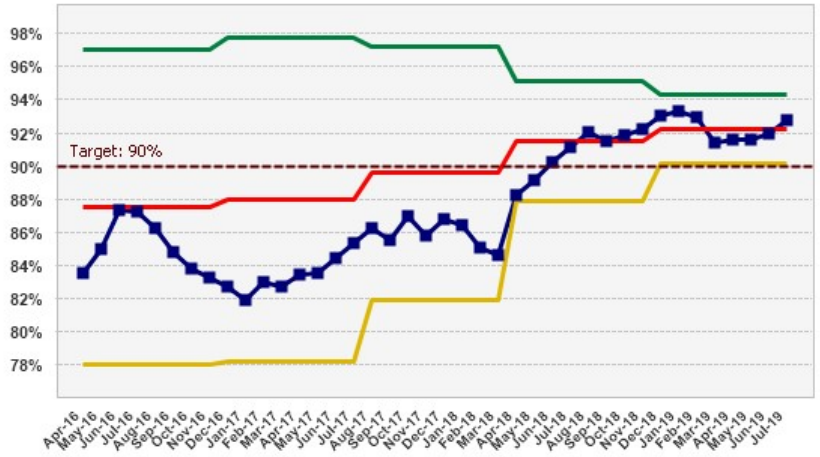
Statistical Process Control – April 2016 to July 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

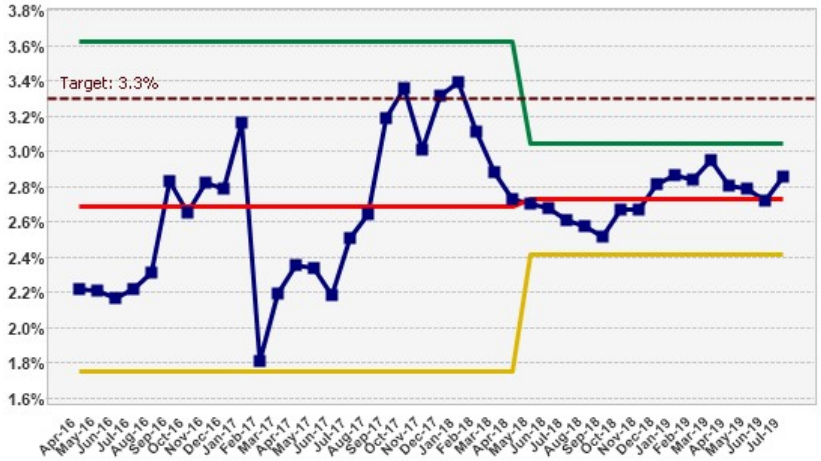
WORKFORCE INDICATORS

Statistical Process Control Charts for the 40 months April 2016 to July 2019

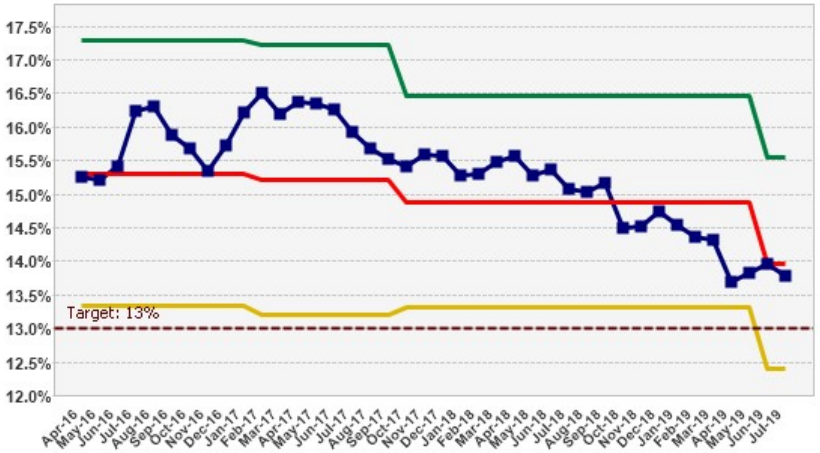
Mandatory Training compliance



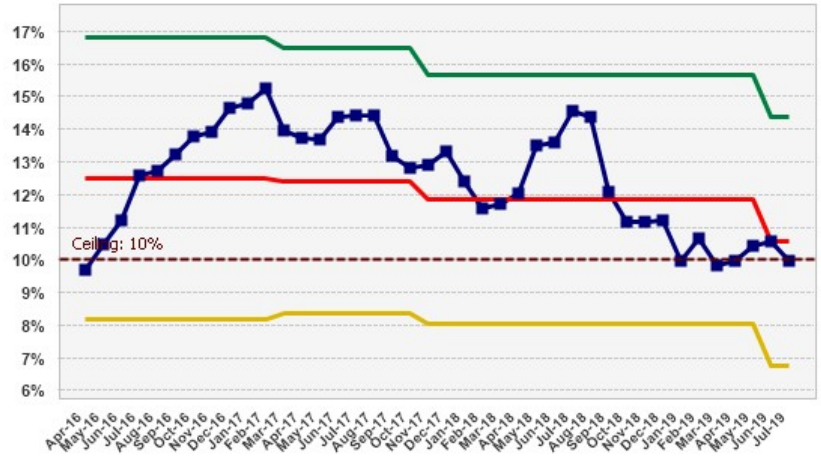
Sickness absence



Staff turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report July 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.	6352.98	6,347.74	6,349.18					↑
1.2 Whole time equivalent	No.	5427.68	5676.62	5716.64					↑
1.3 Headcount	No.	5904	6158	6224					↑
1.4 Overpayments	**No.**								↔
2. HR Indicators									
2.1 Sickness absence	**%**	**2.61%**	**2.72%**	**2.86%**	**<3.3%**				↑
2.2 Long Term Sickness absence	**%**	**1.11%**	**1.56%**	**1.41%**					↓
2.3 Short Term Sickness absence	**%**	**1.50%**	**1.16%**	**1.45%**					↑
2.4 Gross Turnover	**%**	**19.73%**	**18.28%**	**18.11%**	**<17%**				↓
2.5 Voluntary Turnover	**%**	**15.37%**	**13.97%**	**13.78%**	**<13%**				↓
3. Employee Relations									
3.1 Live Employment Relations Cases	**No.**		**161**	**161**					↔
3.2 Formal Warnings	**No.**		**1**	**1**					↔
3.3 Dismissals	**No.**		**2**	**2**					↔
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	**No.**		**14030**	**14809**					↑
4.2 Bank Shifts Filled	**No.**		**12102**	**12858**					↑
4.3 Agency Shifts Filled	**No.**		**1928**	**1951**					↑
5. Vacancy									
5.1 Trust Vacancy Rate	**%**	**14.56%**	**10.57%**	**9.96%**	**<10%**				↓
5.2 Corporate	**%**	**15.62%**	**6.21%**	**4.86%**	**<10%**				↓
5.3 Emergency & Integrated Care	**%**	**14.96%**	**10.37%**	**10.62%**	**<10%**				↑
5.4 Planned Care	**%**	**13.65%**	**10.75%**	**9.44%**	**<10%**				↓
5.5 Women's, Children and Sexual Health	**%**	**14.83%**	**10.71%**	**9.96%**	**<10%**				↓
5.6 Clinical Support	**%**		**13.03%**	**12.44%**	**<10%**				↓
6. Recruitment (Non-medical)									
6.1 Offers Made	**No.**		**158**	**152**					↓
6.2 Pre-employment checks (days)	**No.**		**19.2**	**18.0**	**<20**				↓
6.3 Time to recruit (weeks)	**No.**		**8.16**	**8.58**	**<9**				↑
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	**%**	**90.42%**	**81.96%**	**79.90%**	**≥90%**				↓
7.2 Corporate	**%**	**90.78%**	**77.28%**	**71.11%**	**≥90%**				↓
7.3 Emergency & Integrated Care	**%**	**92.40%**	**84.04%**	**83.19%**	**≥90%**				↓
7.4 Planned Care	**%**	**90.82%**	**82.92%**	**81.07%**	**≥90%**				↓
7.5 Women's, Children and Sexual Health	**%**	**88.24%**	**82.71%**	**81.13%**	**≥90%**				↓
7.6 Clinical Support	**%**		**80.11%**	**78.29%**	**≥90%**				↓
8. Mandatory Training									
8.1 See Appendix 1 for details on Mandatory Training									

Chelsea and Westminster Hospital NHS Foundation Trust

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

Chelsea and Westminster Hospital NHS Foundation Trust

June 19 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	1.93%		17298.19	333.27	55	164.00	0.95%	1.17%	0.76%
Emergency & Integrated Care	2.62%		46929.94	1231.44	164	504.91	1.08%	2.47%	0.15%
Planned Care	3.12%		29957.95	934.48	261	565.05	1.89%	3.23%	-0.11%
Women's, Children and Sexual Health	3.10%		49105.66	1524.34	147	873.19	1.78%	3.30%	-0.19%
Clinical Support	3.11%		27309.68	849.05	297	298.40	1.09%	2.55%	0.56%
Trust	**2.86%**		**170601.42**	**4872.57**	**924**	**2405.54**	**1.41%**	**2.72%**	**0.14%**

July 19 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Theory Adult BLS	79%	82%	<90%		↑
Practical Adult BLS	87%	88%	<90%		↑
Conflict Resolution	96%	97%	<90%		↑
Equality, Diversity and Human Rights	94%	94%	<90%		↔
Fire	89%	89%	<90%		↔
Health & Safety	96%	96%	<90%		↔
Infection Control (Hand Hygiene)	95%	95%	<90%		↔
Infection Control - Level 2	93%	94%	<90%		↑
Information Governance	92%	92%	<95%		↔
Moving & Handling - Inanimate Loads	94%	94%	<90%		↔
Patient Handling (M&H L2)	90%	90%	<90%		↔
Safeguarding Adults Level 1	95%	95%	<90%		↔
Safeguarding Children Level 1	94%	95%	<90%		↑
Safeguarding Children Level 2	94%	95%	<90%		↑
Safeguarding Children Level 3	88%	91%	<90%		↑

July 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	609.44	579.80	29.64	27.27	8.75	606.82	2.62	
Emergency & Integrated Care	1750.76	1564.76	186.00	205.19	35.54	1773.52	-22.76	
Planned Care	1116.57	1011.13	105.44	129.33	29.33	1152.29	-35.72	
Women's, Children and Sexual Health	1825.78	1644.56	181.22	163.68	45.97	1778.47	47.31	
Clinical Support	1046.63	916.39	130.24	119.22	19.64	1031.31	15.32	
TRUST	**6349.18**	**5716.64**	**632.54**	**644.69**	**139.23**	**6342.41**	**6.77**	

July 19 Voluntary Turnover

Division	Turnover	Prev Month	% + / -
Corporate	13.60%	16.00%	-2.40%
Emergency & Integrated Care	15.49%	15.09%	0.40%
Planned Care	11.12%	11.15%	-0.03%
Women's, Children and Sexual Health	13.79%	14.82%	-1.03%
Clinical Support	13.96%	12.33%	1.63%
TRUST	**13.78%**	**13.97%**	**-0.19%**

Key to Sickness Figures

Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months

Episodes = number of incidences of reported sickness

A Long Term Episode is greater than 27 days

**Total WTE Used Adjusted to account for staff currently on matemity leave

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisation Development Workforce Performance Report
July 2019

Establishment, Staff in Post and Vacancies:

There has been an increase in staff in post by 40.02 wte due to 114.01 new starters, 81.28 wte leavers and increase of contractual hours by 7.27wte. This has resulted in a decrease in the vacancy rate to 9.96% in month against the Trust 10% ceiling.

The qualified nursing rate is has shown improvement in month and has reduced to 8.70% which equates to 207.40wte. There were 36.67wte new starters in July and there are 281 offers in the pipeline 49 of which have start dates. The Clinical Support Division has the highest vacancy rate at 12.40% and there are recruitment plans in place to address the key areas in particular Patient Administration. Other additional clinical staff is reporting the highest vacancy rate of 15.30%; which is part due to a national change in staff coding of apprentices.

In July, 152 offers of employment have been made, 142 advertised vacancies , and 449 posts in the recruitment pipeline, 83 have agreed start dates. A business case is being developed to implement a Talent Acquisition model for both Medical and AHP's which will aim to attract and retain staff to the Trust.

Sickness Absence: (June)

The sickness absence rate 2.86% has increased (0.13%) in June. The highest Division is Planned care at 3.12% (down 0.11%) and the nursing unqualified staff group are reporting the highest sickness rate of 4.76% (up 0.27%). The ER Team continue to work with managers to support staff through sickness absence and there are currently 65 long term and 55 short term absences cases being managed by the ER team.

A Health & Wellbeing action plan has been developed which has five high level objectives to support staff in the workplace. This will be monitored through the newly established Health & Wellbeing group.

Mandatory Training Compliance :

The trust's mandatory training compliance rates has increased to 93% in July. Our current rate has remained above our ceiling rate of 90% for an entire calendar year. Adult BLS theory has seen the largest increase since end of June overall (3.4%) and Adult BLS practical has reached its highest level in the past two financial years . This largely attributable to the focus of the senior divisional teams in driving this as a priority.

Staff Turnover Rate: voluntary

The voluntary turnover rates is currently 13.78% a 0.19% decrease from the previous month. Despite this marginal decrease in the overall voluntary rate, there has been an increase across some of our staff groups nursing unqualified, allied health professionals, other additional clinical staff and scientific & technical (qualified).

The Trust continues to implement retention initiatives and the Recruitment & retention group will be extended to encompass all staff groups. A Flexible working group is also being established to explore enhancing the Trusts Flexible Working offering.

Temporary Staffing:

Temporary staffing usage has increased this month. In July 14,809 temporary staffing requests were filled in comparison to 14,030 in June, an increase of 779 shifts. CSD the greatest increase 1.58% of shifts requested and filled. In addition, our temporary staffing fill rate has decreased by 1.44% to 86.8% this month. Our total wte used (substantive, bank and agency) is within our total budgeted establishment.

Agency spend continues to remain below the ceiling target by 25.8% in month and 34.8% ytd. The main drivers for temporary staff usage have been vacancy 59.9%, workload 24.1%, sickness 6.9%, specialising 2.5% and others 6.6%.

Weekly pay review meetings continue to take place to ensure there is tighter control and challenge over pay spend.

PDR:

The 12 month rolling PDR rate decreased in July (2.10%) to 79.90% whilst our PDR window rate has increased 9.9% over the last month. The clinical divisions are provided with monthly management reports detailing completion rates and plans have been established to support managers and staff to complete their PDPs 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
PDRs Windows July 2019

PDR's Completed Since 1st April 2019 (19/20 Financial Year)					
Division	**Band Group**	**%**	**Division**	**Band Group**	**%**
COR	Band 2-5	19.21%	**CSD**	Band 2-5	8.70%
	Band 6-8a	19.35%		Band 6-8a	15.92%
	Band 8b +	48.78%		Band 8b +	85.71%
Corporate		**24.67%**	**Clinical Support**		**13.31%**
PDC	Band 2-5	29.97%	**EIC**	Band 2-5	42.71%
	Band 6-8a	39.07%		Band 6-8a	31.09%
	Band 8b +	91.67%		Band 8b +	63.16%
Planed Care		**35.28%**	**EIC Emergency & Integrated Care**		**38.07%**
WCH	Band 2-5	14.25%			
	Band 6-8a	13.02%			
	Band 8b +	82.35%			
WCH Women's, Children's & SH		**14.61%**			

Band 2-5	Band 6-8a	Band 8b +		
22.98%	22.78%	63.92%	**Trust Total**	**24.59%**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Chelsea and Westminster Healthcare NHS Foundation Trust
Improving Race Equality through Promoting Fairness
Action Plan Year 1 - 2019/2020

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
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	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
	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	
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	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
	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 learned from the review of 79 disciplinary cases and implement changes in approach as required	End Q1	Themes are understood and guide revisions in process	Staff Survey Question 15	AD HR	
	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	End Q3	A sustained reduction in actual or perceived discrimination against BAME staff	Staff Survey Questions 12, 13 Q15c	AD HR	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
		disciplinary panels			WRES Indicators 5, 6, 8		
	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 management and consider incorporating relevant practices into the approach used at the Trust	End Q1	New performance process which minimise bias	Staff Survey Question 19	AD HR	
	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	I.	Introduce interventions at each key stage of the	End of Q3	Competency-based, and non-discriminatory selection practices are used by the Trust	Staff Survey Question 14	AD HR Resourcing	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
and progression opportunities for BAME staff		recruitment life process to eliminate adverse impacts on BAME applicants			WRES Indicator 2		
	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 actions where the evidence indicates that staff with protected characteristics are adversely impacted by recruitment and selection decisions	End Q2	Introduce an appeals process for staff post recruitment process	Staff Experience Question 14 WRES Indicator 2	AD HR Resourcing	
	V.	Identify and train interview experts from BAME backgrounds staff to support and participate in	End Q2	Interview panels are diverse for appointments at band 8a and above	Staff Experience Question 14 WRES Indicator 2	AD HR Resourcing	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
		panels at band 8a and above					
	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	
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	End Q3	Understand themes or areas of greater reporting of B&H	Staff Survey Question 14 WRES Indicator 6	Director of HR&OD	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
		bullying and harassment					
	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

Chelsea and Westminster Healthcare NHS Foundation Trust
Staff Health & Wellbeing – High Level Action Plan
2019/2020

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
1. Ensure visible Board and Executive ownership of staff health and wellbeing	I.	The Board and Executive are champions of staff HWB and identify a NED and Executive lead	End Q1	Visible commitment made by senior staff that is publicised and known by staff	NHS Staff Survey Q11a	Board Executive	
	II.	The Board commit to the principle of identifying financial and staffing resource to support the HWB agenda	End Q4	Avenues explored for sources of funding and where able, resources are extended to HWB activities	Actual and % budget spend on HWB activities	Board Executive	
	III.	The Board and POD Committee receive an annual report of HWB activities	End Q3	Increased awareness of the staff HWB agenda and associated workstreams. Guidance provided from the highest level of the Trust	Report submission	Director of HR&OD	
	IV.	Support is provided for the further development of the Health & Wellbeing Committee	End Q2	Terms of Reference available and published. Membership extended.	Information on the Intranet	AD HR	
	V.	Continue to ensure the Trust responds to staff feedback about the interventions that value to improve their HWB	Ongoing	Action taken to address MSK shortfall and support on emotional wellbeing	NHS Staff Survey Qs 11a, 11b	AD HR	
2. Develop a Framework that	I.	Develop branding and marketing materials around the themes of	End Q1	Brand recognition by all staff	Local surveys	AD HR	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
provides a focus for staff HWB activities		Healthy Body, Health Living and Healthy Mind					
	II.	Capture information about existing HWB activities in the Trust and ensure that these are well documented and promoted appropriately	End Q2	Staff are awareness of Staff Benefits available via Vivup Platform	Hits on Vivup Hits on HWB intranet site	AD HR Resourcing	
	III.	Organise and deliver staff HWB week including the launch of the refreshed Staff Benefits available via the Vivup platform	End Q1	Staff are awareness of Staff Benefits available via Vivup Platform	Hits on Vivup Hits on HWB intranet site	AD HR	
	IV.	Develop and publicise a calendar of HWB activities and events e.g. running club, exercise, yoga etc	End Q2	Improved access for more staff to a wider range of HWB activities. Calendar is built up on a month by month basis	NHS Staff Survey Qs 11a, 11b	Head of OH & Wellbeing	
3. Continue to work in partnership with a range stakeholders to deliver existing HWB commitments and develop new innovations	I.	Work with the Public Health Consultant and team ensuring that relevant public health initiatives are integrated into the Trust staff HWB plan e.g. smoking cessation	End Q3	Increased succession in public health targets	TBC liaise with Public Health Consultant	Public Health Consultant	
	II.	In conjunction with the Volunteer Services Manager, develop a project which targets volunteers and other partners to contribute to the staff HWB plan	End Q3	Increased range of HWB activities delivered by volunteer partners	NHS Staff Survey Qs 11a, 11b	AD HR	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
	III.	Make the case for a fast track staff physiotherapy service available to staff regardless of the site at which they work	End Q2	Pilot fast track service in place with direct access for staff as a key feature	NHS Staff Survey Q 11b	Head of OH & Wellbeing	
	IV.	Recruit staff Health and Wellbeing Champions	End Q2	Staff HWB activities promoted locally Feedback provided to HWB Committee "from the ground"	NHS Staff Survey Q 11a	AD HR	
	V.	Develop a specific set of sub-actions to introduce and promote mental health wellbeing at work	End Q2	New EAP, including counselling, is introduced Mental Health at Work First Aiders & awareness raising are introduced	Counselling service take up NHS Staff Survey Q 11c	Head of OH & Wellbeing	
	VI.	Complete the restructure of the Occupational Health Department to support delivery of this Plan and the introduction of new services	End Q3	New Services available for staff and line managers and publicised widely throughout the Trust e.g. 24 hour telephone counselling, telephone advisory service for managers	OH KPIs	Head of OH & Wellbeing	
4. Develop a comprehensive evaluation framework to monitor the effectiveness of this Plan	I.	Use existing data to understand the demographics of the workforce and identify the HWB interventions that will add most value to staff	End Q3	Staff HWB activities are available and accessible to those staff where take up of the wellbeing offer is low	Local surveys	Public Health Consultant	
	II.	Use the NHS Staff Survey 2018 results and other sources of local data to identify relevant HWB benchmarks	End Q2	Improvements in the NHS Staff Survey questions indicating staffs' view on HWB	NHS Staff Survey Qs 5h, 11a, 11b, 11c, 11d	AD HR	
5. Work with Trust	I.	Identify relevant HR&OD policies e.g.	End Q4	Policies are clearly consistent with	Relevant	AD HR	

Objective		Key Actions	Due Date	Intended Impact/Outcome	Measure of Impact	Owner	RAG
leads to review and refresh organisation policies relevant to staff HWB		Managing Sickness Absence, Bullying & Harassment etc		the themes and values associated with staff HWB	policies in place		
	II.	Identify relevant safety policies e.g. Work Related Stress, DSE Policy & Guidance	End Q4	Policies are clearly consistent with the themes and values associated with staff HWB	Relevant policies in place	Trust Lead – Health & Safety	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	4.1/Sep/19
REPORT NAME	Electronic Patient Record (EPR) Update
AUTHOR	Kevin Jarrold – Chief Information Officer
LEAD	Rob Hodgkiss – Deputy Chief Executive/Chief Operating Officer Kevin Jarrold – Chief Information Officer
PURPOSE	The purpose of the paper is to update the Trust Board on progress with the Electronic Patient Record programme.
SUMMARY OF REPORT	The paper provides an update on progress with the implementation of Phase 2 of the Cerner electronic patient record which will see a range of clinical and administrative functionality go live. The programme is on track for an Autumn 2019 delivery.
KEY RISKS ASSOCIATED	The key risk is failure to successfully embed the EPR
FINANCIAL IMPLICATIONS	There are no additional financial implications beyond those set out in the EPR Full Business Case that the Trust Board approved.
QUALITY IMPLICATIONS	Failure to successfully embed the EPR would have significant implications for patient safety
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	The Trust Board is asked to note the progress being made.

Electronic Patient Record Programme Update

Trust Board

Thursday 5th September 2019

Recap – Programme Overview

- The purpose of the EPR Programme is to implement an enterprise-wide Electronic Patient Record. The deployment will take place in three phases:
  - **Phase 1 and 1b**
    - West Middlesex Hospital – went live May 2018 with Patient Administration System, Emergency Department and Theatres
    - Followed by Phase 1b - implementation of Emergency Care Data Set, pilot of electronic operation note, proof of concept for voice recognition
  - **Phase 2**
    - Chelsea and Westminster Hospital – planned for autumn 2019
      - Patient Administration System
      - Emergency Department
      - Theatres
      - Order Communications
      - E-Prescribing and medicines administration
      - Medical device integration
      - Critical Care
  - **Phase 3**
    - To support delivery of aspects of clinical functionality not delivered to WMUH as part of phases above
      - Implementation of Order Communications
      - Roll out of clinical documentation for doctors, nurses and therapists
      - E-Prescribing and medicines administration
      - Reporting functionality not in scope above
    - Additional aspects not in original scope e g Maternity, GUM, Clinical analytics

External Assurance

- A series of Gateway Reviews have been undertaken by Ernst & Young (EY) to provide an external assessment on progress
- The purpose of the Gateways is to ensure that there is a good understanding of the risks being carried forwards into the next stage of the Programme
- The following progress has been made with the Gateways for Phase 2:
  - **Gateway 1** – rated the programme as Amber
  - **Gateway 2** – rated the programme as Amber/Green
  - **Gateway 3** – scheduled to report in September will focus on organisational readiness
  - **Gateway 4** - the pre-go live gateway in advance of the decision to commence the cut over to the new system

EPR Programme Headlines

- The EPR Phase 2 is on track to go live as planned
- Over the course of a few days in early November we are taking live a range of clinical and administrative functionality that has taken other organisations many years to implement
- The Finance and Investment Committee will review the Gateway 3 report later in the month along with a report on benefits realisation
- The issues highlighted in Gateway 2 covering progress with the clinical safety assessment and process redesign have now been evaluated as green
- A set of Operational Key Performance Indicators have been developed and are being tracked on a regular basis by the operational teams

Organisational Readiness

- Cutover planning (covering the transition period to the new system) is advanced and command and control arrangements are being finalised
- In the immediate post go live period we are planning to reduce elective activity to give staff time to adjust to the new system
- The administrative teams are being strengthened – building on experience from the West Middlesex go live - and buddying arrangements have been put in place
- A programme of investment in the network infrastructure is being completed in time for go live and additional equipment (Computers on Wheels etc) has been put in place
- Training to end users has got underway – with positive feedback reflecting the lesson learned from the previous implementation
- The following slide is an extract from the Organisational Key Performance Indicators. These are tracked on a weekly basis against pre-agreed benchmarks.

Organisational Key Performance Indicators - Extract

Implications of Data migration strategy are understood
Casenote location mapping agreed
BAU clinic build is reviewed and correct
All pend lists validated (clinically and operationally)
Validation of the waiting lists completed
OP follow up process for migrated patients agreed
Theatre lists checked and built validated
OP activity reduction completed
Scope Verification - Clinical functionality verified and signed off by each division
End user testing for Trial loads completed and report circulated
Satellite workflows agreed with divisions
Staff Readiness Assessment completed
Familiarisation sessions delivered to all service areas on all sites
Cutover and early go-live communications plan in place
Implications of the gap analysis reviewed and understood at directorate level.
Implications of cutover plan understood by staff
Business continuity plans and downtime forms up to date

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	5.1/Sep/19
REPORT NAME	Appraisal Revalidation Board Report 2018-2019
AUTHOR	Dr Jacqueline Durbridge, Associate Medical Director for Professional Development
LEAD	Dr Zoe Penn, Chief Medical Officer
PURPOSE	The General Medical Council (GMC)require Board visibility of the process of revalidating doctors as fit to practise and have to approve this report prior to annual submission to the GMC.
SUMMARY OF REPORT	The Trust in its role as a Designated Body (DB) of the General Medical Council (GMC), must be assured that the doctor for whom it is the DB are Fit to Practise. This assurance is through a process of revalidation based upon annual professional appraisal and reflection. The Trust is the DB for 674 doctors and there have been 620 (92%) annual appraisals completed this year and the Responsible Officer (RO) has made a positive recommendation for revalidation for 161 (out of 191 due) for our doctors in 2018/19. The remainder have been deferred to await further supporting documentation. We have not made any non-engagement recommendations and one doctor is deferred as there is an on-going investigation/potential disciplinary process proceeding.
KEY RISKS ASSOCIATED	Failure to provide high quality care.
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	none
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation

DECISION/ ACTION	For approval.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Annual Appraisal & Revalidation Board Report 2018-2019

Contents

1. Executive summary

Chelsea and Westminster Healthcare NHS Foundation Trust had 674 doctors eligible for an appraisal in 2018/19. (An increase of approximately 100 from previous year) There have been 620 (92%) completed appraisals for the appraisal year. The appraisal team follow up and investigate missing appraisals and the majority of doctors will go on to complete an appraisal although this may be outside of the expected 9-15 month window around the appraisal date. The Responsible Officer (RO) has made positive revalidation recommendations for 161 (out of 191 due for recommendations) of our doctors in 2018/19. The others have been deferred mostly awaiting additional supporting information to be provided. We have made 0 non-engagement recommendations, and 1 deferral for being in an on-going process.

2. Purpose of the Paper

The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.

This report describes the progress against last year's improvement plans and sets out the future direction in light of new guidance from NHS England. This is a statement of compliance with the FQA to the board and higher level responsible officers.

3. Background

Medical staff appraisal is a process of facilitated self-review, supported by information gathered from the full scope of a doctor's work. At this organisation, medical staff appraisal has three main purposes.

• To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in Good Medical Practice and thus to inform the responsible officer's revalidation recommendation to the GMC;
• To enable doctors to enhance the quality of their professional work by planning their professional development;
• To enable doctors to consider their own needs in planning their professional development.

Revalidation is the process through which licensed doctors demonstrate they remain up to date and fit to practise. It is based on clinical governance and appraisal processes. Effective medical appraisal and subsequent revalidation will satisfy the requirements of Good Medical Practice and support the doctor's professional development.

Appraisal is focused on a doctor's fitness to practise and professional development to enhance this. This means that there is a clear distinction between appraisal and Job Planning, which is focused on determining the quantity and scope of a doctor's work to meet service and organisational objectives – and should be a process that is carried out at a separate meeting.

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers in

discharging their duties under the Responsible Officer Regulations and it is expected that provider boards will oversee compliance by:

• Monitoring the frequency and quality of medical appraisals in their organisations;

• Checking there are effective systems in place for monitoring the conduct and performance of their doctors;

• Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and

• Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

4. Governance Arrangements

The RO is accountable to the Board for ensuring the implementation and operation of appraisals for all medical staff with whom the organisation has a “prescribed connection”; it is also a contractual requirement for all medical staff to participate in annual appraisal. Therefore, the objective will be to maintain an appraisal rate of 95% for medical staff over a twelve month period. The 2018/19 completion rate was 92%.

The Medical Appraisal and Revalidation officer provides monthly reports showing the appraisal rates for medical staff at organisational, Divisional and Directorate level and also show which appraisals are overdue. These monthly reports are circulated to (and should also be a standing agenda item at the monthly Divisional Board meetings):

- Clinical Directors, Divisional Medical Directors and the RO;
- Director of HR, Deputy Director of HR and HR Business Partners

The more strongly worded chaser e-mails introduced to try to improve the rate of on time appraisal completion has increased the rate of completion to 92% overall although the on time completion rate is 89% on average on a monthly basis.

We currently maintain our database of doctors by checking the monthly Starters and Leavers report supplied by the Workforce team. We also receive emails from the GMC documenting those doctors for whom we have a responsibility. We have commenced an audit of our databases to ensure that these are up to date and are in alignment with GMC connect. We will set out a regular process to maintain this going forward.

a. Policy and Guidance

The Trust Medical Appraisal policy was reviewed and updated in December 2018, the only substantial change was a move to fit with established GMC guidance regarding collecting patient & colleague feedback once in each 5 year revalidation.

5. Medical Appraisal

a. Appraisal and Revalidation Performance Data

Please see ***Appendix A- Audit of all missed or incomplete appraisals***

b. Appraisers

We have 134 trained appraisers as at the end of 2018/19. During this period we held 3 new appraiser training sessions provided by internal facilitators (28 doctors trained). We held 2 appraiser forums to provide education and an opportunity to discuss the NHSE guidance and audit tools for appraisal; approximately 10% of our appraisers attended one of these. We introduced Appraiser Update sessions in 2016 and held four sessions in 2018/19, 49 appraisers attended these.

We collect electronic feedback from appraisees about their appraiser once they have completed their appraisal. This includes feedback on their listening, support and overall effectiveness. This is part of demonstrating fitness to practice as an appraiser.
In 2018/19 the AMD for professional development has continued to conduct 1:1 meetings with appraisers to improve the quality of appraisals. Appraisers are utilising this feedback for inclusion and reflection in their own appraisals.

c. Quality Assurance

Throughout 2018/19 the AMD for professional development continued to review all appraisals in those requiring revalidation (approximately 20% of all appraisals) and provides feedback to both the individual and the appraiser regarding the inputs, supporting information presented and the quality of the summary written by the appraiser. On-going education of appraisers is aimed at improving the quality of the supporting information and reflection captured in the appraisal.

See ***Appendix B***: Quality assurance of appraisal inputs and outputs

d. Access, Security and Confidentiality

Appraisal documentation is provided by a web based system that is password protected. There is the capacity to lock documents for only the appraisee, appraiser, RO and delegate to see. The system meets the highest standards of IT security and document storage. There are warnings not to upload documents with patient information and advice to anonymise. No audit of information governance has been undertaken but staff are advised to remove any PID.
The licences are amalgamated however we have not been able to fully integrate the systems across both sites.

e. Clinical governance

Corporate data is used for individual doctors to contribute to supporting information. The Appraisal and Revalidation team have provided reports from the Datix system, for all individuals to enable review of their involvement in incidents and reflection and learning from them. This is an essential piece of supporting information that is required from all places of work.

*See **Appendix C;** Audit of concerns about a doctor's practice.*

f. Update on Action Plan from 2017/18 Board Report

- *HR to develop action plan for shortfall in data collection and monitoring regarding pre-employment checks and Responsible officer information transfer*

  A system was put in place by the workforce team however this has not been maintained throughout the year and this remains a gap in our processes.

  - *Develop cross site team and functions with a connected budget.*

    Team changes have occurred with reorganisation of some duties of one of the post holders. Development of cross site working is on-going and restructuring of the team and bringing back under HR is in progress.

  - *Continue to work with appraisers to ensure standardisation of quality of appraisal*.

    Continued work with appraisers providing education opportunities via update sessions and forums, the appointment of lead appraisers on both sites will assist with this work.

- *Review MSF Questions and frequency of MSF rounds*

We have set the frequency of MSF rounds to once in each revalidation cycle to reduce the burden on doctors as this can be onerous; this is in line with GMC guidance. We will continue to review the questionnaire and when available consider introducing specialty specific questionnaires.

- *Work with system provider to merge the two systems to improve functionality across site*

System provider has confirmed they are able to merge the systems, however this has not progressed at present.

- *Use Allocate to link with GMC Connect (medium – long term objective)*

  Awaiting further planned system upgrades.

6. Revalidation Recommendations

- Recommendations between April – March **191**
- Recommendations completed on time, **179**
- Positive recommendations, **161**
- Deferral requests, **30**
- Non-engagement notifications, **0**

*See **Appendix D;** Audit of revalidation recommendations*

7. Recruitment and engagement background checks

HR and workforce have provided data regarding background checks made for new doctors including bank doctors. Locum agencies utilised are all framework agencies and hence conduct the appropriate checks. The checklist used corresponds to the data collected by the Trust for our own doctors.

*See **Appendix E***

8. Monitoring Performance

A number of measures are used to assess the performance of doctors within the organisation:

- Appraisal, including feedback from patients and colleagues
- GMC referrals
- Clinical audit
- Incident and Serious Incident reports
- Mortality reviews
- Complaints
- Key Performance Indicators, such as healthcare associated infections and referral to treatment times
- Concerns raised by other staff.

Clinical Governance reporting is via Divisional Quality & Risk Groups, and a number of other committees (such as the Medicines group), which report into the Clinical risks or effectiveness group, which in turn report to the quality Committee, a sub-committee of the Trust Board. The Medical Director is the chair of the patient safety group and a member of the effectiveness group and the quality committee.

Following new guidance from NHS England the monthly revalidation/appraisal meeting has been formally constituted as the Responsible Officer Advisory group, with an agreed membership and terms of reference. The Medical Director and the Appraisal and Revalidation Lead also meet jointly with the GMC Employer Liaison Officer every 3-4 months, which includes discussion of medical staff subject to on-going GMC process.

9. Responding to Concerns and Remediation

*See **Appendix C**- Audit of concerns about a doctor's practice*

10. Risks and Issues

- HR continues to have difficulty providing assurance that checks are adequately undertaken; monitored and recorded. HR are fully aware of the deficiencies and are working to improve the systems and to systemise their methodology.
- Changes within the Appraisal and Revalidation team have occurred due to turnover of staff which has led to a reduction in efficiency along with additional numbers of doctors being employed to fill gaps in training programmes that are connected to C&W.
- Reduction in availability of appraisers and increased number of connected doctors have caused delays in allocating doctors appraisers and consequently their appraisals.

11. Corrective Actions, Improvement Plan and Next Steps

- Review connections listed on GMC connect and ensure alignment with Trust held databases.
- Appoint a lead appraiser on each site to assist AMD with increased volume of recommendations required over next 2 years and to improve quality of appraisal.
- Work with system provider to merge the two systems to improve functionality across site, implementation plan required from provider and implementation dates to be agreed.
- Continue to provide new appraiser training days, actively seek out suitable doctors to train as appraisers.
- Use Allocate to link with GMC Connect (medium – long term objective)

12. Recommendations

1. Board to accept report (Please note it will be shared, along with the annual audit, with the higher level responsible officer) and continue to support resource requirements to deliver a higher standard of appraisal.
2. Board to approve the 'statement of compliance' confirming that the organisation, as a designated body, is in compliance with the regulations

13. Appendix A – Audit of all missed or incomplete appraisals

Doctor factors (total)	**Number**
Maternity leave during the majority of the 'appraisal due window'	8
Sickness absence during the majority of the 'appraisal due window'	4
Prolonged leave during the majority of the 'appraisal due window'	0
Suspension during the majority of the 'appraisal due window'	1
New starter within 3 month of appraisal due date	1
New starter more than 3 months from appraisal due date	0
Postponed due to incomplete portfolio/insufficient supporting information	7
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	5
Lack of engagement of doctor	5
Other doctor factors	
(describe) - Doctors contract extended without the Appraisal and revalidation team being informed which led to a delay - Left the trust after appraisal due date without completing annual appraisal - Doctor had mitigating circumstances	3
Appraiser factors	**Number**
Unplanned absence of appraiser	2
Appraisal outputs not signed off by appraiser within 28 days	0
Lack of time of appraiser	5
Other appraiser factors (describe) completion delayed but completed within year	1
(describe)	
Organisational factors	**Number**
Administration or management factors	2
Failure of electronic information systems	2
Insufficient numbers of trained appraisers	15
Other organisational factors (describe)	0

NB This records the reasons for an appraisal to have been missed there may be more than 1 reason

14. Annual Report Appendix B – Quality assurance of appraisal inputs and outputs

Total number of appraisals completed		620
	Number of appraisal portfolios sampled	Number of the sampled appraisal portfolios deemed to be acceptable against standards on 1st review by AMD
Appraisal inputs	158	112 (portfolios had 1 or more of the below unacceptable)
Scope of work: Has a full scope of practice been described?	158	158
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	158	158
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	158	155
Patient feedback exercise: Has a patient feedback exercise been completed?	Yes: 148 (Feedback: patient & colleague is collected maximally alternate years)	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	158	Yes: 151
Review of complaints: Have all complaints been included?	158	140, (number of portfolios with governance report attached on first review)
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	158	140, (number of portfolios with governance report attached on first review)
Is there sufficient supporting information from all the doctor's roles and places of work?	158	142
Is the portfolio sufficiently complete for the stage of the revalidation cycle? Explanatory note: Has mandatory training record and CG report been included in portfolio?	158	136
Appraisal Outputs		
Appraisal Summary	158	137
Appraiser Statements	158	158
Personal Development Plan (PDP)	158	152

NB: All portfolios for doctors that had a positive recommendation conformed with the required standard after intervention by the AMD to ensure the appropriate SI. Feedback is provided by the AMD to both appraiser and appraisee regarding any deficiencies detected in order that they can be corrected prior to submission of a revalidation recommendation.

16. Appendix C– Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level[1]	Medium level[2]	Low level[2]	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern	4	2	7	13
Capability concerns (as the primary category) in the last 12 months	0	0	0	0
Conduct concerns (as the primary category) in the last 12 months	2	2	7	11
Health concerns (as the primary category) in the last 12 months	2	0	0	2
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2019 who have undergone formal remediation between 1 April 2018 and 31 March 2019. Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice A doctor should be included here if they were undergoing remediation at any point during the year				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				0
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England only; doctors on a medical performers list, Armed Forces)				0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				0
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				0
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc.) All Designated Bodies				0

[1] http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf

Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.) All Designated Bodies	0
TOTALS	0
Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	1
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week : 1 1 week to 1 month 1 – 3 months : 1 3 - 6 months : 1 6 - 12 months	1-3 Months
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	1
GMC Actions: Number of doctors who:	
Were referred by the designated body to the GMC between 1 April and 31 March	2
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	5
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	1
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April and 31 March for advice or for assessment	9
Number of NCAS assessments performed	0

17. Appendix D– Audit of revalidation recommendations

Revalidation recommendations between 1 April 2017 to 31 March 2018	
Recommendations completed on time (within the GMC recommendation window)	179
Late recommendations (completed, but after the GMC recommendation window closed)	12
Missed recommendations (not completed)	0
TOTAL	191
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No responsible officer in post	4
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
New starter/new prescribed connection established more than 2 weeks from revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	0
Responsible officer error	0
Inadequate resources or support for the responsible officer role	0
Other	8
TOTAL [sum of (late) + (missed)]	12

Reasons:
8 "Other" were all due to late submission of appraisal documentation or supporting information.

4 due to "RO not in post" were submitted on time but change to interim RO due to sickness of previous RO was not completed on GMC connect system

18. Appendix E– Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)	
Permanent employed doctors	31
Temporary employed doctors	99
Locums brought in to the designated body through a locum agency	253
Locums brought in to the designated body through 'Staff Bank' arrangements	334
Doctors on Performers Lists	
Other Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc	
TOTAL	

For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)

	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS investigations	Disclosure and Barring Service (DBS)	2 recent references	Name of last responsible officer	Reference from last responsible officer	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance concerns
Permanent employed doctors	31	31	0	0	0	31	31	31	7	31	0	31	31	31		0
Temporary employed doctors	99	99	0	0	0	99	99	99	15	99	0	99	99	99		0
Locums brought in to the designated body through a locum agency	253	253	0	0	0	253	253	253	253	253	0	253	253	253		

Locums brought in to the designated body through 'Staff Bank' arrangements	334	334	0	0	0	334	334	334	0	334	0	334	334	334		0
Doctors on Performers Lists																
Other (independent contractors, practising privileges, members, registrants, etc)																
Total																

For Providers of healthcare i.e. hospital trusts – use of locum doctors:

Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)

The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors

Locum use by specialty:	Total establishment in specialty (current approved WTE headcount)	Consultant: Overall number of locum days used	SAS doctors: Overall number of locum days used	Trainees (all grades): Overall number of locum days used	Total Overall number of locum days used
Surgery*	225	98	0	1316	1414
Medicine*	439	509	0	808	1317
Psychiatry	0	0	0	0	0
Obstetrics/Gynaecology *	99	0	0	36	36
Accident and Emergency*	159	0	0	479	479
Anaesthetics*	136	90	0	64	154
Radiology*	48	0	0	0	0

Pathology*	16	0	0	0	0
Other*	58	28	0	371	399
Total in designated body (This includes all doctors not just those with a prescribed connection)	1140	725	0	3074	3799
Number of individual locum attachments by duration of attachment (each contract is a separate 'attachment' even if the same doctor fills more than one contract)	Total	Pre-employment checks completed (number)	Induction or orientation completed (number)	Exit reports completed (number)	Concerns reported to agency or responsible officer (number)
2 days or less	Legacy system didn't specify if they were Bank or Agency. But the new system now does.				Datix to check systems
3 days to one week					
1 week to 1 month					
1-3 months					
3-6 months					
6-12 months					
More than 12 months					
Total					

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	5.2/Sep/19
REPORT NAME	Guardian of Safe Working Report Quarter 1 2019
AUTHOR	Dr Rashmi Kaushal, Guardian of Safe Working (GOSW)and Consultant Endocrinologist
LEAD	Dr Zoe Penn, Chief Medical Officer
PURPOSE	For the Board to be assured that our junior doctors are working safely.
SUMMARY OF REPORT	The Guardian of Safe Working function received exception reports from junior doctors about potentially unsafe conditions of work, or lack of training and teaching in their clinical roles. S/he will 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.
KEY RISKS ASSOCIATED	Failure to provide high quality care
FINANCIAL IMPLICATIONS	Levy of fines on Divisions
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None

LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	For information

Guardian of Safe Working Hours Report

Quarter 1 of 2019

1. Executive Summary

The key findings of the Exception Reporting process are:

- There continues to be a downward trend in the Exception Reports submitted for both sites.
- A total of 114 reports were submitted for this quarter compared to 132 submitted for quarter 1 2018.
- Most Exceptions submitted were as a result of increased work load. Active measures are in place to fill all existing and anticipated rota gaps. As a result, reduced staffing levels featured less for exceptions to working patterns as represented in report analysis.
- Exception Reporting is at the forefront of all Junior Doctor Induction programmes. There has been much speculation as to the cause of decline in the number of reports submitted. The GMC and BMA are satisfied that there is no constitutional discouragement of report submission. There has been some perceived inertia in the exception reporting processes although direct discussions with the junior doctor body on both sites in forum settings have shown that most trainees are content with the current rota design and working conditions.
- Guardian Fines: No fines have been levied for this Quarter.
- Red Flag Areas: There are no Red Flag areas identified.
- Amber Flags: ENT at WMUH site is an area that is generating a large number of reports by SPR grades due to out of hours cover provided to Northwick Park Hospital. It is anticipated that the out of hours reporting will be resolved when the revised terms and conditions are implemented from August 2019.

2. **The Junior Doctors imposed contract from 2016 has been renegotiated after a four year dispute**.

- All junior doctor training grades will move to the new terms and conditions in August 2019.
- The agreed changes will enable the junior doctors' contract to be aligned with all NHS pay contracts with future changes agreed in partnership between staff and employer representatives.
- The Joint Juniors Negotiating Committee (JNCJ) made up of the BMA and employer representatives will become the vehicle through which any further changes are agreed collectively
- The 2016 contract was based on planned changes being implemented on a cost neutral basis. There was an expectation that some savings would be released to enable additional investment in the 2016 contract to be made in future years.

- For the 2019 contract, extensive analytical work has identified that the contract for doctors in training will be recurrently cost neutral. However, there are not expected to be any savings.

- In response to this position the Government and NHS England have agreed to make available a funding which supports further investment into the contract.

- The proposed investment is over 4 years from 2019-2023. This consists of a total of 2.3% in 2019/20 and 3% in each of the three years 2020/21, 2021/22 and 2022/23. Of this total investment, junior doctors will receive an annual pay uplift of 2%.

- **Nodal payments for junior doctor training grades to be implemented from August 2019 are shown below**. The values are based on 2% uplift per annum. These represent substantive pay values which may be implemented during the training year. .
- NP5 includes additional investment of £3k in 20/21, £3k in 21/22, and £1.2k in 22/23 on top of the 2% uplifts to salaries

	2018/19	2019/20	2020/21	2021/22	2022/23
Nodal Payment 1-FY1	£27,146	£27,689	£28,243	£28,808	£29,384
Nodal Payment 2-FY2	£31,442	£32,050	£32,691	£33,345	£34,012
Nodal Payment 3 ST1-2	£37,191	£37,935	£38,694	£39,467	£40,257
Nodal Payment 4 ST3-5	£47,132	£48,075	£49,036	£50,017	£51,017
Nodal Payment 5 ST6-8	£47,132	£48,075	£52,036	£56,077	£58,398

- The remaining investment (around £90 million) will be used to fund other specific changes including:

  - **A new nodal point 5:** This will be introduced for trainees at ST6 and above through a staggered approach and will replace the Senior Decision Makers allowance as set out in the 2016 terms and conditions of service
- **Weekend allowance uplift** to ensure those working the most frequent weekends are remunerated more fairly. The weekend frequency allowance rates for those working 1 in 2, 1 in 3, and 1 in 6 weekends will be uplifted in order to ensure these trainees are not paid less per hour for working more intense frequencies. The rate for those working 1 in 2 weekends will be **15%** of their basic salary; for those working 1 in 3 weekends it will be **10%** of their basic salary, and for those working 1 in 6 it will be **5%** of their basic salary. This change will come into effect in December 2019

- **An enhanced rate of pay for shifts that finish after midnight and by 4am.** Where a shift ends after midnight and by 4am, the entirety of the shift will attract an enhancement of 37% of the hourly basic rate. This change will come into effect in December 2019

- **A Less Than full time (LTFT) allowance** to recognise the additional costs LTFT doctors incur throughout training. Any doctor who is training less-than-full time will be paid an annual allowance of £1,000 for as long as they continue to train less-than-full-time.

- **Champion of flexible training**: Employers and/or host organisations will be required to appoint a champion of flexible training. The DME's on both sites are engaged in the recruiting process for this post.

- **Changes to the academic flexible pay premium**

3. Job Scheduling Reviews

- The third quarter of 2018 focussed on a thorough review of all training post job schedules to ensure that departments could share resources efficiently in the climate of rota gaps and also to accommodate zero days. This activity has been combined with a review of all rotas to ensure that optimal staffing levels are maintained.

- It is anticipated that all Job schedule reviews will require a further revision following more recent changes described in the Revised Terms and Conditions from July 2019. Most Trusts have been given a grace period until December 2019 to ensure that all rota's are complaint.

4. Junior Doctor Forum (JDF)

- The JDF remains active at both sides with very good attendance by junior doctors from diverse specialities and training grades. Senior consultants have been very supportive in attending to share experience and provide on- going support. This has been received very well by the junior doctor cohort with excellent feedback. Forum dates and content are shown below.

- Wednesday April 10th C&W: Dr Peta Longstaff discussed Patient Safety

- Wednesday May 29th WMUH: Mr Jason Smith and Dr Zul Mirza discussed Professional Behaviour, Team Working and Working under pressure

- Wednesday June 12th C&W: Dr Orhan Orhan provides an up- date and open discussion of Rest Facilities for Junior Doctors

- Wednesday June 26th WMUH: Dr Louise Robinson and Dr John Platt talk about End of Life Pathways, providing education and guidance.

5. Rest, Health and Well Being:

The Trust aims to be at the forefront of delivering the BMA's Fatigue and Facilities Charter.

Each site has received funding of £30,000 which will be invested in improving rest facilities at both sites.

The DME's GOSW and JDF are currently working on prioritising how funds are best utilised.

6. Rota Gaps

- Rota Gaps continue to be a national problem with a further 20-30% increase beyond the 20-30% deficit prior to the implementation of the New Terms and Conditions in 2016.

- The Trust has a total of 37 gaps across both sites. Most rota gaps are filled with locum doctors recruited through our Bank or agency arrangements in the main
- The Trust has responded by ensuring that existing gaps have been filled promptly to ensure patient safety and maintain desired standards of clinical care.
- Long term gaps have been filled by Junior Clinical Fellow Posts. There has been active succession planning of such posts to ensure that some of these posts can be converted seamlessly into IMT training posts.
- All Junior Clinical Fellow posts rotate through varied educational specialities, have designated Educational Supervisors and are tied into the Trust Appraisal process.

Site	Department	Gaps for Quarter 1 of 2019	Anticipated Quarter 2 2019	Solutions
C&W	HIV & GUM	1 GP VTS at Dean Street		Filled with Trust SHO Post
C&W	Paediatrics	2.6 SHO and 1 SPR		Gaps remain unfilled
C&W	General Surgery	SPR: 2.4 until October 2019	1.7 SPR gap from October 2019 in general surgery rota. That is 5.3 SPR's instead of 7 to run a rota.	RSO posts will be covering until posts can be filled. .
C&W	O&G	1 gap ST3-7	1 gap ST3-7	On call shifts have been covered by locum until August 2019
C&W	O&G	0.5 gap ST3-7maternity leave	0.5 gap ST3-7maternity leave	On call shifts have been covered by locum until August 2019
C&W	AAU	FY2, CMT	ACCS AM gap continues until August 2019	Locum cover
C&W	COTE	1 CMT1		Intermittent locum cover only
C&W	Anaesthetics	ST3 on modified duties		Covered by locum shifts
WM	AAU	0.4 SPR	0.4 SPR until August 2019	Locum cover when possible

WM	AAU	2 FY2	2 FY2 until August 2019	Gone to recruitment
WM	ENDO	1 FY2 1 JCF	Post removed by Deanery	Currently filled ad hoc by Junior Clinical fellow who also covers 2 bays on MH2
WM	Respiratory	1 SPR has been relocated to Royal Brompton	2 SPR gaps until Jan 2020 (1 SPR due to start acting up as a consultant since January 2019)	Work load absorbed by existing team
WM	Respiratory	1 CT1 (Post shifted by the Deanery to COTE)		Work load absorbed by Ad Hoc JCF doctor
WM	COTE		FY2 gap (April to August 2019)	
WM	COTE		CMT gap (Feb to August 2019)	
WM	COTE	1 GPVTS only 60% FT 1 GPVTS only 80% FT and now on maternity leave	2 GPVTS gap (Feb to August 2019)	Work load absorbed by existing team
WM	COTE	1 SPR on maternity leave since Oct 2019	2 SPR gaps	
WM	Urology	1/1 for SHO, adverts will be out this week		
WM	General Surgery	SPR: 2/10 2 SHO gaps 2 middle grade gaps,		(long term locum> Filled by long term locums and 2 SHO, filled with short term locum
WM	T&O	SHO	Feb 14th 1 out of our 8 SHOs	Out to recruitment
WM	Paediatrics	1 GPVTS 1 JCF 4 SPR's	1 GPVTS until October 2019 On going On going	Measures in place to recruit 2 senior clinical fellows.

7. **Exception Reporting:** The Exception Reporting data has been broken down to demonstrate a monthly analysis.

April 2019: A total of 40 reports were submitted. No Fines Levied

Division	C&W: 16	WMUH: 24
Emergency & Integrated Care	COTE: 4 Endocrinology 7 Neurology: 2	Ortho-geriatrics 1 Respiratory 4
Planned Care	General surgery: 3	ENT:19

May 2019: A total of 28 reports were submitted. No Fines Levied

Division	C&W: 6	WMUH: 22
Emergency & Integrated Care	Palliative Care (GPVTS Trinity Hospital) 5 Neurology 1	Endocrinology 4 Respiratory: 1
Planned Care		General Surgery 5 ENT 12

June 2019: A total of 45 reports were submitted. No Fines Levied

Division	C&W: 18	WMUH: 27
Emergency & Integrated Care	AMU 2 Palliative Care 2	Endocrinology 1
Planned Care	General surgery: 10 Anaesthetics 4 (All Educational)	ENT: 23 General surgery: 2 Urology: 1

Department	No of reports	Grade	Payment	Fines	Themes	Trends
WMUH ENT	54	SPR	£1,534.67		Cross site out of hours cover for Northwick Park.	Improving Trends
WMUH Orthogeriatrics	1	FY2, FY1	£0 TOIL		Job Scheduling outcomes have been successful	Resolved
C&W COTE	4	FY1	£67.70		CMT Gap in rota;Job Scheduling outcomes have been successful	Resolved
WMUH Respiratory	5	FY1, FY2, CMT	£139.87		SPR Gap in the Rota; Job Scheduling outcomes have been successful	Improving Trend.
C&W AMU	2	FY1	£0 TOIL		Work load and Rota gap	Resolved
C&W Genarl Surgery	13	FY1	£181.45		Job Scheduling outcomes have been successful Gaps in rota	Improving Trends
C&W Neurology	3	SPR	£70.80		Trainee in difficulty	Resolved
WMUH General surgery	8	FY1	£177,80		Improving Trends;	Resolved
All other daeparments	0		£0		No issues	

Table # 1

Appendix 1-Exception Reporting Analysis:

Table # 1 (Page 7) Displays the costs for each speciality and also the on- going efforts to resolve the issues. It is RAG rated for convenience. Most problem areas have been resolved in the job scheduling process with active recruiting to rota gaps.

Graph and Table #2 presents the variation of exception reports throughout the week. Nearly all additional hours have been reimbursed with financial payment. Busy wards have not enabled many juniors to secure TOIL.

Graph and Table #3 presents the split of themes at the C&W site. The dominant themes remain "Work load" with improvement of "staffing levels" and "ward rounds". We can also deduce that the average number of hours of individual exceptions is similar across the themes.

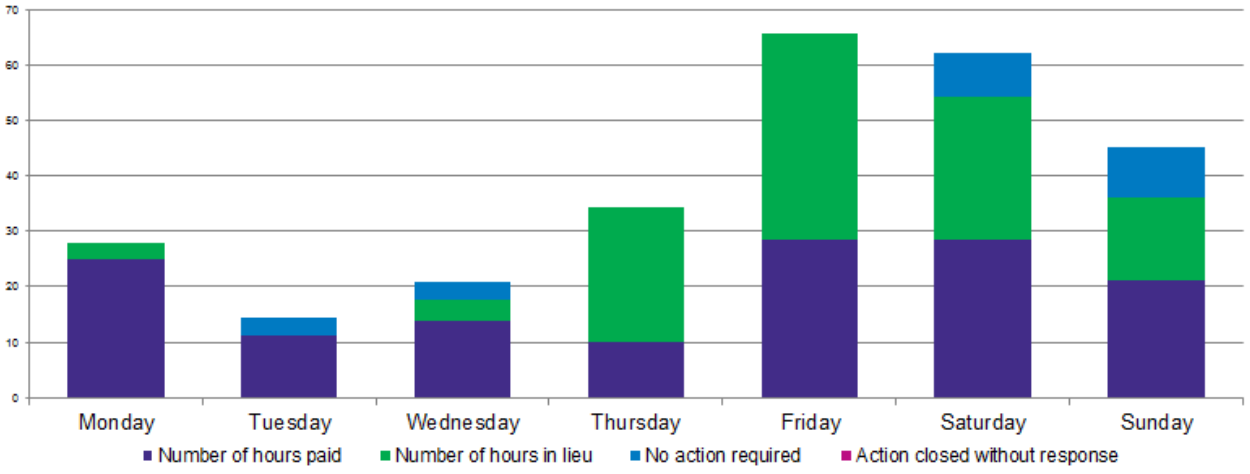
Graph # 4 presents the split of themes at the WMUH site.

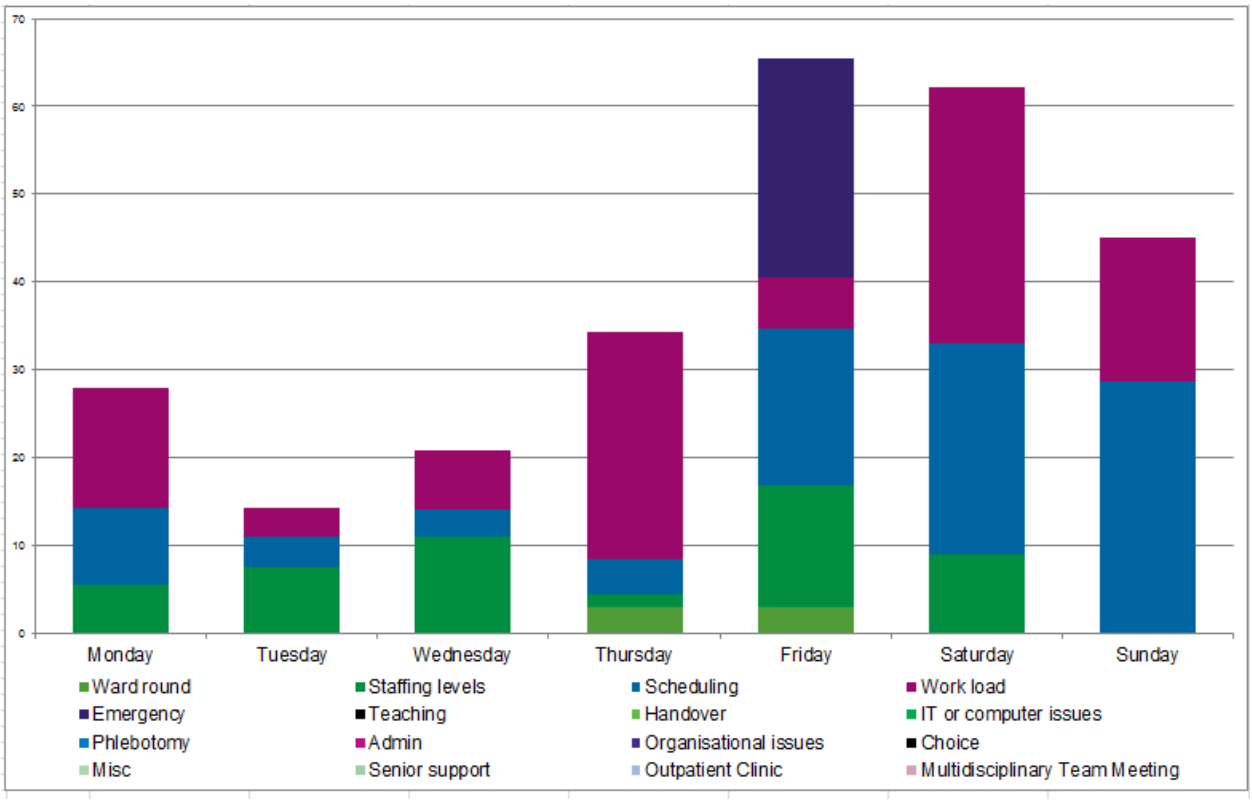
The dominant themes remain "Work load" with improvement of "staffing levels" and "ward rounds". We can also deduce that the average number of hours of individual exceptions is similar across the themes.

Graph and Table # 5 compares each speciality across both sites. There has been a significant improvement in the responding to exception reports by clinical and educational supervisors.

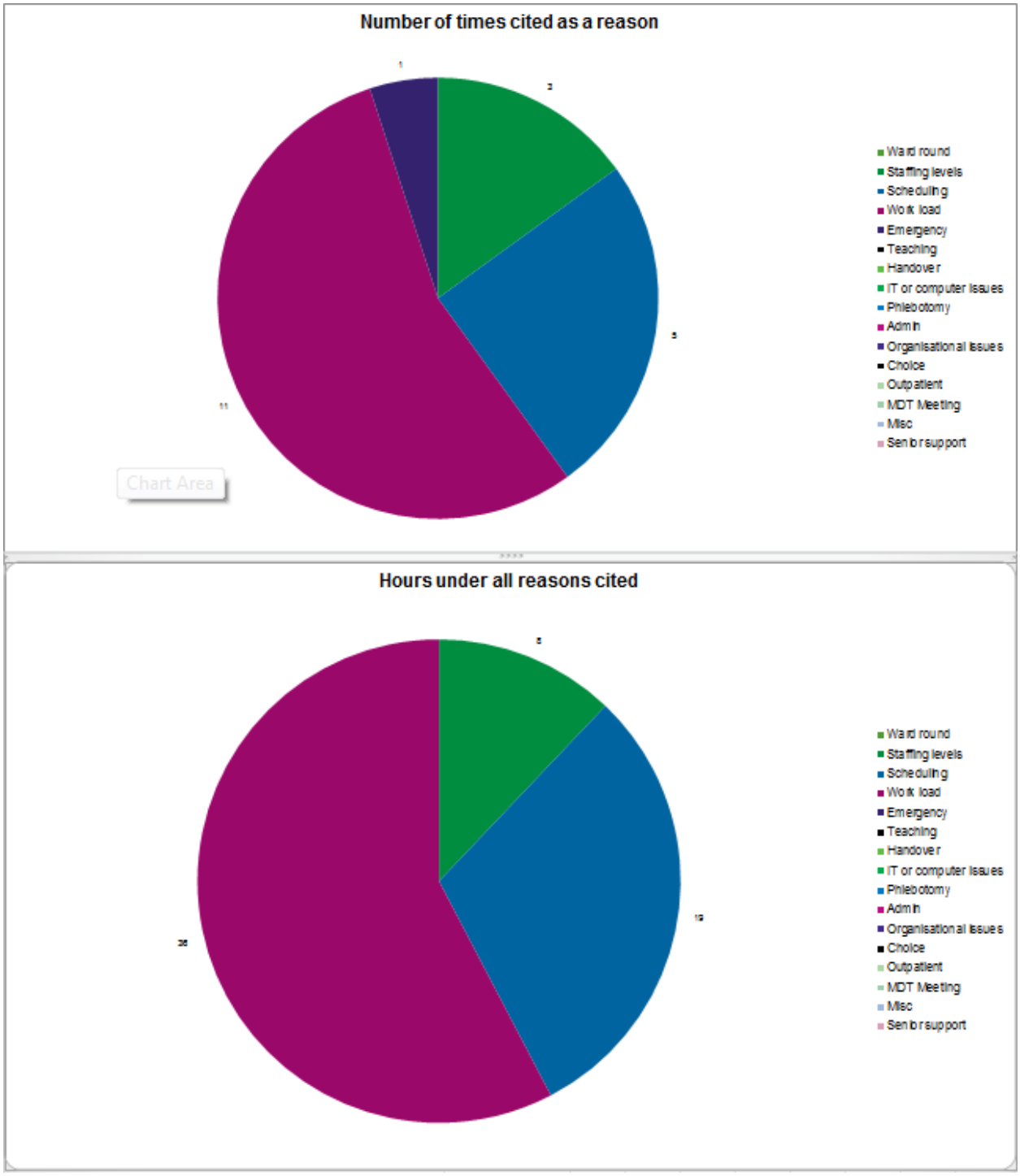
Graph and Table #2 presents the variation of exception reports throughout the week and observed themes

Day of week	Number of reports	Proportion of reports	Number of hours total	Number of hours paid	Number of hours in lieu
Monday	15	26.8%	25	25	3
Tuesday	10	17.9%	9	11	0
Wednesday	5	8.9%	9	14	4
Thursday	5	8.9%	18	10	24
Friday	7	12.5%	21	29	37
Saturday	14	25.0%	41	29	26
Sunday	21	37.5%	29	21	15

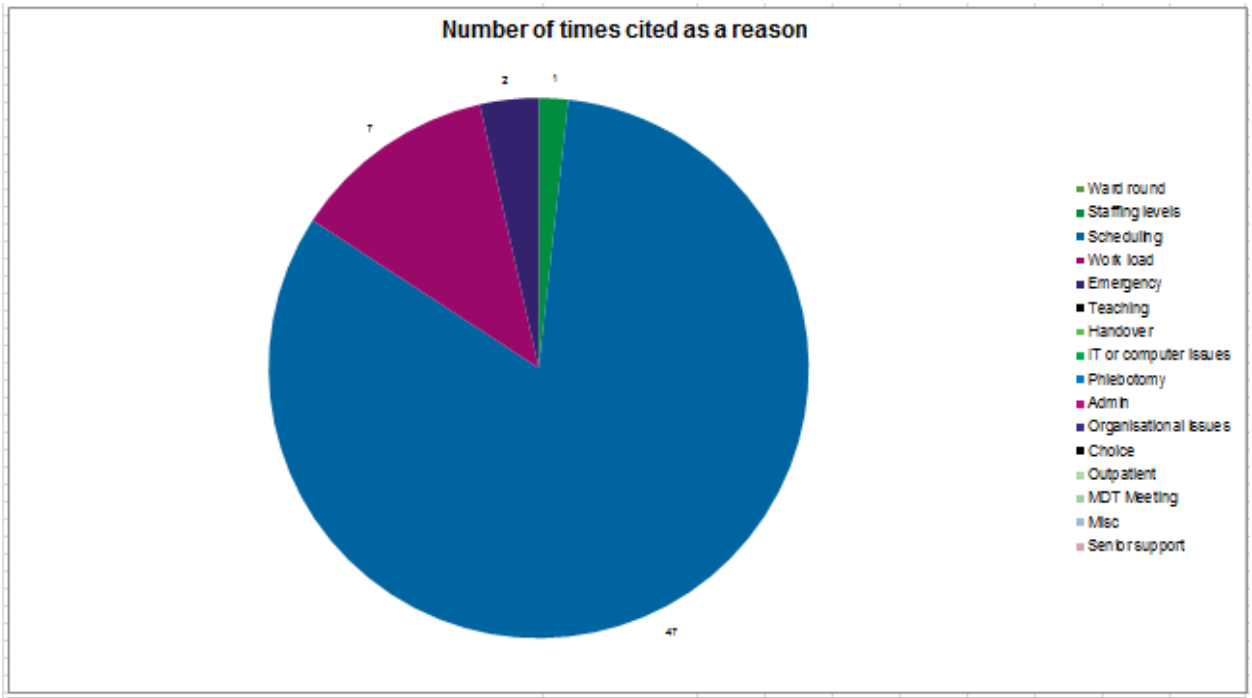


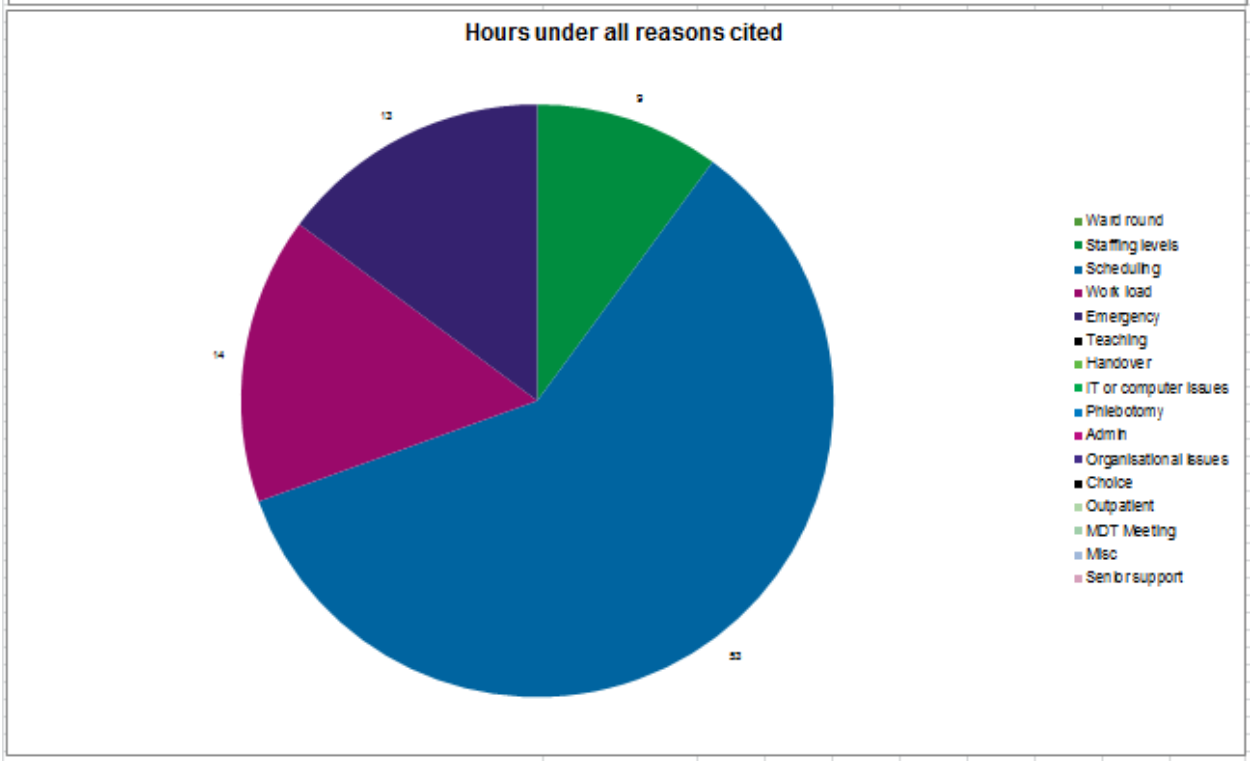


Graph and Table #3 - Overview of Exception Themes – CW



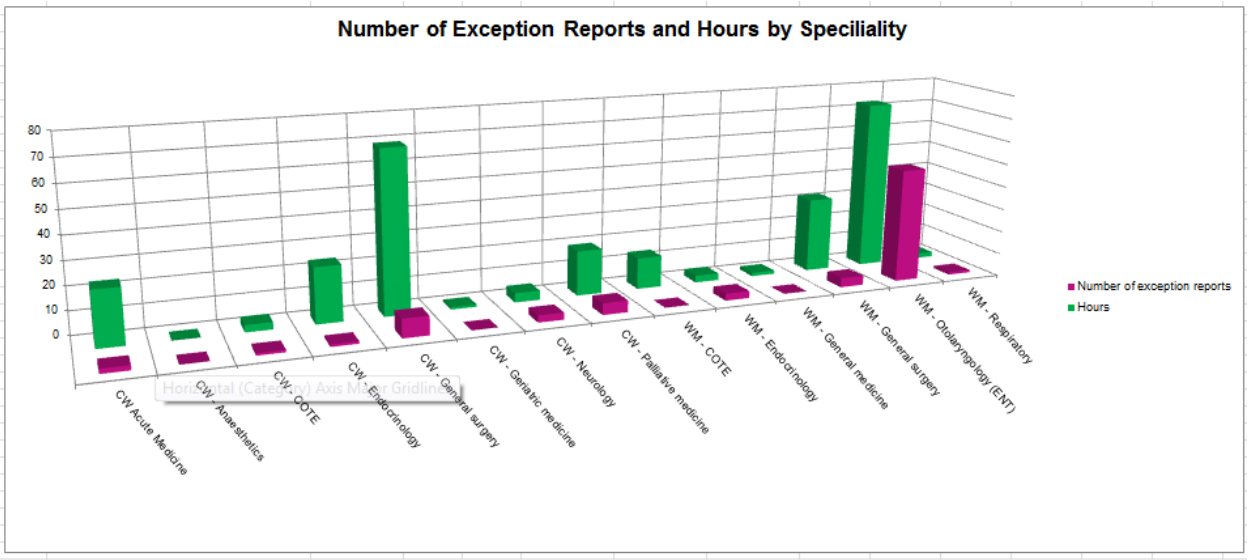
Graph and Table #4 - Overview of Exception Themes WMUH

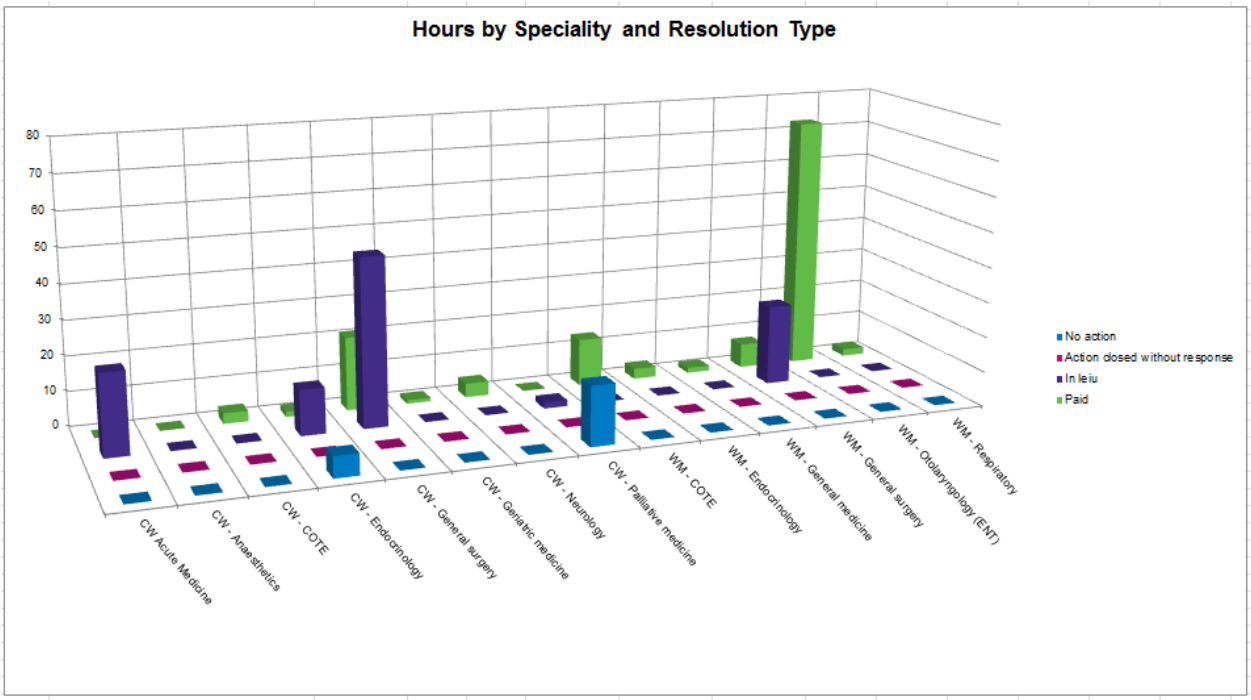




Graph and Table #5 - Overview of Exceptions per Site and Speciality

Site	Speciality at time of exception report	Number of exception reports	Open	Percent	Number of staff on rota	Hours	In leiu	Paid	No action	Action closed without response
Chelsea	Acute Medicine	2	0	0%		23.3	23.3	0.0	0.0	0.0
Chelsea	Anaesthetics	0	4	100%		0.0	0.0	0.0	0.0	0.0
Chelsea	COTE	1	2	67%		3.0	0.0	3.0	0.0	0.0
Chelsea	Endocrinology	1	7	88%		23.5	13.0	1.5	6.0	0.0
Chelsea	General surgery	8	7	47%		69.0	48.0	21.0	0.0	0.0
Chelsea	Geriatric medicine	0	1	100%		1.0	0.0	1.0	0.0	0.0
Chelsea	Neurology	3	0	0%		4.0	0.0	4.0	0.0	0.0
Chelsea	Palliative medicine	5	2	29%		19.3	1.8	0.0	17.0	0.0
West Mid	COTE	0	1	100%		13.5	0.0	13.5	0.0	0.0
West Mid	Endocrinology	3	0	0%		3.0	0.0	3.0	0.0	0.0
West Mid	General medicine	0	1	100%		1.5	0.0	1.5	0.0	0.0
West Mid	General surgery	4	2	33%		32.0	23.0	7.0	0.0	0.0
West Mid	Otolaryngology (ENT)	49	5	9%		72.8	0.0	72.8	0.0	0.0
West Mid	Respiratory	1	0	0%		2.0	0.0	2.0	0.0	0.0
West Mid	Respiratory Medicine	0	4	100%		7.8	0.0	7.8	0.0	0.0
Chelsea	**Total (of reporting specialities)**	**20**	**0**	**0%**	**0**	**144.0**	**24.8**	**99.7**	**17.0**	**0.0**
West Mid	**Total (of reporting specialities)**	**57**	**0**	**0%**	**0**	**132.5**	**23.0**	**107.5**	**0.0**	**0.0**





Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 5 September 2019

PUBLIC SESSION

AGENDA ITEM NO.	6.1/Sep/19
REPORT NAME	EU Exit update
AUTHOR	Thomas Simons, Director of Human Resources & Organisational Development
LEAD	Thomas Simons, Director of Human Resources & Organisational Development
PURPOSE	To update the Board on planning for the EU Exit.
SUMMARY OF REPORT	As attached.
KEY RISKS ASSOCIATED	Actively and adequately prepare for the consequences of EU Exit so the Trust can continue to deliver excellent acute, planned and outpatient patient care
FINANCIAL IMPLICATIONS	These are currently unknown – awaiting further national guidance
QUALITY IMPLICATIONS	Agreements to ensure local and national consistency, integration and maximum safety for our patients
EQUALITY & DIVERSITY IMPLICATIONS	The Trust supports the settlement scheme and has communicated with staff members
LINK TO OBJECTIVES	All
DECISION/ ACTION	For information.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

EU Exit update

23rd August 2019

The NHS has goods entering the UK from the EU across all methods of transport

76% of medicines
56% of devices

are imported from *or through* the EU

Of the EU imports:
74% of medicine products
90% medical devices volume

travel via channel ports

Organs, tissues and cells are almost always transported by air

Of the EU imports:
4% medicine products
<1% medical devices volumes

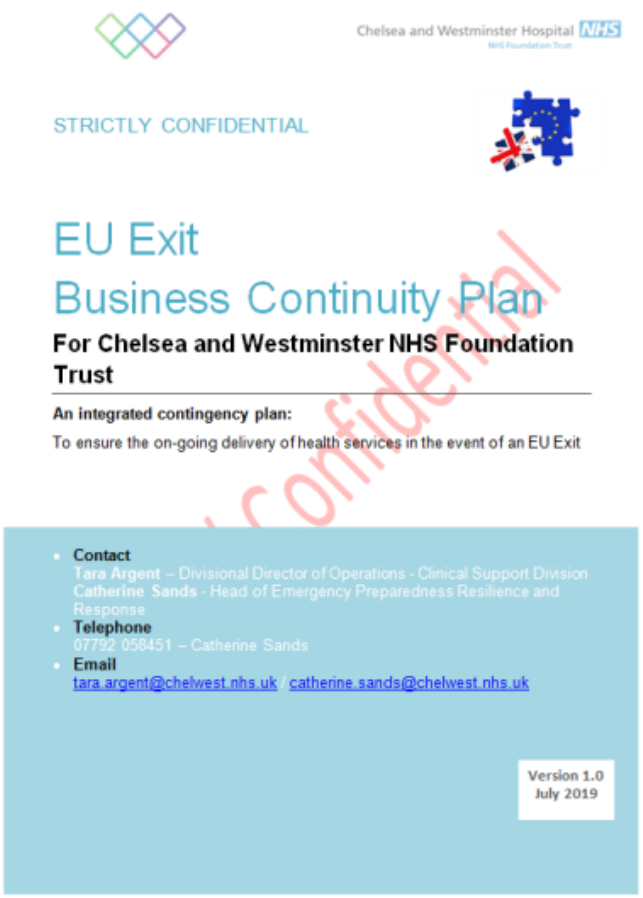
travel via air

Note: Medicines volumes are based on MAH returns to date and have been extrapolated to the whole market

Note: Devices can come into the UK in different parts and therefore not appropriate to give total volume of devices split by ports, hence using total volumes crossing the border.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

EU Exit Business Continuity Plan



The overall Trust EU Exit Integrated Business Continuity Planning focuses around:

- Actively and adequately prepare for the consequences of EU Exit so the Trust can continue to deliver excellent acute, planned and outpatient patient care
- Agreements to ensure local and national consistency, integration and maximum safety for our patients
- Support the need for national, regional and local coordination of hospital services during the initial months of EU Exit while the impact is as yet unknown and untested
- Ensure the Trust is linked to and coordinated with other health providers to maintain the integrity and continuity of London wide health services
- Provide for an integrated and coordinated Trust wide approach and consistent management across both sites and within North West London
- Contingency planning for EU Exit is part of a national process, we will follow the guidance provided by Central Command and control lead by the Department of Health and Social Care (DHSC)
- In line with the 9 National work streams

9 National work streams

National work stream contingency planning has focused on:

1. Medicines
2. Vaccines and other public health issues (PHE)
3. Clinical trials, research and clinical networks
4. Medical devices and clinical consumables
5. Non-clinical consumables, goods and services
6. Blood and Transplant
7. Workforce
8. Reciprocal healthcare and overseas visitors
9. Data
    1. Trust specific assurance regarding Cerner implementation

What we have already done – key points

Establish response arrangements

- **EU Exit Senior Responsible Officer (SRO)** – Thomas Simons
- **EU Tactical Group** established
- **Trust Command and Control Structure** to manage sitrep reporting and oversee the Trust response from the 31st October 2019
- **Trust integrated EU Exit Business Continuity Plan** has been written and presented to Executive Management Board

- **Communications and engagement**

- **Dedicated information** on Intranet
- **Dedicated email** for staff
- **Team Brief** presentation
- **EU Settlement Status Scheme** communicate
- **Trust Solicitor** briefing for staff

Respond to operational guidance

- **Live Risk Assessment** to identify risks and mitigation
- **Responding** to growing **EU guidance** from numerous parties
- **Gaining assurance** from third part suppliers
- **Business Continuity/Exercise Farvel** undertaken
- **London EU Exit briefings and exercises attended** 14th February and 19th September
- **Webinars** attended on specific workstreams