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

Room A, West Middlesex

9 January 2020 11:00 - 9 January 2020 13:30

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Room A, West Middlesex
Date: Thursday, 9 January 2020
Time: 11.00 – 13.30

Agenda

	1.0	**GENERAL BUSINESS**		
11.00	1.1	Welcome and apologies for absence	Verbal	Chairman
11.03	1.2	Declarations of Interest, including register of interests P.7	Report	Chairman
11.05	1.3	Minutes of the previous meeting held on 7 November 2019 P.11	Report	Chairman
11.10	1.4	Matters arising and Board action log P.17	Report	Chairman
11.15	1.5	Chairman's Report P.18	Report	Chairman
11.25	1.6	Chief Executive's Report P.21	Report	Chief Executive Officer
	2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**		
11.35	2.1	Patient Experience Story	Video	Chief Nursing Officer
11.55	2.2	Improvement programme update, including: - Quality Priority Deep Dive: Reducing inpatient falls P.38	Report	Director of Improvement
12.05	2.3	Learning from Serious Incidents P.46	Report	Chief Nursing Officer
12.15	2.4	Mortality Surveillance Q2 Report P.53	Report	Chief Nursing Officer
12.25	2.5	Integrated Performance and Quality Report P.61	Report	Deputy Chief Executive / Chief Operating Officer
	3.0	**PEOPLE**		
12.35	3.1	People performance report P.81	Report	Director of HR & OD
	4.0	**STRATEGY**		
12.45	4.1	Digital Programme update, including update on DrDoctor *(FIC action 25.11.)* P.88	Report/ Pres.	Chief Information Officer
	5.0	**GOVERNANCE**		
13.00	5.1	Guardian of Safe Working Report Q2 P.96	Report	Deputy Medical Director

	6.0	ITEMS FOR INFORMATION		
13.10	6.1	Questions from members of the public	Verbal	Chairman
13.20	6.2	Any other business	Verbal	Chairman
13.30	6.3	Date of next meeting – 5 March 2020, Boardroom, Chelsea and Westminster Hospital		

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

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

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

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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

Name	Role	Description of interest	Relevant dates		Comments
			From	To	
Sir Thomas Hughes-Hallett	Chairman	Director of HelpForce Community CIC & Trustee of Helpforce Community Trust	April 2018	Ongoing	
		Chair of Advisory Council, Marshall Institute	June 2015	Ongoing	
		Trustee of Westminster Abbey Foundation	April 2018	Ongoing	
		Chair & Founder HelpForce	April 2018	Ongoing	
		Son and Daughter-in-law – NHS employees	April 2018	Ongoing	
		Visiting Professor at the Institute of Global Health Innovation, part of Imperial College	April 2018	Ongoing	
		Partner- Nala Ventures Investments	March 2019	Ongoing	
Aman Dalvi	Non-executive Director	Director of Aman Dalvi Ltd		Ongoing	
		Owner of Aman Dalvi Ltd		Ongoing	
Nilkunj Dodhia	Non-executive Director	Directorships held in the following:			
		Express Diagnostic Imaging Ltd	Feb 2012	Ongoing	
		Macusoft Ltd	May 2017	Ongoing	DigitalHealth.London Accelerator company
		Turning Points Ltd	Nov 2008	Ongoing	
		Examiner of St. John the Baptist Parish Church, Old Malden	April 2016	Ongoing	
		Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT	Jan 2019	Ongoing	
Nick Gash	Non-executive Director	Trustee of CW + Charity	Jan 2017	Ongoing	
		Associate Director Interel (Public Affairs Company)	Nov 2015	Ongoing	
		Lay Advisor to HEE London and South East for medical recruitment and trainee progression	Nov 2015	Ongoing	
		Chair North West London Advisory Panel for National Clinical Excellence Awards	Oct 2018	Ongoing	Lay Member of the Panel throughout my time as NED
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	Nov 2015	Ongoing	

Stephen Gill	Non-executive Director	Owner of S&PG Consulting	May 2014	Ongoing	
		Chair of Trustees, Age Concern Windsor	Jan 2018	Ongoing	
		Shareholder in HP Inc	April 2002	Ongoing	
		Shareholder in HP Enterprise	Nov 2015	Ongoing	
		Shareholder in DXC Services	April 2017	Ongoing	
		Shareholder in Microfocus Plc	Sep 2017	Ongoing	
		Member of the Finance and Audit Committee (FAC), Phyllis Court Members Club	Aug 2019	Ongoing	
Eliza Hermann	Non-executive Director	Board Trustee: Campaign to Protect Rural England – Hertfordshire Branch (2013 – present)	2013	Ongoing	
		Committee Member, Friends of the Hertfordshire Way (2013 – present)	2013	Ongoing	
		Close personal friend – Chairman of Central & North West London NHS Foundation Trust	Ongoing	Ongoing	
Jeremy Jensen	Non-executive Director	Directorships held in the following:			
		Stemcor Global Holding Limited;	Oct 2015	Ongoing	
		Frigoglass S.A.I.C;	Dec 2017	Ongoing	
		Hospital Topco Limited (Holding Company of BMI Healthcare Group)	Jan 2019	Ongoing	
		Owner of JMJM Jensen Consulting	Jan 2002	Ongoing	
		Connections with a voluntary or other organisation contracting for or commissioning NHS services: Member of Marie Curie (Care and Support Through Terminal Illness)	April 2009	Ongoing	
Dr Andrew Jones	Non-executive Director	Directorships held in the following:			
		Ramsay Health Care (UK) Limited (6043039)	01/01/2018	Ongoing	
		Ramsay Health Care Holdings UK Limited (4162803)	01/01/2018	Ongoing	
		Ramsay Health Care UK Finance Limited (07740824)	01/01/2018	Ongoing	
		Ramsay Health Care UK Operations Limited (1532937)	01/01/2018	Ongoing	
		Ramsay Diagnostics UK Limited (4464225)	01/01/2018	Ongoing	
		Independent British Healthcare (Doncaster) Limited (3043168)	01/01/2018	Ongoing	
		Ramsay UK Properties Limited (6480419)	01/01/2018	Ongoing	
		Linear Healthcare UK Limited (9299681)	01/01/2018	Ongoing	
		Ramsay Health Care Leasing UK Limited (Guernsey) Guernsey (39556)	01/01/2018	Ongoing	

		Ramsay Health Care (UK) N0.1 Limited (11316318)	01/01/2018	Ongoing	
		Clifton Park Hospital Limited (11140716)	01/07/2018	Ongoing	
		Ownership or part-ownership of private companies, businesses or consultancies:			
		A & T Property Management Limited (04907113)	01/07/2014	Ongoing	
		Exeter Medical Limited (05802095)	01/12/2018	Ongoing	
		Independent Medical (Group) Limited (07314631)	01/01/2018	Ongoing	
		Board member NHS Partners Network (NHS Confederation)	01/01/2018	Ongoing	
Ayaj Mehta	Non-executive Director	Director and Co-Founder at em4 Ltd.		Ongoing	Company works with international funders and investors to build the capabilities of their grantees and partners in order to increase social impact
		Owner of Ki-Rin consultancy		Ongoing	The agency works with leaders of non-profit organisations globally to build their capabilities
		Trustee, Watermans		Ongoing	The organisation showcases and delivers arts programmes to communities in West London
		Partner employee of Notting Hill Housing Trust		Ongoing	The Trust commissions the provision of care services to vulnerable people in LB Hammersmith and Fulham
		Post: Head of Foundation Employer: The Chalker Foundation for Africa		Ongoing	The Foundation invests in projects that build the capacity of health-related organisations, in particular healthcare workers, in sub-Saharan Africa.
Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	Ongoing	
		Husband—consultant cardiology at Luton and Dunstable hospital	01/04/2018	Ongoing	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of Travill construction	01/04/2018	Ongoing	
Robert Hodgkiss	Chief Operating Officer / Deputy Chief Executive	No interests to declare.			
Pippa Nightingale	Chief Nursing Officer	Trustee in Rennie Grove Hospice	2017	Ongoing	
		CQC specialist advisor	2016	Ongoing	
		Specialist advisor PSO	2017	Ongoing	

Dr Zoe Penn	Chief Medical Officer	Trustee of CW + Charity	01/04/2018	Ongoing	
		Daughter – employed by the Trust	01/04/2018	Ongoing	
		Member of the Independent Reconfiguration Panel, Department of Health (examines and makes recommendations to the Secretary of State for Health on proposed reconfiguration of NHS services in England, Wales and Northern Ireland)	01/04/2018	Ongoing	
		Son – employed by the Trust	June 2018	Ongoing	
Thomas Simons	Director of HR & OD	Nothing to declare			
Virginia Massaro	Acting Chief Financial Officer	Cafton Lodge Limited (Company holding the freehold)	March 2014	Ongoing	
		Member of the Healthcare Financial Management Association London Branch Committee	June 2018	Ongoing	
Chris Chaney	Chief Executive Officer CW+	Trustee of Newlife Charity	June 2017	Ongoing	
Dr Roger Chinn	Deputy Medical Director	Private consultant radiology practice is conducted in partnership with spouse.	1996	Ongoing	
		Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)	01/04/2018	Ongoing	
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	No interests to declare.			

Minutes of the Board of Directors (Public Session)
Held at 11.00am on 07 November 2019, Room A, West Middlesex

Present:	Sir Thomas Hughes-Hallett	Chair	(THH)
	Roger Chinn	Medical Director	(RC)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Deputy Chief Executive/COO	(RH)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Andy Jones	Non-Executive Director	(AJ)
	Virginia Massaro	Acting Chief Financial Officer	(VM)
	Pippa Nightingale	Chief Nursing Officer	(PN)
	Liz Shanahan	Non-Executive Director	(LS)
	Thomas Simons	Director of HR and OD	(TS)
	Lesley Watts	Chief Executive Officer	(LW)
In attendance:	Dominic Conlin	Director of Strategy	(DC)
	Chris Chaney	Chief Executive Officer, CW+	(CC)
	Iain Eaves	Director of Improvement	(IE)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Deidre Linnard	Chief Pharmacist	(DL)
	Sheila M Murphy	Interim Company Secretary	(SM)
Apologies:	Nilkunj Dhodia	Non-Executive Director	(ND)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Zoe Penn	Chief Medical Officer	(ZP)

1.0	**GENERAL BUSINESS**
1.1	**Welcome and apologies for absence** THH welcomed the Board Members and those in attendance to the meeting. Apologies were noted as above.
1.2	**Declarations of Interest** THH declared: Involvement with a cancer research technology company; That he had met with the Secretary of State for Health in relation to Healthforce; He had received a brief from David Sloman and agreed to lead the London Health Strategy for Volunteers and communities.
1.3	**Minutes of the previous meeting held on 05 September 2019** The minutes of the previous meeting were approved as a true and accurate record of the meeting subject to typographical errors that would be sent to the Company Secretary.
1.4	**Matters Arising and Board Action Log** **<u>Matters Arising</u>** THH noted that all actions were marked as complete however the PLACE report was due to go to the Quality

	Committee (QC) in January 2020. With regard to Test Beds, THH noted that an excellent presentation had been provided to the Council of Governors (CoG).
1.5	**Chairman's Report** *Sir Thomas Hughes-Hallett, Chair* THH informed the Board that due to the Care and Quality Commission (CQC) Well-Led Inspection the Governors' Away Day had been moved to coincide with the CoG in January 2020. THH informed the Board that clear instructions had been received regarding purdah surrounding the general election. He noted that matters of future strategy would not be discussed until after the general election however the Governors election would continue as voting had already commenced. THH reported that he had attended a dinner in the previous week with the Chair and CEO of CQC where it was very clear that safety is a high priority for the CQC as it is for the Trust. On 4 November THH attended a meeting of NWL Chairs where LW along with Mark Easton, Accountable Officer NWL CCGs, presented to the group. THH reported that it was the second, extremely positive meeting of the NWL commissioners and providers including those for mental health, evidencing the intention to collaborate as Chairs of the whole population not just NWL.
1.6	**Chief Executive's Report** *Lesley Watts, Chief Executive Officer* LW reported that the Trust was one of seven finalists for the HSJ Acute Trust of the Year Award which highlights how well staff perform across the Trust. LW highlighted: • the considerable work undertaken at the Trust and across NWL and London in winter planning • that A&E performance remains challenging across the NHS and is being managed with collaborative working across Trusts at times of particular pressure • the CERNER roll out had commenced following significant planning and hard work with particular thanks given to Rob Hodgkiss as Senior Responsible Officer, Tina Benson, Bruno Bothelo, Robbie Kline, Kevin Jarrold and the IT team, Roger Chinn, Marcella Vizcaychipi, Cathy Hill and all the executives • Events had taken place to celebrate had taken place on the implementation of the London Living Wage for ISS staff. The following appointments were noted and congratulations offered: Gary Davies Hospital Medical Director, CW site Gareth Tiekle, Divisional Director of Planned Care Bruno Bothelo, Divisional Director of Operations. JJ noted that this was the largest CERNER implementation to date with approximately 3,500 staff trained by 5 November. On behalf of the non-executive directors thanked the team for keeping them updated in the lead up to go live. SG also commented on the level of preparation and the importance of learning from the successful management of such a project. THH and RC acknowledged the importance of the collaboration with Imperial particularly with the support provided by KJ. RH commented nursing staff and therapies had generally embraced the process and that data migration had

	gone well.
2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.1	**Staff Experience Story** *Pippa Nightingale, Chief Nursing Officer* PN introduced a video which had been prepared for presentation at the Health Service Journal awards; with an introduction by LW it gave personal accounts of the experience of patients, volunteers and staff. LW drew particular attention to the career progression of one member of staff whose aim is to be a trained nurse. The Board noted the report.
2.2	**Improvement Update including Quality Improvement Deep Dive: Improving continuity of care in maternity services** *Ian Eaves, Director of Improvement* IE delivered the report which was taken as read with the following highlighted: • The four quality priorities had been discussed in detail at the QC • Continued hard work was taking place on both sites regarding sepsis with anticipated benefit from the implementation of Cerner at the Chelsea site • There was confidence the end of year target for continuity of carer within maternity services would be met • Considerable work and training had been undertaken regarding falls with a visit to Norfolk and Norwich Hospital due to take place to identify further improvement opportunities • The first combined Research, Innovation and Quality Improvement (RIQI) even was planned for 27 November, celeb rating the breadth of work taking place across the Trust to improve patient care and outcomes. EH commented on the detail brought to QC that could be brought to Public Board such as the demonstration on the Improvement Hub. Discussion took place noting the difficulty measuring when a quality improvement culture is imbedded but that this was usually by the staff survey which showed the Trust as the fifth best performing in the country. However it was noted that natural turnover of staff meant that it would always be necessary to encourage staff to recognise the importance of improvement to patients. The Board noted the report. **Action: Future reports to include additional level of detail.**
2.3	**Learning from Serious Incidents** *Pippa Nightingale, Chief Nursing Officer* PN delivered the report which was taken as read. It was noted that there were a number of overdue actions. These were being reviewed in the coming week and it was anticipated that all actions would be closed over that period. The Board noted the report.
2.4	**Integrated Performance and Quality Report** *Rob Hodgkiss, Deputy Chief Executive / Chief Operating Officer* RH delivered the report drawing attention to the dashboard with the following highlighted: • The pilot to test new waiting times in A&E is continuing • RTT remained compliant despite the decline in performance seen nationally

	• Cancer services remained compliant for August (the most recent validated period); September and October were still subject to validation but were expected to be non- compliant with the urology pathway proving problematic. The position was expected to improve again from December 2019 RH responded to SG that discussion continued with NHSE/I on the duration of the A&E pilot and that there would be a deep dive with the A&E consultants in coming weeks to identify the benefits. It was noted there had been a 6% growth in A&E activity with the Trust being slightly higher than the national average of 5.7%. LW commented that it was necessary to analyse the data carefully to ensure patients were not waiting an excessive length of time. **Winter Preparedness** RH delivered the report which was taken as read. The Board noted the reports.
2.5	**Seasonal Influenza Vaccination Programme Update** *Pippa Nightingale, Chief Nursing Officer* PN reported that the Trust was on target at 40% four weeks into the programme. PN also noted that rapid testing was available for patients. The Board noted the update and approved the data for submission.
3.0	**PEOPLE**
3.1	**People Performance Report** *Thomas Simons, Director of HR & OD* TS introduced the report which was taken as read with the following highlighted; • Progress continues with the vacancy rate the best in three years especially around qualified nursing staff • International recruitment had been very successful; it had been agreed at the Finance and Investment Committee (FIC) that a similar model should be used for medical staffing • Sickness rate absence was one of the best in the country • A positive challenge was being maintained around PDR compliance • Health and Wellbeing remained a focus and the new online platform already had over 1,000 registered users EH thanked TS for a comprehensive report and commented despite the good overall figures the Trust should not be complacent as there remained some workforce groups with a very high turnover. TS confirmed that there remained areas to be addressed regarding allied health professionals (AHPs) and that Liz Gray, Head of Therapies, would be reporting to the PODC in January 2020. THH asked that consideration is given to how volunteers can relieve some of the pressure on staff. The Board noted the report. **Action: Karen Adewoyin to be invited to Board.**
3.2	**Annual Workforce, Equality and Diversity Report** *Thomas Simons, Director of HR & OD* TS introduced the report which was taken as read.

	EH commented that a deep dive had been undertaken and noted that the Board had recently explored Equality and Diversity in a dedicated Board development session. The Board noted the report and confirmed it was in agreement that the data could be published.
4.0	**STRATEGY**
4.1	**EPR Programme update** *Kevin Jarrold, Chief Information Officer* KJ introduced the report which was taken as read with no questions raised. The Board noted the report.
5.0	**GOVERNANCE**
5.1	**Board Assurance Framework (BAF)** *Iain Eaves, Director of Improvement* IE gave the background to the BAF noting it identified key risks to the Trust's strategic objectives, the assurance in place and that the BAF had been through all Board sub-committees for review of their relevant risks; NG noted that the Audit and Risk Committee (ARC) had also reviewed all risks. The Board noted the report. **Action: Consideration to be given to BAF being taken to all Board Strategy sessions.**
5.2	**Update of the Hospital Pharmacy Transformation Plan** *Deidre Linnard, Chief Pharmacist* DL introduced the report highlighting: • It was anticipated that electronic prescribing would be live on all wards within two days • It is both a quality and financial initiative with the aim of personalising care • Currently ahead of trajectory and heading towards the end of the three year plan • Links with NWL and Kingston pharmacy procurement had improved stock holding down to 25 days • Volunteers decrease the need for nursing staff to collect medications for discharge; bleep volunteers also having an impact AJ commented that the work around the model hospital was excellent. In response to SG's query around Table 4 showing red for paracetamol metric, DL confirmed that a paper had been presented to the Quality Improvement Board on the metric and went on to inform the Board that the Trust would remain at red for HIV medications because of the antibiotics which were warranted. DL clarified that the delays in providing medication for patients awaiting discharge thus delaying discharge had decreased and that the highest through put areas have a specific dispensary. DL thanked the executive for investing in pharmacy staff which results in improvement of the service cross site. The Board noted the updating report.
5.3	**Half-year report on the use of the Company Seal 2019/20**

	Sheila Murphy, Interim Company Secretary introduced the report taking it as read. Clarity was sought with reference to seal number 205. The Board noted the report. **Action: Summary of contract to be provided to Board by email.**
6.0	**ITEMS FOR INFORMATION**
6.1	**Questions from members of the public** Tom Pollak (Governor) welcomed the addition of the list of acronyms and at his request it was agreed the agenda would annotated with page numbers. **Action: Page numbers to be added to agenda items.**
6.2	**Any other business** THH confirmed that dates for Christmas and the Governors' Away Day would be circulated by 13 November along with all meeting dates (calendar invites) for the following year. CC asked that either THH or LW attend the Kensington and Chelsea Carol Service. **Action: Dates / invites to be circulated.**
6.3	**Date of next meeting – 9 January 2020 Room A, West Middlesex**

Trust Board Public – 7 November 2019 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
Nov 2019	2.2	Improvement Update including Quality Improvement Deep Dive: Improving continuity of care in maternity services	Future reports to include an additional level of detail.	IE	This has been actioned.
	3.1	People Performance Report	Action: Karen Adewoyin to be invited to Board.	VD	This has been actioned.
	5.1	Board Assurance Framework (BAF)	Action: Consideration to be given to BAF being taken to all Board Strategy sessions.	IE	This has been actioned.
	5.3	Half-year report on the use of the Company Seal 2019/20 - seal number 205	Action: Summary of contract to be provided to Board by email.	SM	Complete.
	6.1	Questions from members of the public – meeting papers	Action: Page numbers to be added to agenda items.	VD	This has been actioned.
	6.2	Schedule of meetings	Action: Dates / invites to be circulated.	VD	Complete.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 January 2019

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Jan/19
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chairman's Report
January 2019

1.0 Performance

There is a continued high level of activity across the Trust's range of services specifically in non-elective demand and A&E regardless of which the majority of patients are seen within 4 hours.

Despite a drop in performance in November against the national standard at the time of the roll out of Cerner on the Chelsea site, the Trust has maintained a high level of performance.

2.0 EU Exit

You will all be aware of the outcome of the general election and the current status of the EU Exit. I can assure you that the Trust continues in its preparedness for the eventual exit from the EU.

3.0 Council of Governors

Following completion of another successful year of collaboration with and support from the Council of Governors and a positive response to the Governors' election process, an Away Day is scheduled for 30 January at which time the newly elected Governors will be introduced to the Trust.

4.0 Staff Achievements and Awards

You will see from our CEO's report the impressive list of long service awards. This is a reflection on the whole organisation and ranges from 289 receiving a 10 year service award and 8 receiving awards for service at the Trust greater than 35 years. Of particular note, Tonie Neville, Chief Midwifery Officer received a special Gold Award from Chief Midwifery Officer for England Professor Jacqueline Dunkley-Bent OBE on her retirement from West Middlesex Hospital having served over 35 years with the Trust and 40 years with the NHS.

Our CEO will provide more detail of those receiving PROUD Awards but I am delighted that Frankie Rose of the Youth Volunteers at WM received a PROUD award.

5.0 Communications and Engagement

Events

World AIDS Day was celebrated at the Trust on Friday 29 November across site including its community services such as 10 Hammersmith Broadway and 56 Dean Street providing an excellent opportunity to raise awareness.

Christmas Awards and Events

The Trust's Christmas events on both sites started the holiday season with participation in festivities across site including the Christmas Cheer awards, Best Dressed or Unit awards, celebrity visitors but also included support from schools, community, faith groups and many others not least our Governors and Friends.

6.0 Strategic Partnerships Update

The Trust continues its focus on how to lead and support the development of an Integrated Care System for North West London with two main programmes namely, the Joint Transformation Programme with Imperial Healthcare Hospitals NHS Trust including the development of a Clinical Academic strategy between the two Trusts and Imperial College Medical School and the Hounslow Integrated Care Partnership.

Sir Thomas Hughes-Hallett
Chairman

Board of Directors Meeting, 9 January 2020

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Jan/20
REPORT NAME	Chief Executive's Report
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Annex A – September team brief Annex B – CEO bulletin Annex C – Summary of board papers - statutory bodies (provided by NHS Providers) Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report
January 2020

1.0 Introduction

As we see out 2019 I wish all our staff, patients and friends a healthy and successful New Year. There is little doubt that 2020 will be a very exciting and challenging year for our Trust. Together with the regular challenges of rising patient demand, limited capacity, specific workforce issues and a stretched financial position, we will continue with the rollout of our new Electronic Patient Record; this is already proving transformational for our Trust but it cannot be denied that we have some knotty problems to solve to ensure we realise the amazing benefits for our staff and patients.

In the coming year we will see the fruition of our programme to enhance our ITU and NICU provision, a project that would not have been possible without the collaboration of our staff, the Trust Board and our Charity CWplus.

Our current operational performance is being affected by winter pressure and remains relatively strong in large part to the concerted efforts of our staff across all disciplines.

2019 saw us celebrate so many wonderful occasions with our staff, the highlight of course being the 300th Anniversary at Westminster Abbey which allowed us to reflect on our history and renew our resolve to provide ever improving care to our patients.

2.0 Quality

In the past two months 33 wards and departments had a ward accreditation assessment undertaken, the majority of departments improved on their previous score with continuous improvement seen across the sites. The assessors reported that they were impressed by the caring nature of our staff and gave many examples of excellent care. The annual PLACE inspection was also undertaken by staff and patient representatives on both sites, the verbal feedback was overall positive with many improvements made a full report is due to go to Quality committee in March.

The Trust had its comprehensive unannounced CQC inspection in November with critical care and maternity on each site been inspected; there was then a further Well-led inspection in December. The report is expected to be published in February but the CQC team fed back how welcoming, open and honest all staff were to the CQC inspectors.

The Trust has re-designed its external patient feedback pages on the website to ensure patients are correctly directed to the right team if they want to provide formal and informal feedback. This has made a slight reduction to the number of formal complaints with more patients using the early resolution process. Performance with the formal complaints time target continues to exceed the target.

The volunteering service continues to go from strength to strength with over 650 volunteers in post; there were a number of volunteers supporting patient and staff over the festive period. The Trust had a celebration event for volunteers to thank them for their continued support.

The Trust held a research, innovation and quality improvement event in December on both sites with over 50 poster presentation presented by the multidisciplinary teams across the organisations, it was an excellent celebration of the continued improvement and innovation happening across the organisation.

Although no patient wants to be in hospital for Christmas the Trust made every effort to make the festive period for patients as pleasant as possible, there were celebrations such as the paediatric Christmas party, Christmas cinema events for patients and Carol singing on the ward with present been given to patients by the Trust Governors. Our catering team also served an excellent Christmas dinner for patients.

3.0 People

There has been a continued decrease in the vacancy rate of all staff in November at 7.58% against the Trust ceiling of 10% and a significant improvement since the same time last year. The qualified nursing vacancy rate is at 4.66%. The Trust's mandatory training compliance rate is 92% and remains static since last month. Our current rate has remained above our target rate of 90% for 19 consecutive months. The Trust's sickness rate is currently 2.63% which is increase from October although this is an improvement on last November 2018 rates. Our sickness target of 3.3% has not been breached during the last 20 months peaking in April '18 at 2.95%. This compares favourably with peers and the Trust remains in the lowest quartile nationally. The 12 month rolling PDR rate increased in November to 92% and exceeding the 90% target. In November, our voluntary turnover decreased to 13.42% which is our lowest rate for over 18 months.

The Trust continues to work on the Equality, Diversity and Inclusion agenda with the launch of the cultural ambassador programme to improve the fairness of recruitment processes for all staff. This programme will train staff to participate in recruitment panels and add external challenge where necessary. The Trust has been notified that it has been accepted onto the national NHSI/E pilot to improve the cultural and clinical transition of overseas doctors. This month has also seen a set of successful LGBT+ focus groups on both sites to help identify the key issues and priorities and fully establish the LGBT+ network in the organisation. The Trust has continued to develop a full calendar of events around Health and Wellbeing with publication widely across the Trust in November.

The Trust held two celebratory events on both sites to recognise the contribution of our long serving staff. These events were well-attended with members of staff ranging from 10 to 40 years of service recognised.

4.0 Finance and Operational Performance

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

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

Following the roll out of Cerner on the Chelsea site RTT performance for the Trust dropped below the national standard delivering 91.51% for November. This is driven by a 1.78% drop on the Chelsea site. Despite this drop the trust has maintained a high level of performance. The West Middlesex site delivered over 92% during November following 3 consecutive months of improvement. Recovery plans are in place or in development covering challenged specialties and issues. There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.

Cancer 62 day performance for October is below the national standard, this is driven in part by the Trust addressing the backlog of patients needing treatment. All clinical division and the cancer services teams

have an agreed recovery plan to deliver a compliant position for December 2019 and sustainably going forward. This involves pathway reviews and how the supporting services are structured to maintain compliance and is monitored weekly at the Cancer Access meeting.

Diagnostic performance was maintained at 99.09% in November.

5.0 Strategic Partnerships

The main focus of our Strategic Partnerships work continues to be focussed on how the Trust leads and supports the development of an Integrated Care System in North West London. As previously indicated by the Board our two leading programmes are:

1) The Joint Transformation Programme with Imperial Healthcare Hospitals NHS Trust and the wider development of a Clinical Academic strategy between the two Trusts and Imperial College Medical School. Our approach to better plan and deliver services across the Trusts with the ambition of providing *world class outcomes* for the population is now echoed in NWL System Intentions (previously CCG Commissioning Intentions). It also aligns with the NWL Health & Care Partnership Clinical Priorities which will be the subject of a further paper to Board.

   The two Trusts have also developed Adult and Childrens Multi Disciplinary Team (MDT) support along with local GPs to support the Grenfell survivor group with specific support, follow up care and – where and when appropriate – referrals into acute care

2) Hounslow Integrated Care Partnership: The Board reviewed the outline steps for operationalising the ICP and for creating a formal Partnership Agreement in December 2019 and the formal proposals will be brought back to Board (and all other provider partners) by March 2020.

Other key issues this month include:

- The Trust has been invited to join Genomics England, a company wholly funded and owned by the Department of Health, and the organisation that has been tasked to deliver the 100,000 whole genome sequences. The approach is line with the Trust Research Strategy and one aspect of the agreement is that it sets the framework by which programmes and individuals can access national research data. The Executive will consider the supporting Participation Agreement. This Agreement does not prevent the Trust from exploring its own research an commercial relationships.

6.0 Staff Achievements and Awards

Tonie Neville, Chief Midwifery Officer received a special award, after her retirement from West Middlesex Hospital – after serving over 35 years with the Trust and 40 years with the NHS.

November PROUD Award winners

Emergency and Integrated Care division: Dave Goodair, Senior Neurophysiotherapist, CW
Clinical Support division: Anna Letchworth, General Manager, Cross site
Women's and Children's division: Sinead Pritchard, Clinical Nurse Specialist, CW
Volunteers: Frankie Rose, Youth Volunteers, WMUH
Planned Care division: Planned Care Cerner EPR Teams, CW
Corporate division: Corporate Cerner EPR team, CW

Long Service Awards Awards

The Long Service Awards 9th December marked staff who have shown long commitment to the organisation. The longest service commemorated was 35 years at Chelsea and 40 years at West Middlesex, three recipients in each case. The number of recipients of these awards absolutely speaks to the loyalty and dedication of our staff.

- CW 10 years (187 recipients)
- CW 15 years (117 recipients)
- CW 20 years (61 recipients)
- CW 25 years (33 recipients)
- CW 30 years (12 recipients)
- CW 35 years (3 recipients)
- WM 10 years (102 recipients)
- WM 15 years (53 recipients)
- WM 20 years (36 recipients)
- WM 25 years (7 recipients)
- WM 30 years (7 recipients)
- WM 35 years (2 recipients)
- WM 40 years (3 recipients)

56T service

The 56T service for trans and non-binary service users at Dean Street received an 'Oscar' award as Clinic of the Year. This recognises the exemplary clinical care of clinics across the country whose holistic approach to health and wellbeing directly impacts the lives of BAME communities.

7.0 Communications and Engagement

Events

The Trust celebrated World AIDS Day on Friday 29 November on both sites and in its community services like 10 Hammersmith Broadway and 56 Dean Street, with awareness raising, prevention messages, and special film showings.

Visitors

High profile Christmas visits from our supporters really lifted the spirits of patients and staff. The most high profile visitors included Harlequins Rugby Football Team, the England Rugby Sevens, Chelsea Football Club but we also saw support from schools, school choirs, community groups, faith groups and others.

Team Brief

November Team Brief covered CQC preparations, and provided particularly compelling presentations from our clinical staff on Microbial Pharmacy, Critical Care development at Chelsea, and Ambulatory Emergency Care at West Middlesex.
December Team Brief was a thank-you to staff for their hard work and achievements over the year and a final push before Christmas for flu vaccination.

Christmas Awards and Events

The Trust's Christmas events on both sites were well attended and kicked off the holiday season. On each site, a patient switched on the Christmas tree, there were carols and refreshments, and the announcement of awards celebrating kindness, teamwork, positivity, and creativity.
The Christmas Cheer Awards, nominated by staff and the public, and the Christmas Best Dressed Ward or Unit Awards were made on each site. Our thanks to CW+, the governors, and the Friends for their support of the events.

Best Dressed Wards

Chelsea and Westminster

- **1st place:** Mars Ward
- **2nd place:** Edgar Horne
- **3rd place:** Paediatric Physiotherapy

West Middlesex

- **1st place:** Operating Theatres
- **2nd place:** Endoscopy Unit
- **3rd place:** Coronary Care Unit

Christmas Cheer Awards

Clinical support

- Abir Hassan
- Lisa Davidson
- Nuala Donnelly
- Rashpal Kaur
- Roshan Khugputh

Emergency and integrated care

- Ashling Spellman
- Iñaki Bovill
- Jessica Dawson
- Matteo Guglielmi
- Valerie Cyster

Planned care

- Charlie Ratcliffe
- Eye Clinic Team
- Gabriela Frunza
- Jane-Marie Hamill
- Sherile Mulgrave-Burton

Special award: West Middlesex Day Surgery—who asked to share it with the Recovery Team

Women/Children/Sexual Health/Dermatology

- Anna Miklen
- Barbara Thompson
- Briony Mwakalenga

- Donna Wheeler
- Omolara Ajala

Volunteers

- Douglas Payne
- Margaret Hendrick
- Richard Rooney
- Sue Payne

Corporate

- Abrahim Abdelmagid
- Alex Bolton
- Buddha Malla
- Narinder Bhamra
- Punch Kumari Rai

Media coverage

November and December

- Golden Retirement
- Christmas Chelwest Volunteers
- Thank you ChelWest-Sugar Babe

Coverage relating to the ISS

- NHS Workers pay relating to ISS
- Demonstration relating to ISS

Website

Overall summary

The Trust website had 123,000 visits in Nov 2019 and 107,000 visits in Dec 2019. Just over three quarters of visitors were new and one quarter were returning visitors.

Social Media

Twitter

Topics for November and December included: Mum and Baby App, Staff Survey, Flu Jabs, Research and Innovation showcase, Christmas events, Chelsea Football Club visit, Emergency Department viral video.

Impressions for November and December totalled 332,000 impressions across both accounts.

High performing tweets included:

- Cerner go-live weekend (over 15,000 impressions)
- Chelsea Football Club Hospital Visit (over 83.9K impressions)

- Staff survey (over 10,000 impressions)
- Emerging leaders award (over 10,000 impressions)
- ED Christmas video (78,000 impressions)

Facebook

Our Reach across our two Facebook pages totalled 9.5k impressions in November/December with posts relating to Christmas and Long Service awards, Brentford FC visit, New Year Celebrations being the most popular.

2019 has been such a wonderful year for our Trust and we are determined that 2020 we ensure that we maintain the high level of commitment to our staff and patients.

Lesley Watts

Chief Executive Officer

January 2020

December 2019

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

Planned care

A huge thank you to all of our staff in the Planned Care division for your work over the past month. Cerner is now live on the Chelsea site so well done to everyone at either site involved in making the go-live as smooth as possible—this has been a change that allows us to make the best use of digital technology to deliver great patient care. We want to ensure we can provide the best care to our patients during this period. Please ensure that you get your flu jab if you haven't already. We'd also like to say well done to everyone in the division who presented a poster at last week's Research, Innovation and Quality Improvement event—along with a huge congratulations to the quartet of Henry Simon, James Hazelwood, Henry Magill, Tim Sinnett who were awarded the best poster in for their work on VTE assessment at West Mid. We say good bye to Bruno Botelho who leaves the Division to take up the post of Director of Digital Operations and we welcome Gareth Teakle into his new role as Divisional Director of Operations. Again, thank you to everyone for all the work you do day in, day out and we hope you all have some well-deserved time off with family during the festive period.

Clinical support

We would like to take this opportunity to say a massive thank you to every member of the Clinical Support division for your contribution in making the implementation of our Cerner Electronic Patient Record (EPR) system so successful. The support of the West Middlesex admin team, who have been present on our Chelsea site over the last few weeks, demonstrates what an amazing team you are, along with being strong advocates for our Trust values. We are very PROUD of you all. Well done also to our Pharmacy Team. With support from the Transformation Team, Non-Medical Prescribers, Divisional Digital Information Officers and ICHT colleagues, they completed the transfer of patients over to Cerner Prescribing by Wednesday 6 November. This is a great achievement. The division and the Trust said farewell to Olga Sleigh on 15 November. Olga has retired to enjoy long holidays with her family and to get greater work life balance. We have appointed to the Head of Decontamination role and they have the *Olga seal of approval* to continue the exceptionally high standards that she has set.

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

It is again a busy time for our division as we are not only managing winter pressures but also planning for Christmas in the children's areas with lots of exciting events planned in collaboration with CW+. Work continues in our new Neonatal Intensive Care Unit (NICU). We had hoped to be moving into part of the new space but unfortunately there has been a delay. The contractors are now working hard to finish and hand over to us by 18 December. In the mean time we marked World Prematurity Day (17 November) where we took time (and baked cakes!) to raise awareness of prematurity. The new unit will be a great environment once completed for our brave babies, their amazing families and our dedicated staff. Keeping with a neonatal theme this month we are really proud of two of our Newborn Hearing Screeners in Maternity who have successfully completed the new Newborn Health Screener L3 Diploma in the first wave of this national qualification.

Emergency and integrated care

November has been a very busy month within EIC, with the implementation of Cerner at the Chelsea site as well as the continued increase in the number of patients attending our A&Es. Despite this our teams have been busy working to improve services; our Frailty team visited Hillingdon Hospitals NHS FT and Norfolk and Norwich University Hospitals NHS FT to understand how they have managed to reduce admissions for elderly patients attending A&E. Our Stroke Units on both sites underwent Peer Review and received great feedback on the improvements they have made over the last year, particularly in ensuring that patients are transferred back from our local Hyper Acute Stroke Units as soon as they are fit to do so. Thank you also to all of our teams who showcased their achievements at last week's Research, Innovation and Quality Improvement event, with a special mention to therapists Lucie Wellington and Melissa Deacon who won the divisions poster award for their work on the MDT Nightingale Acute Frailty Unit.

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: **David Erskine ward**, CW
- Planned Care: **Elspeth Pickering**, Clinical Director—Anaesthetics/ITU, CW
- Women and Children**: Chloe Buckle**, Midwife, CW
- Clinical Support: **Eleanor Long**, Diagnostic Service Manager, Cross -site
- Corporate: **Ahmed Khan**, Data Warehouse Developer, CW
- Volunteers: **Douglas Payne**, Bleep Volunteer, CW

Visit the intranet to nominate a team or individual.

Mandatory and statutory training

The Trust has achieved 92% compliance over the past month, with all divisions now reaching 91% or above. Current compliance figures (at 18 Nov) are:

Division	Compliance
Corporate	**94%**
Emergency and Integrated Care	**91%**
Planned Care	**91%**
Women, Neonatal, Children, Young People, HIV/Sexual Health	**92%**
Clinical Support	**95%**
Overall compliance	**92%**

Information Governance is hovering around 93%, almost a third of the Trust will lapse on their IG before the end of March. Please ensure you plan in your e-learning before your lapse date. Both ESR and Learning Chelwest will send you a reminder **three** months before your compliance lapses, and you can view Qlikview and ESR to the due dates.

Managers are reminded that all new staff require a local induction to the ward/dept and an e-form should be submitted online to confirm when it has been completed.

CQC
The CQC concluded the formal 'well-led' inspection on Wednesday. Their feedback so far has been positive, and we will get more feedback later in December. A great many staff worked very hard to show the Trust at its best, and our thanks and appreciation to all those who did so.

In theory, the CQC could carry out a further unannounced inspection this week although it is not considered likely. The same procedures would apply. They would need to identify themselves, the site manager should be contacted, and the visitors issued with visitor lanyards.

Quality Improvement
Last week R&D, clinical governance and the quality improvement and innovation teams jointly hosted the 2019 **R**esearch, **I**nnovation and **Q**uality **I**mprovement (RIQI) event. We had more than 150 staff attend and hear more about our ambitions for innovation across the Trust. We showcased over 50 posters, from our large and growing portfolio of staff-led projects which have improved patient care and experience through innovation, improvement or research. Our ambition is to establish our Trust as a leader for innovation in the NHS and create a test and scale environment where the latest innovations can be shared across the NHS and beyond.

If you have an idea that will improve patient care and experience, you can get in touch at improvement@chelwest.nhs.uk.

CernerEPR
We are now in our second month on CernerEPR at Chelsea and Westminster. Staff have engaged really well with the new system and new ways of working. The way that staff have supported each other has been impressive—including colleagues and champions from both Chelsea and Westminster and West Middlesex.

Key things to remember are:

- Get into good habits now so that the right information is entered on CernerEPR at the right time
- Keep asking for help if you are not sure – you are not expected to know everything after only a month
- Continue reporting issues or concerns – we need to identify and resolve problems with the system or the way we are using it as early as possible

For more information go to the CernerEPR intranet site.

Christmas Events
Join us as we present staff with Christmas Cheer awards and announce the winners of our Best Decorated Ward/Department awards. If you're planning to decorate your area and want to enter the competition—wards/departments will be judged shortly before the Christmas Events take place—please email communications@chelwest.nhs.uk by **5pm on Friday 6 December**. Please make sure to clearly state the name of your area and your location.

Chelsea: Tue 10 Dec, 3–5pm
West Mid: Wed 11 Dec, 3–5pm

Test Email

Web Version

Chelsea and Westminster Hospital
NHS Foundation Trust

Lesley's weekly message

Monday 23 December 2019

2019 has been a remarkable year for our Trust. We have seen and treated a record number of patients through our doors, we have made huge progress with the redevelopment plans for our Neonatal and Adult Intensive Care Units, we've successfully deployed one of the most comprehensive electronic patient record systems in the NHS, we've had a CQC inspection in Maternity and Critical Care areas, and we continue to develop our relationships and impact within North West London and, indeed, across London. All of this while simultaneously delivering on our three strategic priorities of Quality, Workforce and Use of Resources. Our performance for our patients is among the best in the country, our vacancy rates are the lowest in London and we consistently balance the books. As I reflect back over the past year, I sit here as your Chief Executive and I am so proud of, and humbled by, all that we have achieved together.

I do hope that for those of you who have some time off, please relax, enjoy this special time with your friends and families, and recharge your batteries ready for next year! For those of you here working, a very big thank you on behalf of your colleagues and our patients. I think you can rightly look forward to having 2020 Christmas off!

A very Merry Christmas and a happy and peaceful New Year to you all.

Our Christmas events filled our hospitals with music and good cheer.

Our Christmas Cheer Awards celebrated staff and volunteers who do something above and beyond to bring kindness and care to their colleagues and patients. Over a hundred individuals and teams were nominated, by staff and patients, and 30 awards made.

The Trust has a reputation for art and design and our Christmas period has seen an explosion of local creativity on the wards. The standard of decoration I have seen in our wards and departments has been seriously amazing and I know has been a source of great pleasure and pride to everyone. I have named award winners below together with a selection of our photographs.

The winners of the best dressed wards and units:

Chelsea and Westminster

- 1st place: Mars Ward
- 2nd place: Edgar Horne
- 3rd place: Paediatric Physiotherapy

West Middlesex

- 1st place: Operating Theatres (pictured above)
- 2nd place: Endoscopy Unit
- 3rd place: Coronary Care Unit

There are so many people to thank at this time of year. Those friends and supporters who come in to visit patients and to offer gifts, the musicians and artists who fill our hospitals with colour and music, a special mention for the school choirs, our contractors and partners who sponsor or support our events. And, of course, our governors, our Friends, and the tireless staff and supporters of CW+ who help us every day do better for our patients. And again, you, for what you do. Thank you.

I hope you have looked at Estates and Facilities detailed and site specific information about those crucial Christmas questions on what's open, when you can get hot meals, parking, accommodation and travel.

I look forward to seeing you as we start another tremendous year.

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.

Like

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

proud to care

CWH WMUH CWH

Click here for details of our staff who are living our PROUD values.
The information contained in this newsletter is to be treated as confidential and for employees only.

Summary of board papers – statutory bodies

NHS England and NHS Improvement - 28 November 2019

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

Chief executive's report

- Simon Stevens notified the board that UCAS has reported an increase of 6% in applications to medicine courses, and a 6.3% increase in acceptance to nursing programmes.
- He gave an update to the board on the independent review into The Shrewsbury and Telford Hospital NHS Trust, led by Donna Ockenden. Professor Stephen Powis, national medical director at NHS England and NHS Improvement (NHSE/I), noted that updated terms of reference for the review have been published and are now available online. He also confirmed that NHSE/I will be increasing resources available to review the additional cases that have come forward.

Financial performance report

- The month 6 financial position across the NHS against plan is a year to date revenue overspend of £129.6m, a variance of 0.2% against plan.
- The provider sector is forecast to the finish year on plan, with a deficit of £320m. It is also forecast to deliver savings of £3.1bn by the end of the year. Mental health trusts are off plan by around £43m.
- The NHS has spent £1.5bn on capital, compared to £1.2bn at this point last year.

Operational performance report

- Urgent and emergency care: The board notes that NHSE/I aim to embed same day emergency care (SDEC) provision in every acute hospital with a Type 1 A&E department. NHSE/I note that 90% of providers are on track to have SDEC available for at least 12 hours a day, 7 days a week by the end of 2019.
- Referral to treatment: The total waiting list in September 2019 was 4.4 million, which has increased by 9,000 from August 2019.
- Primary care and system transformation: NHSE/I expect all STPs to have completed the System Diagnostic by December (which is a self-assessment against the attributes described in the ICS maturity matrix). So far, 85% of systems have submitted self-assessments.
- Mental health: 377,866 children and young people accessed mental health services in 2018/19. Data for the first quarter of 2019/20 show 86% of children and young people accessed treatment for eating disorders within four weeks.
- Learning disability and/ or autism: Between October 2018 and October 2019, 2,986 learning from deaths review (LeDeR) notifications were raised. NHSE/I have allocated £2.4m to support CCGs to increase capacity to complete LeDeR reviews and implement subsequent learning.

Care Quality Commission - 20 November 2019

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

Executive office update

- Representatives from the Care Quality Commission (CQC) spoke about its State of Care 2018/19 publication at a parliamentary event in the House of Lords.
- The CQC updated parliamentarians on the progress of the CQC review of restraint, prolonged seclusion and segregation (RSS).
- Ted Baker updated the board on the CQC report into care in closed environments, following David Noble's inspections into Whorlton Hall. The guidance emphasised the human rights approach to care, and the CQC suggest considering the impact of commissioning of out of area placements on how services are inspected and regulated.
- On 5 November the Secretary of State for Health and Care announced his commitment to delivering the CQC's recommendation to review everyone identified as being in segregation in its interim RSS report.

Publications

- The Joint Committee on Human Rights has published its report, The detention of young people with learning disabilities and/or autism. The report makes a number of recommendations to the CQC, including:
  - Unannounced inspections, including weekends and evenings and the use of covert surveillance where appropriate
  - Changes in legislation to enable CQC to react more swiftly where concerns have been raised
  - A review of the system which currently allows a service to be rated 'Good' overall, even when individual aspects (such as safety) may have a lower rating
- The results from the CQC's Community Mental Health Survey will be published soon.

Whistleblowing and enforcement report

- CQC summarised the whistleblowing concerns data it received in 2018/19.
- The report notes that in 2018/19, the CQC received 8,906 whistleblowing concerns, an increase of 9% from 2017/18. Of the 8,906 whistleblowing enquiries, just over half were used to support future inspections, 2% triggered responsive inspections and close to 5% brought inspections forward.
- The team leading the programme of work transforming how the CQC handle, respond and provide feedback are working on ways to improve. This will include developing a new coding system that will lead to a significant reduction in the use of the 'to be considered at next inspection' term.

Change and people update

- The paper presented to the board reported on key CQC achievements over the last quarter, including the 'Quality Improvement programme', designed to build an organisation wide culture of learning and improvement, and 'improving regulation today', which focusses specifically on driving targeted regulatory interventions within the CQC's existing strategy.

Health Education England board meeting: 19 November 2019

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

Chief executive update

- No board paper available

Reviewing 2019/20 performance

- HEE presented a paper to the board reporting on its financial position as of 30 September 2019.
  - Programme budgets are £2.1m overspent, and admin budgets are £0.1m overspent.
- HEE presented a paper to the board summarising its latest performance figures, and its position against key metrics.
  - Of the 54 high priority deliverables, three have been delivered, 45 are on track for delivery and six have been indicated to have potential challenges to delivery.
  - HEE note that by 2020, there will be a significant gap in demand for learning disability nurses and the available workforce. This is due to insufficient recruitment, increased attrition and increased demand within the private independent and voluntary sector.

Quality of Education and Training

- David Farrelly, Regional Director for Midlands and East, and Professor Wendy Reid, Director of Education and Quality, presented an update to the board on developing HEE's quality approach.
- In light of HEE's restructure to seven regions, each with a regional postgraduate dean, HEE's quality governance has been refreshed and the deans will have oversight of quality across learning environments.
- The results from last year's national pilot of the National Education and Training Survey (NETS) were also presented. HEE aim to develop the NETS to become a multi-professional source of insight and intelligence, which will support ICSs in their workforce planning, and aid their leverage of place-based funding for education and training.

Health careers

- The board was presented a paper on the Health Careers programme, highlighting its main areas of activity, setting out future development and longer term proposals.
- The paper outlined the health careers strategy and showed the importance of interventions to attract people into the NHS workforce, including young people, those looking to change career and people returning to work.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 January 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Jan/20
REPORT NAME	Improvement Programme update, including Quality Priority Deep Dive: reducing inpatient falls
AUTHOR	Victoria Lyon, Head of Improvement
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	To report on the progress of the Improvement Programme
SUMMARY OF REPORT	The Trust continues to make progress against the four quality priorities for the year and in building our culture of innovation and improvement with a growing portfolio of quality improvement projects. The paper provides a deep dive into one of the 4 trust wide quality priorities; reducing inpatient falls.
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 Nursing Officer and Chief Medical Officer.
LINK TO OBJECTIVES	• Deliver high-quality patient-centred care • Deliver better care at lower cost
DECISION/ ACTION	For assurance.

1. Quality priorities for 2019/20

The quality priorities for 2019/20 are:

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

In summary at the end of November headline performance is:

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

Summary of quality priorities 2019/20

Priority	Key Indicator	Baseline	End of year target	Year to date (YTD) progress	Next Steps / Commentary
1. Reducing inpatient falls	Rate of falls per 1,000 bed days	3.8	3.6	The average falls rate YTD is 4.0 between April and November) in line with historical levels	Falls bitesize training (ten min sessions) cascade through falls trainers on wards in Dec/ Jan. Falls Cerner tool in development.
2. Improving continuity of carer within maternity services	% of women on a continuity of carer pathway	9%	35%	Year to date performance remains at an average of 17.5%. There is a delay against trajectory with mitigations in place to reach 30% in January.	Further continuity teams at both sites are due to launch on 13 January 2020. There is a risk that the final team due to launch in March will be delayed and the 35% EOY target will not be met. A revised trajectory and actions to mitigate are in place.
3. Improving sepsis care	% of patients screened for sepsis	84%	90%	84% average across Q2	Action plan in place to increase screening to target rates at West Middlesex. Refining Cerner sepsis dashboard for real-time improvement data.
	% of patient receiving IV antibiotics within 1hr	80%	90%	82% average across Q2	
4. Reducing hospital acquired E.Coli BSI	Number of hospital onset E.Coli BSI cases	57	51	There were 24 hospital onset cases YTD (April to November), equivalent to a rate of 36 per annum	The small number of cases means that there is significant variation on a month by month basis.

2. Building a culture of innovation and improvement

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

- Building improvement and innovation capability and capacity

- Alignment of improvement priorities and opportunities
- Communications plan for awareness building and engagement.

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

Key highlights of the programme from the last period include:

Research, **I**nnovation and **Q**uality **I**mprovement 2019 event

On 27 November 2019, the Trust R&D, Improvement and Innovation, CW+ and clinical governance teams collaborated to hold the first Research, Innovation & Quality Improvement (RIQI) event attended by over 150 staff.

The event built on our strategy to develop a culture and environment where all staff can put forward ideas and explore how we can do things better, whilst becoming more efficient, to benefit patient care.

Key note speakers included Dr William van't Hoff, NIHR Clinical Director for NHS engagement, who spoke on the theme of research, innovation and quality improvement and the value it brings to improving patient care, and Sir Thomas Hughes-Hallett, Trust Chairman, who spoke about the Trust board's commitment to supporting staff to innovate.

The event included a market place with over 60 posters sharing projects from across all four divisions.

Awards to recognise staff achievements and to celebrate the improvement work were presented by Lesley Watts, CEO. The winning four projects are highlighted below.

- **Best in planned care and clinical support services**

  QI project: Improving VTE prescribing
  Henry Simon, James Hazelwood, Henry Magill, Tim Sinnett

  This project used small tests of change and a robust improvement methodology to drive benefits to VTE prescribing. The team tested use of VTE clerking stickers during trauma admissions to the orthopaedic department at Chelsea and Westminster Hospital. The completion rate of the national risk assessment tool for VTE rose from 0% completion to 92% in 9 months.

- **Best in Emergency and Integrated Care**

  QI project: Improving care for frail patients
  Lucie Wellington and Melissa Deacon

  This improvement project looked at whether a multidisciplinary team-led, acute frailty unit with increased therapy provision resulted in better care for frail patients. The frailty unit located at Chelsea and Westminster hospital on Nightingale Wing introduced a new triaging system and pathway of care for frail patients, including holistic management such as daily activities and group exercise programmes led by specialist therapists. The team found improvements were made in functional outcomes and reduced the need for increased care on discharge for patients admitted to hospital.

- **Best in Women's and Children's and cross divisional services**

  Research project: Exploring the use of progesterone as a screening tool to guide management of early pregnancy care.
  Aditi Naik, Nishel M. Shah, Beth Cartwright, Dede Ofili-Yebovi

This project explored alternative management options for ectopic pregnancies. The use of βhCG as a triaging tool is well documented; however the use of progesterone is less clear and not included in NICE or RCOG guidance. This project explored the value of progesterone in guiding expectant management of tubal ectopic pregnancies.

- **CEO award**

  QI project: Encouraging smoke free pregnancies and evaluating the impact of a partnership based approach between a large NHS maternity units with local authority partners.

  Shruti Patel, Jennifer Banks-Smith, Michelle Cullinane, Lavina Ramlingam, Louise Nunn, Sophie Coronini-Cronberg, Tej Ghadia

  Smoking is the single biggest modifiable risk factor for poor birth outcomes and a major cause of inequality in child and maternal health outcomes. This project aims to improve the proportion of smoke-free (active and passive) pregnancies.

  The project was selected as the winning poster as it was a good example of the Trust's proactive role in improving population health, not solely treating illness and working in partnership with other organisations within the system.

  The Trust has a growing public health team who run a programme of work to improve population health with three key priorities:
  1. Increasing smoking cessation
  2. Improving oral health in children and older adults
  3. Reducing harm from alcohol

  The Trust has a unique model and a proactive approach for improving for population health and is one of two acute Trusts in London (and across the country) to be accredited as a training faculty for public health registrars.

  For more information, please see the winning poster in the appendix.

3. Improvement and Innovation hub

The Improvement and Innovation hub is an online platform hosted on the Trust intranet, which acts as a single point of access bringing together improvement information, tools and resources to support all of our 6,000 plus staff and volunteers. Staff can use the hub to:

- Learn more about quality improvement and innovation projects taking place across the Trust and the difference they have made to our patients and staff. The hub has a bank of over 50 case studies and >70 live projects.
- Read about the Trust wide improvement programme and CW innovation programme
- Get advice on taking forward an improvement idea, or share an problem/ opportunity to improve
- Link up improvement / innovation experts in their area or specialty for advice and support
- Learn about improvement tools and methodology
- Find out more about improvement / innovation grants and funding available through CW+
- Hear about the training and other support on offer, for example drop in QI clinics.
- Get in contact with the improvement and innovation team
- … and much more!

Figure 1. Screen shot from improvement hub

4. CQC Improvement Plan

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

- Recruitment and staffing levels (Divisional Boards, WODC and POD)
- Response rate to FFT (Divisional Boards, EMB, Patient Experience Subcommittee)
- Theatre productivity (Theatre Productivity Programme Board, Improvement Board and FIC)

The Trust was inspected by CQC in November 2019; Two core clinical services (Maternity and Critical care) received an unannounced inspection, followed by a planned well-led inspection.

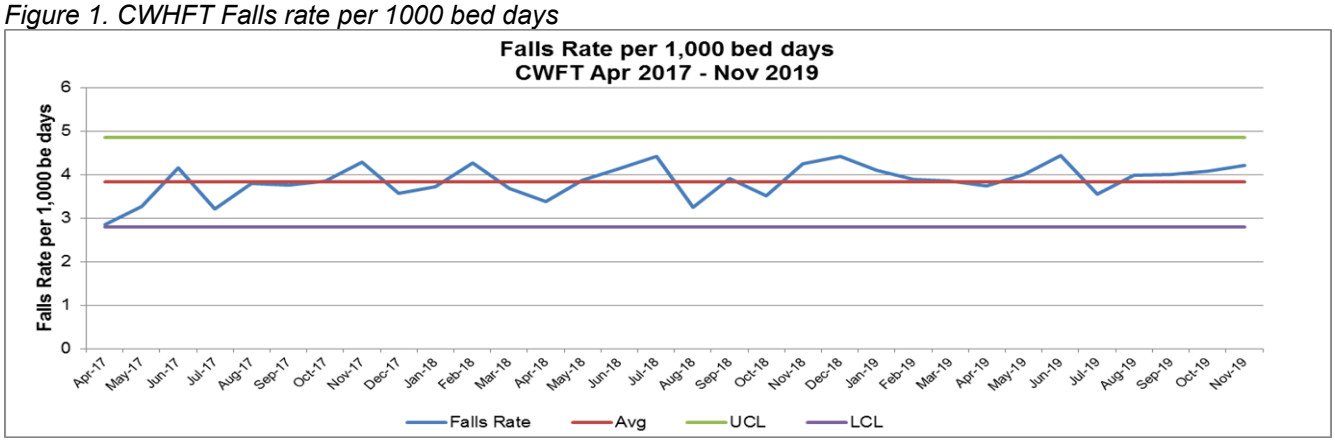
We are awaiting a full report and associated actions which will be monitored by the improvement team, and reported through the assurance framework to quality committee.

5. Deep Dive – reducing inpatient falls

Falls cause distress and harm to patients and put pressure on NHS services. Supporting Trusts to reduce falls is a priority for NHS England/ Improvement, and there is a commissioned falls prevention CQUIN for 2019/20 to enable this. The Trust has set reducing falls as a quality priority for the past two years (2018/19 and 2019/20) to keep a focus on this safety priority.

The Trust falls rate has remained stable since April 2017, at an average of 3.8 per 1000 bed days (Figure 1).

Figure 1. CWHFT Falls rate per 1000 bed days



The total number of falls reporting between April 2019 to November 2019 is 895 year-to-date. The crude number of falls from the previous full year is 1,308 falls in 2018/19 (April 2018 to March 2019).

The total number of falls resulting in moderate harm or severe harm in 2018/19 was 18; with 17 moderate harm cases and 1 with severe harm. The year to date figures from April to November 2019 are 18 falls with moderate harm.

Reviewing data from 2018/19 the top 5 wards with the highest rates of falls were Osterley 1, Rainsford Mowlem, David Erskine, Marble Hill 1 and Kew Ward, where there is a significantly higher proportion of frail and elderly patients. The falls working group has focused on these as target wards to try and make a reduction, as well as conducting Trust-wide falls prevention initiatives.

The causes of inpatient falls are multifactorial at the Trust – and themes from SIs show they usually result from an interplay of multiple risk factors. The falls working group has been targeting improvements to modifiable risk factors through a range of activities within 2019/20.

- *Themes from SIs:* The falls working group conducts a monthly review of SIs relating to falls and shares lessons learned, through the Falls working group and then cascaded back to wards and local nursing/HCA teams. The latest SIs from Q2 and Q3 are demonstrating greater compliance with correct assessment and strategies to reduce harm as a result of this activity.
- *Development of a training cascade model*: This year we have identified and trained a named Falls trainer on each ward. Since October, 100% of wards have a named falls trainer who is responsible for cascading falls awareness initiatives and education sessions to staff. The working group are pilot testing 'bitesize' training modules which can be delivered as huddles in situ on the wards.
- *Care planning*: The working group has developed a falls risk assessment and care plan – the majority of patients over 65 receive a MDT falls risk assessment. Based on risk a subsequent care plan is designed to prevent falls for that patient. This has now been implemented as an electronic tool using Cerner at the Chelsea site (November) and will be live at West Middlesex as part of phase 3 roll out (due by March 2020). In the meantime, West Middlesex continues to use a paper based Safer Steps tool.
- *Trust wide falls prevention and awareness raising*: The Trust runs safety initiatives such as falls prevention week, and via lessons learned messages circulated trust wide and added to the intranet for all staff to access.
- *Sharing learning and understanding best practice through visits to other units* – through the work of the falls network, the falls working group conducts visits to other NHS Trusts to review their models of care for frail patients and their work to prevent falls. Relevant learnings from these visits are implemented through the falls working group. The most recent visit has been to Norwich, the Trust has a notable model of care for older frail patients.
- *Innovations and local quality improvement projects*:
    - Working with CW+ the hospital charity the group continue to explore technological solutions for falls prevention.
    - Patient and carer involvement: the working group are focusing on coproduction of interventions, such as patient leaflets to encourage patients and carers to take a role in preventing their own falls.

Challenges to reducing inpatient falls

- *Recognising delirium* – The Trust is writing a delirium clinical guidance. An acute confusional state is likely to significantly increase the risk of patient falling and staff are required to support and individual during their confusion using methods that will not increase a patients distress. We have increasing offering delirium management specific training in response to learning from serious incidents and are working with Dr Cerys Morgan on the development of a delirium pathway with actions cards for nurses to support care interventions.

- *Falls data* - There is a lack of routine national benchmarking data on the rate of falls per 1000 bed days. Therefore it is challenging to see how our Trust is performing against similar acute hospitals. The most recent benchmarking data from 2015 showed an average falls rate of 6.6, meaning our Trust is significantly better than average at 3.8).

- *Underreporting* or increased reporting – as falls awareness increases, it is likely that the numbers of falls reported through Datix increases. The trust completed the falls underreporting assessment and found that compliance to reporting falls on Datix was accurate in 2019/20.

- *Staff 'initiative fatigue'* – falls prevention is reliant on awareness and focus of MDT staff, and initiatives to raise awareness and educate have been in progress for the past two years, and are amongst many other safety initiatives within the Trust.

- *Access to data and live reporting*: we were previously reliant on audit of paper-based 'Safer Steps' falls risk assessment and care plans tools. The implementation of Cerner should be able to provide a live dashboard for % of completed assessments and care plans. However this data is not yet available as a live dashboard to drive improvement.

- *Falls are multifactorial* – and difficult to target a reduction with a single intervention. People are agents of their free will and themes of SIs show that often steps were taken to mitigate falls but patients have fallen when they do not follow this advice.

6. Appendix.

Winning poster from RIQI event 2019: example quality improvement project, smokefree pregnancies

Smokefree pregnancies: experiences of a partnership based approach between a large NHS maternity unit with local authority partners

Shruti Patel[1], Jennifer Banks-Smith[2], Michelle Cullinane[1], Lavina Ramlingam[2], Louise Nunn[1], Sophie Coronini-Cronberg[1,3]

Hounslow and Richmond Community Healthcare NHS Trust
ONE YOU HOUNSLOW
Chelsea and Westminster Hospital NHS Foundation Trust

Context

Smoking in pregnancy causes serious harm to the health of the developing foetus, which can be reduced by systematic identification and treatment of pregnant smokers.

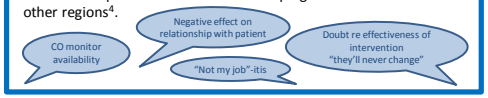
In NW London, the prevalence of smoking at time of delivery (SATOD) is 5.8% - lower than the England average of 10.8%, but a review of pregnant women at the Chelsea site found a 10-fold difference between the those living in the most vs least deprived areas[3]

Global public health issue[1]

UK annual economic burden £23.5m[2]

The problem

Our carbon monoxide (CO) screening rate was 66% and referrals to a midwife (MW) led smoking cessation clinic were on an opt-in basis, resulting in loss-to-follow-up. Furthermore, said clinic had a 70% DNA rate. Reported barriers were in keeping with evidence from other regions[4].



Measuring for improvement

National reporting requirements, and consequently maternity units' efforts, focus on screening at the time of booking and SATOD. Studies show that 43% of quitters restart by 6 months post partum[5].

Our project aimed to encourage early intervention and sustainability, so we chose measures that would explicitly promote this, in addition to the above, to guide our efforts.

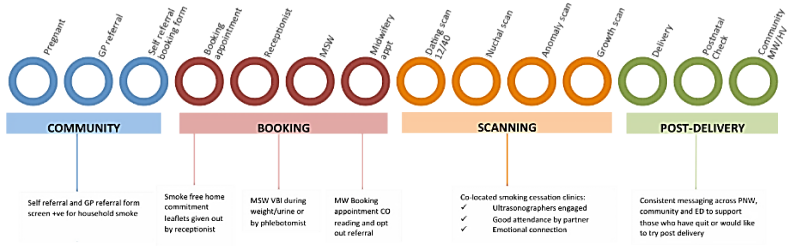
In aiming to increase smokefree pregnancies, data collection and interventions also included partners.

References

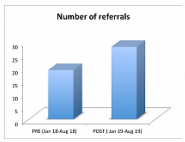
1) WHO (2010) https://apps.who.int/iris/bitstream/handle/10665/44342/9789241599511_eng.pdf
2) Godfrey et al (2010) http://phrc.lshtm.ac.uk/papers/PHRC_A3-06_Short_Report.pdf
3) PHE Fingertips (2019) https://fingertips.phe.org.uk/
4) Bell et al (2018) https://tobaccocontrol.bmj.com/content/27/1/90
5) Jones et al (2016) https://www.ncbi.nlm.nih.gov/pubmed/26990248
6) Pratt et al (1999) http://www.wholesystems.co.uk/landscapes.pdf
7) Williams Sullivan (2007) https://bit.ly/32iLmsq

Points of intervention

We worked together to identify points of intervention during a pregnancy where we could work with women and partners to increase the number of smokefree pregnancies



Early results



OUTCOME MEASURES

47% increase in referrals — Increased awareness, Opt out referrals

27% increase in quitters — Varied settings, Close follow up

PROCESS MEASURES

Quit conversion rate: remained steady despite increased volume of referrals vs. Jan-Aug 2018

Time from referral to quit date set: reduced by 1 week since Jan 2019

Loss to follow up = 0

Limitations:

- Quit data 'lags' behind, confirmed 4 weeks post quit date set

- Will need continued efforts to ensure sustained results

Enablers

- ✓ Proactive and flexible approach by all partners
- ✓ Regular meetings initially in person to build relationships then via phone to facilitate participation
- ✓ Mixed skill set: frontline clinicians (midwives, support workers, ultrasonographers, stop smoking advisors) improvement expertise, PH & operational management

Challenges

- ○ Inertia: "this is how things have always been"
- ○ Capturing alternative forms of tobacco exposure e.g. shisha
- ○ Funding for NRT for partners/household contacts
- ○ Physical space in scanning departments
- ○ Differing set ups cross site

Author affiliation

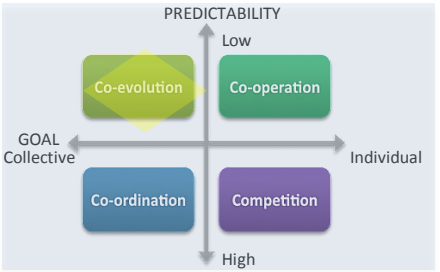
1)Chelsea and Westminster NHS Foundation Trust
2) One You Hounslow, Hounslow and Richmond Community Healthcare NHS Trust
3) Department of Primary Care & Public Health, Imperial College London

Acknowledgements

With thanks to Sarah Green, Katrina Matthews, Sue Cook, Christina Preece, Alexandra Drought and Clare Evans and all maternity unit staff.

Partnership working

A UK model used to describe partnership working in a health economy, describes a typology of 4 different sorts of inter-organisation partnership[6].
The horizontal axis represents different types of goals, and the vertical axis measures the extent to which the actions and behaviours required are known in advance.



Our partnership had all the hallmarks of a co-evolution. Our goal was collective, the problem 'wicked', the path to success required new thinking, not coordination of past practice with the freedom to adapt as the project progressed[7].

Crucially, this model allows for dynamism, with our partnership previously being reminiscent of cooperation – with aligned goals but differing operating mechanisms, with limited cross influence.

Identifying quick wins for partners from each organisation, differing reporting needs, data sharing and ultimately long term goals were crucial in the move to co-evolution.

The future

- ➢ We are piloting a Skype™ service to allow women and partners to be supported remotely.
- ➢ Early lessons from our approach are being shared sector-wide with other maternity service providers within NWL STP, making the case for units to work with local authority and healthy lifestyle service partners

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 January 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Jan/20
REPORT NAME	Learning from Serious Incidents
AUTHOR	Stacey Humphries – Quality and Clinical Governance Assurance Manager
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper updates the Board on the process compliance, key metrics and learning opportunities arising from Serious Incident investigation process.
SUMMARY OF REPORT	During October and November 2019, 12 SIs were reported to the Strategic Executive Information System (StEIS). • 4 x Slips/trips/falls • 3 x Maternity/Obstetric incident: baby only • 2 x Diagnostic incident • 1 x Treatment delay • 1 x Adverse media coverage or public concern about the organisation • 1 x Blood product/ transfusion incident 11 SIs investigations were completed and submitted to the Trust's commissioners. • 3 x Surgical/invasive procedure incident • 2 x Slips/trips/falls • 2 x Diagnostic incident • 2 x Maternity/Obstetric incident: baby only • 1 x Abuse/alleged abuse of adult patient by staff • 1 x Pending review Root and contributory causes are identified as part of the serious incident investigation process. The following primary themes were identified during this reporting period: • Lack of adherence to Trust policies/procedures • Lack of risk assessment • Complication of treatment • Failure to escalate • 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

1. Introduction

This report provides the Board with an update on Serious Incidents (SIs), including Never Events, reported to the Strategic Executive Information System (StEIS) by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT). Serious incidents are reported in accordance with NHS England's Serious Incident Framework. Following investigation the reports are submitted to the Trust's commissioners for review and closure.;

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. Compliance with Serious Incident Framework timeframes

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 October and November 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	7	2	6	6				
of which 'Never Events'	1	0	0	0	0	0	0	0				
No. reported on StEIS within agreed time	7	6	7	5	7	2	6	6				
Report submission to CCG												
No. of SI reports submitted to CCG	7	9	6	6	3	6	6	5				
No. submitted within the agreed time	7	6	6	6	3	6	6	5				

Table 1: 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

Table 2: SIs performance 2018/19

3. Serious Incident Action Plans

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

	Month action due for completion													
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
CSD	0	0	0	0	0	0	0	0	0	1	0	0	0	**1**
EIC	0	0	0	0	0	0	0	0	0	4	1	0	0	**5**
PCD	0	0	0	0	0	0	0	0	0	18	6	3	2	**29**
WCHGD	1	0	0	0	0	0	0	1	3	10	18	0	2	**35**
Total	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**3**	**33**	**25**	**3**	**4**	**70**

Table 3: Open serious incidents actions by owning division and month due

There are currently 70 actions identified following SI investigation that remain open; of these 5 have passed their expected due date as outlined within the SI investigation. Non-delivery or lack of documentation / evidence of delivery of SI action limits the assurance offered by the SI investigation process.

4. Never events

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

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

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

5. Monthly Serious Incident reporting activity

During October/November 2019, 12 serious incidents were reported to the Strategic Executive Information System (StEIS).

Site	Oct-19	Nov-19	YTD total
Chelsea and Westminster Hospital	2	3	5
West Middlesex University Hospital	4	3	7
Total	**6**	**6**	**12**

Table 4: No. of serious incidents reported by each site in October/November 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 organisation's SI profile.

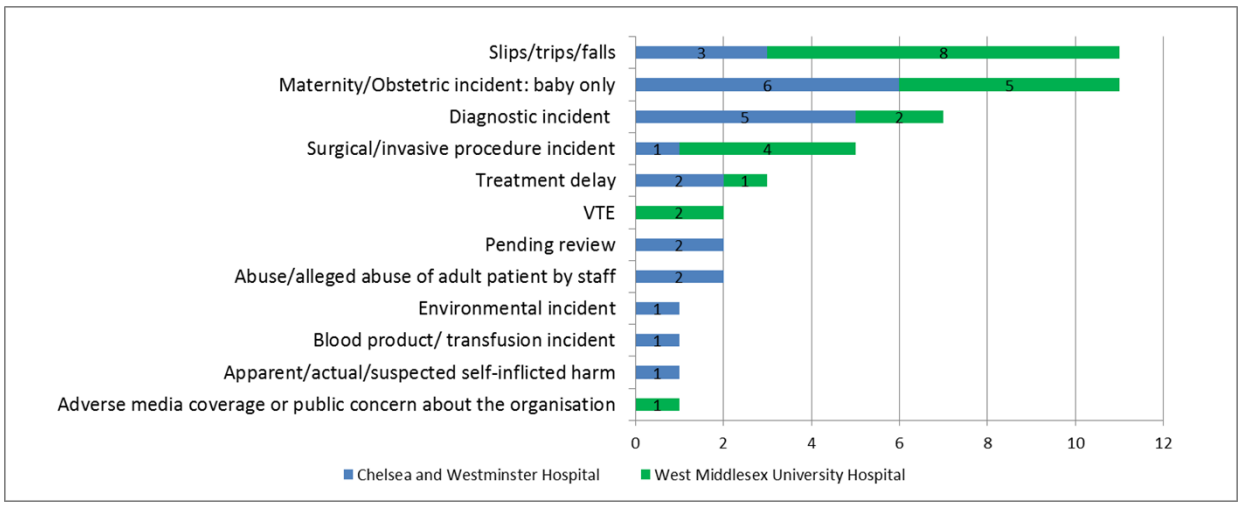
5.1. Reported StEIS Categories

The most reported incident category during October/November 2019 was patient falls. All of the falls happened on different wards across the Trust. An on-going process of audit and review of falls is facilitated by the Falls Steering Group. The Senior Nurses and Midwives Quality Round (SNMQR) have focus on identification of training needs and ensuring use of the falls risk assessments

StEIS Category	Chelsea and Westminster Hospital	West Middlesex University Hospital	Total
Slips/trips/falls	2	2	4
Maternity/Obstetric incident: baby only	0	3	3
Diagnostic incident	2	0	2
Treatment delay	0	1	1
Adverse media coverage or public concern about the organisation	0	1	1
Blood product/ transfusion incident	1	0	1
Total	**5**	**7**	**12**

Table 5: SIs declared by site and category, 2019/2020

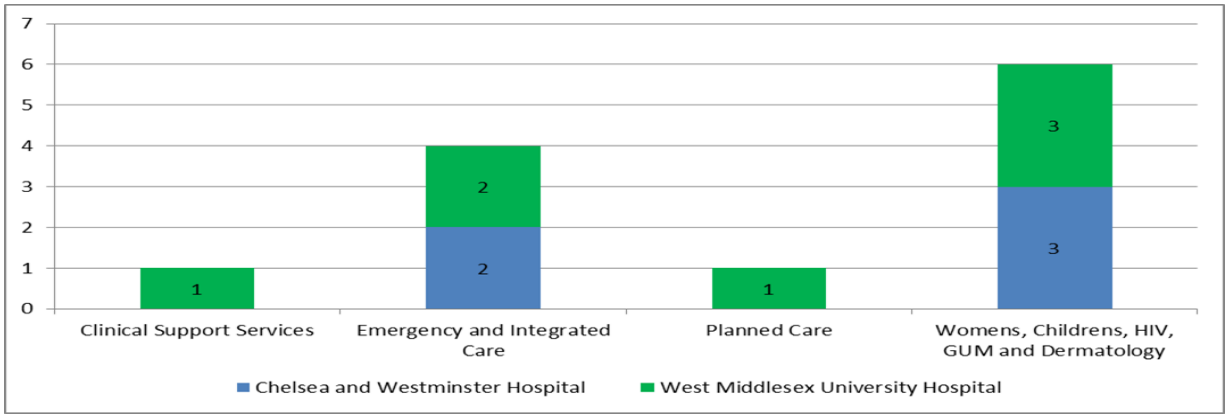
The figure below highlights the number of incidents reported by each site and by StEIS category since the 1st April 2019. The ChelWest sites' most reported incident category is 'Maternal, fetal, neonatal' whilst the WestMid sites' most reported incident category is 'Slips/trips/falls'.



Graph 1: SIs declared by site and StEIS category, 2019/2020

5.2. Location

The Women's, Children's, HIV/GUM, Dermatology division reported 6 SIs, Emergency and Integrated Care division reported 4 SIs, and both the Planned care division and the Clinical Support division reported 1 SI each.



Graph 2: SIs declared by Division/Site, October/November 2019

The locations with the most reported SIs during October/November 2019 are the Gynaecology outpatient clinic ChelWest and the Labour ward WestMid. Both locations reported 2 SIs. The Gynaecology outpatient's clinic reported 2 incidents relating to delayed/missed diagnosis and the Labour ward reported 2 incidents relating to babies born in poor condition.

5.3. Degree of harm

The degree of harm recorded should be directly related to the incident and not to the patient's 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 in October/November 2019 are as follows:

Degree of harm	No. of incidents
None (no harm caused)	2
Low (minimal harm caused)	2
Moderate (significant but not permanent	7
Severe (permanent or long term harm	1
Death (caused by the Incident)	0
Grand Total	12

Table 6: Degree of harm for serious incidents reported October/November 2019

The severe harm incident relates to a delayed/missed diagnosis of cancer in Gynaecology (ChelWest). The degree of harm will be confirmed following the SI investigation.

5.4. Serious Incident Reports submitted to Commissioners

Site	Division	Directorate	StEIS ref	StEIS Category
CWH	WCHGD	Maternity	2019/14155	Maternity/Obstetric incident: baby only
WMU	WCHGD	Maternity	2018/29176	Maternity/Obstetric incident: baby only
CWH	EIC	Emergency	2019/18019	Diagnostic incident
WMU	EIC	Specialist	2019/18716	Slips/trips/falls
WMU	PC	Surgery	2019/15955	Surgical/invasive procedure incident
CWH	EIC	Specialist	2019/11143	Abuse/alleged abuse of adult patient by staff
CWH	EIC	Emergency	2019/19292	Diagnostic incident
CWH	PC	Surgery	2019/17829	Surgical/invasive procedure incident
CWH	WCHGD	Paediatrics	2019/18013	Pending review
WMU	EIC	Specialist	2019/18476	Slips/trips/falls

WMU	PC	Surgery	2019/17860	Surgical/invasive procedure incident

Table 7: Serious incidents reported to the commissioners October/November 2019

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

- Lack of adherence to Trust policies/procedures
- Lack of risk assessment
- Complication of treatment
- Failure to escalate
- Patient factors

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 January 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Jan/20
REPORT NAME	Mortality Surveillance – Q2 2019/20
AUTHOR	Alex Bolton, Head of Health Safety and Risk
LEAD	Pippa Nightingale, Chief Nursing 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 September 2018 and August 2019 was 71.3; this is below the expected range. Nine 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 August 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. 317 cases for review were identified within Q2 2019/20, of these 70% have been reviewed and closed to date. In the twelve month period to end of September 2019 1264 cases were identified; 83% of which have been reviewed. 14 cases of suboptimal care have been identified within Q2 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 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 – Q2 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 September 2018 and August 2019 was 71.3 (67.3 – 75.5); this is below the expected range.

Nine 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 August 2019. This indicates a continuing trend for improving patient outcomes and reducing relative risk of mortality within the Trust.

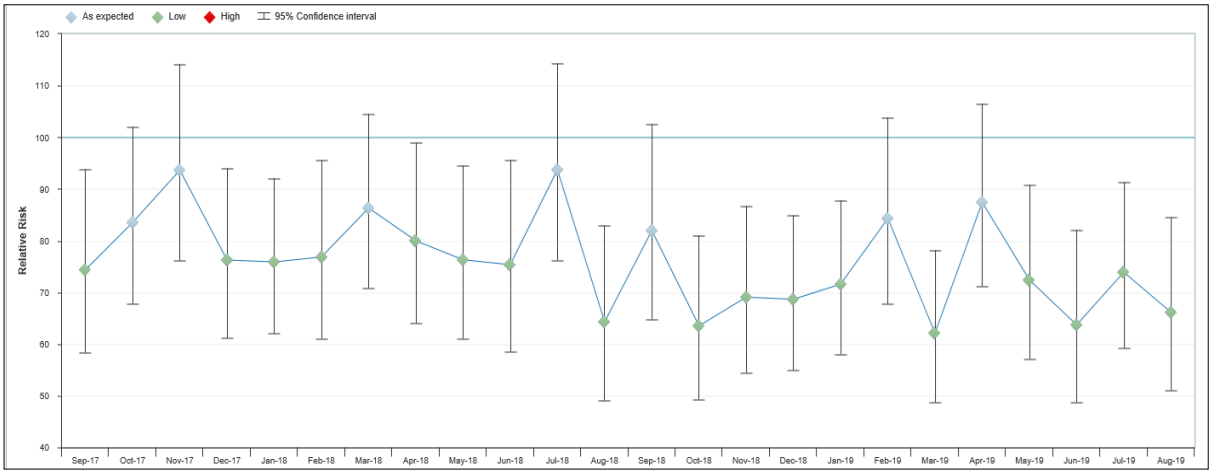


Fig 1: Trust HSMR 24-month trend (September 2017 – August 2019)

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 68.3 (62.2-74.8); at WestMid it was 73.4 (68.2 - 79). Both sites performed below the expected range and overall the Trust compares favourably to local peer organisations.

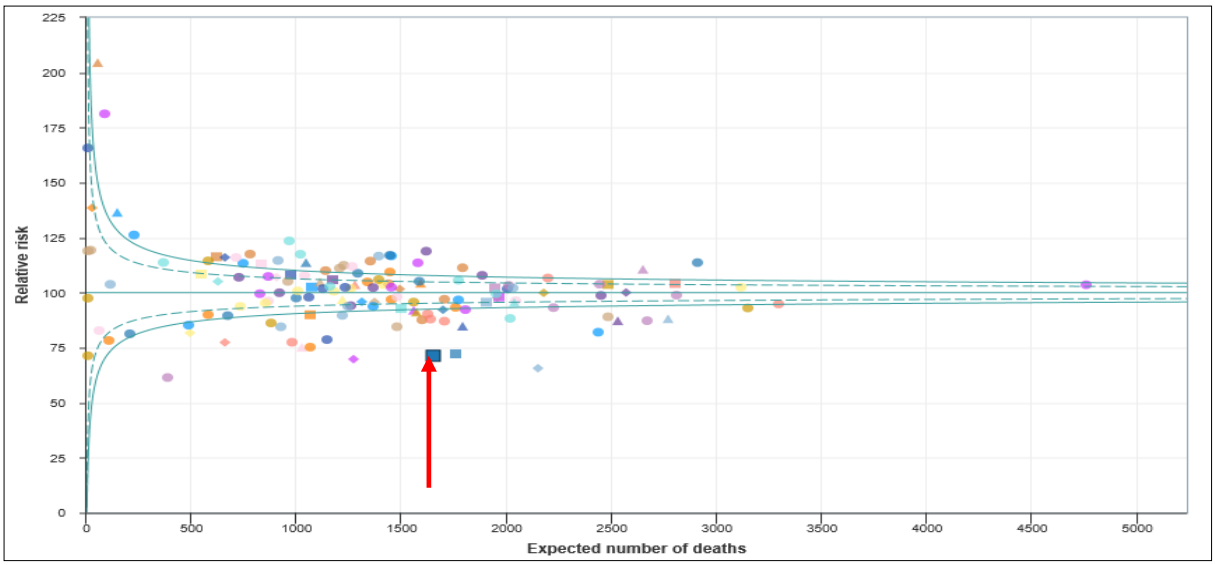


Fig 2 – Relative Risk, regional acute provider comparison (Sept 2018 to Aug 2019)

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

1264 cases for review (in-hospital deaths: adult, child, neonatal, stillbirth, and late fetal loss) have been identified between October 2019 and September 2019.

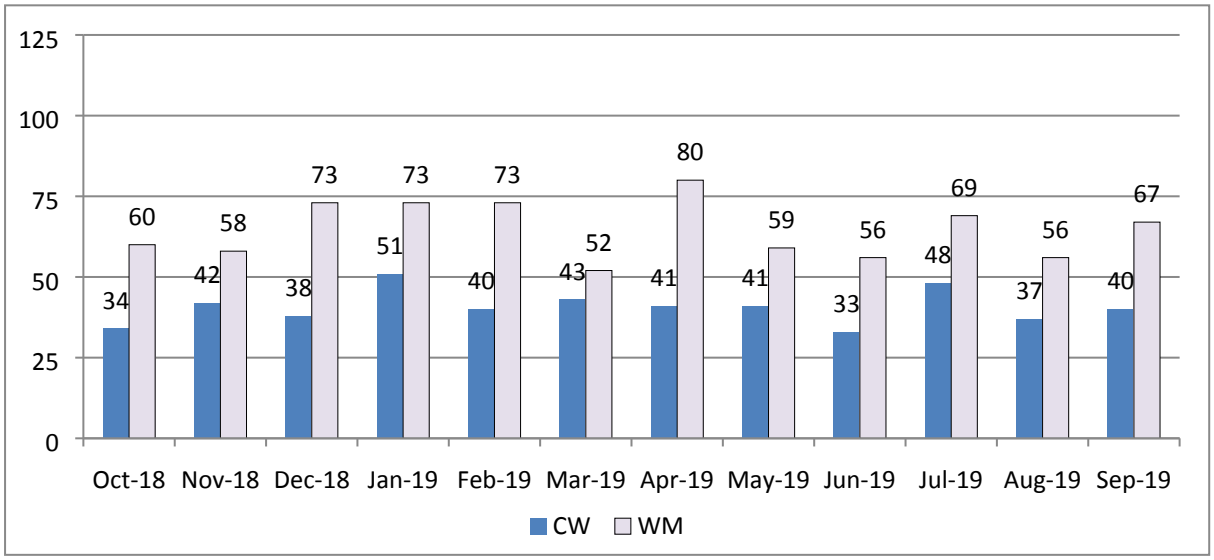
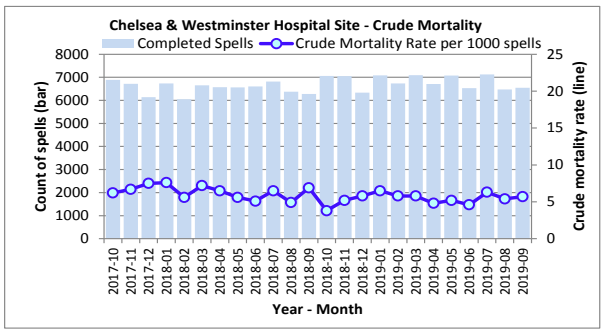
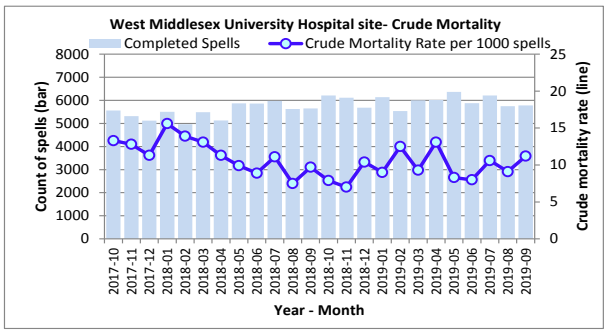


Fig 3: Total mortality cases logged to Datix by site and month, October 2018 – September 2019

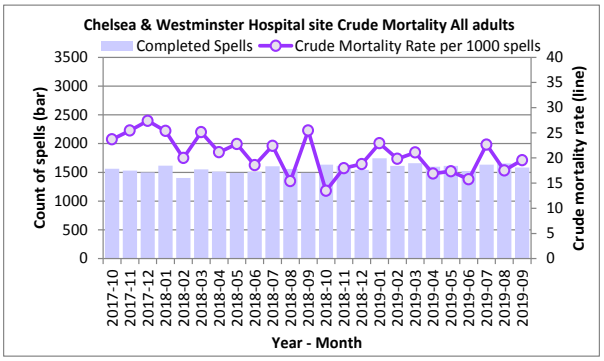
Crude mortality is the total number of deaths during a given time interval; a crude mortality rate can be calculated by dividing the number of deaths by the total number of patients within the hospital, the outcome is multiplied by 1000 to give the number of deaths per thousand patients.

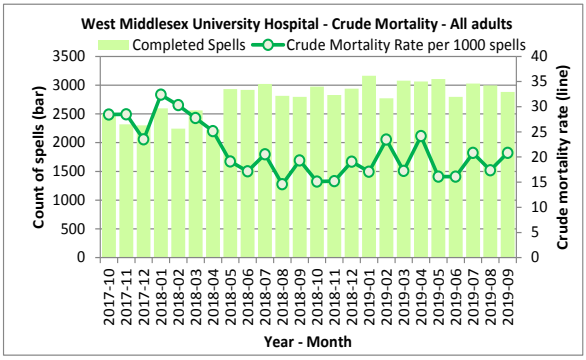
The crude mortality rates (e.g. number of deaths vs. number of patients) between the two sites show great variance; this is primarily due to the difference in the number of elective and emergency admissions between the two hospitals.





When the crude mortality rates are compared using only adult emergency admissions the bias between the two sites appears to be reduced. The charts below shows the crude mortality rate at each site is similar (the line) but the number of completed hospital spells (the bars) are significantly higher at the WestMid site.





Neither the total number of deaths nor the crude mortality rate for a hospital site can be used to compare the risk of mortality between sites or Trusts. This is because they are influenced by differences in population demographics, services provided and intermediate / community care in the surrounding areas. Therefore no two sites can be accurately compared using these metrics and instead the Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital-level Mortality Indicator (SHMI) are used to make comparisons of relative risk of mortality.

Improving relative risk of mortality has been experienced across both sites since March 2017. Within the London region there are only 3 acute Trusts with lower relative risk. The HSMR provides an indicator of improving outcomes and safety that is evidenced at both sites; this position is monitored by the Mortality Surveillance Group.

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.

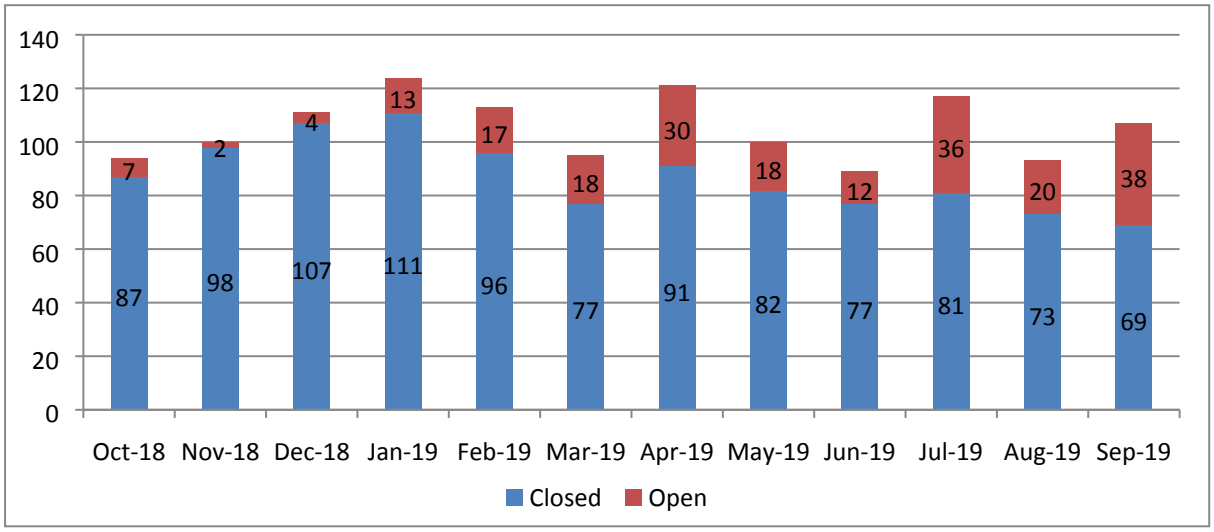


Fig 4: Open and Closed mortality cases by month, October 2018 – September 2019

1264 mortality cases (adult/ child/ neonatal deaths, stillbirths, late fetal losses) were identified for review during this 12 month period; **83% of cases have been reviewed and closed.**

	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Total
Closed	292	284	250	223	**1049**
Open	13	48	60	94	**215**
Total	305	332	310	317	**1264**
% Closed	**96%**	**86%**	**81%**	**70%**	**83%**

Table 1: Cases by financial quarter, October 2018 – September 2019

	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Total
EIC	100%	86%	82%	76%	**86%**
PCD	79%	80%	68%	55%	**69%**
WCHGD	93%	87%	80%	47%	**79%**
CSD	N/A	N/A	N/A	N/A	**N/A**
Total	**96%**	**86%**	**81%**	**70%**	**83%**

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

68 cases of suboptimal care were identified via the mortality review process between October 2018 and September 2019:

- **57 CESDI grade 1**: Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome
- **9 CESDI grade 2**: Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)
- **2 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 Q2 2019/20

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3	Total
EIC	173	7	1	0	**181**
PCD	30	1	2	0	**33**
WCHGD	6	3	0	0	**9**
Total	**209**	**11**	**3**	**0**	**223**

CESDI grades for closed cases occurring in Q1 2019/20

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3	Total
EIC	200	6	0	0	**206**
PCD	20	3	0	0	**23**
WCHGD	13	5	2	0	**20**
Total	**233**	**14**	**2**	**0**	**249**

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 admission or 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 learning solely from the care provided by the specialty that was responsible for the patient at the time of death.

Maternity /Obstetrics, NICU/SCBU, and Care of the Elderly have identified the most opportunities for improvement via the mortality review process; the sub-optimal care identified may have occurred within previous specialties involved in that patient's care rather than the specialty undertaking the

review therefore this should not be considered a measure of specialty safety. The identification of sub-optimal care provides assurance to the committee that specialties are engaging in the mortality review process.

7. Sub-optimal care linked to Incidents

During the 12 month period to November 2019 nine deaths were identified within the Mortality module that have been reviewed and closed with a CESDI grade 2 or 3; these cases have been considered by the Mortality Surveillance Group. When reviewing deaths the patient's full episode of care is considered e.g. the mortality review may identify issues in care occurring before admission to Trust or the reviewing specialty.

During this period the Trust identified two cases with CESDI grade 3 (probable avoidable death); both cases relate to intrauterine death/still births and were investigated as serious incidents (SIs). Following the investigation the degree of harm experienced as a direct result of the incident was confirmed as moderate (the CESDI grades were re-confirmed as grade 3). The précises for these incidents (ref. 2019/2408 and ref. 2019/3247) were considered by the Quality Committee in July 2019.

The Trust reported seven cases with CESDI grade 2 (possibly avoidable death); four cases have been investigated as serious incidents and the degrees of harm following the SI investigations included one death and three moderate harms:

1. VTE incident– Death (ref. 2019/12100 précised in September 2019 SI paper)
2. Provision of care / treatment - Moderate harm (ref. 2019/12081 précised in November 2019 SI paper)
3. Patient injury – Moderate harm (ref. 2019/26657 to be précised in March 2020 SI paper)
4. Patient fall – Moderate harm (ref. 2019/25077 to be précised in May 2020 SI paper)

The other three cases graded as CESDI 2 at mortality review are associated with incidents; however, following MSG consideration two of these were confirmed as not requiring serious incident investigation.

5. Maternal - IUD/Still birth (Incident ref. INC43489, no harm) - Cause of death; placental ischemic event affecting the blood flow to the fetus. Case MM3518 submitted to the mortality surveillance group in June 2019.
6. Maternal - IUD/Still birth (ref. INC48074, low harm) - Cause of death; inflammation of the fetal membranes due to a bacterial infection (Chorioamnionitis). Case MM3924 submitted to the Mortality Surveillance Group in September 2019.

One mortality case review graded as CESDI 2 will be presented to the Mortality Surveillance Group in January 2020 for consideration of outcome and requirement for Serious Incident investigation.

7. Adult death (ref. INC53864, low harm) - Cause of death; Myocardial infarction. Case MM4352 awaiting presentation at the Mortality Surveillance Group.

Serious Incident investigations are reviewed by the mortality Surveillance Group to ensure learning from both mortality review and incident investigation is identified, triangulated and cascaded. Robust arrangements are in place to identify potential suboptimal care from these sources of learning.

8. 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:

- Review of hospital transfer policy
- Review of approach to major haemorrhage process
- Review of handover guidance

9. Conclusion

The outcome of mortality review is providing a rich source of learning that is supporting the organisations improvement objectives. A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q2 2019/20; this is an indicator of improving outcomes and safety.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 January 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.5/Jan/20
REPORT NAME	Integrated Performance Report – November 2019
AUTHOR	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
LEAD	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
PURPOSE	To report the combined Trust's performance for November 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 October 2019. **Regulatory performance** – The Trust continued to deliver a high level of performance in its UEC standards. During November we continued to see growth in attendances to our Emergency Departments, with a 5.8% increase at CWH, 6.4% and WM and a Trust wide increase of 6% in attendances compared to November 2018. The trust remains part of the UEC test pilot in to the review of standards which is set to continue in to 2020. Following the roll out of Cerner on the Chelsea site RTT performance for the trust dropped below the national standard delivering 91.51% for November. This is driven by a 1.78% drop on the Chelsea site. Despite this drop the trust has maintained a high level of performance. The West Middlesex site delivered over 92% during November following 3 consecutive months of improvement. Recovery plans are in place or in development covering challenged specialties and issues. There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue. Cancer 62 day performance for October is below the national standard, this is driven in part by the Trust addressing the backlog of patients needing treatment. All clinical divisions and the cancer services teams have an agreed recovery plan to deliver a compliant position for December 2019 and sustainably going forward. This involves pathway reviews and how the supporting services are structured to maintain compliance and is monitored weekly at the Cancer Access meeting. DM01 Diagnostic continues to deliver at aggregate level with performance of 99.09%. Chelsea site reporting 98.05% for November and West Middlesex reporting 99.62%. There were four cases of community onset health care associated Clostridium Difficile in November 2019. There have been 20 identified cases against a Trust tolerance of 26 for 2019/20 to date.

KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance & RTT incomplete waiting times, whilst Cancer 2 week, 31 and 62 day waits remain a high priority.
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 November 2019 and to note that whilst some indicators were not delivered in the month, the overall YTD compliance remained good.

TRUST PERFORMANCE & QUALITY REPORT

November 2019

NHSI Dashboard

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.13%	93.38%	87.96%	93.95%	93.55%	94.35%	92.15%	94.09%	94.27%	93.92%	90.31%	92.10%	94.03%		!
RTT	18 weeks RTT - Incomplete (Target: >92%)	92.83%	92.57%	90.79%	93.24%	91.42%	91.97%	92.32%	92.09%	92.14%	92.27%	91.51%	91.87%	92.69%		-
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	92.69%	93.19%	88.52%	94.94%	96.32%	97.00%	96.73%	97.23%	94.88%	95.43%	93.69%	95.43%	96.33%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	98.48%	100%	100%	98.09%	98.48%	100%	100%	100%	98.09%		-
(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Nov-19) in this report	31 days diagnosis to first treatment (Target: >96%)	93.55%	100%	93.33%	97.35%	98.08%	98.39%	100%	98.57%	96.39%	99.04%	97.59%	99.04%	98.06%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	n/a	100%	100%	100%	n/a	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	96.88%	100%	100%	100%	96.15%	100%	100%	100%	100%	96.55%		-
	62 days GP referral to first treatment (Target: >85%)	56.6%	57.8%	51.1%	63.2%	81.3%	85.3%	59.6%	83.4%	71.4%	74.7%	56.7%	74.7%	76.1%		!
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	25.00%	100%	69.57%	100%	25.00%	100%	25.00%	69.57%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	2	2	10	2	3	2	10	3	5	4	9	20		!
Learning Difficulties	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant		-

Please note the following three items	n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.	
		RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators	! Either Site or Trust overall performance red in each of the past three months
		Note that all Cancer indicators show interim, unvalidated positions for the latest month (Nov-19) and are not included in quarterly or yearly totals	

Trust Commentary

A&E waiting times – Types 1 & 3 Departments

As a pilot site for the national review of urgent Emergency Care standards, the Trust is not currently reporting performance against the 4hr standard.
During November we continued to see growth in attendances to our Emergency Departments, with a 5.8% increase at CWH and a Trust wide increase of 6.0% in attendances compared to November 2018.

18 Weeks RTT – Incomplete

Following the roll out of Cerner on the Chelsea site performance for the trust dropped below the national standard delivering 91.51% for November. This is driven by a 1.78% drop on the Chelsea site. Despite this drop the trust has maintained a high level of performance. The West Middlesex site delivered over 92% during November following 3 consecutive months of improvement. Recovery plans are in place or in development covering challenged specialties and issues.

62 day GP referral to first treatment

October performance is below the national standard, this is driven in part by the Trust addressing the backlog of patients needing treatment. All clinical divisions and the cancer services teams have an agreed recovery plan to deliver a compliant position for December 2019 and sustainably going forward. This involves pathway reviews and how the supporting services are structured to maintain compliance and is monitored weekly at the Cancer Access meeting

Remaining Cancer Indicators

The remaining cancer indicators were all compliant with National Standards in October with the exception of 62 day screening where there were 1.5 breaches

Clostridium Difficile infections

There were four cases of community onset health care associated Clostridium Difficile in November 2019. There have been 20 identified cases against a Trust tolerance of 26 for 2019/20 to date.

Self-certification against compliance for access to healthcare for people with Learning Disability

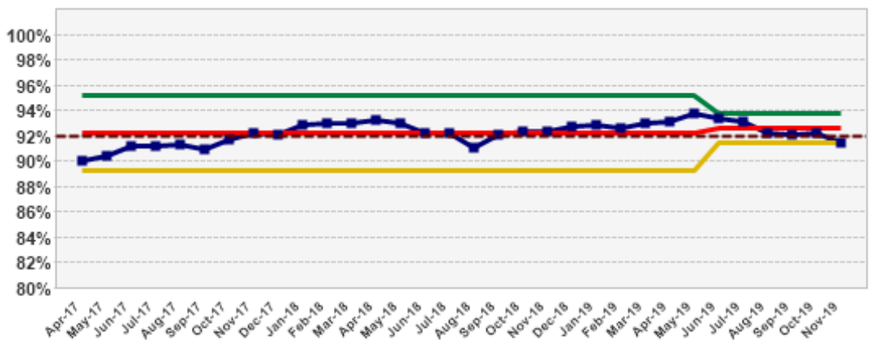
The Trust continues to declare compliance at both sites

SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the 32 months April 2017 to November 2019

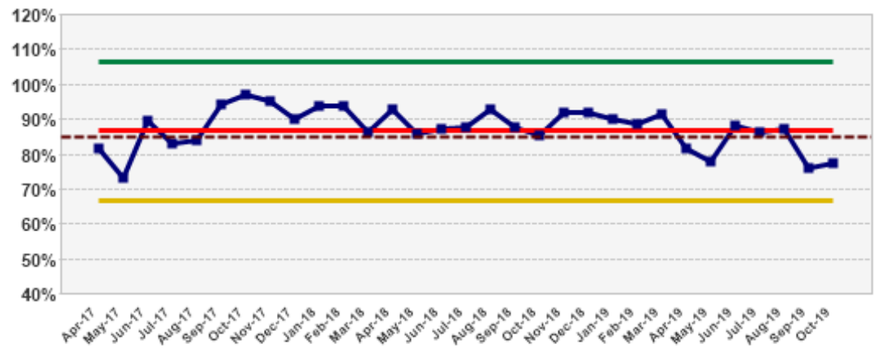
RTT Incomplete pathways

Trust Total

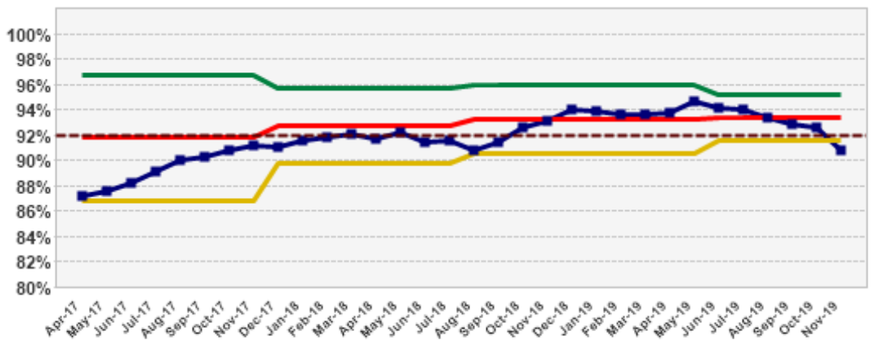


Cancer: 62 day standard

Trust Total



Chelsea and Westminster



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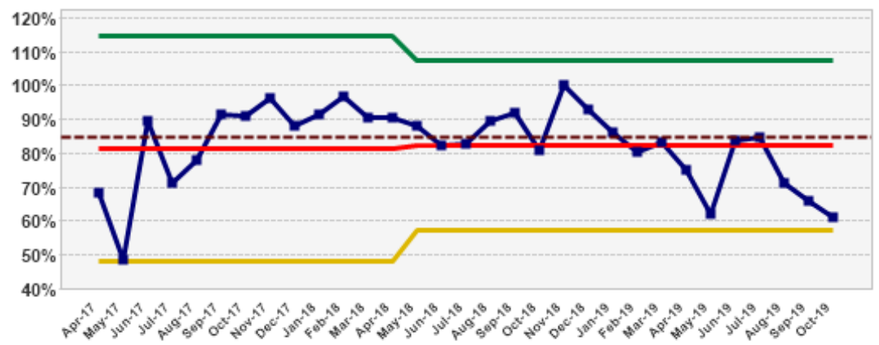
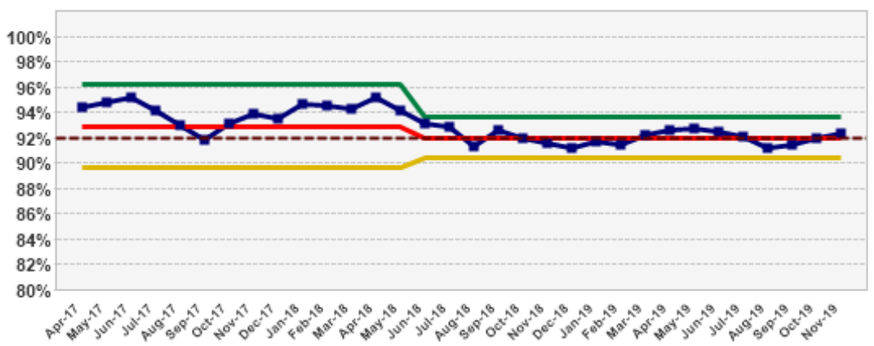
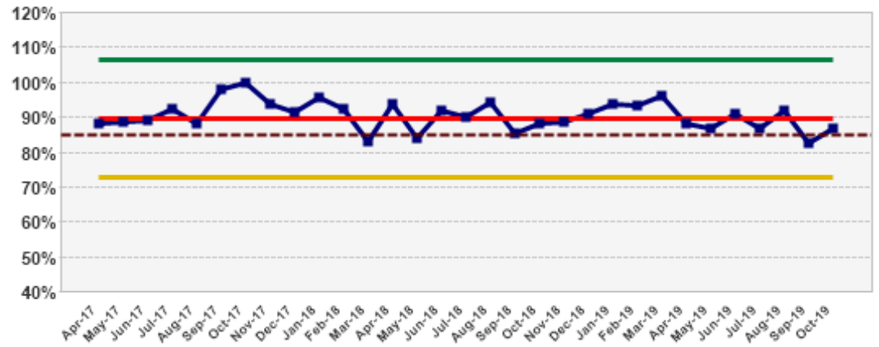


West Middlesex



West Middlesex



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1		-
	Hand hygiene compliance (Target: >90%)	97.0%	90.5%	85.7%	94.3%	92.5%	85.8%	93.2%	91.6%	95.1%	88.5%	89.1%	88.8%	93.1%		-
Incidents	Number of serious incidents	1	2	3	24	1	4	3	23	2	6	6	12	47		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.3	8.1	9.5	8.0	9.1	8.8	9.5	9.0	8.1	8.4	9.5	8.9	8.5		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.00	0.03	0.01	0.02	0.00	0.00	0.01	0.01	0.00	0.02	0.01	0.01		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.18	6.21	5.15	5.45	4.32	5.86	3.84	4.11	4.74	6.03	4.52	5.26	4.77		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	1.4%	0.4%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.8%	0.3%	0.3%		-
Harm	Never Events (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1		-
	Safety Thermometer - Harm Score (Target: >90%)	95.7%	96.6%	95.9%	93.1%	96.5%	99.0%	98.3%	96.0%	96.3%	98.1%	97.6%	97.8%	95.2%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	NEWS compliance %	97.9%	96.8%	97.9%	96.9%	97.3%	95.5%	93.1%	97.0%	97.6%	96.2%	95.7%	95.9%	96.9%		-
	Safeguarding adults - number of referrals	37	32	49	270	35	31	13	253	72	63	62	125	523		-
	Safeguarding children - number of referrals	49	35	30	392	81	128	83	735	130	163	113	276	1127		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76	0.76		-
	Number of hospital deaths - Adult	34	39	33	258	60	64	52	461	94	103	85	188	719		-
	Number of hospital deaths - Paediatric	0	2	1	7	0	0	1	1	0	2	2	4	8		-
	Number of hospital deaths - Neonatal	1	0	1	9	3	0	4	13	4	0	5	5	22		-
	Number of deaths in A&E - Adult	2	1	4	17	5	7	5	32	7	8	9	17	49		-
	Number of deaths in A&E - Paediatric	0	1	0	2	0	0	0	4	0	1	0	1	6		-
	Number of deaths in A&E - Neonatal	0	0	0	1	0	0	0	0	0	0	0	0	1		-

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

Trust Commentary

Number of serious incidents

There were 6 serious incidents reported during November across the Trust; 3 at Chelsea and Westminster and 3 at the West Middlesex site. The SI report prepared for the Board contains further details regarding SI's, including the learning from completed investigations.

Hand Hygiene compliance

The Trusts Hand Hygiene compliance improved to 89.1% in November.

This was driven by a decline at the West Middlesex site due to cross auditing introduced by the Emergency and Integrated Care (EIC) Division at WM to ensure non biased auditing. An action plan led by the Division but supported by the IPCT is currently in progress to recover compliance.

Incident reporting rate per 100 admissions

The incident reporting rate for the Trust returned to a compliant position in November, with the Trust reporting 9.6 against the 8.5 target. This was driven predominantly by an improved position of 9.8 at Chelsea site, and a sustained compliance reported at West Middlesex of 9.4.

Trust Commentary Continued

Never events
No Never Events were reported during November 2019.

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

Medication-related safety incidents
A total of 156 medication incidents were reported in November. CW site reported 94 and WM site reported 62 incidents. The Medication Safety Group (MSG) has been working to increase the reporting of medication-related incidents at the West Middlesex site through shared learning and awareness of cross-site medication-related incident trends and lessons learnt. Although the number of incidents reported at WM site has decreased from 98 in October, WM site continues to remain above Trust target of 4.2 for medication related incidents reported per 1000 FCE bed days.

Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days
The Trust position of medication-related incidents involving patients (NRLS reportable) was compliant in November 2019 with 4.52 per 1,000 FCE bed days. This is delivering above the Trust target of 4.2, and is above the national median of 4.3 (as per the latest Model Hospital data, March 2019). The number of reported medication-related incidents per 1,000 FCE bed days was 5.15 for WM site and 3.84 for CW site in November 2019.

Medication-related (NRLS reportable) safety incidents % with harm

Reporting for the integrated performance report in relation to medication-related incidents resulting in harm to patients has been aligned to mirror all other safety metrics, reporting moderate harm or above. The Trust had 1.6% of medication-related safety incidents with moderate or above harm in November 2019. This accounts for one moderate harm incident at CW site involving a patient who relapsed with sepsis following an inappropriate choice of antimicrobial on discharge. This figure is within the target of 2%.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	95.5%	95.0%	93.4%	94.8%	94.4%	95.0%	94.4%	95.2%	94.8%	95.0%	94.1%	94.6%	95.0%		-
	FFT: Inpatient not recommend % (Target: <10%)	2.7%	0.5%	2.8%	2.0%	1.5%	1.6%	2.2%	1.4%	1.9%	1.2%	2.4%	1.8%	1.7%		-
	FFT: Inpatient response rate (Target: >30%)	29.8%	25.0%	14.8%	29.1%	21.2%	20.8%	19.4%	21.0%	23.5%	22.1%	17.7%	19.8%	23.5%		!
	FFT: A&E recommend % (Target: >90%)	90.3%	90.0%	87.6%	90.3%	91.5%	89.8%	85.6%	89.4%	90.5%	90.0%	86.8%	88.6%	90.1%		-
	FFT: A&E not recommend % (Target: <10%)	6.0%	6.4%	7.6%	6.2%	5.1%	7.1%	10.1%	7.1%	5.9%	6.6%	8.6%	7.4%	6.4%		-
	FFT: A&E response rate (Target: >30%)	19.7%	19.3%	17.2%	18.6%	18.5%	18.8%	17.2%	18.2%	19.5%	19.2%	17.2%	18.3%	18.5%		!
	FFT: Maternity recommend % (Target: >90%)	92.3%	91.0%	91.4%	92.1%	98.0%	97.5%	100.0%	94.5%	92.8%	91.0%	95.0%	95.0%	92.3%		-
	FFT: Maternity not recommend % (Target: <10%)	4.3%	8.4%	8.1%	5.3%	0.0%	2.5%	0.0%	3.9%	3.9%	7.8%	8.1%	7.9%	5.1%		-
	FFT: Maternity response rate (Target: >30%)	20.4%	18.3%	11.5%	19.5%	13.0%	11.1%	2.4%	14.1%	19.4%	17.1%	9.6%	13.9%	18.7%		!
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	45	59	52	420	39	36	34	257	84	95	86	181	677		-
	Complaints formal: Number responded to < 25 days	34	40	32	299	28	26	17	177	62	66	49	115	476		-
	Complaints (informal) through PALS	180	198	232	1477	61	54	54	460	241	252	286	538	1937		-
	Complaints sent through to the Ombudsman	0	0	0	0	1	0	0	9	1	0	0	0	9		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	1	1	0	0	1	1	1		-

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

Trust Commentary
Friends and family test
Recommendation rate for A&E was reported at 86.8% in November 2019. The Inpatient recommendation rate consistently exceeds target.

The response rates at both sites remain a challenge a across all related indicators and require further improvement to bring them in line with the required targets.

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

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

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

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.22	2.77	3.16	3.03	2.41	2.69	2.19	2.64	3.02	2.75	2.87	2.80	2.94		-
	Average length of stay - non-elective (Target: <3.95)	3.63	3.60	3.55	3.78	2.91	2.97	3.00	2.95	3.21	3.23	3.24	3.24	3.30		-
	Emergency care pathway - average LoS (Target: <4.5)	4.05	4.14	4.04	4.16	3.36	3.34	3.43	3.31	3.60	3.62	3.67	3.65	3.61		-
	Emergency care pathway - discharges	221	242	271	1852	404	442	430	3384	625	685	701	1386	5236		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.30%	3.79%	6.65%	4.19%	11.07%	10.96%	11.09%	11.10%	7.59%	7.20%	9.01%	8.04%	7.58%		!
	Non-elective long-stayers	418	433	382	3332	353	409	392	3132	771	842	774	1616	6464		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	87.0%	86.7%	83.4%	84.1%	88.9%	91.9%	85.9%	89.5%	87.7%	88.3%	84.5%	86.7%	86.0%		-
	Operations canc on the day for non-clinical reasons: actuals	18	20	23	107	9	10	11	97	27	30	34	64	204		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.63%	0.61%	1.16%	0.46%	0.69%	0.70%	0.80%	0.86%	0.65%	0.64%	1.01%	0.80%	0.59%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	5	4	13	30	5	6	7	29	10	10	20	30	59		!
	Theatre Utilisation (Target >85%)	71.9%	73.3%	62.1%	67.3%	73.8%	74.4%	73.6%	74.3%	72.6%	73.6%	65.8%	69.8%	69.6%		-
Outpatients	First to follow-up ratio (Target: <1.5)	1.51	1.49	2.18	1.49	1.36	1.30	1.33	1.36	1.40	1.35	1.33	1.34	1.39		-
	Average wait to first outpatient attendance (Target: <6 wks)	7.8	8.1	9.8	7.6	8.3	7.7	7.7	8.1	8.0	7.9	8.7	8.2	7.8		!
	DNA rate: first appointment	10.4%	10.2%	13.8%	10.8%	10.5%	9.9%	9.0%	10.9%	10.5%	10.0%	11.3%	10.6%	10.8%		-
	DNA rate: follow-up appointment	9.3%	9.6%	12.7%	9.9%	7.9%	8.0%	8.4%	9.2%	8.8%	9.0%	10.9%	9.8%	9.7%		-

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Trust Commentary

Average length of stay

The Trust reported a combined organisational average length of stay of elective patients at 2.87 in November against a target of <2.9.

Emergency re-admissions within 30 days of discharge

Indicator under investigation due to unexpected change

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 decrease of non-elective long stay patients was reported in November, reducing to 472 from Octobers reported total of 681.

Daycase rate (basket of 25 procedures)

The Trust reported a combined position of 84.5% against the 85.0% standard.

Operations cancelled on the day for non-clinical reasons: % of total elective admissions

Indicator under investigation due to unexpected change

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	98.1%	98.2%	91.0%	98.0%	95.6%	90.2%	97.0%	92.2%	96.9%	93.4%	94.0%	94.0%	95.0%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	75.0%	92.9%	78.6%	91.6%	100.0%	100.0%	100.0%	88.7%	85.2%	96.0%	88.9%	92.3%	90.2%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	94.1%	66.7%	86.7%	92.2%	92.9%	92.0%	92.9%	91.3%	93.5%	81.4%	89.7%	84.7%	91.8%		-
VTE	VTE: Hospital acquired	0	0	0	4	1	0	1	9	1	0	1	1	13		-
	VTE risk assessment (Target: >95%)	94.9%	93.7%	N/A	93.7%	90.8%	91.0%	89.4%	75.0%	93.0%	92.5%	N/A	90.9%	85.0%		!
TB Care	TB: Number of active cases identified and notified	3	1	2	25	2	8	7	56	5	9	9	18	81		-

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Trust Commentary

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

VTE risk assessment

C&W site:

Following Cerner roll out, there is on-going work to validate performance by division and speciality to resolve data quality issues. Inclusion and exclusion criteria for VTE risk assessment were applied in December 2019 and the timing of the Cerner VTE risk assessment alert trigger for ward locations is to be adjusted.

An interim paper VTE risk assessment is being used for maternity patients whilst electronic tool is built and the APEX online tool has been introduced at Chelsea site to allow midwifery staff to document if the paper assessment was completed. Detailed weekly and monthly VTE risk assessment performance reports will be reintroduced once data quality issues are resolved.

WMUH site:

Performance declined slightly in November 2019 compared to the previous months. Paper VTE risk assessment form has been implemented in all clinical areas. The APEX tool to electronically record completion rates is embedded in clinical areas with hourly refresh to support staff with timely completion. Weekly VTE risk assessment performance reports have been introduced for clinical/service leads. VTE magnets in use on non-electronic patient noticeboards to identify patients with outstanding VTE risk assessments to prompt completion, with action at board rounds/ward visits/handovers. On-going VTE education and awareness continues.

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	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%)	96.37%	97.86%	98.05%	97.69%	99.71%	99.70%	99.62%	99.26%	99.11%	99.18%	99.09%	99.14%	98.80%		!
	Diagnostic waiting times >6 weeks: breach actuals	49	51	49	449	18	18	19	350	67	69	68	137	799		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.4%	8.3%	8.5%	9.0%	8.1%	8.9%	8.5%	8.3%	9.0%	8.5%	8.5%	8.5%	8.8%		!
	A&E time to treatment - Median (Target: <60')	01:20	01:19	00:36	01:13	01:03	00:57	00:56	01:03	01:16	01:14	00:44	01:02	01:10		-
	London Ambulance Service - patient handover 30' breaches	12	28	44	187	50	38	84	341	62	66	128	194	528		-
	London Ambulance Service - patient handover 60' breaches	1	0	3	4	1	1	1	3	2	1	4	7	7		!
Choose and Book (available to Sep-19 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1566	1418	409.1	1737	0	0	0	0	1566	1418	409.1	936.3	1737		-
	Choose and book: capacity issue rate (ASI)															-
	Choose and book: system issue rate	134	129	158	135											-

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Trust Commentary

RTT Incompletes 52 week Patient at month end

There were no 52 week breaches at either site in November 2019.

Diagnostic Waiting Times

The DM01 standard was maintained for November delivering performance of 99.09%

A&E Un-Planned Re-Attendances

The percentage of patients re-attending A&E remains above the 5% target. The teams continue to review re-attendances, with a particular focus on ‘frequent attenders’. This work, led by the North West London Urgent and Emergency Care Board, is looking at coordinating care plans with community partners to allow patients to be managed in the community without needing to attend A&E.

London Ambulance Service -

YTD the Trust has seen a 9% increase in ambulance conveyances; the highest growth in North West London. Despite this we continue to be one of the top performers in London in terms of ambulance handover times, with 96.8% of ambulances handed over within 30 minutes on the Chelsea site and 96.2% on the West Middlesex site in November.

There were 4 occasions in November when an ambulance crew waited over 60 minutes to handover a patient. 3 of these were on the Chelsea site and 1 at West Midd, it is recognised that this happens at times when the department is busy and is unable to create cubicle capacity to offload patients. As a result, a ‘fit to sit’ area will be in place from January 2020, allowing well patients to be transferred from cubicles and creating capacity for ambulance handovers.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	Trend charts	
Birth indicators	Total number of NHS births	476	508	486	3953	386	444	400	3229	862	952	886	1838	7182		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	30.1%	36.7%	35.0%	35.5%	25.9%	32.6%	28.9%	30.2%	28.2%	34.8%	32.2%	33.6%	33.1%		!
	Midwife to birth ratio (Target: 1:30)	1:29	1:29	1:29	1:29	1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:28	1:28		-
	Maternity 1:1 care in established labour (Target: >95%)	95.1%	97.3%	96.0%	96.8%	97.5%	97.5%	98.5%	97.3%	96.2%	97.4%	97.2%	97.3%	97.0%		-
Safety	Admissions of full-term babies to NICU	24	18	14	159	n/a	n/a	n/a	n/a	24	18	14	32	159		-

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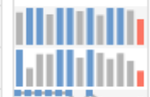
Trust Commentary

Caesarean Births
CW site - There was reported Caesarean section rate 32.2%. The combined Trust position, for the Year to date, stands at 33.1%.

NICU admissions
In November there were 14 admissions of term babies to NICU.

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	Sep-19	Oct-19	Nov-19	2019-2020	YTD breaches	Sep-19	Oct-19	Nov-19	2019-2020	YTD breaches	Sep-19	Oct-19	Nov-19	2019-2020 Q3	2019-2020	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	100%	0	100%	93.5%	70.0%	94.5%	7	100%	93.5%	70.0%	93.5%	94.6%	7		-
	Colorectal / Lower GI	100%	81.8%	66.7%	87.0%	5	85.7%	58.3%	11.1%	82.2%	10.5	90.9%	69.6%	42.9%	69.6%	84.0%	15.5		-
	Gynaecological	25.0%	25.0%	75.0%	42.9%	6.5	75.0%	85.7%	100%	89.2%	2	41.7%	63.6%	87.5%	63.6%	72.4%	8.5		!
	Haematological	100%	100%	0.0%	100%	1	66.7%	100%	100%	75.0%	3	75.0%	100%	71.4%	100%	85.4%	4		-
	Head and neck	n/a	0.0%	100%	66.7%	0.5	100%	100%	50.0%	92.3%	1	100%	75.0%	66.7%	75.0%	87.5%	1.5		-
	Lung	0.0%	80.0%	100%	82.4%	1.5	n/a	100%	n/a	90.0%	0.5	0.0%	85.7%	100%	85.7%	85.2%	2		-
	Sarcoma	100%	n/a	n/a	100%	0	n/a	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0		-
	Skin	100%	61.5%	100%	93.8%	3	100%	90.9%	100%	97.3%	1	100%	75.0%	100%	75.0%	95.3%	4		-
	Upper gastrointestinal	100%	100%	n/a	64.3%	2.5	0.0%	66.7%	50.0%	60.0%	5.5	75.0%	80.0%	50.0%	80.0%	61.8%	8		!
	Urological	18.2%	42.1%	25.0%	42.6%	39	75.0%	87.5%	51.7%	84.1%	22	60.5%	67.4%	42.2%	67.4%	68.4%	61		!
	Urological (Testicular)	n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0		-
	Site not stated	n/a	n/a	n/a	100%	0	n/a	100%	n/a	100%	0	n/a	100%	n/a	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
		Please note that all indicators show interim, unvalidated positions for the latest month (Nov-19) and are not included in quarterly or yearly totals		

Trust commentary

There were 25.5 breaches of the standard: 9.5 at Chelsea with 16 at West Middlesex. This was from a total of 63 treatments.

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

Tumour Site	Chelsea and Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			3	10
Colorectal / Lower GI	2	6	4	4.5
Gynaecological	0.5	2	0	2
Haematological	1	1	0	2.5
Head and Neck	0	0.5	0.5	1
Lung	0	1		
Not yet coded				
Sarcoma				
Skin	0	2	0	5
Upper Gastrointestinal			1.5	3
Urological	6	8	7	14.5
Urological (Testicular)				
Totals	**9.5**	**20.5**	**16**	**42.5**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

CQUIN Dashboard

November 2019

National CQUINs (CCG commissioning)

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

National CQUINs (NHSE Specialised Commissioning)

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

2019/20 CQUIN Schemes Overview

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

2019/20 National Indicators (CCG commissioning)

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

2019/20 National Indicators (NHSE Specialised Commissioning)

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

2019/20 CQUIN Outcomes

NHSE Specialised Commissioning has now confirmed that the Trust achieved 100% for the Medicines Optimisation indicator for Q1. The outcome of the Q1 assessment from NWL CCGs was 25% for all indicators combined. Delivery RAG ratings have been updated accordingly in this month's report.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report – Chelsea Site

November 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	94.2%	92.2%	94.8%	94.3%	11	4.1	15.2	14.9	1.4%	17.3%	9.9%							5	62	
Annie Zunz	88.4%	90.0%	95.0%	100.0%	6.6	2.8	9.4	8	9.0%	29.1%	0.0%							1	13	100.0%
Apollo	95.6%	70.0%	94.0%	-	8.4	0.6	9	12.1	4.9%	25.1%	100.0%							6	17	100.0%
Jupiter	142.2%	-	146.7%	-	11.1	0	11.1	12.1	14..1%	22.1%	133.3%							1	16	100.0%
Mercury	95.0%	-	85.3%	-	8.2	0	8.2	9.4	8.5%	31.7%	37.5%							3	14	100%
Neptune	95.1%	66.7%	91.7%	-	9.2	0.7	9.9	12.1	-5.5%	20.5%	66.7%							2	12	98.5%
NICU	91.8%	-	92.6%	-	18.3	0	18.3	27	9.6%	12.8%	0.0%							9	54	100.0%
AAU	111.0%	72.0%	104.7%	92.4%	12.9	2.9	15.8	8.5	17.5%	10.3%	56.8%						1	9	75	75.0%
Nell Gwynne	98.4%	73.7%	126.7%	95.9%	4.8	3.4	8.3	7.3	-2.3%	18.1%	0.0%							3	22	82.4%
David Erskine	101.2%	92.3%	99.0%	113.3%	3.8	3.6	7.4	7.3	8.3%	49.2%	7.2%	1	1	1	1			3	21	100.0%
Edgar Horne	126.4%	93.5%	144.4%	110.4%	5	3.2	8.5	6.7	-2.2%	18.6%	22.0%		1					1	28	100.0%
Lord Wigram	95.0%	97.8%	101.1%	108.7%	4.5	3.2	7.7	7	13.5%	21.5%	7.5%	1	1					1	24	94.6%
St Mary Abbots	98.6%	79.2%	98.2%	97.7%	4.7	2.6	7.5	7.3	11.6%	20.3%	10.5%							2	24	
David Evans	106.7%	97.9%	109.9%	196.2%	6.4	2.9	9.3	7.3	0.9%	21.9%	0.0%							4	17	96.2%
Chelsea Wing	79.8%	102.6%	100.8%	113.7%	24.7	18	42.7	7.3	13.8%	18.5%	27.0%							1	15	75.0%
Burns Unit	113.2%	100.0%	118.2%	100.0%	22.7	3.1	25.8	N/A	2.5%	11.2%	11.5%								7	100.0%
Ron Johnson	94.3%	97.5%	100.0%	99.9%	5.5	3	8.6	7.6	6.2%	18.2%	10.5%							5	43	100.0%
ICU	102.6%	-	100.0%	-	29.2	0	29.2	27	9.2%	18.0%	0.0%							7	37	
Rainsford Mowlem	93.9%	83.3%	104.2%	97.5%	3.9	3.3	7.3	7.3	-2.9%	11.2%	0.0%							1	24	63.0%
Nightingale	75.1%	37.6%	77.6%	65.2%	4.6	2.4	7	6.7	n/a	n/a	n/a							1	8	100.0%

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

November 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	95.5%	93.6%	103.1%	93.0%	6.7	2.1	8.8	7 – 17.5	1.1%	4.9%	9.5%							4	15	
Lampton	101.9%	138.7%	100.0%	166.6%	3	3.5	6.5	6 – 7.5	5.8%	5.9%	3.8%		1					3	8	95.2%
Richmond	100.0%	99.2%	131.1%	106.8%	7.4	3.3	10.7	6 – 7.5	15.5%	8.8%	0.0%							2	9	100.0%
Syon 1	102.7%	76.9%	99.3%	113.8%	3.7	2.1	5.9	6 – 7.5	17.8%	13.5%	10.9%								17	86.1%
Syon 2	102.5%	86.1%	100.8%	94.4%	3.5	2.4	5.9	6 – 7.5	20.9%	8.5%	17.3%							6	23	95.8%
Starlight	103.4%	100.0%	110.6%	-	6.8	0.2	7	8.5 – 13.5	-1.2%	7.7%	0.0%							2	16	97.1%
Kew	108.5%	95.3%	109.7%	152.4%	3.4	2.8	6.2	6 - 8	11.7%	19.1%	7.7%								18	90.0%
Crane	107.8%	110.2%	110.0%	112.6%	3.4	3	6.4	6 – 7.5	19.4%	5.5%	0.0%		1					2	16	89.7%
Osterley 1	101.6%	133.2%	99.3%	171.4%	3.3	3.4	6.7	6 – 7.5	8.6%	14.5%	15.2%							7	50	92.3%
Osterley 2	98.7%	104.4%	99.0%	110.8%	3.4	3.2	6.8	6 – 7.5	9.3%	2.6%	12.9%							2	25	96.2%
MAU	101.7%	80.1%	96.7%	91.4%	6.1	2.3	8.4	7 - 9	8.0%	6.1%	15.9%		2					11	93	96.5%
CCU	101.4%	100.6%	102.5%	-	5.7	0.7	6.3	6.5 - 10	11.4%	0.0%	0.0%							2	12	100.0%
Special Care Baby Unit	101.8%	-	110.1%	-	9.5	0	9.5		15.0%	0.0%	0.0%							1	18	100.0%
Marble Hill 1	99.4%	94.4%	103.3%	184.9%	3.5	3.4	6.9	6 - 8	19.0%	27.3%	29.0%							2	25	92.5%
Marble Hill 2	100.3%	108.6%	102.2%	105.0%	3.1	2.7	5.8	5.5 - 7	3.5%	5.4%	0.0%							2	11	96.9%
ITU	107.8%	110.2%	110.0%	110.4%	10.4	9.3	19.7	17.5 - 25	5.8%	22.3%	0.0%							5	29	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report

November 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. Please note that CHPPD scores are inclusive of Apprentice Nursing Associates which is now required to be reported separately to NHSI. The Trust is compliant with this request.

AAU, Nell Gwynne and Nightingale had difficulties filling bank shifts for HCAs throughout November and the risk was mitigated by daily review, moving staff when required and nursing staff assisting HCAs. Recruitment is underway. Nell Gwynne had high fill rates for night RNs due to a tracheostomy patient requiring specialling. Edgar Horne had high fill rates for RNs on both day and night shifts due to RMN requirement.

Lampton, Kew and Osterley 1 had high fill rates for HCAs on nights due additional staffing being required to care for confused mobile patients at risk of falls and absconding.

In November escalation beds were opened on Nightingale ward at short notice resulting in low fill rates for RN shifts but substantive staff from the Frailty Unit assisted.

The CHHPD ratio for Chelsea Wing is higher as has been benchmarked against other Private Patient wards. The electives for November were low in numbers and bank/agency staff were cancelled as a result. CHPPD high on Richmond due to Day Surgery patients not being counted as patient census is taken at midnight. High fill rates on Richmond at night due to high acuity of patients.

In November there were 2 falls with moderate harm and one with severe harm at the Chelsea site.

Family and friends test scores relate to October 2019 and three wards at West Middlesex site and ten wards at the Chelsea site scored 100% with patients likely to recommend the ward to their friends or family if they needed similar care or treatment. Low scores were recorded for Rainsford Mowlem at 63%, Chelsea Wing and AAU at 75%. Turnover and Vacancy rates also relate to October 2019.

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

CQC Insights Report – Indicators rated 'Better' or 'Much Better'

November 2019

Indicator	National Comparison	Previous	Latest	National Average	Sentiment Direction
Clostridium difficile infections (trust-apportioned)	Better	NA	13	-	High values are bad
Crude proportion of highest-risk cases (>10% predicted mortality) admitted to critical care post-operatively	Better	100.00%	100.00%	86.80%	Low values are bad
Crude proportion of highest-risk cases (>10% predicted mortality) admitted to critical care post-operatively	Better	83.30%	100.00%	86.80%	Low values are bad
Crude proportion of high-risk cases (=5% predicted mortality) with consultant surgeon and anaesthetist present in theatre	Better	88.90%	95.80%	82.50%	Low values are bad
Crude proportion of patients having surgery on the day or day after admission (%)	Better	77.30%	84.30%	69.50%	Low values are bad
Hospital Standardised Mortality Ratio (HSMR)	Much better	79.2	74.2	100	High values are bad
Hospital Standardised Mortality Ratio (Weekday)	Much better	75.1	72.7	100	High values are bad
Hospital Standardised Mortality Ratio (Weekend)	Much better	84.7	74.1	100	High values are bad
Identified level of potential support needs by the provider shadow segmentation	Better	NA	Providers with maximum autonomy.	-	High values are bad
Information about next steps	Better	NA	8.5	-	Low values are bad
In-hospital mortality: Acute bronchitis	Better	48.3	37.6	100	High values are bad
In-hospital mortality: Chronic obstructive pulmonary disease and bronchiectasis	Better	63.7	55.6	100	High values are bad
In-hospital mortality: Fracture of neck of femur (hip)	Better	71.8	57.2	100	High values are bad
In-hospital mortality: Pneumonia	Better	94.3	69.8	100	High values are bad
In-hospital mortality: Urinary tract infections	Much better	66.3	31.5	100	High values are bad
PROMs: Primary Hip Replacement EQ-5D score (17-18) - Provisional (finalised Aug 2019)	Better	NA	Upper 95%		Low values are bad
PROMs: Primary Hip Replacement Oxford score (17-18) - Provisional (finalised Aug 2019)	Better	NA	Upper 95%		Low values are bad
Quality of appraisals	Better	6.1	6	5.5	Low values are bad
Quality of care	Better	7.7	7.7	7.5	Low values are bad
Ratio of senior midwives to midwives	Better	0.33	0.39	0.25	Low values are bad
Risk adjusted 30-day mortality rate (%)	Much better	13.80%	0.00%	9.50%	High values are bad
Risk-adjusted hospital mortality ratio	Better	1.16	0.77	1	High values are bad
Risk-adjusted hospital mortality ratio for patients with predicted risk of death <20% (lower risk)	Much better	1.08	0.28	1	High values are bad
Safety Culture	Better	6.9	6.9	6.7	Low values are bad
Sick days for medical and dental staff-[set target 3.5%] (%)	Much better	0.56%	0.86%	1.19%	High values are bad
Sick days for non-clinical staff (%)	Better	3.67%	3.08%	4.38%	High values are bad
Sick days for nursing and midwifery staff (%)	Better	3.24%	3.24%	4.37%	High values are bad
Sick days for other clinical staff (%)	Better	3.78%	3.41%	4.82%	High values are bad
SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator	Much better	Level A	Level A		High values are bad
Stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births)	Better	5.9	6.2	6.7	High values are bad
Staff Engagement	Better	7.3	7.3	7	Low values are bad
Summary Hospital-level Mortality Indicator (SHMI)	Much better	0.79	0.77	1	High values are bad
Understanding what staff say	Better	NA	8.9	-	Low values are bad

CQC Insights Report – Indicators rated 'Worse' or 'Much Worse'

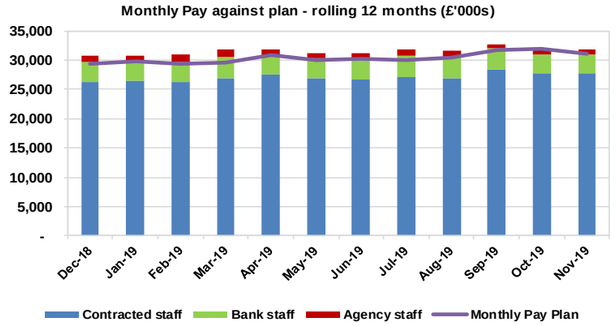
November 2019

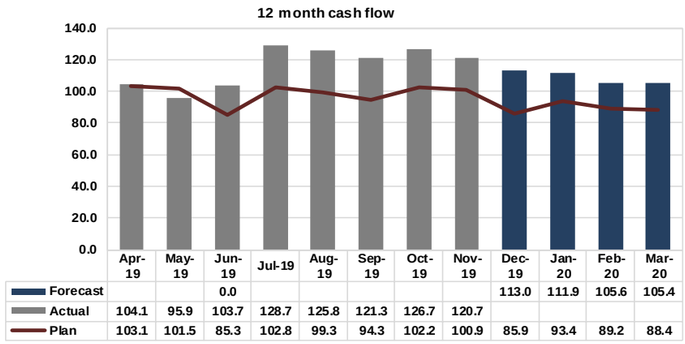
Indicator	National Comparison	Previous	Latest	National Average	Sentiment Direction
A&E Attendees spending more than 12 hours from decision to admit to admission	Much worse	0	5	-	High values are bad
Confidence and trust in the nurses	Worse	8.5	8.4	-	Low values are bad
Crude overall hospital length of stay	Worse	27.7	24.8	20.0	High values are bad
Crude proportion of cases with access to theatres within clinically appropriate time frames	Worse	88.60%	82.80%	82.0%	Low values are bad
Crude proportion of cases with pre-operative documentation of risk of death	Worse	81.40%	77.10%	74.6%	Low values are bad
Crude proportion of cases with pre-operative documentation of risk of death	Worse	72.70%	78.70%	74.6%	Low values are bad
Crude proportion of high-risk cases (=5% predicted mortality) with consultant surgeon and anaesthetist present in theatre	Worse	56.80%	70.00%	82.5%	Low values are bad
Crude proportion of patients having perioperative medical assessment (%)	Worse	75.00%	75.00%	88.6%	Low values are bad
Crude proportion of patients having perioperative medical assessment (%)	Worse	50.00%	21.70%	88.6%	Low values are bad
Emergency readmissions: Acute cerebrovascular disease	Much worse	319.5	269.4	100	High values are bad
Equality, diversity & inclusion	Worse	8.7	8.7	9.1	Low values are bad
Maternity outlier alert: Puerperal sepsis (not including other infection)	Worse	NA	Action plans being followed up by CQC		N/A
Ratio of occupied beds to other clinical staff	Worse	3.03	2.74	1.75	High values are bad
Safe Environment - Bullying & Harassment	Worse	7.7	7.7	8.0	Low values are bad
Safe Environment - Violence	Worse	9.3	9.3	9.5	Low values are bad
Stability of non-clinical staff	Worse	0.79	0.78	0.85	Low values are bad
Stability of Nursing and Midwifery staff	Much worse	0.79	0.78	0.87	Low values are bad
Turnover rate for nursing and midwifery staff (%)	Worse	19.10%	17.50%	11.4%	High values are bad

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard
Month 8 2019-20 Integrated Position

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	448,362	456,521	8,159
Expenditure			
Pay	(246,221)	(253,803)	(7,582)
Non-Pay	(173,380)	(170,563)	2,816
EBITDA	28,762	32,155	3,393
EBITDA %	6.41%	7.04%	0.63%
Depreciation	(11,534)	(11,612)	(79)
Non-Operational Exp-Inc	(10,700)	(10,130)	570
Surplus/Deficit	6,528	10,412	3,884
Control total Adj - Donated asset, Impairment & Other		(4,137) 0	
Surplus/Deficit on Control Total basis	6,528	6,275	(253)





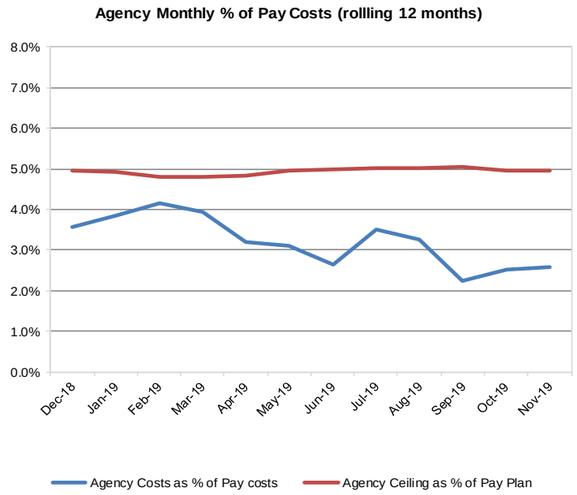
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Forecast			0.0						113.0	111.9	105.6	105.4
Actual	104.1	95.9	103.7	128.7	125.8	121.3	126.7	120.7				
Plan	103.1	101.5	85.3	102.8	99.3	94.3	102.2	100.9	85.9	93.4	89.2	88.4

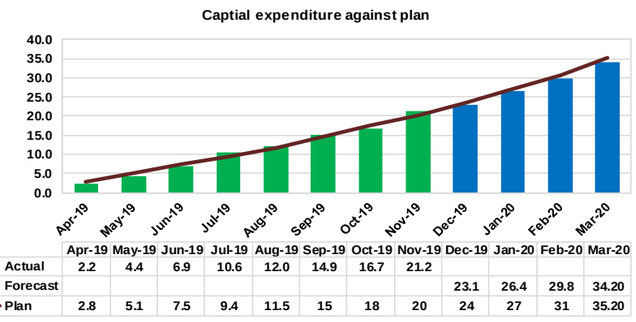
Comment:
The Trust is reporting a YTD surplus of £6.28m with an adverse variance of £0.25m against the YTD plan on a control total basis.

Income: Income under performance in November is mainly due to Cerner implementation on the CW site. Planned reduction in elective and outpatient activity; sections of the system not fully built/operational such as critical care and paper records not yet entered into Cerner. Accruals were made to adjust for the unrecorded activity.

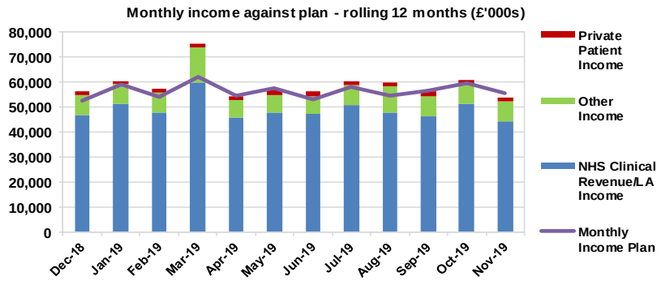
Pay is adverse by £7.58m YTD. The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity. However, the main contributor to this position are unidenifiied CIPs and identified red/amber CIP schemes.

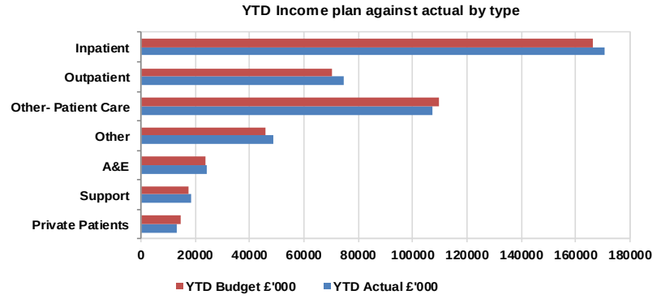
Comment:
The favourable cash variance to plan in M08 of £19.7m is favourable cash variance b/fwd from M7 of £24.4m, lower cash receipts to plan of £1.5m (No PSF/MRET) and higher cash outflows to plan £3.2m (higher creditor payments & higher payroll costs).

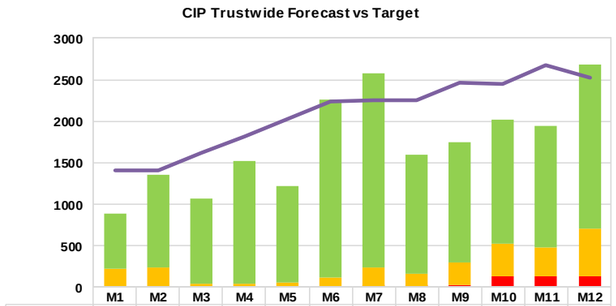




	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actual	2.2	4.4	6.9	10.6	12.0	14.9	16.7	21.2				
Forecast									23.1	26.4	29.8	34.20
Plan	2.8	5.1	7.5	9.4	11.5	15	18	20	24	27	31	35.20







	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Green	667	1121	1016	1480	1167	2162	2338	1443	1463	1489	1462	1971
Amber	214	230	40	37	52	103	229	146	267	394	349	579
Red	0	0	0	0	0	0	4	4	18	127	127	127
Target	1396	1396	1622	1816	2029	2242	2245	2246	2459	2446	2674	2529

Comment:
The Trust has spent £21.19m at the end of month 8. This is £0.85m above the planned year to date spend of of £20.34m. The major variances are: NICU which is £2.20m overspent against YTD plan of £7.50m, less the underspends on medical equipment replacement £1.08m and also the fire alarm replacement programme of £0.32m, where will commence from M9.

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	1	1
I&E Margin Distance from Financial Plan		1
Agency rating	1	1
UORR before override M3		1
UORR after override M3		1

BPPC % of bills paid in target	Year to date		
	Current Month %	Previous Month (%)	Movement %
By number	95.3%	95.1%	0.2%
By value	84.1%	83.1%	1.0%
Creditor days	120	121	(1)
Debtor days	31	31	(0)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 January 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Jan/20
REPORT NAME	People and OD Committee KPI Dashboard
AUTHOR	Karen Adewoyin, Deputy Director of People and OD
LEAD	Thomas Simons, Director of Human Resources & Organisational Development
PURPOSE	The People and OD Committee KPI Dashboard highlight current KPIs and trends in workforce related metrics at the Trust. There was not a scheduled People and OD Committee in December, however there has been a review of performance at the Workforce Development Committee in November. This report provides a summary of M8s performance.
SUMMARY OF REPORT	The dashboard is to provide assurance of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance
KEY RISKS ASSOCIATED	The need to continue to focus on staff engagement and retention to reduce turnover rates further.
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 8 – November 2019

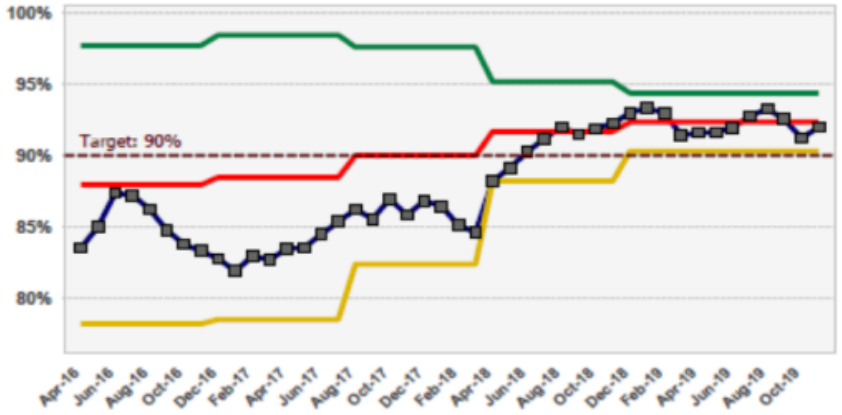
Statistical Process Control – April 2016 to Nov 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

WORKFORCE INDICATORS

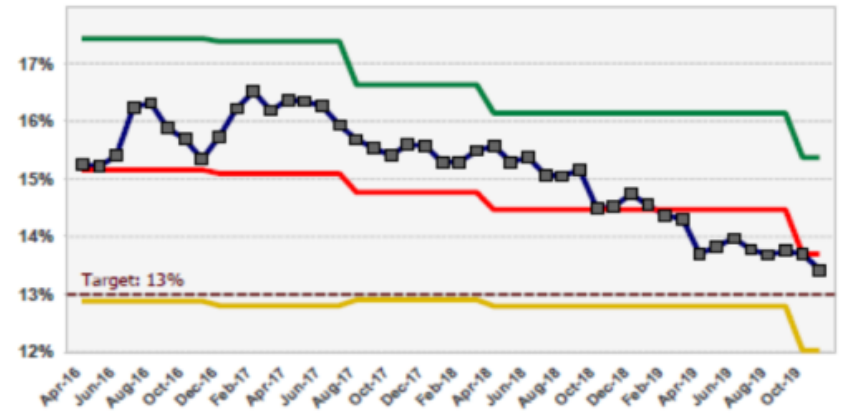
Statistical Process Control Charts for the 44 months April 2016 to November 2019

Mandatory Training compliance

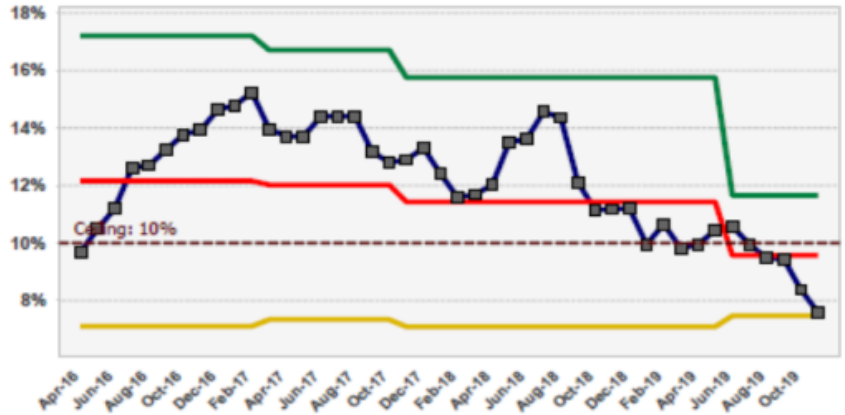


Sickness absence

Staff voluntary turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report November 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.	6283.18	6,371.90	6,369.57					↓
1.2 Whole time equivalent	No.	5580.84	5837.78	5886.52					↑
1.3 Headcount	No.	6065	6374	6375					↑
1.5 Overpayments (Number)	No.		75	63					↓
1.4 Overpayments (Costs)	£		340,135	278,415					
2. HR Indicators									
2.1 Sickness absence	%	2.67%	2.45%	2.63%	<3.3%				↑
2.2 Long Term Sickness absence	%	1.31%	1.31%	1.30%					↓
2.3 Short Term Sickness absence	%	1.35%	1.14%	1.33%					↑
2.4 Gross Turnover	%	18.80%	18.32%	17.95%	<17%				↓
2.5 Voluntary Turnover	%	14.52%	13.70%	13.42%	<13%				↓
3. Employee Relations									
3.1 Live Employment Relations Cases	No.		122	111					↓
3.2 Formal Warnings	No.		2	1					↓
3.3 Dismissals	No.		3	1					↓
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.	14217	15029	14851					↓
4.2 Bank Shifts Filled	No.	12207	13338	13240					↓
4.3 Agency Shifts Filled	No.	2010	1691	1611					↓
5. Vacancy									
5.1 Trust Vacancy Rate	%	11.18%	8.38%	7.58%	<10%				↓
5.2 Corporate	%	10.05%	7.11%	6.03%	<10%				↓
5.3 Clinical Support Services	%		10.44%	9.47%	<10%				↓
5.4 Emergency & Integrated Care	%	11.11%	9.80%	9.26%	<10%				↓
5.5 Planned Care	%	13.38%	8.11%	8.11%	<10%				↑
5.6 Women's, Children and Sexual Health	%	9.18%	6.42%	5.06%	<10%				↓
6. Recruitment (Non-medical)									
6.1 Offers Made	No.		167	91					↓
6.2 Pre-employment checks (days)	No.		19.7	19.0	<20				↓
6.3 Time to recruit (weeks)	No.		8.38	8.60	<9				↑
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	84.67%	81.77%	92.03%	≥90%				↑
7.2 Corporate	%	78.91%	77.80%	95.96%	≥90%				↑
7.3 Clinical Support Services	%		74.97%	91.34%	≥90%				↑
7.4 Emergency & Integrated Care	%	82.74%	86.00%	93.48%	≥90%				↑
7.5 Planned Care	%	90.93%	87.46%	92.79%	≥90%				↑
7.6 Women's, Children and Sexual Health	%	79.75%	81.21%	89.27%	≥90%				↑
8. Mandatory Training									
8.1 See Appendix 1 for details on Mandatory Training									

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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

Chelsea and Westminster Hospital NHS Foundation Trust

October 19 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	%Long Term	Prev. Month	% +/-
Corporate	1.45%		17967.51	260.11	44	184.40	1.03%	1.62%	-0.17%
Clinical Support	3.02%		29477.63	889.94	167	341.87	1.16%	2.90%	0.12%
Emergency & Integrated Care	2.20%		49604.19	1092.38	236	465.01	0.94%	1.77%	0.43%
Planned Care	3.25%		32276.15	1047.66	156	629.19	1.95%	2.71%	0.54%
Women's, Children and Sexual Health	2.84%		52384.17	1485.62	227	743.72	1.42%	2.99%	-0.16%
Trust	**2.63%**		**181709.65**	**4775.72**	**830**	**2364.19**	**1.30%**	**2.45%**	**0.18%**

November 19 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Core Training Compliance Overall	91%	92%	<90%		↑
Theory Adult BLS	83%	85%	<90%		↑
Practical Adult BLS	86%	86%	<90%		↔
Conflict Resolution	95%	96%	<90%		↑
Equality, Diversity and Human Rights	93%	94%	<90%		↑
Fire	89%	90%	<90%		↑
Health & Safety	94%	95%	<90%		↑
Infection Control (Hand Hygiene)	94%	95%	<90%		↑
Infection Control - Level 2	92%	93%	<90%		↑
Information Governance	92%	92%	<95%		↔
Moving & Handling - Inanimate Loads	91%	92%	<90%		↑
Moving & Handling - Patient Handling	87%	89%	<90%		↑
Safeguarding Adults Level 1	94%	94%	<90%		↔
Safeguarding Adults Level 2	90%	91%	<90%		↑
Safeguarding Adults Level 3	69%	69%	<90%		↔
Safeguarding Children Level 1	94%	94%	<90%		↔
Safeguarding Children Level 2	92%	93%	<90%		↑
Safeguarding Children Level 3	91%	93%	<90%		↑

November Employee Relations

Category	Metric	Number / %
No of Disciplinary cases in month	Number	4
Length of Disciplinary cases	Days <60	67
Total Discplinary cases in year (April 19)	Number	34
% BAME Disciplinary Cases in month	%	44%
Exclusions - No. of live in month	Number	1
Grievance - No. of live cases in month	Number	9
B&H cases - included in grievance numbe	Number	4
Sickness - No. of cases in month	Number	90
Long Term - sickness cases in month	Number	49
Short Team - sickness cases in month	Number	41
No. of Employment Tribunals (ET)	Number	6
Managers having ER training (from April 1	Number	62
No. of informal queries (disciplinary proc	Number	4

November 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	620.32	582.92	37.40	28.72	2.75	600.35	19.97	
Clinical Support	1056.58	956.49	100.09	140.93	13.90	1087.82	-31.24	
Emergency & Integrated Care	1757.58	1594.86	162.72	232.89	47.96	1777.96	-20.38	
Planned Care	1126.63	1035.23	91.40	109.35	30.41	1142.27	-15.64	
Women's, Children and Sexual Health	1808.46	1717.02	91.44	156.03	26.58	1809.56	-1.10	
TRUST	**6369.57**	**5886.52**	**483.05**	**667.92**	**121.60**	**6417.96**	**-48.39**	

November 19 Voluntary Turnover

Division	Turnover	Prev Month	%+/-
Corporate	13.85%	15.21%	-1.35%
Clinical Support	14.26%	14.16%	0.10%
Emergency & Integrated Care	16.03%	16.24%	-0.21%
Planned Care	10.50%	10.69%	-0.18%
Women's, Children and Sexual Health	12.16%	12.35%	-0.20%
TRUST	**13.42%**	**13.70%**	**-0.27%**

Key to Sickness Figures

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

Episodes = number of incidences of reported sickness

A Long Term Episode is greater than 27 days

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

People and Organisation Development Workforce Performance Report
PDRs Windows November 2019

PDR's Completed Since 1st April 2019 (19/20 Financial Year)					
Division	**Band Group**	**%**	**Division**	**Band Group**	**%**
COR	Band 2-5	80.63%	**CSD**	Band 2-5	64.01%
	Band 6-8a	86.12%		Band 6-8a	84.66%
	Band 8b +	93.51%		Band 8b +	91.67%
Corporate		**85.43%**	**Clinical Support**		**70.17%**
PDC	Band 2-5	82.97%	**EIC**	Band 2-5	92.68%
	Band 6-8a	90.55%		Band 6-8a	84.75%
	Band 8b +	100.00%		Band 8b +	94.74%
Planed Care		**86.72%**	**EIC Emergency & Integrated Care**		**89.27%**
WCH	Band 2-5	67.73%			
	Band 6-8a	75.52%			
	Band 8b +	94.44%			
WCH Women's, Children's & SH		**72.54%**			

Band 2-5	Band 6-8a	Band 8b +		
76.64%	82.43%	93.83%	**Trust Total**	**79.90%**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 January 2020

PUBLIC SESSION

AGENDA ITEM NO.	4.1/Jan/20
REPORT NAME	Digital Programme update, including update on DrDoctor
AUTHOR	Bruno Botelho, Director of Digital Operations
LEAD	Rob Hodgkiss, Chief Operating Officer/Deputy Chief Executive Kevin Jarrold, Chief Information Officer
PURPOSE	The purpose of the paper is to update the Trust Board on progress with Digital Programme, including update on DrDoctor.
SUMMARY OF REPORT	The paper provides an update on: - Progress with the implementation of Phase 2 of the Cerner electronic patient record; - Test bed project, including Telederm - DrDoctor update.
KEY RISKS ASSOCIATED	N/A
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	Failure to successfully embed some of the digital solutions (including the EPR) would have significant implications for patient experience
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	All.
DECISION/ ACTION	The Trust Board are asked to note the progress being made.

Digital Update

January 2020

Cerner Update **December 2019**

Positives:

- **Phase 1a &1b delivered in May 2018 at West Midd** Patient Administration System, Emergency Derpartment (ED), Theatres, Emergency Care Data Set, pilot of electronic operation note, proof of concept for voice recognition
- **Phase 2 delivered in November 2019 at ChelWest** Patient Administration, ED, Theatres, Order Comms, e-Prescribing & medicine administration, Critical Care and Medical Device Integration
- **c. 95% of staff fully engaged** with new systems

Challenges:

- **Data Quality indicators** mainly related to clinical outputs in Outpatients
- **New workflows** in ED (Adults & mainly Paeds) leading to some delays against the overall 4h expected waiting time
- **Radiology Information System (RIS)** Go Live planned June 2020 and WestMidd Cerner Phase 3 timings

Action Plan:

- **Phase 3 planning**:
  - Resources (technical & transformation)
  - Training strategy
  - Firm up go live date
- Establish **Business as usual (BAU) teams** , including staff and processes (support running of the business & embed new workflows)

Areas to flag to the Board:

- **Tight schedule** for delivering Phase 3 during Q4

Test Bed Update - Developing a Schedule for Unscheduled Care

Positives:

- Care Information Exchange (CIE) and Medopad sign up continues for all services
- DrDoctor direct ambulatory booking live for Heart Failure and Chest Pain
- Medopad Blood Pressure device integration complete
- Waitless live for Chelwest ED and UCC's and available to download via the CIE care plans

Challenges:

- **BAU integration** issue resolution in parallel with new integration work and Cerner stabilisation works
- Change of path to live Cerner domain from CERT to MOCK (live & testing domains)
- SystmOne into Patient Knows Best (PKB) interface regional approach confirmed and in progress
- Project underspend against Innovate UK grant

Action Plan:

- **DrDoctor** pre-eclampsia go-live post IT freeze date
- **Post Cerner integration** deliverables started e.g. additional CIE feeds, issue resolution and CIE kiosk sign up, and Cerner to CIE single sign on launch button
- **Plan Trust wide CIE sign up and DrDoctor deployment** during 2020 with robust communications plan
- **Imperial College Healthcare Trust** data to be added to Waitless
- **Interim evaluation report** by ICHP

Areas to flag to the Board:

- **Evaluation extension request** yet to be confirmed by NHSE for existing evaluation funding to be available until 09/2020

DERMATOLOGY - TELEDERM and Artificial Intelligence (AI)

Positives:

- **Telederm project** setting the pace for North West London
- **Outcomes reducing the need for out patient appointments** enabling capacity for managing other serious skin conditions
- **Improved patient experience** and **reduce costs**
- **Reputational benefits** through leadership in the deployment of AI in frontline services

Challenges:

- **Building capacity & capability** in primary care to deliver the full benefits of this technology
- **Responsive service** may increase the number of referrals received
- **Redeveloping dermatology care pathways** to fully realise the benefits of AI technology

Action Plan:

- **Develop commercially funded** research project to test AI in parallel to clinician review
- Negotiate with technology provider to build a longer term development partnership and to secure cost effective access to technology if required
- **Evaluate impact** of AI on dermatology care pathway and model alternative approaches to delivering service

Areas to flag to the Board:

- **Opportunity to influence** the broader programme of work in sector - NWL Dermatology Outpatients Programme

DrDoctor

Reduce follow up activity

Use clinical sources effectively to see which patients need to be seen sooner. Reduce clinical risk and variation in practice through clearly defined pathways, full visibility, and rigorous criteria for for your follow up activity

Reduce workload

Provide your staff with the tools they need to maximise booking efficiencies, eradicate unnecessary calls to your booking centres and remove unnecessary admin

Improve clinic utilisation

Implement an automated, online, email and SMS patient led booking process in order to move towards a mutually agreed appointment with your patients

Reduce print costs

Present patients with accessible digital letters through a secure yet low friction online portal, track and manage patient's paperless preferences and autor printed letter where necessary

Improve patient experiences

Empower your patients to view, change and schedule outpatient appointments themselves, online, on their smartphone or through conversational SMS

Transform using technology

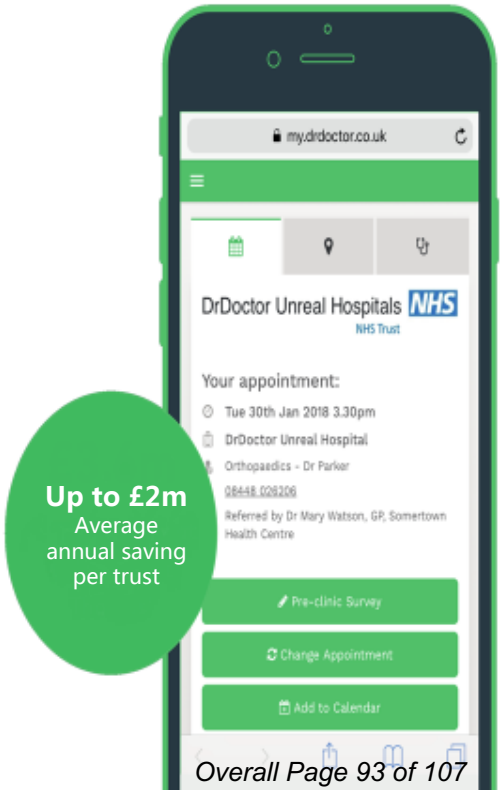
While our ideas are big, we understand th healthcare takes time. We have the exper help your Trust make its first steps toward future

DNA rates **down by 25-30%**

Clinic utilisation up by **5-10%**

Booking administration time **down by 20-30%**

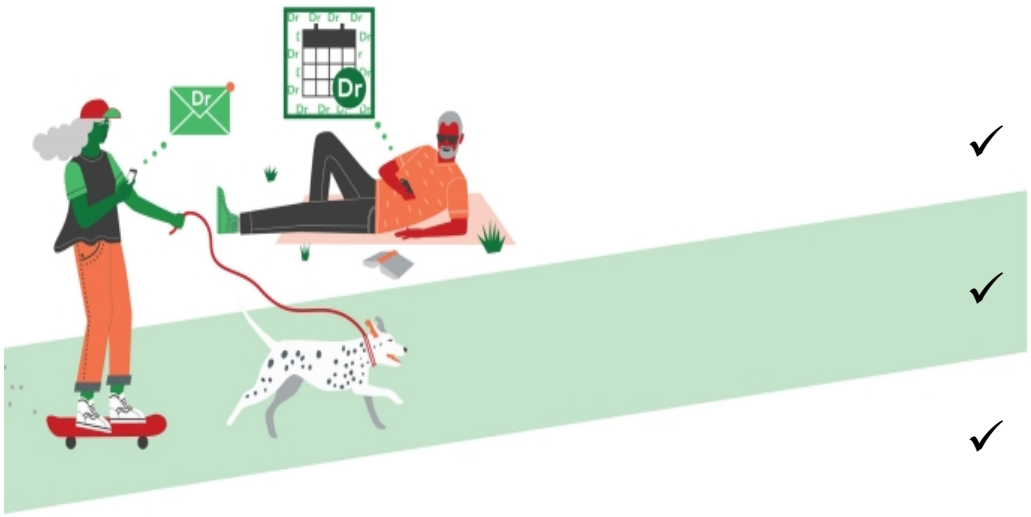
Postage expenditure **down by 40-50%**



Up to £2m
Average annual saving per trust

Patient Benefits

DrDoctor enables patients to manage their hospital care digitally, giving them greater flexibility and control



- ✓ **Appointment notification text** and **email messages** with links to Google maps location and **key preparatory information**
- ✓ **Rebooking of appointments over text**, avoiding lengthy calls into the hospital
- ✓ **Text alerts for earlier available appointment** timeslots
- ✓ **Option for hospital letters to be sent digitally over text and email**

In-Scope Functionality

Functionality	Description	Key Benefits
SMS / Email Notifications	• Appointment confirmation and reminder messages and emails • Additional appointment information on patient portal	✓ Consistent and high-quality notifications ✓ DNA reduction through patient reminding ✓ Call handling reduction as patients better informed and queries reduce
SMS / Email Reschedules & Cancellations	• Alternative timeslot and cancellation requests by text and email • Rescheduling configuration e.g. reschedule limit and booking horizon	✓ Patients can manage appointments faster, choosing preferred slots via mobile ✓ Call handling reduction ✓ DNA reduction
See-Me-Sooner	• Automatic patient notification for earlier available timeslots (opt-in service)	✓ Slot utilisation improvement
Patient-Led Booking	• Patient selection of original timeslot, triggered automatically by waitlists • Waitlist configuration e.g. booking horizon & rescheduling settings	✓ DNA reduction ✓ Call handling reduction through automated waitlist management ✓ Patient choice of original timeslot
Automated Reschedules & Cancellations	• Appointment changes in Cerner are made directly by the patient (via Cerner inbound integration), rather than manually by the booking team	✓ Call handling reduction
Digital Letters	• Letters available digitally on DrDoctor patient portal • Notification of new letters sent by text / email	✓ Print and postage cost reduction ✓ Paper waste reduction ✓ Patients receive letters via mobile

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 January 2020

PUBLIC SESSION

AGENDA ITEM NO.	5.1/Jan/20
REPORT NAME	Guardian of Safe Working Hours Q2 Report
AUTHOR	Dr Rashmi Kaushal, Guardian of Safe Working Hours
LEAD	Dr Roger Chinn, Deputy Medical Director
PURPOSE	To provide an up- date on the implementation of the New Junior Doctor Contract and feedback from the Exception Reporting Process July-September 2019.
SUMMARY OF REPORT	A review of all exception reports submitted with presentation of themes and processes to improve patient safety by improving junior doctor working conditions. Work on current and anticipated rota gaps, Rest facilities charter and updates from the Junior Doctor Forum. This report has been previously reviewed at the People and OD Committee.
KEY RISKS ASSOCIATED	Patient Safety. Safe working for Junior Doctors employed by the Trust.
FINANCIAL IMPLICATIONS	In accordance with the New Contract, Junior doctors are entitled to be remunerated for additional hours worked to maintain patient safety. This process needs to be agreed with the supervising consultant and can be a financial payment or agreed Time off in lieu. Where there are recurring problems, changes should be made to working conditions to avoid a breach safe working hours after discussion with the supervising consultant. A failure of the supervising consultant to engage with the process will result in financial payment to the junior doctor and a fine levied against the consultant in question.
QUALITY IMPLICATIONS	Patient safety, Clinical supervision and safe working conditions for Junior doctors.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	• Improve patient safety • Be an employer of choice by excelling in providing high quality, efficient clinical supervision of Junior Doctors • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	To note.

Guardian of Safe Working Hours Report

Quarter 2 of 2019

1. Executive Summary

The key findings of the Exception Reporting process are:

Exception Reporting has increased this quarter; A total of 245 reports were submitted for this quarter compared to 143 submitted for quarter 2 2018.

Most Exceptions submitted were as a result of increased work load predominantly due to reduced staffing levels caused by rota gaps and short term sickness.

Rota gaps are a growing phenomenon and this quarter has seen our gaps increase from 37 in Q1 to 42 in Q2. Most unfilled gaps are on the WMUH site.

This comes at a time when all NHS Trusts in the UK are experiencing rota issues with gaps impacting all grades. The additional workload has resulted in an increase in short term sickness of more junior grades. The Trust has responded by ensuring that all sickness absences are reported at divisional level so that gaps can be filled urgently.

The Trust has been pro- active in recruiting additional Junior Clinical Fellow posts to departments where work load is perceived to be most demanding. It is anticipated that Rota Gaps will continue to be a growing concern nationally and active mechanisms are in place on site for on- going recruitment programmes.

Guardian Fines: Fines have been levied for this Quarter primarily for Supervisors who have failed to respond to Exception Reports submitted with Immediate Safety Concerns.

- Red Flag areas have occurred to due to unfilled rota gaps at SPR level. These include COTE, General Surgery and Respiratory medicine at WMUH site. It is evident that departments with unfilled rota gaps feature here. This has been escalated to divisional and deanery level to ensure that these gaps are filled as a priority. A further Respiratory consultant for WMUH site has been recruited and will be starting on 18th November 2019.

There are no Amber Flags.

The Trust has made excellent progress in improving and developing rest facilities on both sites. There is also an emphasis on Staff Well Being which is at the forefront of the Trust strategy.

There has been a much welcomed addition to the Medical Workforce which will ensure that dealing with exception reports and calculating individual payments per exception will be managed by this team.

2. Changes to Medical Workforce

There have been a number of very positive changes in the Medical Workforce which will be instrumental to delivering the changes outlined in the revised TCS July 2019.
The GOSW will be working closely with Shamima Chowdhury who commenced in post on 16.09.19 as the HR Business Partner for Medical Workforce. Shamina will be leading the Medical Workforce Team. Shamina comes with a wealth of experience of implementing the junior doctor's contract at Kings College Hospitals for 600 trainees including the Exception Reporting Process in liaison with the Guardian from 2018 – 2019. Prior to this, as Head of Medical Workforce at the West Hertfordshire Hospitals NHS Trust she worked closely with the Guardian to review all of the Trust's rotas and streamline its exception reporting process. Yvonne Sullivan also began in post on 16.09.19 as the Senior Medical Workforce Advisor and will act as Direct Line Manager for the Medical Workforce and Revalidation and Appraisal Teams and act where necessary as Shamima's Deputy. She comes with the experience of Doctors Recruitment across all grades (both Trust and Trainee's). In her previous role she was the appointed Lead for Junior Doctors Rotation, managing and overseeing the on-boarding of all Medical Staff. She worked closely with the GOSW in an administrative capacity and has assisted in arranging access for DRS4 for all Trust staff. It was her responsibility to run reports and process payments for any exception reports as well as providing data for the Quarterly and Annual Reports for the Guardian.

The role of the Medical Workforce under Shamina's Leadership will be to:

1. Streamline the exception reporting process to ensure it aligns with the new TCS. This will include managing the payments process which was previously completed by GOSW.
2. Audit of the Trust's rotas to ensure compliance with the junior doctors TCS which was also previously completed by GOSW
3. The Medical Workforce will work to establish standardisation of all rota templates, reducing the number of individualised rotas currently in use. This will allow for Real Time Transparency of current and anticipated Rota Gaps
4. To work with the GOSW and divisions to ensure that Rota gap data is captured in advance so that staffing levels are not adversely impacted.

3. Rest Health and Well being

The Trust has committed 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.

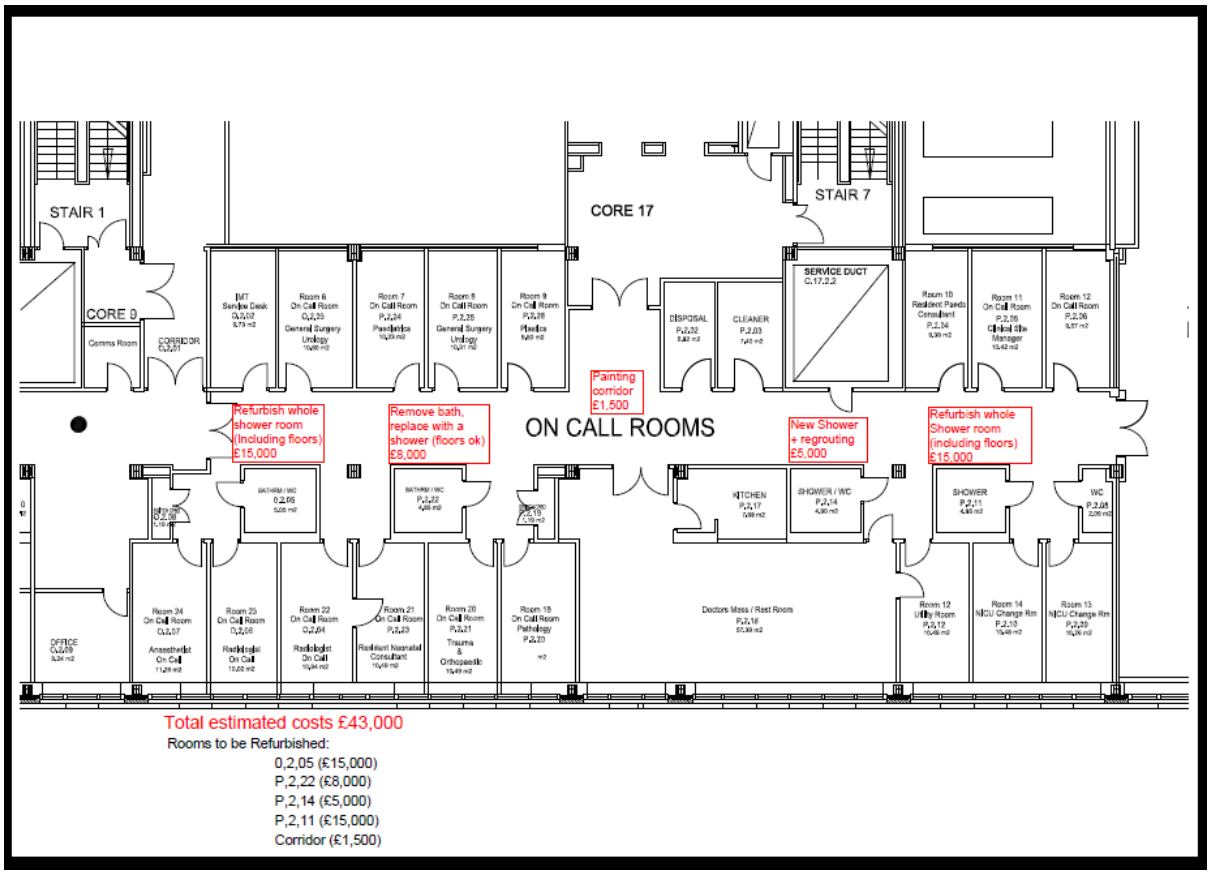
Rest Facilities investment and Expenditure at C&W site

Dr Orhan Orhan, DME led the Junior Doctor Forum at C&W discussing how these funds could be best spent to improve working conditions. All doctors present felt that the Doctors

Mess Lounge was comfortable and suitable for rest. It did not require any immediate changes. They did feed- back that the three showers and one bathroom within the doctor's mess were not functional. As a result, the following shower rooms and doctors mess corridor have been refurbished.

A plan of the work being under taken is shown in Fig:1

Fig: 1



0,205: Expenditure £15,000
P2.22: Expenditure £8000
P,214: Expenditure £5000
P,211 Expenditure £15,000
Corridor: Expenditure £1.500
The total estimated costs are £43,000. The additional funds will be paid for by the Drs Mess with some assistance from GOSW funds

<u>Rest Facilities investment and expenditure at WMUH site</u>
At the time of writing, there are no concrete plans as to how the £30,000 will be spent.

The GOSW will contribute £4000 to enable the purchase of sofas, a plasma- screen television, crockery and cutlery. Ms Cotzias DME is eager that structural and damp proofing work for the doctor's showers is completed by estates. There is suggestion of using the

funds to remove a partition wall and increase the length of the lounge area so that more doctors are able to use this space.

4. Rota Gaps

At present time, many divisions are using different rota App systems which have made it difficult to create a Real Time Rota Gap visibility for doctors. The Rota gaps referred to this report are collected from team and divisional leads and provide a good estimate.

It is evident that rota gaps have increased from 37 in Q1 to 42 in Q2 and also that considerable work has gone into trying to fill these gaps.

This has impacted on Exception Reporting due to a combination of reduced staffing levels and increased work load.

Site	Department	Gaps for Quarter 2 of 2019	Anticipated Quarter 3 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	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	AAU	FY2, CMT		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 ,2 JCF	Post removed by Deanery	Locum cover when possible
WM	Respiratory	2 SPR gaps until Jan 2020 1 CT1 (Post shifted by the Deanery to COTE)		Work load absorbed by existing team
WM	COTE	2 SPR Gaps	Until Jan 2020	Work load absorbed by existing team

WM	COTE	1 GPVTS only 60% FT,1 GPVTS only 80% FT on		Work load absorbed by existing team
Site	Department	Gaps for Quarter 2 of 2019	Anticipated Quarter 3 2019	Solutions
WM	Cardiology	GPVTS		Work load absorbed by existing team
WM	Gastro	2 FY2		Work load absorbed by existing team
WM	Anaesthetics	8 gaps		Locum cover by existing staff
WM	Urology	1/1 for SHO		Work load absorbed by existing team
WM	General Surgery	SPR: 2/10 2 SHO gaps 2 middle grade gaps,		Filled by long term locums and 2 SHO, filled with short term locum
WM	T&O	SHO		Ad hoc locum cover
WM	Paediatrics	1 GPVTS until October 2019 1 JCF 4 SPR's	1 GPVTS On going On going	Measures in place to recruit 2 senior clinical fellows.

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

July 2019: A total of 39 reports were submitted. No Fines Levied

Division	C&W: 15	WMUH: 24
Emergency & Integrated Care	AAU: 1 COTE: 2 Neurology: 6	COTE: 5 Respiratory 5
Planned Care	General surgery: 2 T&O: 1 Urology: 3	Breast: 2 ENT:9 Urology: 3

August 2019: A total of 85 reports were submitted. Fines Levied £3445.08p

Division	C&W: 17	WMUH: 68
Emergency & Integrated Care	Neurology 7 COTE: 2	AAU: 2 Endocrinology: 2 Respiratory: 28 COTE: 16
Planned Care	General surgery: 3 Urology: 5	General Surgery 10 ENT 10

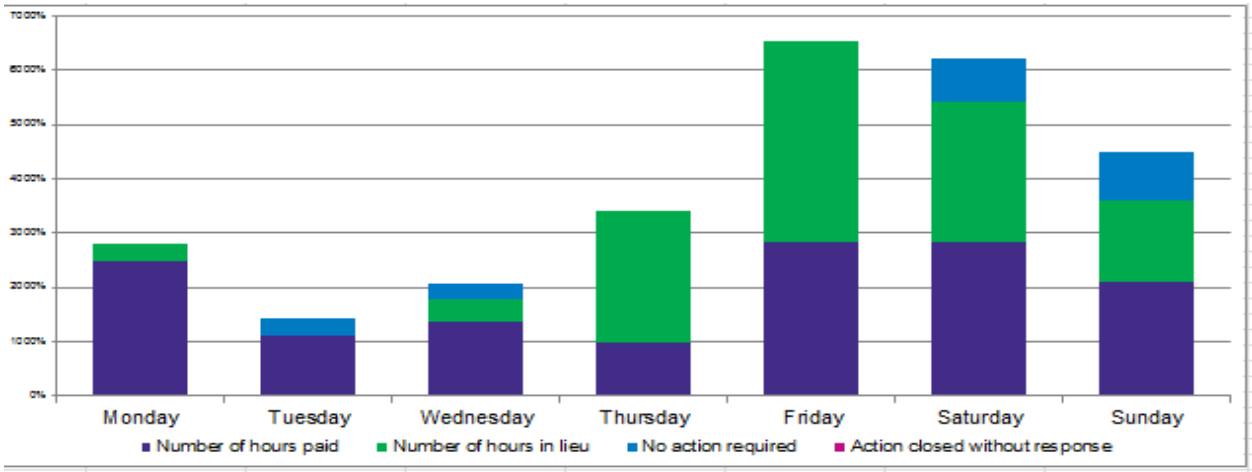
September 2019: A total of 124 reports were submitted. Fines Levied £4889.61p

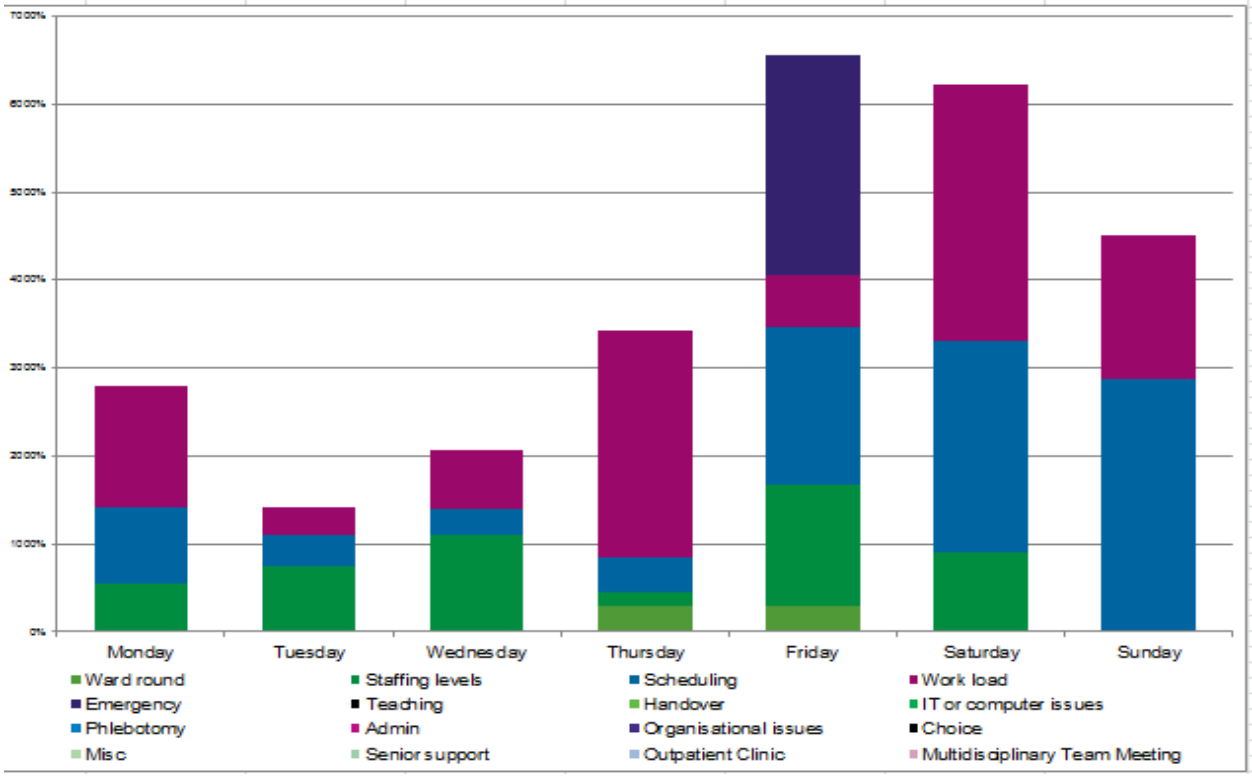
Division	C&W: 27	WMUH: 97
Emergency & Integrated Care	COTE: 3 Endocrinology: 2 Neurology: 9 AAU:1	Cardiology: 10 COTE: 15 Endocrinology: 5 Respiratory: 6
Women & Children	O&G: 3	
Planned Care	T&O: 2 Urology: 7	ENT: 45 General surgery: 16

Department	No of reports	Grade	Payment	Fines	Themes	Trends
WMUH ENT	64	SPR	£845.85		Cross site out of hours cover for Northwick Park.	On Going
WMUH Respiratory	39	SPR,FY1,FY2	£606.62	£1189.52	Lack on Senior Ward round on Monday	2SPR, 1 CT1 Rota Gap
WMUH COTE/Orthogeriatrics	36	FY2, FY1	£657.59	£2094.22	Job Scheduling outcomes have been successful	2SPR Rota Gap Daenery visit Jan 2020
WMUH Cardiology	10	FY1/FY2	£306.03	£288.11	Work load and Rota gap	GPVTS Rota Gap
C&W AMU	2	FY1	£108.39		Work load and Rota gap	Resolved
WMUH AMU	2	FY1	£86.01	£110.26		
WMUH Genarl Surgery	26	FY1	£1018.39	£1097.43	Gaps in rota	6 Rota gaps 2 SPR, 2 SHO 2 Middle grades
C&W Neurology	22	SPR	£415.92	£787.37	Trainee in difficulty	Increased work load due to OPD commitmnet
C&W COTE	7	FY1/FY2	£143.38	£190.50		On Going Gap in Rota
C&W General surgery	3	FY1	£25.40		Improving Trends;	Resolved
C&W Urology	8	FY1	£162	£402.41	Staff sickness	Resolved
C&W	1	FY1	£25.75		Staff Sickness	Resolved
C&W Endocrinology & Diabetes	2	FY1	£76.07			Resolved
WMUHEndocrinology & Diabetes	7	Fy1,FY2	£182.04			2JCF Gaps in rota
C&W O&G	2	FY2	£95.25	£238.10		Resolved
All other daeparments	0		£0		No issues	

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

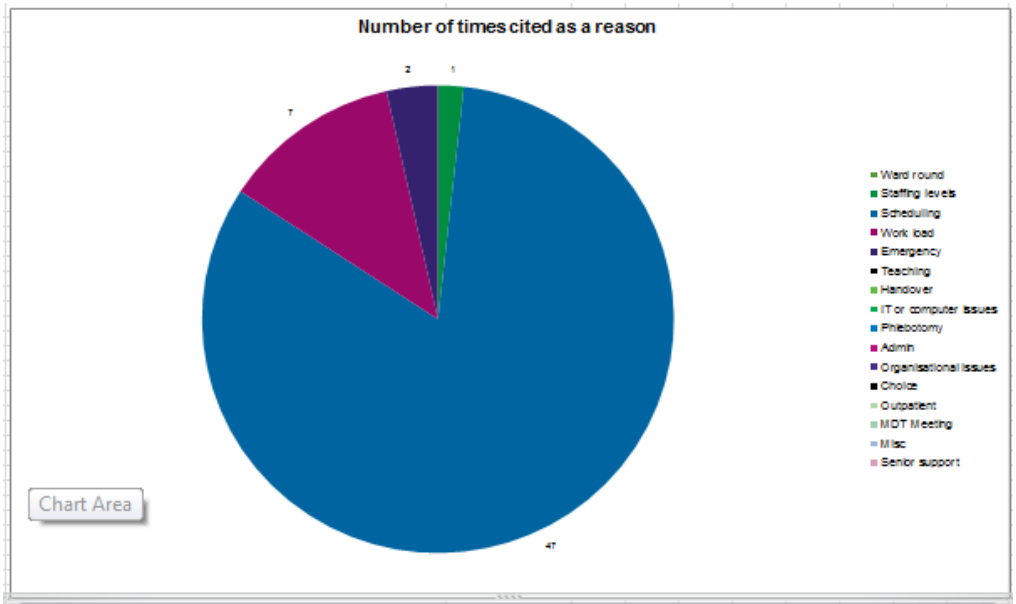
Day of week	Number of reports	Proportion of reports	Number of hours total	Number of hours paid	Number of hours in lieu	No action required
Monday	1500%	27%	2498%	2498%	300%	0%
Tuesday	1000%	18%	925%	1125%	0%	300%
Wednesday	500%	9%	875%	1375%	400%	300%
Thursday	500%	9%	1750%	1000%	2425%	0%
Friday	700%	13%	2100%	2850%	3700%	0%
Saturday	1400%	25%	4100%	2850%	2575%	800%
Sunday	2100%	38%	2875%	2100%	1500%	900%

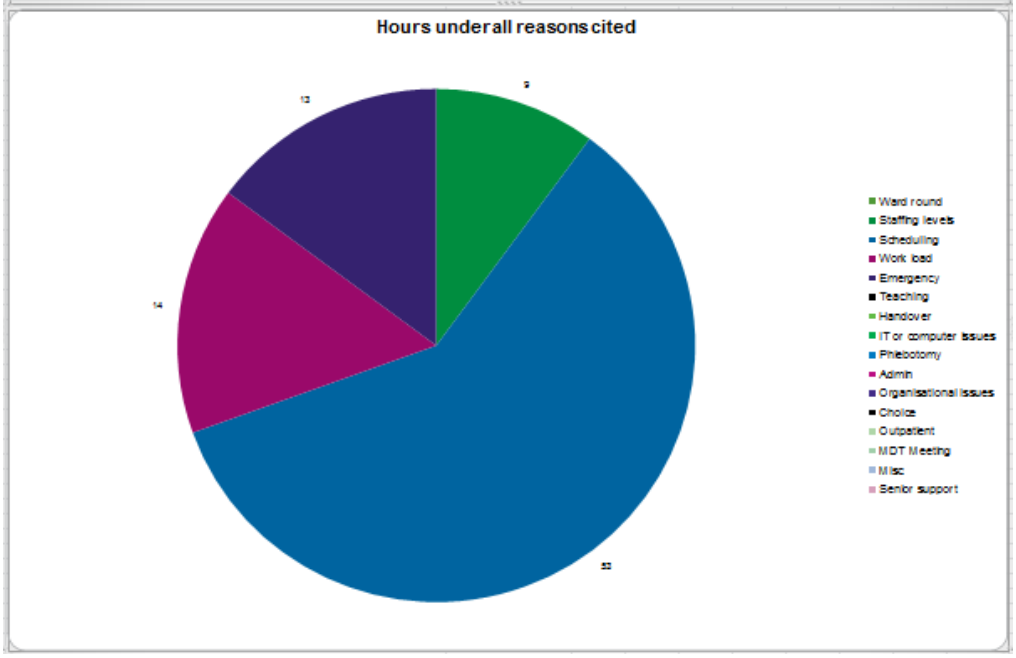




Graph and Table #4 - Overview of Exception Themes WMUH

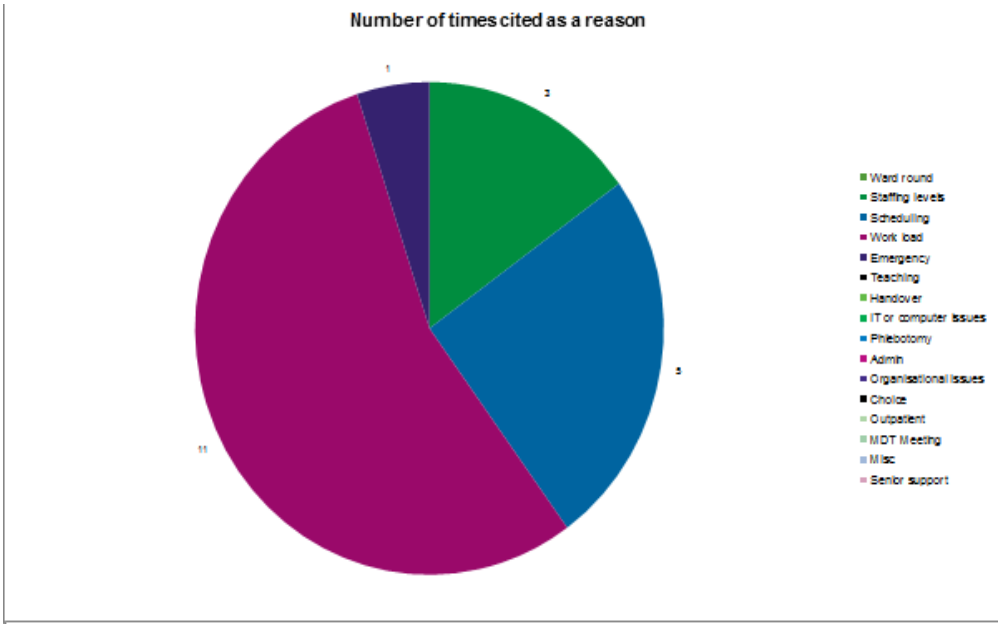
Look up	Long Theme	Short Theme	Count	Percent	Hours	Percent	In lieu	Paid	No action	Action cleared without response
WR	Ward Round issues e.g. long or starting late	Ward round	0	0%	0.0	0%	0.0	0.0	0.0	
SL	Staffing Level below agreed template for team or type of cover	Staffing levels	1	2%	9.0	10%	0.0	16.8	0.0	
SC	Scheduling of duties outside normal working hours (N.B. this includes late handovers)	Scheduling	47	82%	53.0	59%	0.0	71.3	0.0	
WL	Work Load exceeding the capacity of a full team	Work load	7	12%	14.0	16%	0.0	17.5	0.0	
EM	Emergency situation occurring at close of day or after normal working hours required doctors continued presence	Emergency	2	4%	13.3	15%	23.0	2.0	0.0	
TE	Teaching - either resulting in late stay; or missed at request of consultant	Teaching	0	0%	0.0	0%	0.0	0.0	0.0	
HA	Handover - doctor stayed as they felt handing over tasks to another team was unsafe or inappropriate (must qualify)	Handover	0	0%	0.0	0%	0.0	0.0	0.0	
IT	IT or computer issues as the main cause of the exception (please qualify)	IT or computer issues	0	0%	0.0	0%	0.0	0.0	0.0	
PL	Phlebotomy issues as the main cause of the exception (please qualify)	Phlebotomy	0	0%	0.0	0%	0.0	0.0	0.0	
AD	Admin tasks taking up excessive time e.g TTA's, DOLS forms, completing theatre booking forms, making hints etc (please specify)	Admin	0	0%	0.0	0%	0.0	0.0	0.0	
OR	Organisational issues as the main cause of the exception (please qualify) e.g. becoming aware a new patient is under your care late in the day; high volume of outliers; high volume of new patients (please specify)	Organisational issues	0	0%	0.0	0%	0.0	0.0	0.0	
CH	Choice - doctor chose to come in early / stay late - not directed by seniors	Choice	0	0%	0.0	0%	0.0	0.0	0.0	
OP	Outpatient Clinic	Outpatient	0	0%	0.0	0%	0.0	0.0	0.0	
MDT	Multidisciplinary Team Meeting	MDT Meeting	0	0%	0.0	0%	0.0	0.0	0.0	
MI	Miscellaneous reason for staying late	Misc	0	0%	0.0	0%	0.0	0.0	0.0	
SU	Lack of Senior Support as the main cause of the exception (please qualify)	Seniors support	0	0%	0.0	0%	0.0	0.0	0.0	

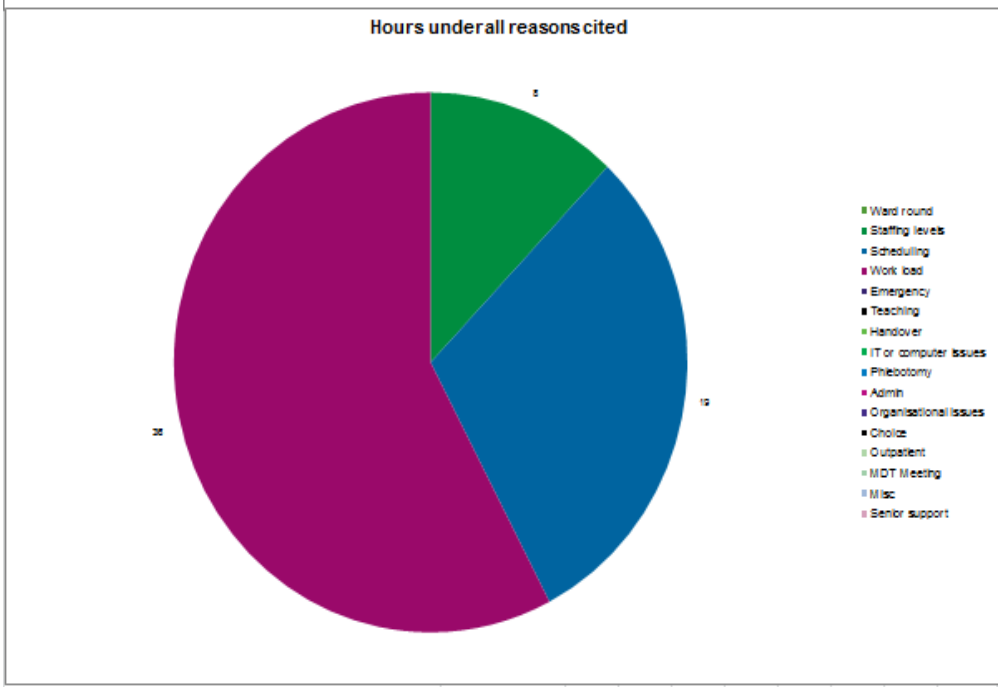




Graph and Table #3 - Overview of Exception Themes – CW

Look up	Long Theme	Short Theme	Count	Percent	Hours	Percent	In lieu	Paid	No action	Action cleared without response
WR	Ward Round issues e.g. long or starting late	Ward round	0	0%	0.0	0%	6.0	0.0	0.0	
SL	Staffing Level below agreed template for team or type of cover	Staffing levels	3	15%	7.5	38%	18.0	7.5	6.0	
SC	Scheduling of duties outside normal working hours (N.B. this includes late	Scheduling	5	25%	18.8	94%	1.8	0.0	17.0	
WL	Work Load exceeding the capacity of a full team	Work load	11	55%	35.8	179%	60.3	23.0	0.0	
EM	Emergency situation occurring at close of day or after normal working hours required doctors continued presence	Emergency	1	5%	0.0	0%	0.0	0.0	0.0	
TE	Teaching - either resulting in later stay; or missed at request of consultant	Teaching	0	0%	0.0	0%	0.0	0.0	0.0	
HA	Handover - doctor stayed as they felt handing over tasks to another team was unsafe or inappropriate (must qualify)	Handover	0	0%	0.0	0%	0.0	0.0	0.0	
IT	IT or computer issues as the main cause of the exception (please qualify)	IT or computer issues	0	0%	0.0	0%	0.0	0.0	0.0	
PL	Phlebotomy issues as the main cause of the exception (please qualify)	Phlebotomy	0	0%	0.0	0%	0.0	0.0	0.0	
AD	Admin tasks taking up excessive time e.g TTA's, DOLS forms, completing theatre booking forms, making lists etc (please specify)	Admin	0	0%	0.0	0%	0.0	0.0	0.0	
OR	Organisational issues as the main cause of the exception (please qualify) e.g. becoming aware a new patient is under your care late in the day; high volume of outliers; high volume of new patients (please specify)	Organisational issues	0	0%	0.0	0%	0.0	0.0	0.0	
CH	Choice - doctor chose to come in early / stay late - not directed by seniors	Choice	0	0%	0.0	0%	0.0	0.0	0.0	
OP	Outpatient Clinic	Outpatient	0	0%	0.0	0%	0.0	0.0	0.0	
MDT	Multidisciplinary Team Meeting	MDT Meeting	0	0%	0.0	0%	0.0	0.0	0.0	
MI	Miscellaneous reason for staying late	Misc	0	0%	0.0	0%	0.0	0.0	0.0	
SU	Lack of Senior Support as the main cause of the exception (please qualify)	Senior support	0	0%	0.0	0%	0.0	0.0	0.0	





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

Site	Speciality at time of exception report	Number of exception reports	Open	Percent	Number of staff on rota	Hours	In leiu	Paid
Chelsea	Acute Medicine	2	0	0%		23.3	23.3	0.0
Chelsea	Anaesthetics	0	4	100%		0.0	0.0	0.0
Chelsea	COTE	1	2	67%		3.0	0.0	3.0
Chelsea	Endocrinology	1	7	88%		23.5	13.0	1.5
Chelsea	General surgery	8	7	47%		69.0	48.0	21.0
Chelsea	Geriatric medicine	0	1	100%		1.0	0.0	1.0
Chelsea	Neurology	3	0	0%		4.0	0.0	4.0
Chelsea	Palliative medicine	5	2	29%		19.3	1.8	0.0
West Mid	COTE	0	1	100%		13.5	0.0	13.5
West Mid	Endocrinology	3	0	0%		3.0	0.0	3.0
West Mid	General medicine	0	1	100%		1.5	0.0	1.5
West Mid	General surgery	4	2	33%		32.0	23.0	7.0
West Mid	Otolaryngology (ENT)	49	5	9%		72.8	0.0	72.8
West Mid	Respiratory	1	0	0%		2.0	0.0	2.0
West Mid	Respiratory Medicine	0	4	100%		7.8	0.0	7.8
Chelsea	**Total (of reporting specialities)**	**20**	**0**	**0%**	**0**	**144.0**	**24.8**	**99.7**
West Mid	**Total (of reporting specialities)**	**57**	**0**	**0%**	**0**	**132.5**	**23.0**	**107.5**