

Chelsea & Westminster Hospital NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Zoom Conference <https://chelwest-nhs-uk.zoom.us/j/95375210593> Meeting ID: 953 7521 0593 OR Dial in:
+441314601196; Meeting ID: 953 7521 0593#

2 July 2020 11:00 - 2 July 2020 13:00

INDEX

1.0 Board Agenda 02.07.20 PUBLIC - FINAL.doc.....	3
1.2 Declaration of Interests Register Board as at 07.05.20.docx.....	5
1.3 Board minutes 07.05.20 PUBLIC - final draft.doc.....	9
1.4 Board action log 07.05.20 PUBLIC.doc.....	15
1.5 Chairman's Report July 2020 FINAL.doc.....	16
1.6 FINAL CEO Report June 2020 FINAL.doc.....	18
2.2 Improvement Programme Report 2 July.docx.....	22
2.3 Serious Incident Report PUBLIC BOARD.docx.....	27
2.4 Maternity 10 point plan update - cover sheet.doc.....	31
2.4.a NHSR Submission VC.22.6.20.docx.....	32
2.5 Mortality_Surveillance_Q4_QC JUNE20.docx.....	35
2.6 CQC inpatient survey and action plan 2019.doc.....	41
2.7 Intergrated Performance Report - cover sheet.docx.....	54
2.7.a May-20 BoardReport Final.docx.....	56
3.1 200625_KPI report - cover sheet.doc.....	71
3.1.a 200527_POD HR KPI's new template - M01 Final Board Version.pptx.....	73
3.1.b 200626_POD HR KPI's new template - M02 Final.pptx.....	84
3.2 200625_Staff Survey Board cover sheet.doc.....	92
3.2.a 210520_Staff Survey Full Report 2019.docx.....	94
4.1 240620-CW Innovation slides for Board meeting 2nd July - cover sheet.doc.....	111
4.1.a 240620-CW Innovation slides for Board meeting 2nd July.pptx.....	112
4.2 Digital Programme Update - cover sheet.doc.....	121
4.2.a Chelwest Digital Update for Trust Board v 2 0.pptx.....	122
5.1 Q4 2019-20 Cover sheet FINAL.doc.....	131
5.1.a Q4 2019-20 GOSW Report FINAL.pdf.....	132



Board of Directors Meeting (PUBLIC SESSION)

Date: 2 July 2020
Time: 11.00 – 13.00
Location: Zoom Conference <https://chelwest-nhs-uk.zoom.us/j/95375210593>; Meeting ID: 953 7521 0593
 OR
 Dial in: +441314601196; Meeting ID: 953 7521 0593#

Agenda

	1.0	GENERAL BUSINESS		
11.00	1.1	Welcome and apologies for absence	Verbal	Chairman
11.01	1.2	Declarations of Interest, including register of interests	Paper	Chairman
11.02	1.3	Minutes of the previous meeting held on 7 May 2020	Paper	Chairman
11.05	1.4	Matters arising and Board action log	Paper	Chairman
11.10	1.5	Chairman's Report	Paper	Chairman
11.15	1.6	Chief Executive's Report	Paper	Chief Executive Officer
11.20	1.7	Coronavirus update	Verbal	Chief Executive Officer
	2.0	QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE		
11.35	2.1	Patient Experience Story – watch the video https://www.chelwest.nhs.uk/trustmeetings	Video	Chief Nursing Officer
11.45	2.2	Improvement programme – update	Paper	Chief Nursing Officer
11.50	2.3	Learning from Serious Incidents	Paper	Chief Nursing Officer
11.55	2.4	NHSR Maternity 10 Point Plan – progress report	Paper	Chief Nursing Officer
12.00	2.5	Mortality Surveillance Q4 Report – for noting	Paper	Acting Medical Director
12.05	2.6	CQC inpatient survey and action plan	Paper	Chief Nursing Officer
12.10	2.7	Integrated Performance and Quality Report	Paper	Deputy Chief Executive
	3.0	PEOPLE		
12.20	3.1	People Performance Report	Paper	Director of Human Resources & Organisational Development
12.25	3.2	2019 National staff survey results	Paper	Director of Human Resources & Organisational Development
	4.0	STRATEGY		
12.30	4.1	CW Innovation Review	Paper	Chief Executive Officer, CW+

12.35	4.2	Digital Programme update	Paper	Chief Information Officer
	5.0	GOVERNANCE		
12.40	5.1	Guardian of Safe Working Report Q4	Paper	Acting Medical Director
	6.0	ITEMS FOR INFORMATION		
12.45	6.1	Questions from members of the public	Verbal	Chairman
12.55	6.2	Any other business	Verbal	Chairman
13.00	6.3	Date of next meeting – 3 September 2020; 11.00 – 13.30.		



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	
		Trustee, Civic	Jan 2020	Ongoing	
		Chair of BrYet Limited	Aug 2019	11 May 2020	
Aman Dalvi	Non-executive Director	Director of Aman Dalvi Ltd		Ongoing	
		Owner of Aman Dalvi Ltd		Ongoing	
		Employed two days a week with Canary Wharf Group via my company advising in Planning and Regeneration		Ongoing	
		Chair of Goram Homes in Bristol	2019	Ongoing	
		Chair of Homes for Haringey	2017	Ongoing	
		Chair of Kensington & Chelsea TMO Residuary Body	2019	Ongoing	
Nilkunj Dodhia	Non-executive Director	Directorships held in the following:			
		Express Diagnostic Imaging Ltd	Feb 2012	Ongoing	
		Macusoft Ltd - DigitalHealth.London Accelerator company	May 2017	Ongoing	
		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	Feb 2020	
		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	
		Associate, Westbrook Strategy	Feb 2020	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	Former Board Trustee and current Marketing Committee Chairman, Campaign to Protect Rural England, Hertfordshire Branch	2013	Ongoing	
		Committee Member, Friends of the Hertfordshire Way	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	Jan 2020	Ceased
		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) NO.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	
Ajay 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
		Head of Foundation, 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.
		Volunteer with CW+ Charity	01/03/2020	Ongoing	
Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	Ongoing	
		Husband—consultant cardiology at Luton and Dunstable hospital	01/04/2018	Ongoing	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of Travill construction	01/04/2018	Ongoing	
Robert Hodgkiss	Chief Operating Officer / Deputy Chief Executive	No interests to declare.	31/03/2020	Ongoing	

Pippa Nightingale	Chief Nursing Officer	Trustee in Rennie Grove Hospice	2017	Ongoing	
		CQC specialist advisor	2016	Ongoing	
		Specialist advisor PSO	2017	Ongoing	
Thomas Simons	Director of HR & OD	Nothing to declare	31/03/2020		
Virginia Massaro	Acting Chief Financial Officer	Cafton Lodge Limited (Company holding the freehold of block of flats)	22/03/2014	Ongoing	
		Member of the Healthcare Financial Management Association London Branch Committee	Jun 2018	Ongoing	
Dr Roger Chinn	Acting Medical Director	Private consultant radiology practice is conducted in partnership with spouse Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)	1996	Ongoing	
		Attended Charitable event hosted by UK Cloud at the 'Music for Marsden'	03/03/20	03/03/20	If required, I would absent myself from any business decision involving UK Cloud
Kevin Jarrold	Chief information Officer	CWHFT representative on the SPHERE board	01/10/2016	Ongoing	
		Joint CIO role Imperial College Healthcare NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	01/10/2016	Ongoing	
		Joint CIO for the NW London Health and Care Partnership	01/01/2020	Ongoing	
Martin Lupton	Honorary NED, Imperial College London	Employee, Imperial College London	01/01/2016	Ongoing	
Chris Chaney	Chief Executive Officer CW+	Trustee of Newlife Charity	Jun 2017	Ongoing	
Serena Stirling	Director of Corporate Governance and Compliance	Local Authority Governor at Special Educational Needs School (Birmingham)	2019	Ongoing	
		Mentor on University of Birmingham Healthcare Careers Programme	2018	Ongoing	
		Leadership Mentor for Council of Deans for Health	2017	Ongoing	
		Partner is Princess Royal University Hospital site CEO at King's College Hospital NHS Foundation Trust	Feb 2020	Ongoing	



Minutes of the Board of Directors (Public Session)
Held at 11.00am on 7 May 2020, Zoom

Present:	Sir Thomas Hughes-Hallett	Chair	(THH)
	Jeremy Jensen	Deputy Chair	(JJ)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Dr Andrew Jones	Non-Executive Director	(AJ)
	Ajay Mehta	Non-Executive Director	(AM)
	Lesley Watts	Chief Executive Officer	(LW)
	Rob Hodgkiss	Deputy Chief Executive/COO	(RH)
	Virginia Massaro	Acting Chief Financial Officer	(VM)
	Pippa Nightingale	Chief Nursing Officer	(PN)
	Thomas Simons	Director of HR and OD	(TS)
In attendance:	Martin Lupton	Honorary Non-Executive Director	(ML)
	Roger Chinn	Acting Medical Director	(RC)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Chris Chaney	Chief Executive Officer, CW+	(CC)
	Serena Stirling	Director of Corporate Governance & Compliance	(SS)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)

1.0	GENERAL BUSINESS
1.1	Welcome and apologies for absence THH welcomed the Board members and those in attendance to the Zoom meeting.
1.2	Declarations of Interest THH noted his resignation as the Chair of BrYet Limited. Action: VD to update the register of declarations to that effect.
1.3	Minutes of the previous meeting held on 05 March 2020 The minutes of the previous meeting were approved as a true and accurate record of the meeting.
1.4	Matters Arising and Board Action Log The Board noted the action log and the following updates were received. Action 1.6, 2019 Annual Staff Survey, SG stated that the People and Organisational Committee will be reviewing the survey results and any actions at the May meeting. EH queried progress with action 5.4 research governance programme. RC said that COVID-19 related research is underway and any related trials would initially be reviewed and agreed by the Executive Board. In relation to non urgent research projects there is a Research Steering Group which reports to Executive Board. THH linked to it by saying that the research governance including innovation will be explored once COVID-19 activities have reduced. LW asked if the Board was interested in any particular area of research. EH stated that the Annual Research Report had been presented to the Board in the past that she found it

	very helpful and informative. LW stated that a Research Report will be provided at a future Board. Action: LW to provide a Research Report to a future Board. RC to present a review of Research activity at a future Board meeting. LW / Executive Team to rethink appropriate Research governance including Board Committee or full Board) oversight.
1.5	Board Away Day The Board discussed and agreed to have an away day on 1 October 2020, in place of Board Strategy meeting.
2.0	COVID-19
2.1	Update from Board Committees <u>2.1.1 Finance and investment Committee</u> JJ noted that during COVID-19 the Committee has been reviewing and approving the coronavirus related exceptional expenditure. VM advised that all Trusts will break even for the first 4 months of 2020/21 and guidance on financial arrangements post July 2020 is expected the next week. All capital plans are under review across the sector in light of COVID-19, and as advised by the NHS London, we are only proceeding with COVID-19 related capital projects. The Board should note, £5.2m was approved this week on personal protection equipment (PPE). ML noted that in the past few weeks he has had a significant number of manufacturers contacting him directly offering equipment supplies. With a view of possible second wave he asked what plans were in place for supply of PPE and whether it will be sourced through the NHS supply chain or hospital would directly source it. LW said that there is central NHS procurement and supply chain function and this has been working well. There has been a small number of direct contacts from suppliers mainly relating to offers of faulty or fraudulent products. She has asked VM to ensure that PPE are tested for safety and performance. VM said that any products used by NWL are compliance tested. AJ observed that there has been an increase in coronavirus related fraud and scams. PN acknowledged the UK Army's support with delivering PPE to frontline NHS staff. VM added that the Finance and Investment Committee has approved the business case for the purchase of 100 ventilators to support the expansion of ICU capacity for the COVID-19 response, and the Trust is also exploring other available options. THH enquired as to any shortage of ventilators. RH advised that NWL is developing a plan for Critical Care services across the sector which will include staffing and equipment needs. All Critical Care staff have been trained in the use of alternative ventilators. LW noted that there will be a need to review the outcomes of patients who received a range of treatment modalities for this virus. PN said that the national approach is to produce appropriate reusable and environmentally sustainable supply of PPE e.g. gowns, visors and masks. In response to JJ's question whether the Army could be used to transport goods, PN said that Virgin Atlantic operated cargo flights in support of shipping PPE kits and equipment from abroad. In response to EH question about the current status of domestic supplies of PPE, PN said that any domestic stocks of PPE have been exhausted, hence a UK wide plan to secure the necessary supply. <u>2.1.2 Audit and Risk Committee</u> NG reminded the Board members that the Annual Report and Accounts submission deadline has been extended to 25 June, and advised that consequently the May Audit and Risk Committee meeting has been rearranged to 16 June, and the May Extraordinary Board meeting has been rearranged to 18 June. He acknowledged the dedication from VM and the Finance Team, in particular, the individual contribution

	from Majid Bhatti from the Finance Department who sadly passed away. The Trust remains on track with the Annual Accounts production and audit timetable. NG highlighted that from the governance and assurance perspective, notably the risk register and counter fraud i.e specifically investigating fraud allegations, the Trust formal processes continue in operation. NG also advised that amendments to standing financial instructions had been reviewed for the Covid-19 period. THH raised the issue of increased risk of litigation during the COVID-19 period and noted that the discussion will be held in Board private session. LW acknowledged the valuable contributions of a staff member from the West Middlesex site who also sadly passed away. THH undertook to send a letter of condolences to the staff's family expressing Board sadness and gratitude for the service. Action: THH to send a letter of condolences to staff's family expressing Board sadness and gratitude for the service. <u>2.1.3 People and Organisational Development Committee</u> SG noted that regular weekly telephone calls with the Executive Lead for people TS continue; so far there have been five telephone calls. In line with other Board committees, a 'light' 1hour meeting of the Committee will be held on 26 May and will be predominantly focused on COVID-19 response. He highlighted the following points: • Recovery plan and staff webinars considered at the last week's telephone call. • March workforce performance report indicated the vacancy rate at a historic low (6.8% against a target of 10%). • Some progress made in the area of voluntary turnover. • Sickness rate at 2.8% (non-covid) – in the top quartile nationally. • Staff mandatory training and appraisals suspended during COVID-19 • Temporary staffing costs have reduced by £5m. • Consideration given to increase the number of apprenticeships <u>2.1.4 Quality Committee</u> EH advised that regular weekly telephone calls with the Executive Lead for quality PN were held. A 'light' meeting of Executive and Non-Executive members of the Committee, including ND, AJ and AM, took place earlier in the week. The meeting was balanced between forward looking and retrospective items, including recovery plans, mortality, learning from Serious Incidents and the COVID-19 risk register review, including questions and answers. The time for discussion was equally spread between the four key items and assurances gained on core operational and quality processes running during COVID-19 pandemic. RH advised that he would circulate the Performance and Quality Report to the Quality Committee. Action: RH to circulate the Performance and Quality Report to the Quality Committee. <u>2.1.5 IT Update</u> ND highlighted the following points: • IT Network remains stable. • EPR Programme Board meetings have been reinstated, looking at continuation of Phase 2 stabilisation and Phase 3 (WM clinical functionality), and recovery planning/IT and digital as key enablers for new ways of working and sector level pathways. • KJ chairs NWL Digital Strategy Group, with weekly calls with NWL CIOs/CCIOs. • ND advised that recovery work will add to the portfolio and will therefore come with financial
--	---

	implications.
2.1.2	Current GRIP THH introduced the item by congratulating the Executive Team on their excellent leadership during the COVID-19 pandemic and asked the team about their health and well-being. RH assured the Board that the Executive Directors and Senior Managers are all well. RH advised that the Executive Management Board meetings have been reinstated, with the first meeting since the beginning of the COVID-19 pandemic being held on 5 May 2020. He noted that the format of the meeting has changed in order to accommodate the current social distancing protocols. PN reflected on the excellent work and commitment of clinical teams during the pandemic, and stressed the importance of supporting staff wellbeing after COVID-19 rather than reverting to business as usual prematurely. PN advised that there are plans for the introduction of psychological support for individuals and teams. LW praised the work of the Executive colleagues and emphasised the importance of providing staff with the necessary support after the pandemic. This has been discussed by the NWL CEOs at their regular daily calls, and the need for a measured and structured plan at a sector-level to be developed has been identified. Staff are also being encouraged and supported to take annual leave to allow for rest and recuperation. In congratulating the Executive Team, AJ asked THH and LW to reflect on how well the team managed the pandemic and any lessons learned. He emphasised the importance of recognising the excellent work of teams and their achievements such as Marble Hill Ward. LW said that CC leads on staff recognition and that there will be an informed wash-up and recognition of achievement at an appropriate time. THH suggested this be discussed at Board Away Day. <u>2.2.1 Quality Update</u> PN noted that the COVID-19 risk register includes key risks relating to COVID-19 which are considered daily by the incident response team and overseen by a lead Executive Director. Key risks are identified early and the the most effective mitigation plans implemented. SG asked if the Trust had a adequate focus on vulnerable staff groups. PN advised that the Trust is following national guidance on this to develop a North West London approach. AM reported that he participated in the recent staff BAME webinar which he found very informative. He advised careful implementation of national guidance and to ensure inclusivity, suggested focusing on capturing the effect of COVID-19 to broader staff categories, not just BAME. He commended the staff engagement process undertaken by the Trust. LW supported AM's view and noted that the right approach should be 'vulnerable and at risk' categories of staff in line with national guidance. In light of that, she emphasised that staff health, safety and well-being is of paramount importance. <u>Clinical update</u> RC noted that the update was provided in the meeting pack and stated that the detailed discussion on mortality took place at the Quality Committee meeting earlier in the week. The Trust is currently in line with the national mortality picture. RC assured the Board that non-Covid death rates remain unchanged. The recently introduced medical examiner roles have proven to be helpful and added value to the mortality processes during this period. He advised that mortality is being reviewed at a NWL level due to the need for ambulance diverts and transfer of patients between providers during COVID-19 pandemic. <u>2.2.2 Workforce update</u> TS noted the update provided in the meeting pack and advised that Roujin Ghamsari, Deputy Director of HR, has joined the HR Team. Volunteering Services will move from the Chief Nurse portfolio to HR.

	<u>2.2.3 Finance update</u> VM noted the update provided in the meeting pack and advised that the draft month M12 of 2019/20 financial position has been completed. <u>CW+ update</u> CC noted the update provided in the meeting pack and highlighted that that due to successful fundraising campaigns and gift donations, CW+ COVID-19 rapid response fund has been supporting some of key areas i.e new equipment for patient care, new technology for patient care and experience, health and wellbeing support for staff, provision of full maternity services and research programmes. NG remarked on impressive fundraising outcomes and asked whether charitable funds are shared with other sectors. CC stated that there is a limit to what the charity can do with regards to funds allocation and this is decided in coordination with the Executive Team. He further stated that the CW+ contributes to the national charitable efforts and distributes funds and goods appropriately. LW linked to it by saying that the Trust has received a large amount of charitable donations and which are being shared with other organisations to benefit the wider community. <u>2.2.4 Recovery update</u> RH noted that the Trust's approach to recovery of elective work which has been led at a system-level, was outlined on slide 1. Key to this is to establish safe systems of working and segregation of staff and patients. RC advised that clinical prioritisation is key to a safe system restart using the intercollegiate surgical guidance on clinical prioritisation to manage patient tracking lists: P1a (patient requires surgery within 24hrs); P1b (patient requires surgery within 72hrs); P2 (surgery can be deferred for up to 4 weeks); P3 (surgery can be delayed for up to 3 months); and P4 (surgery can be delayed for more than 3 months). It is recognised that organisations cannot start work on P3 cohorts, if other organisations are experiencing challenges managing P2 cohorts. RH stated that elective plan needs to have protected non-Covid sites in order to protect patient care in the P3 and P4 cohorts. There are ongoing discussions at NWL level identifying which pathways can be separated, which needs rapid agreement between organisations and good clinical engagement. In response to AJ's question relating to the patient tracking list, RH said that the Trust currently has 45,000 patients on the patient tracking list, with 10,000 requiring surgery. AJ enquired as to the significance of 45, 000 in terms of days of activity. RH stated that of the 10-15, 000 patients on admitted pathways, 403 are P1 or P2 priorities, most are P3 or P4. <u>2.2.5 Sustainability of the Infrastructure of the Trust - Information Technology Update</u> KJ noted the update provided in the meeting pack.
2.3	Draft Month 12 Financial Position VM noted that the discussion will take place in the Board private session.
3.1	Any other business Nil of note.
3.1.1	End of year report on use of seal

	The Board noted the report.
3.2	Date of next meeting – 02 July 2020, Zoom

The meeting closed at 12.25

DRAFT



Trust Board Public – 7 May 2020 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
May 2020	1.2	Declarations of Interest	Action: VD to update THH's interests on the Register.	VD	Complete.
	1.4	Research Governance	Action: LW to provide a Research Report to a future Board.	LW	This has been scheduled for September Board.
			Action: RC to present a review of Research activity at a future Board meeting. LW / Executive Team to rethink appropriate Research governance including Board Committee or full Board) oversight.	RC	As above.
	2.1	Letter of condolences	Action: THH to send a letter of condolences to staff's family expressing Board sadness and gratitude for the service.	THH	Complete.
		Performance and Quality Report	Action: RH to circulate the Performance and Quality Report to the Quality Committee.	RH	Complete.
Mar 2020	1.6	Chief Executive's Report	Action: 2019 NHS Annual Staff survey results to be presented to the May Board.	TS	This is on current agenda.
	5.2	Human Trafficking and Modern Slavery Act statement, and Patient Equality Report 2019-20	Action: Arrange a meeting for SG, TS and PN on patient and staff surveys outcomes in April.	SG, TS, PN	TS and SG will discuss in July POD pre meet
Jan 2020	2.5	UEC test	Action: The Board to receive an end of UEC test pilot evaluation.	RH	Scheduled – May 2020 Public Board
	3.1	Volunteer data	Action: TS to consider including volunteer data in future people reports.	TS	Complete - this will be included in the next iteration of People Performance Report.



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Jul/20
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	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

July 2020

Covid-19

The Trust is continuing to work closely with NHS England and Public Health England to support the national response to the Covid-19 incident. I am immensely proud of how our staff have responded to this unprecedented challenge, and thank each and every one of them for their commitment and dedication during this time. We have received incredible support from our volunteers, local communities, and businesses, which has enhanced our patient and staff experience during this incident. Thank you to every group and individual who has supported the Trust during this time.

Despite our best efforts and exceptional care from our clinical teams, we have very sadly experienced a number of deaths in the organisation. On behalf of the Trust Board, I have conveyed our sincere condolences to families who have been bereaved during this time.

The full impact which Covid-19 has had on our Trust, and at regional and national levels, is still under review to inform preparations for any further surges. Our hospitals and community services look rather different than they did before 'lockdown', with a variety of infection control measures in place to keep our staff and patients safe. Additional safety measures also include altered visiting arrangements for members of the public in line with national guidance.

As we shift our focus to recovery, our priority remains staff and patient safety. To achieve this we are working closely with our North West London colleagues to ensure those patients who require hospital care, receive timely and responsive treatment. Executive colleagues are working hard to address inequalities in health provision evidenced by Covid-19. We are reinstating our full programme of governance which had been altered to ensure the Trust could focus and respond in a timely manner to the incident.

Macmillan Information and Support Centre

I continue to be impressed with the ingenuity of our teams at the Trust. Colleagues at the Macmillan Information & Support Centre are now able offer a virtual support package for patients having to shield at home. The team have collaborated with cancer specialists, complementary therapists and our charity, CW+, to cover a range of wellbeing topics over the coming weeks on their new You Tube channel. They are also running online support groups facilitated by our psychotherapists.

National Volunteers Week

The Trust celebrated National Volunteers Week in June, recognising the dedication, help and hours of time which the Trust receives from volunteers. We have seen a significant increase in their commitment to the organisation over the past few months, and on behalf of the Board I extend a sincere thank you to individuals for their commitment, care and kindness they have shown to our patients and staff.

Sir Thomas Hughes-Hallett
Chairman



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Jul/20
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
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. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.



Chief Executive's Report

June 2020

Introduction

My last report to Public Board was in March, and since then, you cannot fail to have noticed the emergence of the Covid-19 virus, and the impact which it has had on our patients, staff and wider communities. In addition to dealing with this pandemic, we have also undertaken the implementation of our third phase of the Cerner electronic patient record system at the West Middlesex Hospital site, and completed our annual review and accounts for 2019/20.

Covid-19

On 30 January the first phase of the NHS's preparation and response to Covid-19 was triggered, with the declaration of a Level 4 national incident. At the time of writing, we remain in a Level 4 national incident situation.

I have been so proud to see our staff demonstrate their outstanding commitment to delivering excellent patient care and experience during this pandemic. Despite our best efforts and exceptional care from our clinical teams, we have very sadly experienced a number of deaths in the organisation, which will be confirmed as the pandemic eases.

I am particularly proud of the speed at which we responded as an organisation, and the flexibility demonstrated by staff in changing their working patterns to meet patient needs. Staff have responded positively to the different working environments. This has included the rapid implementation of digital solutions, enabling us to maintain contact with our most vulnerable patients who are shielding, and continue outpatient services with telephone or video consultations where possible.

I extend a sincere thank you to our local communities and businesses for their donations to our charity, CW+, to support our staff during this time. Our charity have been instrumental in leading on our staff welfare and engagement work during this period, and I cannot thank the team enough for their support and commitment to the organisation. We have been able to establish health and wellbeing hubs on our sites for staff to rest and access support. We have also completed over 400 occupational health risk assessments and carried out over 500 welfare calls to staff. I was also encouraged week on week by the Thursday evening 'Clap for Carers', and I thank members of our local communities for their heart felt support.

All of us recognise that our hospitals look and feel very different. We have re-configured our environments to respond safely and efficiently to the pandemic. We need to think carefully about how we adapt to living with the pandemic for some time to come. Social distancing and infection control measures are here to stay. We should assume we will have a combination of a further outbreak of the pandemic, and increased non Covid-19 emergency demand through winter. We have made a video to show the public how different our hospitals look. It should be noted that the video was created before increased guidance was given to NHS about wearing of face masks and coverings in our hospitals. Watch the video here:
<https://vimeo.com/422842220/68c062bce8>

Whilst we have seen a reduction in patients accessing non-elective care, our Referral to Treatment performance has reduced due to the necessary pause of routine elective activity to manage the pandemic.

This has been further impacted by a significant drop in referrals. We have continued to deliver our maternity services, and care for our patients who have cancer in partnership with the Royal Marsden Partners throughout this pandemic. In addition to this, we have continued to treat patients on elective pathways that have been deemed urgent, using clinical prioritisation criteria from the Royal Colleges. A validation exercise continues across waiting lists to ensure safe treatment of patients.

We are now planning for the restart of our elective care programme, both within our Trust and across North West London. The priority is that we ensure staff and patients are safe as the pandemic continues. Before we restart our elective activity we must ensure we have appropriate stocks of: associated medicines; personal protective equipment; blood; consumables; equipment; and other needed supplies. In collaboration with our North West London partners, we are working through the steps from crisis response towards recovery and reset to ensure staff and patient safety.

We could not have achieved all this without a coordinated response across the North West London health and care sector, and I thank our acute, community, primary care, mental health, local authority, and education partners for their round the clock efforts to keep our staff and patients safe. For example, in partnership with Imperial College, final year medical students were able to qualify early and offer their services to support the sector. In collaboration with the Royal Brompton Hospital, Imperial College, and CW+, we are proud to have been awarded a major grant to fund the PIONEER trial, comparing two potential antiviral treatments for early intervention in patients with Covid-19. We have demonstrated our ability as an integrated care system to quickly repurpose and create 'surge' capacity locally and regionally.

We have an opportunity to build upon the beneficial changes which we have collectively brought about during the Covid-19 incident to enhance the care for our local populations. This includes: supporting local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology services such as digital consultations.

I look forward to continuing our work to transform how we care for patients in our local communities, and ensure equity of access and outcomes for our patients.

Equality, diversity and inclusion

In April, the Chief Medical Officer asked Public Health England to investigate disparities in risk and outcomes of Covid-19 which has now been published. Key findings from the review of Covid-19 deaths has identified major inequalities in mortality risk for Black, Asian and Minority Ethnic (BAME) people, and confirms that the impact of Covid-19 has replicated existing health inequalities, and in some cases, increased them.

In addition to this, we have all watched the terrible events unfold in the USA, with the death of George Floyd and the anguish visible in the ongoing protests. I acknowledge that many of our BAME staff, volunteers and patients are hurting at the moment, and may be feeling vulnerable, frustrated and angry. Moments like these help us to understand even more clearly that we should move forward with a great urgency in our efforts for inclusion, fairness and justice. I and all members of the executive team and our Board are committed to do this. As a Trust we want to learn together, encourage an open conversation and build a better future in solidarity. We are committed to our PROUD values; we are endlessly PROUD of our diversity and endeavour to demonstrate this in our organisational and individual behaviours, systems and structures.

We are listening to the voices of our staff through the BAME Network. We are rapidly risk assessing BAME staff and other vulnerable staff. We are committed to keeping all staff safe against COVID-19.

I want all our staff to be safe, feel valued and enjoy working in our organisation. I personally love our Trust, our diverse culture and the commitment we make every day to care for our patients and each other. This

has never been more apparent than over the past 12 weeks. I look forward to building on our work together and never let prejudice, brutality and unfairness succeed.

2019/20 reflections

2019/20 was a busy year for the Trust as we continued to experience high demand for our emergency and urgent care services, whilst undergoing a Care Quality Commission inspection, successfully implementing an electronic patient record system, and more lately, responding to the Covid-19 incident.

Reflecting on our achievements against our strategic priorities, I have highlighted a few of which we are particularly proud:

- Achieved a vacancy rate of 6.7%, one of the lowest in London;
- Achieved the lowest nurse vacancy rate in London at 5%;
- Maintained our top 20% staff engagement score in the National Staff Survey;
- Introduced the Medical Examiner role in line with national developments;
- Maintained the Care Quality Commission rating of 'Good' overall, and improving the well-led rating from 'Good' to 'Outstanding';
- Achieved a 2019/20 surplus of £29.5m, and delivered £21.7m of cost improvement programmes; and
- Invested £34.5m on capital which included: £13.1m on the new NICU/ITU ward at the Chelsea site and £4.7m on the Cerner Electronic Patient Record.

The progression of the redevelopment of adult critical care and neonatal intensive care services was supported by a significant fundraising campaign by CW+, and I extend a personal thank you to every donor who contributed to this, as our patients are now being cared for in world class facilities

I would like to take this opportunity to thank all of our staff who have shown consistent commitment to our patients and each other during the recent months. I know that they will continue to go 'above and beyond' as we look ahead to 2020/21.

Lesley Watts

Chief Executive Officer

July 2020



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Jul/20
REPORT NAME	Improvement Programme Update
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	This report provides an update on the progress of the Improvement Programme: • Quality priorities for 2020/21 • Culture of improvement and innovation • CQC improvement plan • Deep dive: quality priority – impact of volunteers
KEY RISKS ASSOCIATED	• Failure to continue to deliver high quality patient care
FINANCIAL IMPLICATIONS	As above
QUALITY 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.
EQUALITY & DIVERSITY IMPLICATIONS	These are 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	This report presents an opportunity to demonstrate how we perform against our corporate objectives in 2020/21: • Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For assurance

1. Quality priorities 2020/21

The quality priorities for 2020/21 are:

1. Improving dementia care
2. Improving cancer care
3. Improving sepsis care
4. Improving impact of volunteers

A summary of baseline position and progress for month 1 & 2 is outlined in Table 1 below.

During the end of March, April and May clinical teams have been redeployed to support the Covid-19 response. This has impacted progress in month 1 & 2.

As the Trust refocuses on recovery, we have re-established reporting and assurance for the 2020/21 quality priorities.

Priority	Key Indicator	Baseline	EOY target	YTD progress	Next Steps / Commentary
1. Improving dementia care	No of patients >75 years screened at admission	81%	90%	May WM 93.9% CW 97%	During Covid-19 response all members of the older adults and frailty teams within EIC division were redeployed. This had a significant impact on screening at CW site, but the position has recovered and is now above target for both sites in May. The screening process works differently at West Mid and is currently completed mostly by the medical teams. They complete a sticker in the medical notes; this information is then uploaded to APEX tool by either the ward administrators or members of frailty team. This has meant that the information can be uploaded retrospectively. This process will become aligned with changes to Cerner at West Mid. Dementia tier 2 training – All teaching was stopped for the duration of Covid. Figures will be tracked and reported when this re commences.
2. Improving cancer care	% of newly diagnosed patients with a HNA appointment	61%	70%	53%	During the Covid19 response North West London set up the Royal Marsden as the cancer hub for the sector, in order for the acute Trusts to prioritise Covid patients as a temporary measure. The forward plan is to re-establish cancer pathways as priority and to build in the quality priority metrics as part of this recovery programme.
3. Improving sepsis care	% of patients screened for sepsis	81%*	90%	WM* 89% screened	Feedback from clinical teams is that sepsis was managed well over the Covid-19 response period. CW site Cerner data is waiting to be clinically validated for April and May. WM data shows an improvement on baseline but still below the 90% target.
	% of patient receiving IV antibiotics within 1hr	72%*	90%	83% IV antibiotics 1 hr	
4. Improve the impact of volunteers	Number of volunteers April>March	600	900	184	184 active volunteers in April and May, who contributed 6608 hours of volunteering across both hospital sites. In response to Covid, the volunteering service implemented a fast-track recruitment process which allowed them to quickly recruit and deploy 67 new volunteers during April.

	Volunteer recruit to commence time	101 days	56 days	20 days	In the fastest cases the service reduced recruitment time to under 2 weeks, down from an average of around 100 days before the crisis.
	Number of bleep volunteer bleeps, calculated in clinical hours saved	188h CW 10 h WM	400h urs per month	6608hr YTD (M1&2)	

*West Middlesex data only, CW being validated on Cerner

2. Building a culture of innovation and improvement

We continue to build our culture of innovation and improvement.

- During the Trust Covid19 response we saw many outstanding examples of our Trust culture of innovation and improvement in practice. To celebrate the rapid improvements made during this time, we launched a 'special edition' QI / Innovation Bulletin – where we share stories and examples of how a quality improvement approach has helped us learn from the rapid changes and innovations taking place. The improvement team continues to collect and share best practice and will continue this newsletter as business as usual.
- On 1 July the Trust will re-launch a refreshed improvement programme, with a greater focus on bringing together Research, Innovation and Quality Improvement.

3. CQC Improvement Plan

The Trust received a rating of 'Good' overall, with 'Outstanding' in 'Use of Resources' and 'Well-Led' in the November 2019 CQC inspection. The CQC report recommended 22 actions to improve care, 18 of these were 'should do' actions. There were no 'must do' actions.

The Trust has developed an action plan to implement these recommendations which will be monitored through Improvement Board, and assured through Quality Committee.

In M1 and M2, 4 of the 22 recommended actions moved to blue (complete) or green status.

Total CQC actions as per RAG and Division

Division	CQC Domain	Red	Amber	Green	Complete	Grand Total
PC	Effective	-	1	1	-	2
	Responsive	1	-	-	-	1
	Safe	1	2	1	-	4
	Well-Led	-	-	1	-	1
W&C	Caring	-	1	-	-	1
	Effective	-	1	-	-	1
	Responsive	-	1	-	-	1
	Safe	-	9	-	1	10
Trustwide	Safe	-	1	-	-	1
Grand Total		2	16	3	1	22

4. Deep dive – quality priority

Progress update

Improving the impact of volunteers was set as a 2020/21 quality priority. During the COVID19 response the volunteering approach rapidly changed to adapt to the changing needs of the service.

At the start of the Covid19 response, the volunteering service implemented a fast-track recruitment process which allowed the Trust to quickly recruit and deploy 67 new volunteers during April. In the fastest cases the service reduced recruitment time to under 2 weeks, down from an average of around 100 days before the crisis, over achieving against the quality priority target.

A total of 184 active volunteers have collectively contributed 6608 hours of volunteering across both hospital sites during April and May.

Figure 1. Volunteer hours

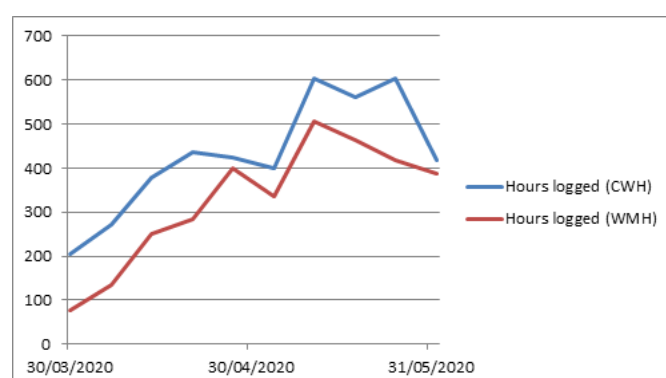
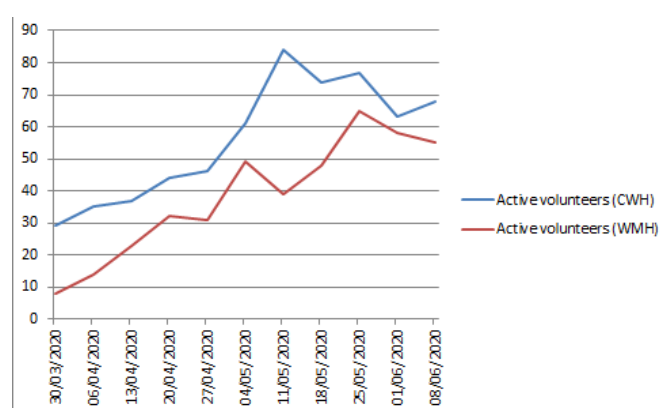


Figure 2. Number of active volunteers at the Trust



Risks and challenges

The service has an 'unstable workforce', as volunteers will leave the Trust as the crisis abates and they return to their normal work. Additionally, many previous regular volunteers who were unable / or could not volunteer at the hospitals during the crisis may not return.

To mitigate and plan for this, the Trust has launched a survey asking all active volunteers to indicate what future availability they will have. We have also tentatively scheduled recruitment dates for later in the year, should we need to recruit more volunteers to meet the rising demand and compensate for volunteers leaving. The Trust is also actively seeking to support volunteers who were made redundant or furloughed during the Covid period, into full time employment at the Trust. We will do this through a mix of apprenticeships, filling vacancies or inviting volunteers to join the Trust staff bank.

A second challenge is that many volunteer roles that were needed prior to the Covid19 crisis may no longer be needed or have been superseded by new, adapted roles.

To mitigate this the team has innovated a new approach; rather than recruiting volunteers into discrete roles we are keeping many volunteers in a general pool of 'responders'. This allows the service to deploy quickly in response to new opportunities and tasks as they arise, and deploy away from roles that are no longer needed. This allows volunteers to make maximum impact with the changing needs of the organisation.

Next steps

Over the next few months the focus for the service will be to identify and plan for new roles for volunteers to reflect the evolving needs of the organisation. The team will focus on supporting and retaining volunteers who joined during the Covid19 response, as well as successfully re-integrating volunteers who stopped volunteering during the crisis.



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Jul/20
REPORT NAME	Learning from Serious Incidents – Incidents reported/investigated; April/May 2020
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 the 12 month period to May 2020 the Trust reported 72 serious incidents on StEIS; of these 38 were associated with Chelsea and Westminster Hospital (CWH) and 34 with West Middles University Hospital (WMUH). In April/May 2020, 14 SIs were reported on StEIS; 4 x Maternal, fetal, neonatal 2 x Death: Unexpected / unexplained 2 x Diagnosis/Observations 2 x Medication 1 x Provision of care / treatment 1 x Operations / procedures 1 x Patient Fall 1 x Pathology During April/May 2020, 13 SI reports were submitted to the Trust's commissioners. The following Root and contributory causes were identified during this reporting period: - Suboptimal Trust policies/procedures - Delayed diagnosis - Human error - Patient factors
KEY RISKS ASSOCIATED	- Reputational risk associated with Never Events. - 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	None
LINK TO OBJECTIVES	This report presents an opportunity to demonstrate how we perform against our corporate objectives in 2020/21: Deliver high quality patient centred care
DECISION/ ACTION	The paper is for information/discussion.

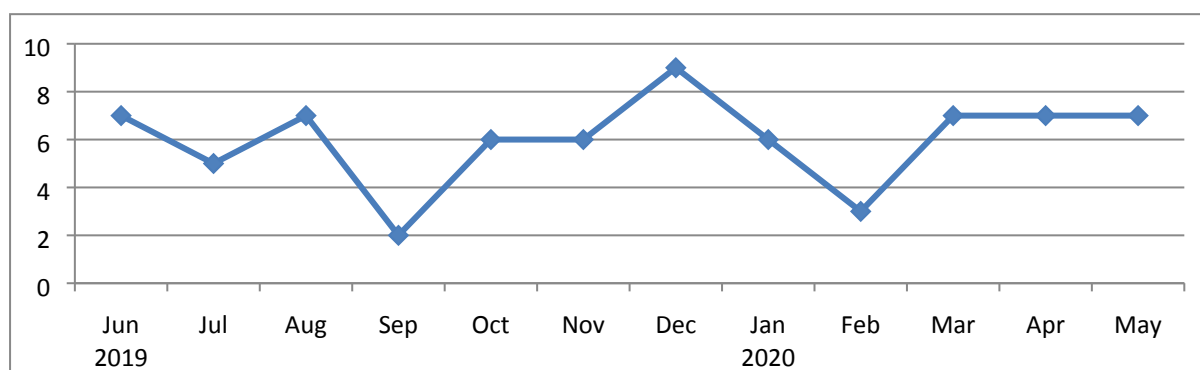
1. Introduction

This report provides an update on Serious Incidents (SIs), including Never Events, reported on 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.

2. Serious Incident activity – 12 month period

2.1. Incidents reported on StEIS

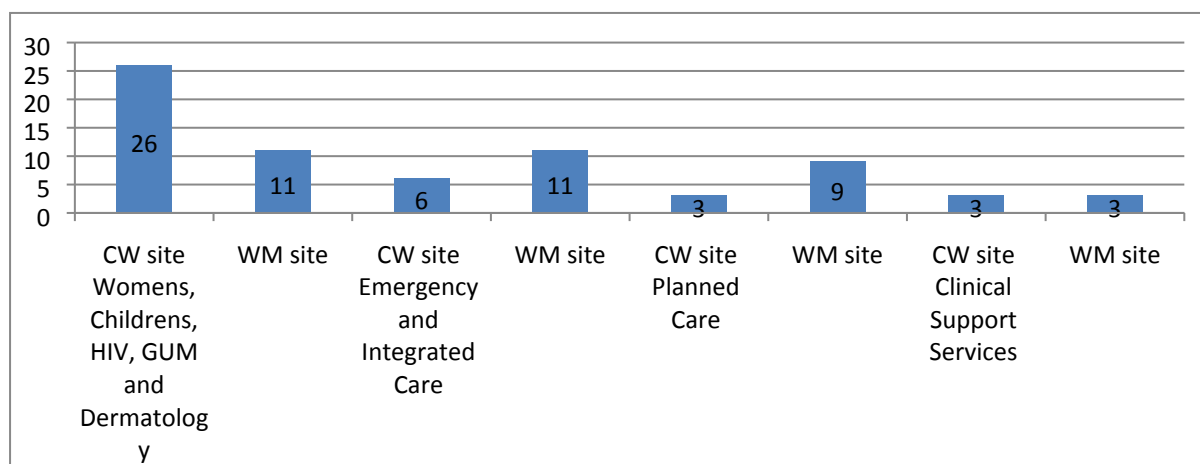
During the 12 month period to May 2020 the Trust reported 72 serious incidents on StEIS; of these 38 were associated with Chelsea and Westminster Hospital and 34 with West Middlesex University Hospital.



Graph 1: No. of SIs reported on StEIS, June 2019 – May 2020

2.2. Division comparison

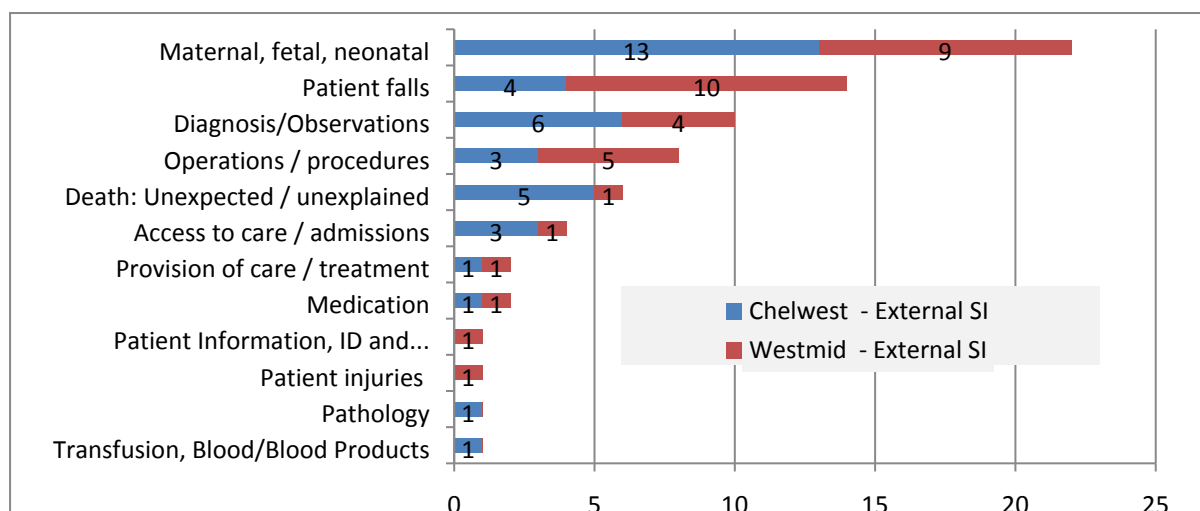
The Women's, Children's, HIV, GUM and Dermatology division reported 37 SIs, the Emergency and Integrated Care division reported 17 SIs, the Planned Care division reported 12 SIs, Clinical Support division reported 6 SIs. The Corporate division has not reported a serious incident in the last 12 months.



Graph 2: No. of SIs reported on StEIS by division and site, June 2019 – May 2020

2.3. Categorisation

The bar chart below highlights the incident categories reported by each site in the last 12 months (June 2019 – May 2020). Chelsea and Westminster Hospital's most reported incident category is Maternal, fetal, neonatal, followed by Diagnosis/Observations. West Middlesex University Hospital's most reported incident category is Patient Falls followed by Maternal, fetal, neonatal.



Graph 3: No. of SIs reported on StEIS by site and Datix incident category, June 2019 – May 2020

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.

3. Serious Incidents reported in April/May 2020

3.1. Site/Category

During April and May 2020, 14 SIs were reported on StEIS; of these 7 were reported by Chelsea and Westminster Hospital and 7 were reported by West Middlesex University Hospital. Incidents relating to missed or delayed diagnosis, and maternal, fetal, neonatal events were the most reported categories.

Site/Category	No. of SIs reported on StEIS in April 2020	No. of SIs reported on StEIS in May 2020
Chelsea and Westminster Hospital	5	6
Maternal, fetal, neonatal	2	2
Diagnosis/Observations	2	
Pathology		1
Patient falls		1
Provision of care / treatment	1	
Death: Unexpected / unexplained		1
Medication		1
West Middlesex University Hospital	2	1
Death: Unexpected / unexplained	1	
Operations / procedures	1	
Medication		1
Total	7	7

Table 1: No. of SIs reported on StEIS in April & May 2020 by Datix incident category and site

4. 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 that improvement actions are being delivered to reduce the risk of recurrence. At the time of writing this report, there are 5 SI actions that have passed their expected due date as outlined within the SI investigation. Non-delivery or lack of documentation / evidence of delivery of SI action limits the assurance offered by the serious incident investigation process.

	No. of overdue actions
Clinical Support Services	1
Emergency and Integrated Care	1
Planned Care	3
Women's, Children's, HIV, GUM and Dermatology	0
Total	5

Table 2: Overdue serious incidents actions by owning division

5. Serious Incident reports submitted to Commissioners in April and May 2020

There were 13 SI reports approved by the Chief Nurse/Medical Director and submitted to the North West London Collaborative (Commissioners).

Site	Division	Directorate	StEIS ref	StEIS Category
WM	CSS	Patient Access	2020/751	Diagnostic incident
WM	EIC	Emergency Medicine	2020/1432	Diagnostic incident
CW	W&C,HGD	Paediatrics	2020/7170	Maternity/Obstetric incident: baby only
WM	W&C,HGD	Maternity	2019/24429	Maternity/Obstetric incident: baby only
WM	W&C,HGD	Maternity	2019/28248	Maternity/Obstetric incident: baby only
CW	W&C,HGD	Maternity	2019/28200	Maternity/Obstetric incident: mother only
WM	CS	Patient Access	2020/3886	Diagnostic incident
CW	WCHGDPP	Maternity	2018/30645	Maternity/Obstetric incident: baby only
CW	WCHGDPP	Maternity	2020/2699	Maternity/Obstetric incident: baby only
CW	WCHGDPP	Maternity	2020/614	Maternity/Obstetric incident: mother and baby
WM	WCHGDPP	Paediatrics	2020/618	Pending review (Unexpected child death)
CW	PC	Surgery	2020/3706	Surgical/invasive procedure incident
CW	CS	Imaging	2020/4533	Surgical/invasive procedure incident

Table 3: SI reports submitted to Commissioners in April & May 2020

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

- Suboptimal Trust policies/procedures
- Delayed diagnosis
- Human error
- Patient factors



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Jul/20
REPORT NAME	NHSR 10 point plan submission, Year 3
AUTHOR	Clare Baker / Vicki Cochrane
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This is to provide the board with an update regarding current compliance of the 10 standards required for this year's NHSR maternity incentive scheme (Year 3). The submission template requires sign off at executive board level and then will be inputted into the external NHSR portal. This submission is due date has not been set due to the pause in some elements due to Coronavirus.
SUMMARY OF REPORT	To provide the board with an update in relation to compliance within each of the safety standards.
KEY RISKS ASSOCIATED	Failure to achieve the 10 standards would mean non achievement of the £2.2 million reduction in CNST tariff for maternity.
FINANCIAL IMPLICATIONS	As above.
QUALITY IMPLICATIONS	The ten standards are driven by national quality recommendations including: Saving Babies Lives Care Bundle, NHSR early notification scheme, Safe workforce modelling, PMRT submissions and dataset submissions. These standards are embedded in our unit and is something we will strive to maintain.
EQUALITY & DIVERSITY IMPLICATIONS	Nil
LINK TO OBJECTIVES	This report presents an opportunity to demonstrate how we perform against our corporate objectives in 2020/21: • Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	Support from Board to ensure all 10 standards are met.

NHSR Incentive scheme year 3 – maternity

This paper is to provide assurance and a progress update on the NHSR incentive scheme for achieving year 3 compliance to the Executive Management Board.

Background

We are now in the 3rd year of the NHSR maternity incentive scheme to support the delivery of safer maternity care, there is an incentive element of the contribution to CNST, rewarding trusts meeting ten safety actions designed to improve the delivery of best practice in maternity and neonatal services. In the third year the scheme will further incentivise the ten maternity safety actions from the previous year with some further refinement. **We have been successful in our submission for both Years 1 and 2. Safety remains a priority for us and we are fully supportive of the safety initiatives within the plan.**

Our compliance is closely monitored throughout the year and data is cross referenced with other data sets that are submitted (eg. MBACE-UK, NHS Digital etc)

NHSR acknowledges the current pressures on our services whilst responding to COVID 19. They have paused the majority of reporting requirements between April 2020 and end August 2020. However, we acknowledge that we must maintain business as usual wherever possible and that safety remains paramount within these unprecedented times. Details around delayed submissions are within the safety actions explained below.

Safety Action	Changes for 20-21 compliance	Covid related exception	Current compliance for new 20-21 standards	Narrative if not green RAG rated
1, Perinatal mortality review tool	No changes to requirement	Notify all deaths Complete surveillance information for Covid 19 related perinatal deaths Continue to complete the perinatal surveillance information for all other deaths whilst there is capacity to do so Continue to complete the PMRT whilst there is capacity to do so		
2, Maternity Services Data Set	MSDS v2.0	Nil		
3, Demonstrate that you have transitional care services to	Pathways of care for admission into TC have been jointly approved by maternity			ATTAIN meetings taking place with actions being implemented

support the recommendations made in the ATAIN programme	and neonatal teams			Audit of elements within the transitional care pathway needed. FU with the neonatal team to ensure action and compliance
4, Can you demonstrate an effective system of clinical workforce planning to the required standards	No changes			Neonatal medical standard -met Awaiting update from service leads for obstetrics/anaesthetics and neonatal nursing
5, Can you demonstrate an effective system of midwifery workforce planning to the required standard	A clear breakdown of BirthRate+ or equivalent calculation to demonstrate how the required establishment has been calculated			Cannot move forward with this without Birthrate + or a suitable alternative Midwife to birth ratio at Chelsea remains 1:29.5, business planning underway
6, Can you demonstrate compliance with all five elements of the saving babies lives care bundle version 2	- A new element to reduce preterm birth - Recording of CO measurement at 36 weeks - Women who attend with reduced fetal movements should have a computerised CTG - New posts for midwifery obstetric fetal monitoring leads	Unable to take CO2 readings during covid- national recommendation		- Audit required around preterm birth following a course of 7 day corticosteroids - CO2 monitors available, audit required to ensure recordings being consistently taken - Dawes Redman CTG bid signed off a priority for the division and bid to be agreed at capital programme board- wk 22.6.20 - Business case needed for fetal monitoring lead on each site
7, Demonstrate a mechanism for gathering service user feedback, and work with service users with the MVP to coproduce local maternity services	No change	Service user feedback has been strengthened during covid- local and national survey in progress		
8, Can you evidence that at least 90% of each maternity unit staff group have attended an 'in house'	- Staff group increased to include neonatal staff - Twice yearly in situ	MOMS was paused for a period of 3 months due to Covid 19		Neonatal staff not included in the current program, plan to engage the team and plan this.

multi professional maternity emergencies training session within the last training year?	training • Neonatal resuscitation training should also be included			Plan for live skills made Currently not at the 90% compliance due to delays in training dates
9, Can you demonstrate that the trust safety champions (obstetric and midwifery) are meeting bimonthly with board level safety champions to escalate locally identified issues?	• The executive sponsor for the MNHSC is actively engaging with supporting quality and safety improvement within the trust and Local learning system (LLS) • The champion have taken steps to address named safety concerns and that progress with actioning these are visible to staff. • A clear plan for achieving 51% of women receiving continuity of carer			
10, Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification Scheme?	• No changes			



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.5/Jul/20
REPORT NAME	Mortality Surveillance – Q4 2019/20
AUTHOR	Alex Bolton, Head of Health Safety and Risk
LEAD	Roger Chinn, Acting Medical Director
PURPOSE	This paper updates the Board on the process compliance and key metrics from mortality review.
SUMMARY OF REPORT	Mortality case review was 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. Case review was undertaken by the specialty involved in the patient's last episode of care for all in-hospital deaths (adult, child, neonatal, stillbirth, late fetal loss). Learning from this review was shared at Specialty mortality review groups (M&Ms / MDTs) and if issues in care, trends or notable learning were identified action was overseen by the Divisional Mortality Review Groups (EIC) and the trust wide Mortality Surveillance Group (MSG). Due to increasing clinical demand and impact on staffing as a result of the COVID-19 pandemic the organisations learning from case review was paused on the 1st April 2020. The following interim process was approved at the Mortality Surveillance Group in April 2020: • All deaths to be logged to the mortality review module within Datix by the Medical Examiner's Officers • Medical Examiners commissioned to scrutinise 80% of in-hospital deaths • Where ME scrutiny identifies the potential for Trust learning specialty case review or clinical governance input to be sought The MSG will consider process for cases requiring further review and escalation arrangements at subsequent meetings; this will inform development of the organisations learning from death procedure which will be submitted to the Quality Committee for ratification.
KEY RISKS ASSOCIATED	Delayed review closure could lead to missed opportunities to addresses weakness in service delivery.
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	For noting.

Mortality Surveillance – Q4 2019/20

1. Background

Mortality case review was undertaken following all in-hospital deaths (adult, child, neonatal, stillbirth, late fetal loss) with outcomes recorded within the Trust's mortality review module (Datix) since October 2016.

The Mortality Surveillance Group has reviewed the organisations learning from deaths approach in light of; the introduction of the Trust's Medical Examiner's Office and requirement to reduce burden on clinical teams during the organisations pandemic response.

The Medical Examiner's Office

A system of 'independent' Medical Examiners (MEs) has been rolled out nationally and is being led by the Department of Health and Social Care (DHSC) and the Royal College of Pathology. The purpose of the medical examiner system is to:

- Provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths
- Ensure the appropriate direction of deaths to the coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data

The Trust's Medical Examiner's office was formed on the 1 April 2020; it was commissioned to scrutinise 80% of deaths. To date the office have scrutinised 100% of in-hospital adult, child and neonatal deaths, the majority with 24 hours of death (71% of cases scrutinised within 24 hours).

Where concerns are raised by the bereaved or identified via the scrutiny process the medical examiners are flagging the potential for Trust learning, the Lead Medical Examiners are members of the Mortality Surveillance Group and inform the organisations learning from deaths approach.

Burden on clinical teams

Case review was undertaken by the specialty involved in the patient's last episode of care for all in-hospital deaths (adult, child, neonatal, stillbirth, late fetal loss). Learning from this review was shared at Specialty mortality review groups (M&Ms / MDTs) and if issues in care, trends or notable learning were identified action was overseen by the Divisional Mortality Review Groups (EIC) and the trust wide Mortality Surveillance Group (MSG). Due to increasing clinical demand and impact on staffing as a result of the COVID-19 pandemic the organisations learning from case review was paused on the 1st April 2020.

The following interim process was approved at the Mortality Surveillance Group in April 2020:

- All deaths to be logged to the mortality review module within Datix by the Medical Examiner's Officers
- Medical Examiners commissioned to scrutinise 80% of in-hospital deaths
- Where ME scrutiny identifies the potential for Trust learning specialty case review or clinical governance input to be sought

The MSG will consider process for cases requiring further review and escalation arrangements at subsequent meetings; this will inform development of the organisations learning from death procedure which will be submitted to the Quality Committee for ratification.

2. Crude rate

1404 in-hospital deaths (adult, child, neonatal, stillbirth, and late fetal loss) were identified between April 2019 and March 2020.

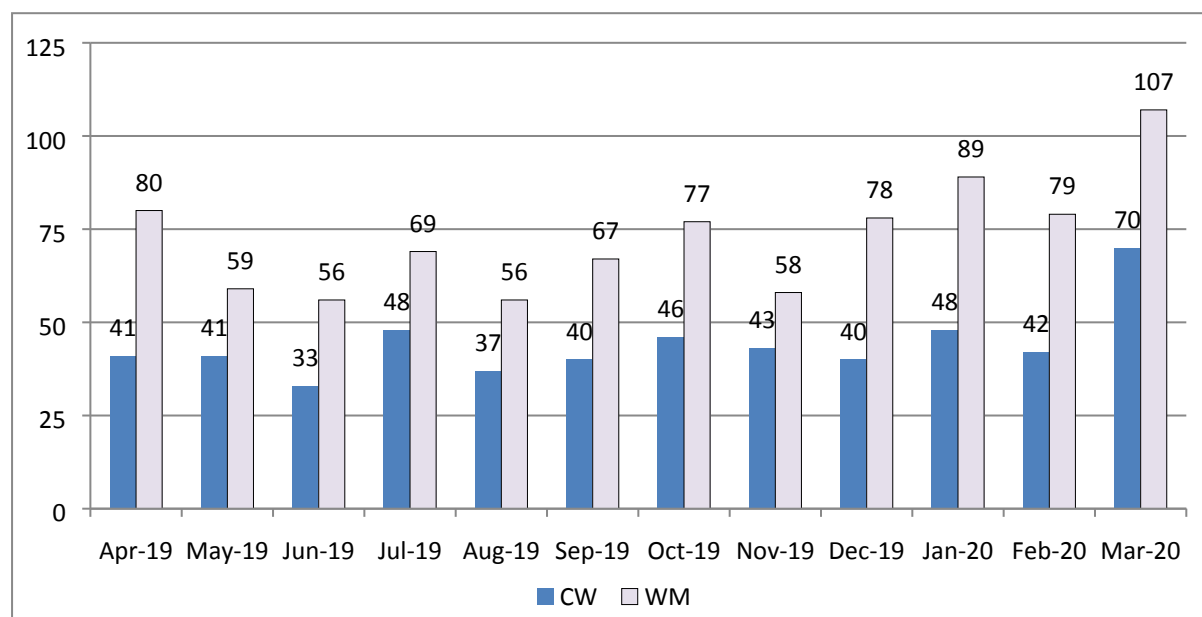


Fig 1: Total mortality cases logged to Datix by site and month, January 2019 – December 2019

3. Review completion rates

3.1. Closure target

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

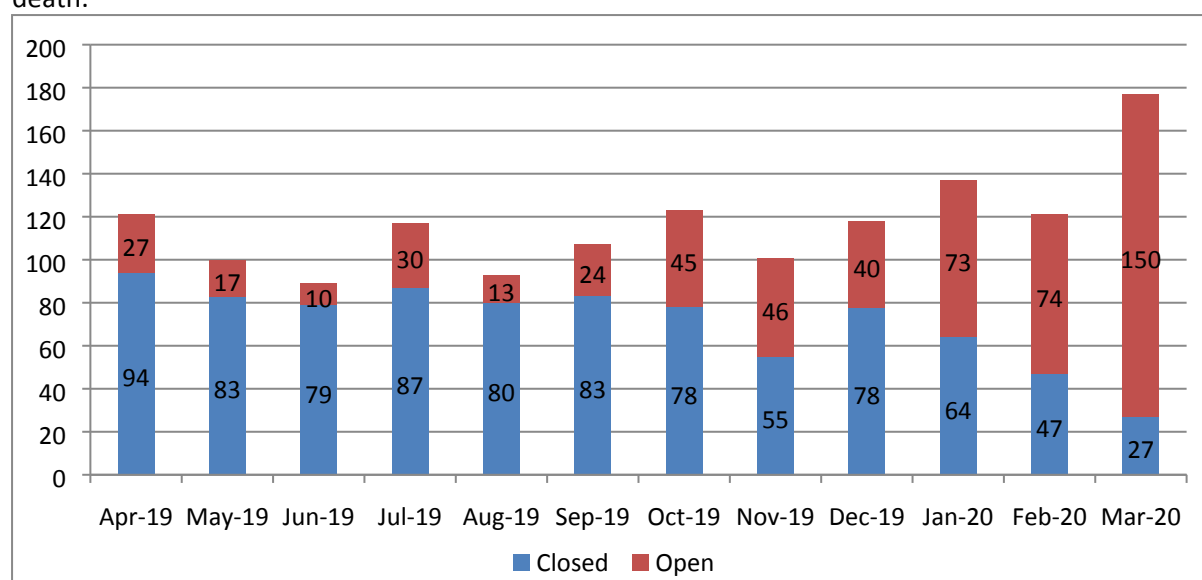


Fig 2: Open and Closed mortality cases by month, January 2019 – December 2019

1404 mortality cases (adult/ child/ neonatal deaths, stillbirths, late fetal losses) were identified for review during this 12 month period. Within Q4 there are 76 cases that are within the 2 month target to review; these cases have not been included in when calculating the percentage closed for this period.

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Total
Closed	256	250	211	138	855
Open	54	67	131	297	549
Total	310	317	342	435	1404
% Closed	83%	79%	62%	38%	64%

Table 1: Cases by financial quarter, April 2019 – March 2019

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Total
EIC	84%	83%	63%	39%	66%
PCD	71%	65%	61%	32%	56%
WCHGD	80%	68%	47%	44%	62%
CSD	N/A	N/A	N/A	N/A	N/A
Total	83%	79%	62%	38%	64%

Table 2: Percentage of closed cases by division and fin. quarter, April 2019 – March 2019

The Mortality Surveillance Group has previously 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 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

4. 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.

59 cases of suboptimal care were identified via the mortality review process between April 2019 and March 2020:

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

CESDI grades for closed cases occurring in Q4 2019/20

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3	Total
EIC	110	3	1	0	114
PCD	16	1	0	0	17
WCHGD	7	0	0	0	7
Total	133	4	1	0	138

CESDI grades for closed cases occurring in Q3 2019/20

	CESDI grade 0	CESDI grade 1	CESDI grade 2	CESDI grade 3	Total
EIC	159	11	1	0	171
PCD	28	3	0	0	31
WCHGD	5	4	0	0	9
Total	192	18	1	0	211

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.

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

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

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

- Handover between clinical teams
- Delays in assessment, investigations or diagnosis
- Issues establishing and sharing ceilings of care discussions
- Issues tracking patients following multidisciplinary team review / pathways that include external organisations
- 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
- Management / tracking of VTE risk assessment and prophylaxis

5. Conclusion

The outcome of mortality review has providing a rich source of learning to support the organisations improvement objectives; following the introduction of the medical examiner's office the Mortality Surveillance Group is reviewing the Trust's learning from death approach to ensure national requirements are met, learning opportunities are identified, and clinical time is protected as far as reasonably possible.



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.6/Jul/20
REPORT NAME	CQC inpatient survey and action plan
AUTHOR	Nathan Askew, Director of Nursing
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper presents a summary of the feedback as part of the national in patient survey. It also details the next steps for addressing the areas in need of attention.
SUMMARY OF REPORT	34% of patients asked to complete the survey responded which is an increase from last year but still below the national average of 44%. The Trust has been ranked 54 nationally based on the feedback received. The Trust significantly improved performance in relation to patients feeling they had enough emotional support from staff and in relation to the choice of food available. The survey has highlighted 11 areas that need attention and improvement next year: • Reducing the disturbance of patients by other patients making noise at night • Help from staff to wash and keep clean • Quality of food available • Medical staff not talking in front of patients as if they were not there • Nursing staff not talking in front of patients as if they were not there • Patients knowing which nurse was in charge of their care • Decreasing delay in discharge • Ensuring that family and the home situation are considered as part of the discharge process • Discharge considering home adaptations • Knowing who to contact following discharge • Being given information on how to complain Adult in patient wards will display the summary results and develop a local action plan of how they will improve the above areas. A corporate action plan will be developed in relation to the reported differences between site. . These will be monitored through the patient experience committee.
KEY RISKS ASSOCIATED	Reputational risk associated with poor patient experience

FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	Poor patient experience of Trust services
EQUALITY & DIVERSITY IMPLICATIONS	The results will be analysed by protected characteristics, seeking to identify any equality and diversity implications
LINK TO OBJECTIVES	This report presents an opportunity to demonstrate how we perform against our corporate objectives in 2020/21: • Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	The Board is asked to note the content of this report.

National Inpatient Survey 2019

Introduction

This report provides an update to the board on the results of the recent national inpatient survey. The survey was conducted in 2019 and then reported to the Trust in March 2020. There was a 34% response rate to the survey this year which is an increase on a 25% response rate in 2018 and significantly less than the 44% national average response rate.

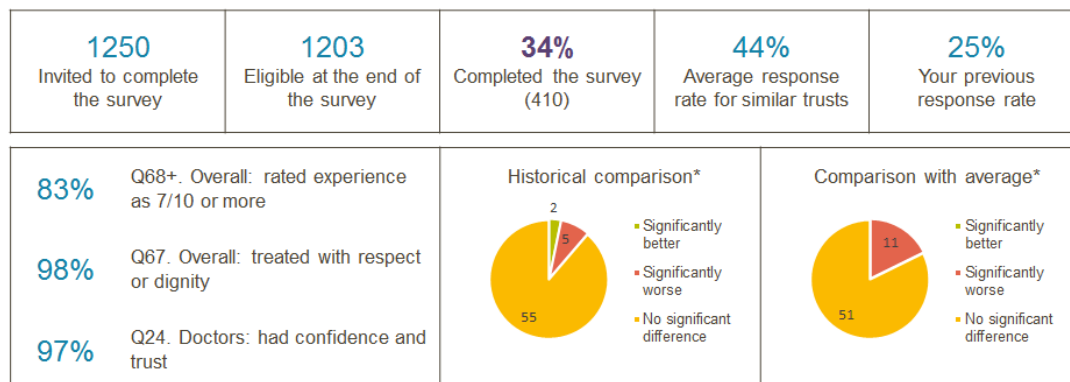
74 organisations commissioned Picker to administer the survey on their behalf. All organisations form the average score and Chelsea and Westminster NHS Foundation Trust is compared to similar size and type of organisations as part of this report.

Chelsea and Westminster NHS Foundation Trust was ranked 54 out of the 74 organisations who completed the survey using picker.

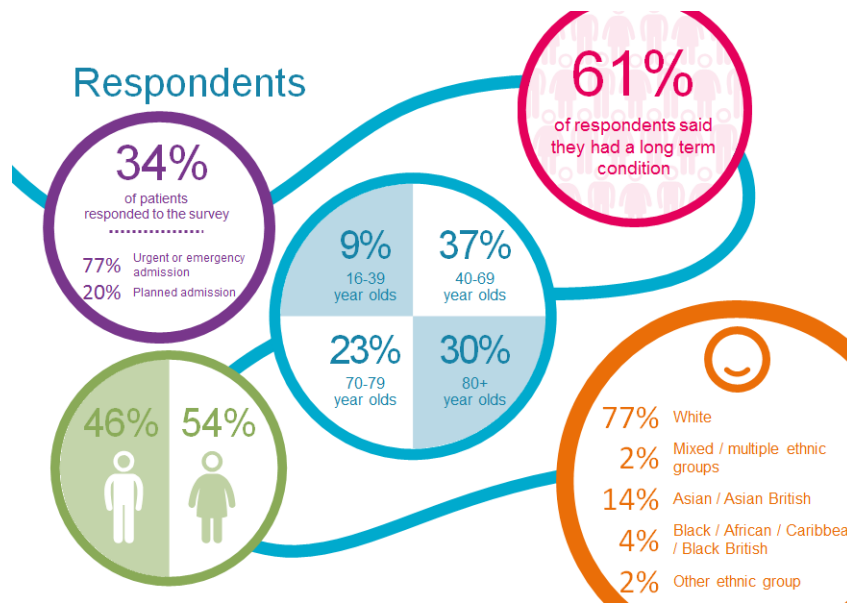
Background

Picker have continued to use positive scores where **higher** scores are **better**.

Executive Summary



*Chart shows the number of questions that are better, worse, or show no significant difference



The Trust has significantly improved on 2 areas compared to previous results:

- Choice of food available
- Provision of emotional support from staff

When compared to the national average the Trust is significantly worse in 11 areas:

- Reducing the disturbance of patients by other patients making noise at night
- Help from staff to wash and keep clean
- Quality of food available
- Medical staff not talking in front of patients as if they were not there
- Nursing staff not talking in front of patients as if they were not there
- Patients knowing which nurse was in charge of their care
- Decreasing delay in discharge
- Ensuring that family and the home situation are considered as part of the discharge process
- Discharge considering home adaptations
- Knowing who to contact following discharge
- Being given information on how to complain

These highlights are:

Top 5 scores (compared to average)	
80%	Q3+. A&E Department: right amount of information about treatment or condition
62%	Q29. Nurses: always or nearly always enough on duty
14%	Q52. Discharge: delayed by no longer than 1 hour
87%	Q38+. Care: enough emotional support from hospital staff
96%	Q20. Hospital: offered a choice of food

Bottom 5 scores (compared to average)	
68%	Q64+. Discharge: staff discussed need for additional equipment or home adaptation
52%	Q14. Hospital: not bothered by noise at night from other patients
74%	Q61+. Discharge: family or home situation considered
12%	Q71+. Overall: received information explaining how to complain
83%	Q17+. Hospital: got enough help from staff to wash or keep clean

Most improved from last survey	
87%	Q38+. Care: enough emotional support from hospital staff
14%	Q52. Discharge: delayed by no longer than 1 hour
78%	Q28. Nurses: not talked in front of patients as if they weren't there
83%	Q15. Hospital: not bothered by noise at night from staff
96%	Q20. Hospital: offered a choice of food

Least improved from last survey	
68%	Q64+. Discharge: staff discussed need for additional equipment or home adaptation
53%	Q58+. Discharge: told side-effects of medications
59%	Q60+. Discharge: told of danger signals to look for
12%	Q71+. Overall: received information explaining how to complain
14%	Q70+. Overall: asked to give views on quality of care

Results

Accident & Emergency - Waiting list or planned admission - All types of admission

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q3+	A&E Department: right amount of information about treatment or condition	85%	78%	83%	76%	80%	75%	80%
Q4+	A&E Department: given enough privacy when being examined or treated	100%	98%	98%	97%	99%	98%	99%
Q6	Planned admission: was admitted as soon as necessary	70%	66%	66%	73%	69%	72%	69%
Q7	Planned admission: admission date not changed by hospital	72%	75%	77%	71%	73%	78%	73%
Q8+	Planned admission: specialist given all the necessary information	96%	96%	95%	96%	97%	97%	97%
Q9	Admission: did not have to wait long time to get to bed on ward	66%	61%	64%	65%	64%	62%	64%

This section has maintained performance and all areas are now in line with the national average for a similar organisation.

The hospital & ward

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q11	Hospital: did not share sleeping area with opposite sex	-	-	93%	91%	93%	91%	93%
Q13	Hospital: staff completely explained reasons for changing wards at night	-	-	74%	83%	77%	81%	77%
Q14	Hospital: not bothered by noise at night from other patients	58%	54%	58%	57%	52%	62%	52%
Q15	Hospital: not bothered by noise at night from staff	78%	82%	80%	79%	83%	81%	83%
Q16	Hospital: room or ward very or fairly clean	98%	98%	96%	97%	97%	97%	97%

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q17+	Hospital: got enough help from staff to wash or keep clean	-	89%	85%	90%	83%	90%	83%
Q18+	Hospital: able to take own medication when needed to	-	82%	73%	80%	79%	79%	79%
Q19+	Hospital: food was very good or good	60%	52%	56%	55%	53%	59%	53%
Q20	Hospital: offered a choice of food	93%	94%	90%	92%	96%	94%	96%
Q21+	Hospital: got enough help from staff to eat meals	77%	87%	72%	82%	77%	82%	77%
Q22	Hospital: got enough to drink	-	-	88%	89%	90%	91%	90%

While satisfaction with the choice of food available has significantly increased the satisfaction with the quality of the food has decreased. Patients reported higher levels of noise at night by other patients and were less satisfied with the availability of staff to assist with washing and keeping clean.

Doctors

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q23+	Doctors: got clear answers to questions	96%	95%	93%	93%	96%	95%	96%
Q24	Doctors: had confidence and trust	98%	98%	95%	98%	97%	97%	97%
Q25	Doctors: not talked in front of patients as if they were not there	76%	74%	70%	72%	73%	78%	73%

There has been minimal improvement relating to medical staff talking in front of patients as if they were not there and the Trust remains below average in this area nationally.

Nurses

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q26+	Nurses: got clear answers to questions	96%	96%	92%	94%	94%	96%	94%
Q27	Nurses: had confidence and trust	98%	98%	96%	96%	96%	97%	96%
Q28	Nurses: not talked in front of patients as if they weren't there	79%	78%	75%	74%	78%	83%	78%
Q29	Nurses: always or nearly always enough on duty	65%	57%	56%	59%	62%	59%	62%
Q30	Nurses: knew which nurse was in charge of care	-	78%	75%	78%	74%	80%	74%

The Trust remains below average in terms of nurses talking in front of patient as if they were not there and with patients knowing which nurse was in charge of their care.

Your care & treatment

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q31+	Other clinical staff: had confidence and trust	-	-	94%	95%	94%	96%	94%
Q32+	Care: staff worked well together	95%	98%	95%	96%	96%	96%	96%
Q33	Care: staff did not contradict each other	71%	65%	66%	65%	67%	69%	67%
Q34	Care: was involved as much as wanted in decisions	91%	88%	86%	86%	87%	90%	87%
Q35	Care: had confidence in the decisions made	97%	94%	91%	95%	95%	94%	95%
Q36+	Care: right amount of information given on condition or treatment	83%	80%	75%	75%	78%	80%	78%

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q37+	Care: found staff member to discuss concerns with	72%	70%	66%	71%	69%	72%	69%
Q38+	Care: enough emotional support from hospital staff	89%	86%	83%	79%	87%	85%	87%
Q39	Care: enough privacy when discussing condition or treatment	95%	96%	93%	94%	96%	94%	96%
Q40	Care: enough privacy when being examined or treated	99%	99%	98%	99%	99%	99%	99%
Q42	Care: staff helped control pain	97%	96%	95%	92%	93%	93%	93%
Q43+	Care: staff helped within reasonable time when needed attention	-	-	90%	92%	93%	93%	93%

Performance in this section has stayed mostly consistent in all indicators at around the average score nationally. There was a significant increase in satisfaction with the amount of emotional support offered by hospital staff to patients.

Operations & procedures

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q45+	Procedure: questions beforehand answered	97%	97%	97%	98%	95%	98%	95%
Q46	Procedure: told how to expect to feel after operation or procedure	88%	87%	87%	95%	88%	89%	88%
Q47	Procedure: explained how it had gone in an understandable way	91%	92%	91%	94%	90%	91%	90%

This section has remained average and there has been a significant decrease in patients being aware of how they would feel after an operation or procedure.

Leaving hospital

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q48+	Discharge: felt involved in decisions about discharge from hospital	84%	84%	81%	81%	81%	84%	81%
Q49	Discharge: given enough notice about when discharge would be	92%	88%	84%	87%	84%	87%	84%
Q50	Discharge: was not delayed	55%	57%	59%	57%	53%	60%	53%
Q52	Discharge: delayed by no longer than 1 hour	17%	13%	12%	9%	14%	12%	14%
Q54+	Discharge: got enough support from health or social care professionals	84%	80%	75%	77%	79%	78%	79%
Q55+	Discharge: knew what would happen next with care after leaving hospital	59%	85%	83%	84%	83%	84%	83%
Q56	Discharge: patients given written/printed information about what they should or should not do after leaving hospital	69%	64%	62%	67%	61%	63%	61%
Q57+	Discharge: told purpose of medications	93%	93%	89%	92%	90%	91%	90%
Q58+	Discharge: told side-effects of medications	61%	63%	57%	63%	53%	57%	53%

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q59+	Discharge: given clear written/printed information about medicines	92%	90%	88%	88%	85%	85%	85%
Q60+	Discharge: told of danger signals to look for	69%	62%	63%	68%	59%	64%	59%
Q61+	Discharge: family or home situation considered	80%	79%	77%	74%	74%	82%	74%
Q62+	Discharge: family, friends or carers given enough information to help care	73%	70%	77%	75%	74%	76%	74%
Q63+	Discharge: told who to contact if worried	76%	70%	72%	76%	70%	76%	70%
Q64+	Discharge: staff discussed need for additional equipment or home adaptation	79%	80%	71%	79%	68%	79%	68%
Q65+	Discharge: staff discussed need for further health or social care services	85%	80%	77%	79%	82%	81%	82%
Q66+	Discharge: expected care and support were available when needed	-	-	-	82%	78%	81%	78%

Several aspects of performance in this section have deteriorated. Patients have reported decreased satisfaction with issues such as being told the side effects of medications and what danger signs to look out for. The Trust still performs below average in aspects relating to discharge being delayed, family and home situation not considered, knowing who to contact if worried and having discussions about additional equipment which may be needed at home.

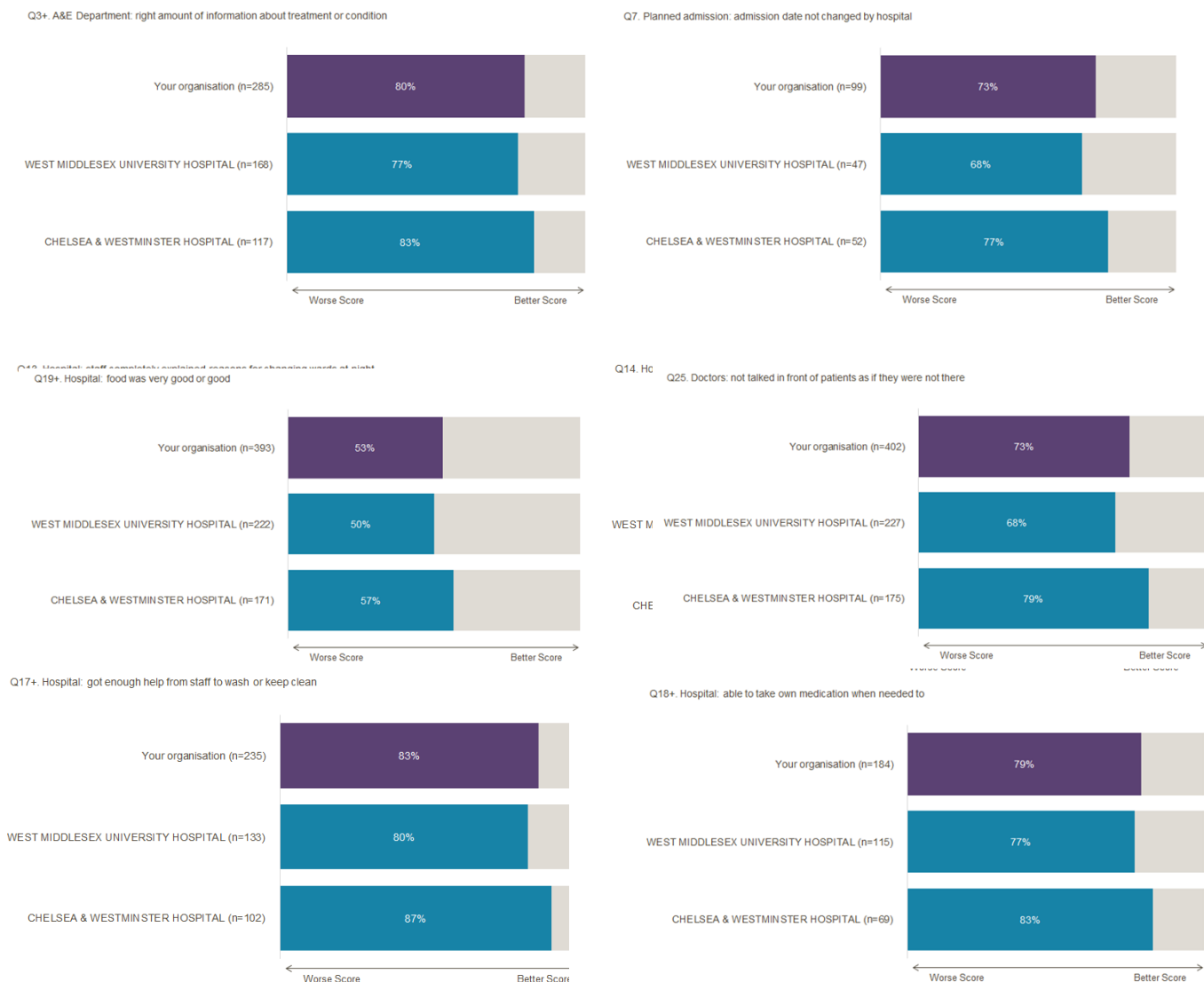
Overall

		Historical					Organisation type	
		2015	2016	2017	2018	2019	Average	Organisation
Q67	Overall: treated with respect or dignity	97%	99%	97%	98%	98%	98%	98%
Q68+	Overall: rated experience as 7/10 or more	87%	85%	83%	85%	83%	85%	83%
Q70+	Overall: asked to give views on quality of care	13%	16%	18%	22%	14%	14%	14%
Q71+	Overall: received information explaining how to complain	23%	16%	20%	19%	12%	19%	12%
Q72+	Overall: well looked after by non-clinical hospital staff	-	-	96%	95%	96%	98%	96%

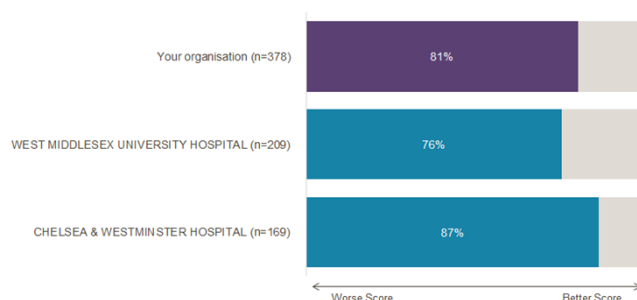
Overall the Trust had deteriorated in relation to seeking views of patients on the quality of their care and being given information on how to complain.

Differences by site

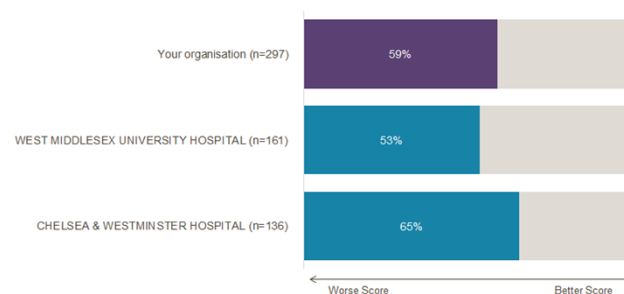
Overall the scores when compared between the Chelsea Site and the West Middlesex site are relatively similar. The following are exceptions where there is a reported significant difference (>5%) between the sites:



Q48+. Discharge: felt involved in decisions about discharge from hospital



Q60+. Discharge: told of danger signals to look for



Summary

NHS Inpatient Survey 2019 Results

Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Thank you everyone who took part in the survey. Here are our top line results.

Key Improvements since 2018

- ↑ Care: enough emotional support from hospital staff
- ↑ Discharge: delayed by no longer than 1 hour
- ↑ Nurses: not talked in front of patients as if they weren't there
- ↑ Hospital: not bothered by noise at night from staff
- ↑ Hospital: offered a choice of food

Our views

- 83%** Q68+. Overall: rated experience as 7/10 or more
- 98%** Q67. Overall: treated with respect or dignity
- 97%** Q24. Doctors: had confidence and trust

Our core strengths

- 😊 A&E Department: right amount of information about treatment or condition
- 😊 Nurses: always or nearly always enough on duty
- 😊 Discharge: delayed by no longer than 1 hour
- 😊 Care: enough emotional support from hospital staff
- 😊 Hospital: offered a choice of food

Issues to address

- 😞 Discharge: staff discussed need for additional equipment or home adaptation
- 😞 Hospital: not bothered by noise at night from other patients
- 😞 Discharge: family or home situation considered
- 😞 Overall: received information explaining how to complain
- 😞 Hospital: got enough help from staff to wash or keep clean



Picker

Further analysis

The Picker results will be further analysed by responses from patients with protected characteristics in order to support the Trusts commitment to improving equality of care for all patients.

Next Steps

An improvement programme relating to the national surveys will be run this year and will focus on local ownership at ward and department level and demonstrating improvement in the key areas above.

Inpatient survey (Picker) action plan

Version 1.2 15 June 2020

The Picker NHS inpatient survey report has been published. This is for internal use only, at this time. The report lists eight areas for improvement, shown here:

- | | |
|---|--|
| ⊗ Discharge: family or home situation considered | ⊗ Hospital: got enough help from staff to wash or keep clean |
| ⊗ Discharge: staff discussed need for additional equipment or home adaptation | ⊗ Hospital: not bothered by noise at night from other patients |
| ⊗ Discharge: told of danger signals to look for | ⊗ Overall: asked to give views on quality of care |
| ⊗ Discharge: told side-effects of medications | ⊗ Overall: received information explaining how to complain |

The full reports are available upon request/key points are tabled below.

Key improvements since the previous survey

West Middlesex Hospital

- ↑ Care: staff did not contradict each other
- ↑ Care: enough emotional support from hospital staff
- ↑ Nurses: not talked in front of patients as if they weren't there
- ↑ Admission: did not have to wait long time to get to bed on ward
- ↑ Doctors: got clear answers to questions

Chelsea and Westminster Hospital

- ↑ Care: enough emotional support from hospital staff
- ↑ Hospital: not bothered by noise at night from staff
- ↑ Doctors: not talked in front of patients as if they were not there
- ↑ Discharge: family, friends or carers given enough information to help care
- ↑ Discharge: delayed by no longer than 1 hour

Issues to address

West Middlesex Hospital

- ⊗ Hospital: staff completely explained reasons for changing wards at night
- ⊗ Discharge: told of danger signals to look for
- ⊗ Doctors: not talked in front of patients as if they were not there
- ⊗ Discharge: felt involved in decisions about discharge from hospital
- ⊗ Planned admission: admission date not changed by hospital

Chelsea and Westminster Hospital

- ⊗ Hospital: not bothered by noise at night from other patients
- ⊗ Overall: asked to give views on quality of care
- ⊗ Planned admission: was admitted as soon as necessary
- ⊗ Discharge: staff discussed need for further health or social care services
- ⊗ Procedure: told how to expect to feel after operation or procedure

Context

The patients were surveyed in July 2019. There were 410 responses (232 from West Middlesex Hospital. 178 from Chelsea and Westminster Hospital). For the financial year 2019-20 the trust had approximately 143,000 admissions, the sample size therefore representing the view of approximately 0.3% of patients.

Pickers are unable to provide the survey data at ward level. The results are usually compared against protected characteristics, although this year respondents were 77% white ethnicity which is not representative of the Trust's diverse patient population.

Previously the Trust has utilised Picker feedback workshops and Trust wide action plans but few quality improvements were implemented from these. This year a quality improvement approach will be utilised in response to the areas for improvement identified within the survey, giving in year real time data and allowing each ward and department to put in place meaningful improvement against the overall areas for improvement.

Action Plan

This year there will be three quality improvement programmes to address the issues raised in the survey:

- Quality Rounds
- Patient Reported Experience Measures (PREMs)
- Discharge improvement programme

To identify where most attention is required, there will be more focused intelligence gathering starting in quarter two, enabling targeted ward based action plans to address the issues raised in the report at a local level.

Quality Round

Quality Rounds engage a range of nursing and AHP staff across the organisation and for the near future will run every two weeks by zoom, with activity related to the round being held in each ward and department.

On Friday 31 July a Quality Round will focus on speaking with patients in all adult wards collecting responses in an online survey. Follow up Quality Rounds will take place each quarter. The Quality Rounds will focus on addressing the following trust wide areas for improvement:

- Help from staff to wash or keep clean
- Noise at night from other patients
- Asked to give views on quality of care
- Received information explaining how to complain

Patient Reported Experience Measures (PREMs). Starting in quarter two a programme of surveying adult inpatients with questions based on the issues to address will commence. The survey will address the site specific issues raised in the national survey and will be conducted through a programme of local surveys in each adult ward. This will be a combination of online and paper surveys. This will be led and carried out by the Patient Experience Team with support from volunteers.

By the end of August 2020 there will be enough data from the Quality Round and the PREMs to inform each ward what initial action is required in **their own area**. The Patient Experience team will work with each ward manager that needs to take action to support them in drawing up their individual action plans.

As further survey findings come throughout the year, the effect of local quality improvements will be evaluated and action plans adjusted or escalated, as required.

Discharge

There is a separate workstream looking to improve the patient experience for our discharge process. This is currently in discovery phase. The planning of that project will be in July 2020. As discharge is listed as an issue to address in the Picker report and appears as a source of dissatisfaction for patients and their relatives through the PALS and complaints themes data, this will dovetail with the other survey action planning and implementation.

The project will focus on understanding the current issues in relation to discharge with a focus on improvement for getting discharge right for every patient every time, it does not focus on delayed transfers of care or stranded patients.

The **communications strategy** for the information gathering and action planning will be:

- At matrons' and ward managers' meetings
- Email to the Quality Rounds distribution list
- Explained during the quarterly Quality Rounds
- Articles in the Bulletin

Milestones

	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021
PREMs												
Quality Rounds	◆			◆			◆			◆		
Discharge improvement programme	Disco -very	Implementation										
Ward level action planning & implementation												

Responsibility and monitoring

The responsibility for the three workstreams will be

- **PREMs** – Head of patient experience with support from the volunteering services manager
- **Quality Rounds** – Head of patient experience with support from a deputy director of nursing
- **Discharge improvement programme** – Head of patient experience
- **Ward level action planning** – Head of Patient Experience with support from the patient experience manager

The workstreams will be monitored by the patient and public engagement and experience group, chaired by the Chelsea & Westminster Hospital site director of nursing.



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.7/Jul/20
REPORT NAME	Integrated Performance Report – May 2020
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 April 2020 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The Integrated Performance Report shows the Trust performance for May 2020. Please note that due to significant impact of COVID-19 a number of metrics are either not available due to being suspended, not available due to reprioritisation of 'Business as Usual' tasks both Clinical and Non-Clinical. These remain under review and further updates will become available as recovery continues Regulatory performance A&E Performance has improved significantly in May following the challenges faced during March and April. The Trusts validated performance of 94.4% was slightly below the 95% Standard RTT Performance has continued to drop due to a cessation of routine elective activity. This has been compounded by a significant drop in referrals and as such a reduction of under 18 week pathways. The Trust Patient tracking list now stands at 35,881 – a reduction of 12,802 since the start of COVID due to extensive validation and addressing Data Quality Issues. The validation exercise continues across waiting patients to ensure clinical prioritisation is completed and patients managed on that basis. Under delivery against this standard will continue due to current restrictions in our ability to process previous levels of Elective activity. RTT 52 Week waits Due to the cessation of routine elective activity the position against the Trust long waiters will remain challenged. All Long waiting patients will have been clinically reviewed and will be done in clinical priority order. Cancer Cancer 62 day performance has deteriorated in April. This is reflective of the position across a number of trusts in NWL and more widely across the NHS. The final validated position for the Month was 67.54%. All other standards, with the exception of 31 day diagnosis to surgery, were compliant for April. This measure of performance will be challenged going forwards due to the Pandemic impact and delays to patient's treatment. The Trust is working closely

	with the Royal Marsden Cancer Hub and system partners to diagnose and treat patients to expedite recovery. All 62 Day breaches are subject to a harm review and presented through the Cancer Board. DM01 A combination of reduced volumes of diagnostic activity in a traditionally high volume activity area, a high number of patients that were delayed have now waited over 6 weeks. As with other parts of the Elective pathway the Trust is working with NWL and system partners to restart diagnostics and recover the position.
KEY RISKS ASSOCIATED:	There are significant risks to the achievement of all of the main performance indicators, including A&E, RTT, Cancer & Diagnostics.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION / ACTION	The Board is asked to note the performance for May 2020.



TRUST PERFORMANCE & QUALITY REPORT

May 2020

**NHSI Dashboard**

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021 Q1	2020-2021	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	87.37%	86.81%	94.17%	91.14%	93.20%	90.67%	94.59%	92.97%	90.64%	88.94%	94.40%	92.15%	92.15%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	79.04%	78.32%	70.82%	74.68%	84.16%	76.80%	69.26%	73.22%	81.07%	77.75%	70.25%	74.14%	74.14%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (May-20) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	90.07%	94.84%	96.94%	94.84%	97.64%	91.64%	95.45%	91.64%	94.44%	92.96%	96.08%	92.96%	92.96%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	100%	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days diagnosis to first treatment (Target: >96%)	100%	93.33%	82.61%	93.33%	100%	96.36%	93.94%	96.36%	100%	95.29%	89.29%	95.29%	95.29%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	62 days GP referral to first treatment (Target: >85%)	83.33%	68.57%	54.55%	68.57%	84.71%	67.09%	65.00%	67.09%	84.40%	67.54%	61.29%	67.54%	67.54%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	0	1	1	2	4	1	0	1	4	2	1	3	3	
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 (May-20) and are not included in quarterly or yearly totals												

A&E

Performance has improved significantly in May following the challenges faced during March and April. The Trusts validated performance of 94.4% was slightly below the 95% Standard

Cancer - April

Cancer 62 day performance has deteriorated in April. This is reflective of the position across a number of trusts in NWL and more widely across the NHS. The final validated position for the Month was 67.54%. All other standards, with the exception of 31 day diagnosis to surgery, were compliant for April.

This measure of performance will be challenged going forwards due to the Pandemic impact and delays to patient's treatment. The Trust is working closely with the Royal Marsden Cancer Hub and system partners to diagnose and treat patients to expedite recovery. All 62 Day breaches are subject to a harm review and presented through the Cancer Board.

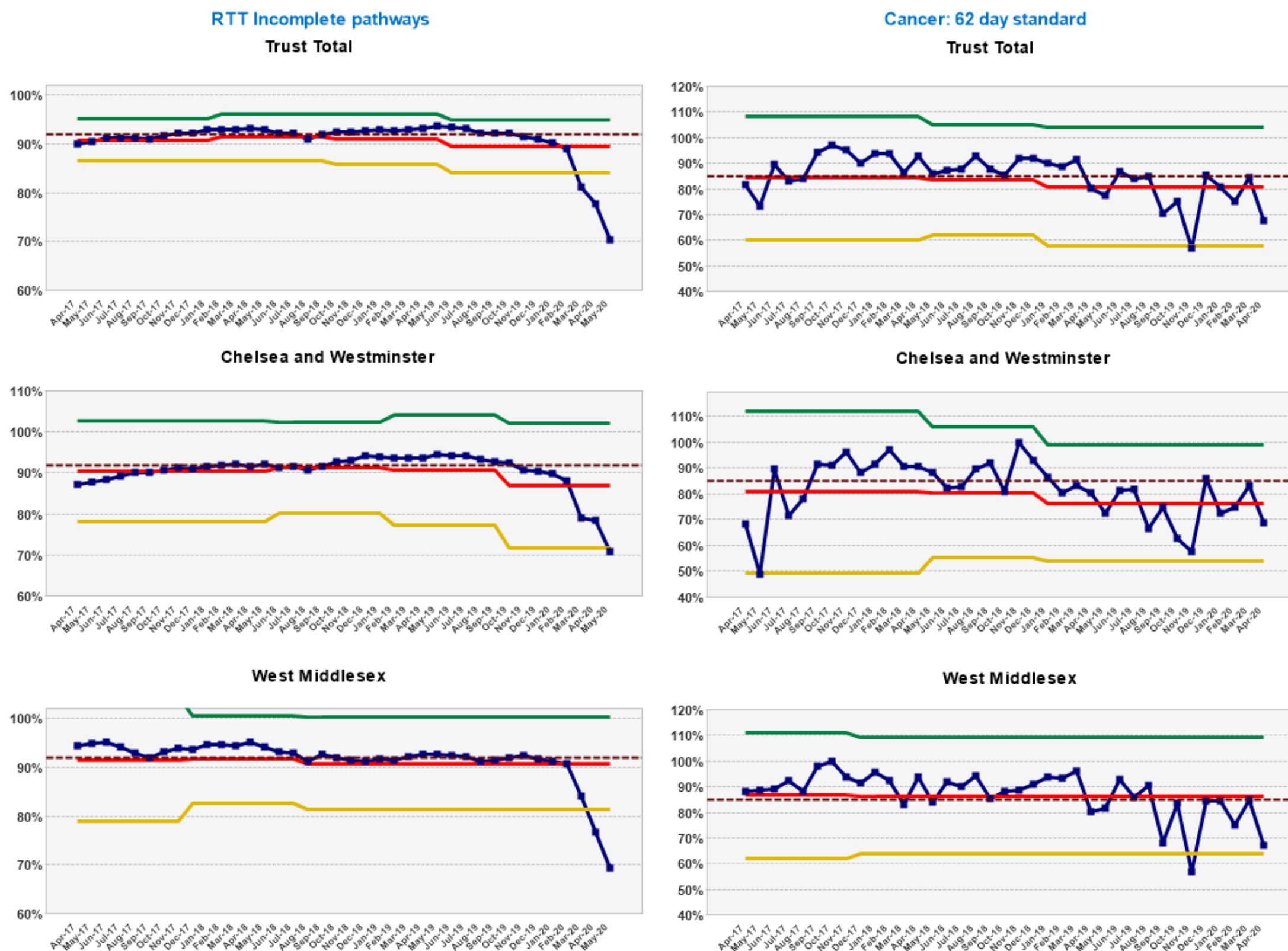
RTT

Performance has continued to drop due to a cessation of routine elective activity. This has been compounded by a significant drop in referrals and as such a reduction of under 18 week pathways. The Trust Patient tracking list now stands at 35,881 – a reduction of 12,802 since the start of COVID due to extensive validation and addressing Data Quality Issues. The validation exercise continues across waiting patients to ensure clinical prioritisation is completed and patients managed on that basis. Under delivery against this standard will continue due to current restrictions in our ability to process previous levels of Elective activity.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the 37 months April 2017 to May 2020





Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021 Q1	2020-2021	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Hand hygiene compliance (Target: >90%)	33.7%				18.4%				27.0%					
Incidents	Number of serious incidents	3	5	6	11	4	1	2	3	7	6	8	14	14	
	Incident reporting rate per 100 admissions (Target: >8.5)	9.1	13.3	13.1	13.2	10.6	14.5	14.7	14.6	9.9	13.9	13.9	13.9	13.9	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.13	0.00	0.05	0.05	0.04	0.03	0.04	0.02	0.09	0.02	0.05	0.05	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	3.57	5.12	7.21	6.18	1.74	1.28	5.09	3.15	2.40	3.25	6.22	4.73	4.73	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	2.4%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.7%	0.7%	
Harm	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	NEWS compliance %	96.2%				97.3%				96.7%					
	Safeguarding adults - number of referrals	19	19	18	37	19	13	26	39	38	32	44	76	76	
	Safeguarding children - number of referrals	16	18	19	37	44	29	65	94	60	47	84	131	131	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.75	0.75	0.76	0.76	0.75	0.75	0.76	0.76	0.75	0.75	0.76	0.76	0.76	
Mortality	Number of hospital deaths - Adult	63	93	29	122	94	172	47	219	157	265	76	341	341	
	Number of hospital deaths - Paediatric	0	2	0	2	1	0	0	0	1	2	0	2	2	
	Number of hospital deaths - Neonatal	1	2	2	4	0	1	1	2	1	3	3	6	6	
	Number of deaths in A&E - Adult	1	2	1	3	6	8	5	13	7	10	6	16	16	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	1	0	1	0	1	0	1	1	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	

Please note the following

blank cell

An empty cell denotes those indicators currently under development



Either Site or Trust overall performance red in each of the past three months

NEWS

This was suspended and not completed for April or May. It is currently planned to restart in July.

Hand Hygiene

The decision was made in February to suspend Infection Control audits because of the COVID-19 pandemic. This has been restarted and will be reported in June

Rate of patient safety incidents resulting in severe harm or death

In May 2020, there were two incidents reported that potentially caused severe harm to patients. Both incidents have been declared external serious incidents (SI) and relate to a medication error and a patient who sustained a fractured hip following a fall. There was also an unexpected child death declared as an external SI. The degree of harm is currently recorded as a death. The degree of harm for all three incidents will be confirmed following completion of the SI investigations.



Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021 Q1	2020-2021	Trend charts
Complaints	FFT: Inpatient recommend % (Target: >90%)														
	FFT: Inpatient not recommend % (Target: <10%)														
	FFT: Inpatient response rate (Target: >30%)														
	FFT: A&E recommend % (Target: >90%)														
	FFT: A&E not recommend % (Target: <10%)														
	FFT: A&E response rate (Target: >30%)														
	FFT: Maternity recommend % (Target: >90%)														
	FFT: Maternity not recommend % (Target: <10%)														
	FFT: Maternity response rate (Target: >30%)														
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints	Complaints (informal) through PALS	114	35	15	22	21	10	10	20	50	23	19	42	42	
	Complaints formal: Number of complaints received	29	13	9	13	10	4	4	8	30	14	7	21	21	
	Complaints formal: Number responded to < 25 days	20	10	3	50	46	43	34	77	160	78	49	127	127	
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				
Regarding Friends and Family Tests:		These metrics are currently suspended and will be re-instated it this report when brought back on line													

Complaints

The number of formal complaints received continued to fall in May, with the lowest number of formal complaints recorded for the organisation. 100% of complaints were acknowledged in 2 working days and 100% of complaints were responded to in 25 working days, both metrics exceeding the Trust target. The number of informal complaints through the PALS service also continued to decrease with 95% of these being resolved within 5 working days.

Friends and Family Test

Currently suspended by NHS Improvement

PHSO

The PHSO are currently reviewing 4 cases which have been referred, the Trust awaits the outcome of their investigations.



Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021 Q1	2020-2021	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.94	1.97	6.13	3.80	3.19	4.50	8.00	5.67	3.00	2.02	6.15	3.84	3.84		-
	Average length of stay - non-elective (Target: <3.95)	4.70	4.49	3.41	3.89	7.27	3.90	2.70	3.22	6.09	4.17	3.02	3.53	3.53		-
	Emergency care pathway - average LoS (Target: <4.5)	5.91	6.38	3.88	4.96	5.29	5.45	3.15	4.11	5.53	5.81	3.43	4.44	4.44		-
	Emergency care pathway - discharges	189	109	143	252	289	169	233	403	479	278	377	656	656		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	7.14%	8.19%	7.57%	7.85%	11.65%	12.85%	11.15%	11.88%	9.40%	10.67%	9.53%	10.03%	10.03%		!
	Non-elective long-stayers	434	210	255	465	348	104	175	279	782	314	430	744	744		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	82.8%	100.0%	100.0%	100.0%	88.0%	100.0%	100.0%	100.0%	84.8%	100.0%	100.0%	100.0%	100.0%		-
	Operations canc on the day for non-clinical reasons: actuals	29	0	0	0	24	0	0	0	53	0	0	0	0		-
	Operations cancel on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	1.82%	0.00%	0.00%	0.00%	3.10%				2.24%	0.00%	0.00%	0.00%	0.00%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	0	0	0	5	0	0	0	6	0	0	0	0		-
	Theatre Utilisation (Target >85%)	61.3%	17.0%	33.3%	24.5%	68.7%					63.3%	17.0%	33.3%	24.5%	24.5%	
Outpatients	First to follow-up ratio (Target: <1.5)	2.44	2.85	2.45	2.64	1.78	2.60	2.54	2.57	2.14	2.74	2.49	2.61	2.61		!
	Average wait to first outpatient attendance (Target: <6 wks)	7.4	9.9	10.3	10.1	7.5	9.1	10.2	9.7	7.5	9.5	10.2	9.9	9.9		!
	DNA rate: first appointment	13.7%	8.9%	6.9%	7.9%	10.0%	6.0%	4.9%	5.4%	12.1%	7.6%	6.0%	6.8%	6.8%		-
	DNA rate: follow-up appointment	11.1%	8.2%	7.4%	7.8%	7.9%	4.9%	4.0%	4.5%	9.9%	6.8%	5.9%	6.3%	6.3%		-
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					

Elective LoS

Due to reduced elective activity Elective LoS metrics are not comparable with recent months. This will be monitored going forwards but due to routine activity reductions this will continue to fluctuate.

Theatre Metrics

These indicators would have been impacted by the cessation of activity over the period and are not comparable with recent months

Outpatient

These indicators would have been impacted by the cessation of activity over the period and are not comparable with recent months



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021 Q1	2020-2021	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	59.6%	4.9%	97.5%	47.7%	87.2%	90.5%	93.9%	92.6%	71.1%	33.9%	95.8%	66.3%	66.3%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	100.0%	91.7%	95.0%	90.0%	80.0%		80.0%	95.7%	87.0%	91.7%	88.6%	88.6%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	90.9%		90.9%	94.7%	90.9%	70.0%	81.0%	97.4%	90.9%	70.0%	84.4%	84.4%	
VTE	VTE: Hospital acquired	0	0	0	0	0	0	0	0	0	0	0	0	0	
	VTE risk assessment (Target: >95%)	69.4%	50.8%	52.0%	51.4%	83.3%	72.1%	74.3%	73.3%	76.0%	61.5%	63.2%	62.4%	62.4%	
TB Care	TB: Number of active cases identified and notified	5	2	2	4	6	7	6	13	11	9	8	17	17	
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				

Dementia screening

This has now resumed and performance has been delivered across both sites

VTE

C&W site:

In May 2020, performance was 52% (divisional performance - EC: 83%; PC: 96% and WC: 11%). For maternity patients, a paper VTE risk assessment form is embedded in clinical practice. Midwifery staff reminded to use APEX electronic tool to record VTE risk assessment outcome to capture completion rates, with additional support from maternity administration teams.

WMUH site:

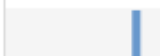
Improved performance in May 2020 to 74% (divisional performance - EC: 70%; PC: 47% and WC: 93%). In June 2020, Cerner VTE risk assessment form implemented for medical and surgical patients which will improve performance; awaiting implementation of Cerner maternity VTE risk assessment form.

VTE Hospital Acquired

No hospital associated VTE events were reported by clinical staff in May 2020.



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021 Q1	2020-2021	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	0	7	24	31	0	0	6	6	0	7	30	37	37	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	93.79%	51.78%	53.12%	52.53%	88.88%	42.32%	57.54%	51.15%	90.38%	46.22%	55.79%	51.70%	51.70%	
	Diagnostic waiting times >6 weeks: breach actuals	137	1845	2302	4147	557	3148	3201	6349	694	4993	5503	10496	10496	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.4%	9.8%	9.8%	9.8%	8.5%	8.2%	8.2%	8.2%	9.1%	9.2%	9.2%	9.2%	9.2%	
	A&E time to treatment - Median (Target: <60')	00:31	00:41	00:37	00:38	00:49	00:40	00:40	00:40	00:42	00:40	00:39	00:39	00:39	
	London Ambulance Service - patient handover 30' breaches	44	13	11	24	84	46	18	64	128	59	29	88	88	
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

RTT 52 Week waits

Due to the cessation of routine elective activity the position against the Trust long waiters will remain challenged. All Long waiting patients will have been clinically reviewed and will be done in clinical priority order.

Diagnostic wait times <6weeks

A combination of reduced volumes of diagnostic activity in a traditionally high volume activity area, a high number of patients that were delayed have now waited over 6 weeks. As with other parts of the Elective pathway the Trust is working with NWL and system partners to restart diagnostics and recover the position.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021	Mar-20	Apr-20	May-20	2020-2021 Q1	2020-2021	Trend charts
Birth indicators	Total number of NHS births	453	434	392	826	374	365	413	778	827	799	805	1604	1604	
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	34.6%	39.0%	36.6%	37.9%	35.1%	32.9%	29.9%	31.3%	34.8%	36.2%	33.2%	34.7%	34.7%	
	Midwife to birth ratio (Target: 1:30)	1:29	1:29	1:29.5	1:29.5	1:28	1:28	1:29	1:29	1:28.5	1:28.5	1:29.25	1:28.88	1:28.88	
	Maternity 1:1 care in established labour (Target: >95%)	95.5%	95.6%	94.3%	95.0%	97.0%	97.1%	97.4%	97.3%	96.2%	96.3%	95.9%	96.1%	96.1%	
Safety	Admissions of full-term babies to NICU	24	9	12	21	n/a	n/a	n/a	n/a	24	9	12	21	21	
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				

Maternity

In May 2020 there were a total of 805 births across the 2 sites. We will monitor the rate of 1:1 care in labour as in May the Chelsea site was just below the required standard 95%.

Caesarean Births

CW site: There was a total of 168 (36.6%) Caesarean births. Year to date 37.9%- decrease on last month of 2.4%

There were a total of 61 elective C/S at the CW site. :

24 births (39.3%) were for previous Caesarean birth, 8 (13.1%) for breech presentation, 5 (8.2%) for maternal clinical indicators and 9 (14.8%) were for maternal choice, 4 (6.6%) were for fetal distress, 2 (3.3%) were for multiple pregnancy, Failure to Progress 1 (1.6%), 8 (13.1%) other.

A total of 107 women had an emergency C/S. : The main reasons for this was for failure to progress in labour 35 (32.7%) and fetal distress 28 (6.6%). 4 (3.7%) case was for breech presentation, 5 (4.7%) for previous C/S and 10 (9.3%) were for maternal clinical indication. 2 (1.09%) for Multiple delivery, 2 (1.9%) was for unsuccessful instrumental deliveries.

1 (0.9%) were for maternal choice and 20 (18.7%) other.

WM site: There was a total of 122 (29.9%) Caesarean births. Year to date 31.3%- reduction on last month of 3%

There were a total of 53 elective C/S at the WM site

5 cases (9.4%) were for breech presentation, 4 (7.5%) failed to progress, 2 (3.9%) Unsuccessful Ventouse and 42 (79.2%) unspecified other reasons.

There was a total of 69 Emergency Caesarean births at the WM site

24 (34.8%) was for failed progress in labour, 8 (11.6%) were for breech presentation, Unsuccessful Ventouse 2 (2.9%), 35 (50.7%) unspecified other reasons.

The services continue to support women who choose to have an ELCS provided they follow the maternal request for Caesarean section pathway. This clinic is run by experienced consultant midwives who counsel the women and where appropriate encourage them to aim for a vaginal birth where appropriate. The Chelsea Site is now running a maternal request workshop that is facilitated by a consultant midwife and consultant obstetrician. The Services are increasing the numbers of women who are booked onto a continuity of care pathway and are developing plans with the aim of having 51% of women on a continuity pathway by March 2021. The evidence around continuity of care supports 1:1 care in labour and increases choice of midwifery-led settings for birth.



62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
		Mar-20	Apr-20	May-20	2020-2021	YTD breaches	Mar-20	Apr-20	May-20	2020-2021	YTD breaches	Mar-20	Apr-20	May-20	2020-2021 Q1	2020-2021	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	80.0%	50.0%	80.0%	4	100%	80.0%	50.0%	80.0%	80.0%	4		-
	Colorectal / Lower GI	91.7%	100%	85.7%	100%	0.5	90.0%	100%	0.0%	100%	1	90.9%	100%	66.7%	100%	100%	1.5		-
	Gynaecological	n/a	n/a	n/a	n/a		33.3%	37.5%	100%	37.5%	2.5	33.3%	37.5%	100%	37.5%	37.5%	2.5		-
	Haematological	n/a	33.3%	0.0%	33.3%	2	100%	100%	50.0%	100%	1	100%	66.7%	33.3%	66.7%	66.7%	3		-
	Head and neck	n/a	n/a	n/a	n/a		n/a	14.3%	33.3%	14.3%	4	n/a	14.3%	33.3%	14.3%	14.3%	4		-
	Lung	100%	33.3%	0.0%	33.3%	1.5	100%	100%	100%	100%	0	100%	66.7%	66.7%	66.7%	66.7%	1.5		-
	Sarcoma	n/a	n/a	n/a	n/a		n/a	0.0%	n/a	0.0%	0.5	n/a	0.0%	n/a	0.0%	0.0%	0.5		-
	Skin	75.0%	100%	100%	100%	0	70.0%	100%	100%	100%	0	71.4%	100%	100%	100%	100%	0		-
	Upper gastrointestinal	n/a	100%	33.3%	100%	1	80.0%	n/a	100%	n/a	0	80.0%	100%	60.0%	100%	100%	1		-
	Urological	66.7%	12.5%	33.3%	12.5%	5.5	75.9%	47.8%	50.0%	47.8%	7	75.0%	38.7%	40.0%	38.7%	38.7%	12.5		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		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 (May-20) and are not included in quarterly or yearly totals



Safe Staffing & Patient Quality Indicator Report – Chelsea Site

May 2020

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	
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total				Qualified	Un-qualified	Moderate		Severe						
										month			YTD	month	YTD	month	YTD	month	YTD		
Maternity	101.60%	89.50%	101.90%	85.70%	12.5	6.6	19.1	14.9		-6.30%	10.44%	9.68%	1	1					12	19	
Annie Zunz	-	-	-	-	-	-	-	8		9.10%	60.41%	0%	2	4					2	4	
Apollo	-	-	-	-	-	-	-	12.1		8.20%	26.09%	50%									
Jupiter	-	-	-	-	-	-	-	12.1		16.40%	8.55%	80%									
Mercury	107.50%	138.70%	104.20%	-	9.4	1.2	10.6	9.4		13%	11.31%	93.11%							5	6	
Neptune	120.20%	83.90%	136.80%	-	12.8	1.4	14.2	12.1		10.10%	27.07%	66.67%							2	3	
NICU	110.40%	-	107.60%	-	13.2	0	13.2	27		13.10%	11.99%	8.11%							7	13	
AAU	67.10%	71.90%	61.70%	86.70%	10.4	4.3	14.9	8.5		12.30%	4.52%	39.36%	4	8					7	7	
Nell Gwynne	85.70%	82.30%	95.80%	79.80%	7	7	14.3	7.3		-7.50%	9.25%	17.41%	1	1							
David Erskine	187.00%	54.10%	176.60%	68.50%	16.5	5.8	22.3	7.3		6.40%	25%	26.36%									
Edgar Horne	-	-	-	-	-	-	-	6.7		16.10%	12.12%	14.59%								4	
Lord Wigram	106.40%	79.80%	131.20%	65.90%	7.2	2.7	10.3	7		12.10%	13.90%	5.04%	2	3					1	3	
St Mary Abbots	-	-	-	-	-	-	-	7.3		13.20%	22.59%	9.49%									
David Evans	-	-	-	-	-	-	-	7.3		0.90%	5.49%	0%									
Chelsea Wing	-	-	-	-	-	-	-	7.3		13.80%	11.98%	13.48%									
Burns Unit	75.60%	73.40%	98.90%	96.80%	17.9	4.9	22.8	N/A		3.20%	15.71%	14.34%	4	4					2	5	
Ron Johnson	56.10%	84.70%	74.20%	83.90%	6.9	4.8	11.9	7.6		12.70%	18.15%	22.42%									
ICU	0	0	0	0	0	0	0	27		16%	24.64%	200%							2	7	
Rainsford Mowlem	100.40%	67.70%	98.40%	59.80%	-	-	-	7.3		3.80%	10.31%	2.90%	12	22					8	15	
Nightingale	96.40%	73.20%	94.20%	87.90%	4.3	3.2	8	6.7		N/A	N/A	N/A	7	9	1	1			3	4	



Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

May 2020

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 2020/21 Q1
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe						
												month	YTD	month	YTD	month	YTD	month	YTD	
Lampton	90.00%	68.60%	90.30%	146.80%	4.8	3.6	8.5	7.3		6.90%	0%	13.55%								
Richmond	-	-			-	-	-	7.3		11.50%	15.77%	0%								
Syon 1	-	-	-	-	-	-	-	7.3		26.10%	7.54%	9.69%	4	14				5	6	
Syon 2	72.80%	57.40%	71.40%	96.90%	4.3	2.2	6.4	7		18.40%	12.27%	7.81%	6	9				2	3	
Starlight	114.00%	-	140.50%	-	15.6	0	15.6	12.1		12.20%	24.20%	0%						2	2	
Kew	94.60%	93.60%	98.90%	101.10%	3.2	3	6.3	7.3		4.10%	17.78%	13.54%	1	3				3	4	
Crane	89.20%	87.30%	99.00%	64.90%	4.9	4.8	9.7	6.7		3.20%	0%	6.76%								
Osterley 1	96.30%	70.10%	72.60%	76.30%	3.2	1.6	5.3	7.3		13.60%	12.25%	15.58%	3	9				2	2	
Osterley 2	56.70%	45.10%	48.80%	58.10%	4	2.6	6.6	7.3		8.60%	11.32%	20.29%	8	15						
MAU	104.60%	74.00%	98.40%	84.90%	9.8	3.3	13.4	07-Sep		9.70%	11.35%	39.54%	13	22				6	6	
CCU	-	-	-	-	-	-	-	8		9.90%	5.63%	0%	1	2				1	2	
Maternity	110.70%	92.60%	107.50%	94.30%	7.5	1.3	8.8	14.9		-2.80%	5.91%	4.67%						2	3	
Special Care Baby Unit	100.80%	100.00%	89.40%	100.00%	5.7	2.1	7.8			9.20%	3.97%	0%						3	3	
Marble Hill 1	-	-	-	-	-	-	-	7.3		15.30%	17.69%	7.63%		3				2	3	
Marble Hill 2	94.60%	88.90%	93.60%	104.80%	4.4	3.5	7.9	7.3		15.40%	10.63%	13.78%	6	14				4	5	
ITU	0	0	0	0	0	0	0	27		7.80%	16.05%	0%	2	2				2	5	



Safe Staffing & Patient Quality Indicator Report

May 2020

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 from the same month and staffing vacancy/turnover and patient experience for the previous month. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on outcomes. Please note that CHPPD scores are inclusive of Apprentice Nursing Associates which are now required to be reported separately to NHSI. The Trust is compliant with this request.

Staff sickness reduced somewhat in May due to many of the staff who had been isolating in April due to themselves or their families being infected by COVID19 returning back to work, however a number of staff were still shielding. To minimise risk, staff were deployed across wards and the sites when necessary to minimise risk on a shift by shift basis, but this was not always correctly entered into the health roster system so some inaccuracies will exist.

Elective surgery remained suspended and admissions through ED on both sites remained low though gradually started increasing towards the end of the month. The number of admissions due to COVID 19 also gradually reduced throughout the month of May as did occupancy on both ICUs. Occupancy on WM AMU reduced by 33% compared to normal and by 50% on CW AAU. Staffing figures for the ICUs have not been submitted for May as the rosters are inaccurate and do not take account of staff moving from a neighbouring hospital to assist or staff moving between sites. Mid-month, staff who had been deployed from other wards/hospitals to assist in ICU were gradually moved back to their own or neighbouring wards as the number of patients in critical care decreased.

The number of patients requiring NIV gradually reduced throughout the month on AMU at WM and on David Erskine at CW, though there were high fill rates at the beginning of the month to compensate for this on David Erskine.

Therefore despite low fill rates on AMU at WM and AAU at CW satisfactory level of CHPPD was maintained.

St Marys Abbots, Chelsea wing and Richmond remained closed for the month. David Evans opened towards the end of the month and surgical patients at West Mid were admitted to their new bed base of Osterley 2 (so Gastro and Surgery were now sharing this bed base). Paediatric wards Jupiter and Apollo opened towards the end of the month, PSSU at WM remained closed with a reduced bed base on Starlight. Due to these wards opening only at the end of the month data has not been submitted for Jupiter, Apollo or David Evans. Syon 2 staffing levels appear low but in practice staff from CCU supplemented this ward base. Low activity in Burns meant that reduced staffing levels did not adversely affect CHPPD

Reduced bed occupancy on Crane and Lampton meant that staffing levels could be reduced whilst still maintaining adequate CHPPD. Marble Hill 1 ward closed in May with a reduced amount of COVID positive beds being required.

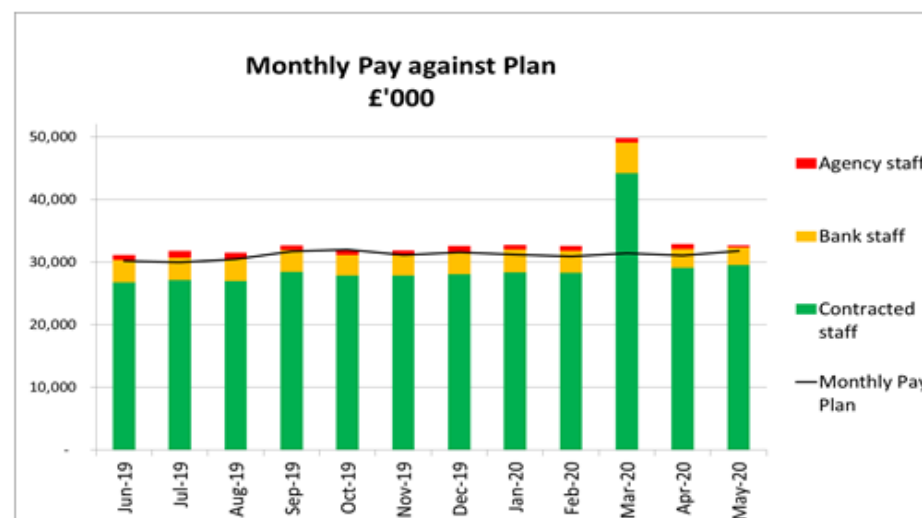
Family and friends test scores were again suspended in May.



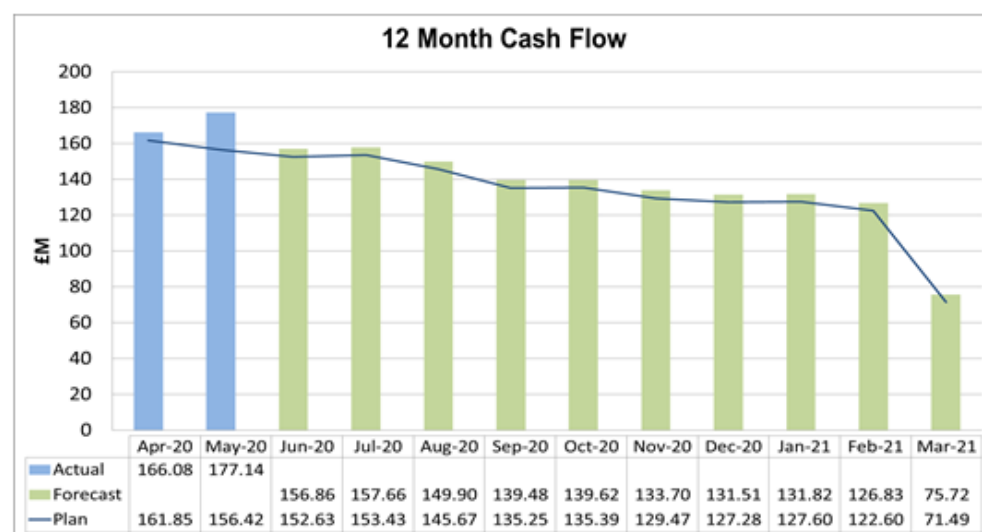
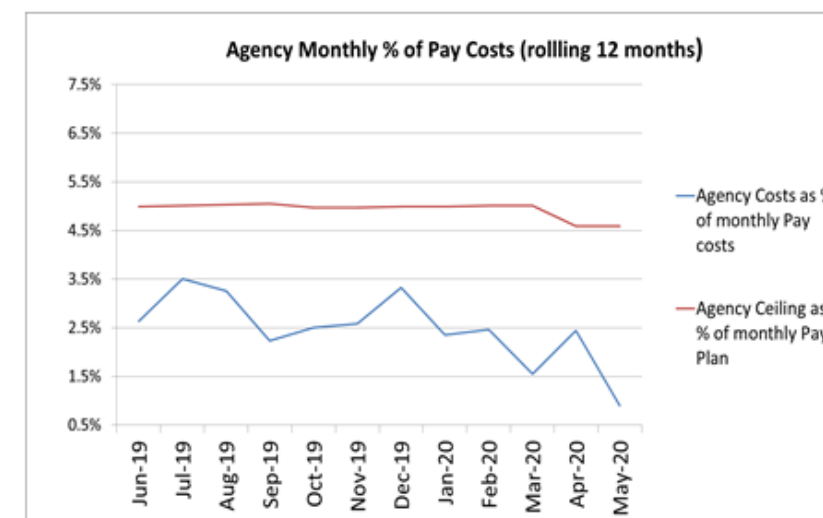
Finance Dashboard
Month 2 2020-21
Integrated Position

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	112,137	115,059	2,922
Expenditure			
Pay	(62,827)	(65,528)	(2,701)
Non-Pay	(42,587)	(42,713)	(126)
EBITDA	6,724	6,818	94
EBITDA %	6.00%	5.93%	-0.1%
Depreciation	(3,477)	(3,477)	0
Non-Operational Exp-Inc	(3,050)	(3,144)	(94)
Surplus/Deficit	197	197	0
Adjust for - Donated asset, Impairment & Other	(197)	(197)	
Adjusted Surplus/Deficit	(0)	(0)	

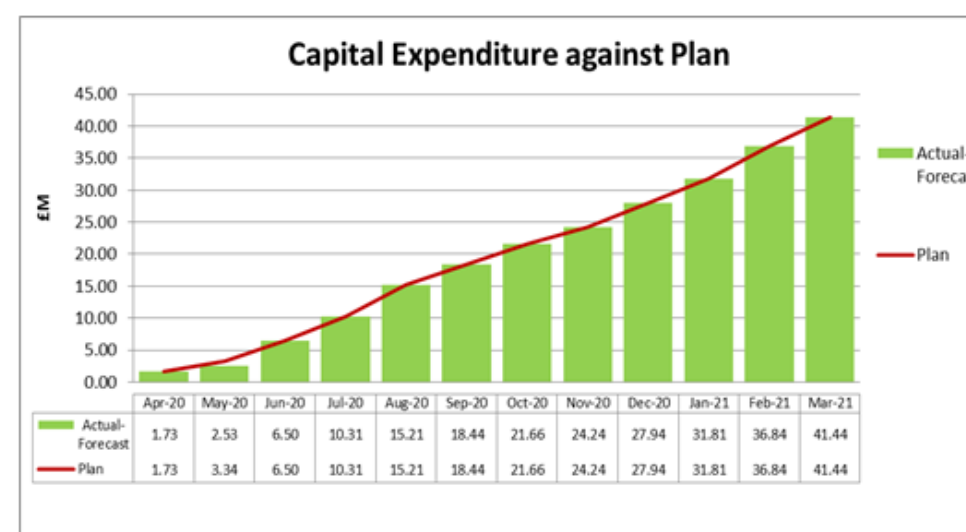
Comment : The Trust is reporting a breakeven position when adjusted for the financial impact of donated assets and income. The position includes an accrual for income of £4.35m to address shortfalls in our funding model and expenditure related to our COVID-19 response.



The pay cost in March includes two exceptional items of £14.6m YTD notional charge for 6.3% Pension and £2m COVID19 costs.



Comment : The favourable cash variance to plan in M2 of £14.7m is made up of a favourable cash variance b/fwd from M1 of £4.2m; higher cash receipts to plan of £8.3m (NHSE Income+ Covid Top Up 7.8m); PSF Q4 2019-20 £(3.m); £0.9m CCG debt offset by lower FT Income £3m; lower Local Authority Income (£1.4m); Lower PP Income (£0.4m); plus lower cash outflows to plan £2.2m (lower creditor payments).



Comment : The Trust has spent £0.8m in M2 compared to the budget of £1.6m, resulting in an underspend of £0.8m. The underspend is mainly associated with the impact of the Covid-19 outbreak which has resulted in a number of projects being put on hold and/or delayed. It is expected that this underspend will be spent later in the year and is just timing differences resulting from Covid-19. The plan for 2020/21 has been revised to £41.436m, which agrees to the revised NWL capital allocation and includes £5.287m PDC and nationally funded schemes.



CQUIN Dashboard

2020/21 CQUIN Schemes

As contracting with NHS commissioning organisations has been suspended during the period of the COVID-19 response, the position relating to CQUIN remains unclear. Whilst national CQUIN schemes have been published, delivery of them has been postponed. The Trust is currently receiving block funding which includes CQUIN payments in full.



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Jul/20
REPORT NAME	People Performance Report - April & May 2020
AUTHOR	Karen Adewoyin, Deputy Director of People and OD – Strategy and Change
LEAD	Thomas Simons, Director of Human Resources & Organisational Development
PURPOSE	The People and OD Committee KPI Dashboard highlight's current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	The dashboard is to provide assurance of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance This month it also includes COVID-19 related response data to highlight the scale of the workforce changes and the work over the period.
KEY RISKS ASSOCIATED	Highlights the impact of COVID-19 on the workforce, including sickness rates.
FINANCIAL IMPLICATIONS	COVID-19 related costs of the impact on the workforce over the period.
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	This report presents an opportunity to demonstrate how we perform against our corporate objectives in 2020/21: • Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost

DECISION/ ACTION	For noting.
-------------------------	-------------



Workforce Performance Report to the People and Organisational Development Committee

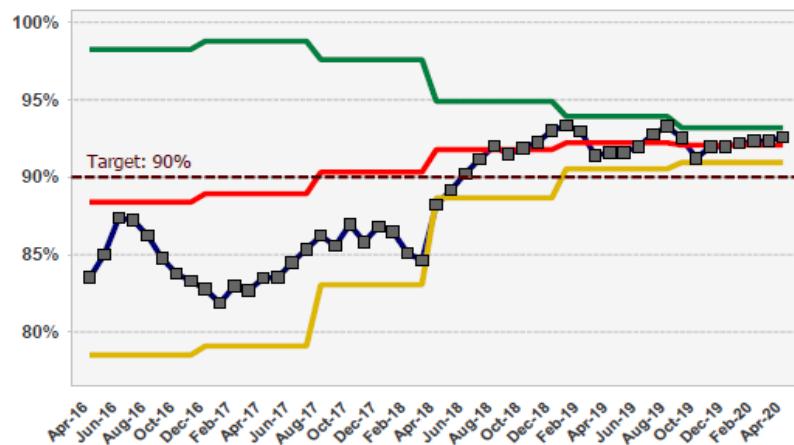
Month 01 – April 2020



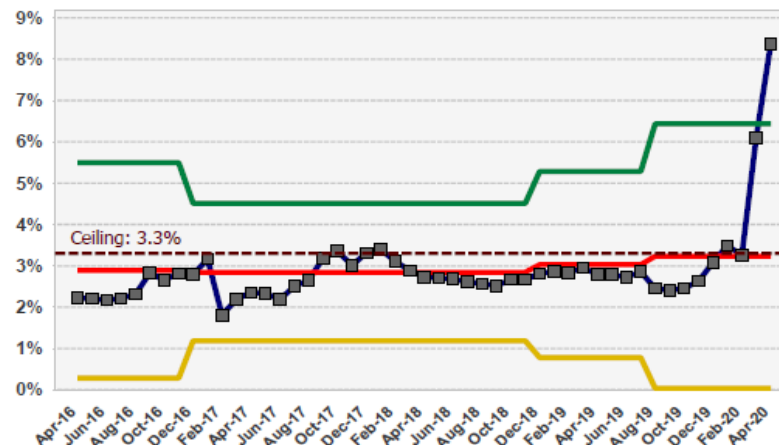
WORKFORCE INDICATORS

Statistical Process Control Charts for the 49 months April 2016 to April 2020

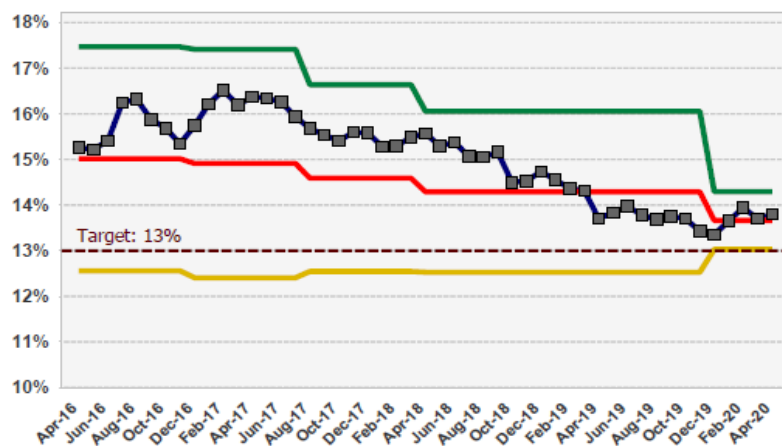
Mandatory Training compliance



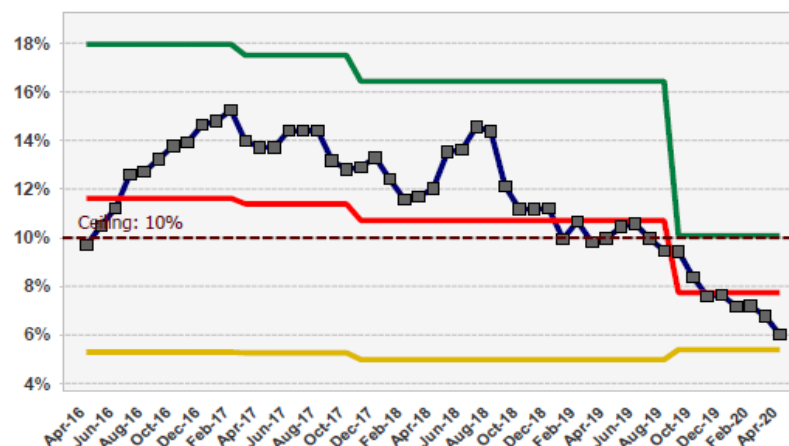
Sickness absence



Staff voluntary turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report April 2020

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.	6277.26	6,336.71	6,333.84					↓
1.2 Whole time equivalent	No.	5652.11	5907.79	5952.07					↑
1.3 Headcount	No.	6129	6393	6436					↑
1.5 Overpayments (Number)	No.								↔
1.4 Overpayments (Costs)	£								↔
2. HR Indicators									
2.1 Sickness absence	%	2.80%	6.10%	8.31%	<3.3%				↑
2.2 Long Term Sickness absence	%	1.51%	1.31%	2.08%					↑
2.3 Short Term Sickness absence	%	1.29%	4.79%	6.23%					↑
2.4 Gross Turnover	%	18.24%	17.96%	17.93%	<17%				↓
2.5 Voluntary Turnover	%	13.70%	13.70%	13.80%	<13%				↑
3. Employee Relations									
3.1 Live Employment Relations Cases	No.		129	118					↓
3.2 Formal Warnings	No.		0	0					↔
3.3 Dismissals	No.		5	1					↓
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.	13544	15117	10882					↓
4.2 Bank Shifts Filled	No.	11776	13376	9640					↓
4.3 Agency Shifts Filled	No.	1768	1741	1242					↓
5. Vacancy									
5.1 Trust Vacancy Rate	%	9.96%	6.77%	6.01%	<10%				↓
5.2 Corporate	%	6.14%	4.26%	2.60%	<10%				↓
5.3 Clinical Support Services	%	13.30%	9.75%	8.94%	<10%				↓
5.4 Emergency & Integrated Care	%	8.93%	8.31%	8.29%	<10%				↓
5.5 Planned Care	%	10.05%	8.67%	8.57%	<10%				↓
5.6 Women's, Children and Sexual Health	%	10.43%	3.10%	3.44%	<10%				↑
6. Recruitment (Non-medical)									
6.1 Offers Made	No.		104	73					↓
6.2 Pre-employment checks (days)	No.		27.0	29.9	<20				↑
6.3 Time to recruit (weeks)	No.		8.40	10.96	<9				↑
7. PDRs Undertaken (AFC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	85.93%	86.25%	84.42%	≥90%				↓
7.2 Corporate	%	80.54%	88.67%	82.66%	≥90%				↓
7.3 Clinical Support Services	%	88.37%	79.06%	79.08%	≥90%				↑
7.4 Emergency & Integrated Care	%	85.55%	91.98%	90.77%	≥90%				↓
7.5 Planned Care	%	89.81%	91.42%	89.43%	≥90%				↓
7.6 Women's, Children and Sexual Health	%	84.73%	82.12%	80.22%	≥90%				↓
8. Mandatory Training									
8.1 See Appendix 1 for details on Mandatory Training									



March 2020 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	3.89%		20436.22	795.76	103	206.00	1.01%	4.51%	-0.62%
Clinical Support	8.71%		28442.17	2476.31	315	691.31	2.43%	7.55%	1.16%
Emergency & Integrated Care	10.57%		49059.86	5187.56	646	1022.61	2.08%	6.17%	4.40%
Planned Care	9.74%		30858.57	3006.21	372	719.94	2.33%	6.27%	3.47%
Women's, Children and Sexual Health	6.81%		50805.90	3461.97	442	1104.20	2.17%	5.68%	1.13%
Trust	8.31%		179602.72	14927.80	1878	3744.06	2.08%	6.10%	2.21%

April 20 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Core Training Compliance Overall	91%	93%	<90%		↑
Theory Adult BLS	82%	86%	<90%		↑
Practical Adult BLS	84%	86%	<90%		↑
Conflict Resolution	96%	96%	<90%		↔
Equality, Diversity and Human Rights	93%	94%	<90%		↑
Fire	87%	92%	<90%		↑
Health & Safety	94%	95%	<90%		↑
Infection Control (Hand Hygiene)	95%	96%	<90%		↑
Infection Control - Level 2	92%	93%	<95%		↑
Information Governance	90%	95%	<95%		↑
Moving & Handling - Inanimate Loads	91%	93%	<90%		↑
Moving & Handling - Patient Handling	85%	87%	<90%		↑
Safeguarding Adults Level 1	94%	94%	<90%		↔
Safeguarding Adults Level 2	92%	92%	<90%		↔
Safeguarding Adults Level 3	67%	68%	<90%		↑
Safeguarding Children Level 1	94%	95%	<90%		↑
Safeguarding Children Level 2	93%	93%	<90%		↔
Safeguarding Children Level 3	88%	89%	<90%		↑

April 20 Employee Relations

Category	Metric	Number / %
No of Disciplinary cases in month	Number	0
Length of Disciplinary cases	Days <60	68.5
Total Disciplinary cases in year (April 19)	Number	0
% BAME Disciplinary Cases in year	%	0%
% BAME Disciplinary Cases in month	%	0%
Exclusions - No. of live in month	Number	2
Grievance - No. of live cases in month	Number	8
Grievance - Average length of case	Days	80.5
B&H cases - included in grievance numbers	Number	4
Sickness - No. of cases in month	Number	72
Long Term - sickness cases in month	Number	38
Short Term - sickness cases in month	Number	34
No. of Employment Tribunals (ET)	Number	6
Managers having ER training (from April 19)	Number	0
No. of informal queries (disciplinary process)	Number	1

April 20 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	631.96	648.40	-16.44			632.36	-0.40	
Clinical Support	1049.55	955.77	93.78			935.46	114.09	
Emergency & Integrated Care	1766.96	1620.56	146.40			1553.33	213.63	
Planned Care	1126.76	1030.25	96.51			992.08	134.68	
Women's, Children and Sexual Health	1757.61	1697.09	60.52			1616.65	140.96	
TRUST	6332.84	5952.07	380.77	0.00	0.00	5729.87	602.97	

April 20 Voluntary Turnover

Division	Turnover	Prev Month	% +/-
Corporate	13.73%	14.02%	-0.29%
Clinical Support	16.53%	16.76%	-0.23%
Emergency & Integrated Care	15.37%	15.51%	-0.14%
Planned Care	11.33%	10.58%	0.76%
Women's, Children and Sexual Health	12.15%	11.90%	0.25%
TRUST	13.80%	13.70%	0.09%

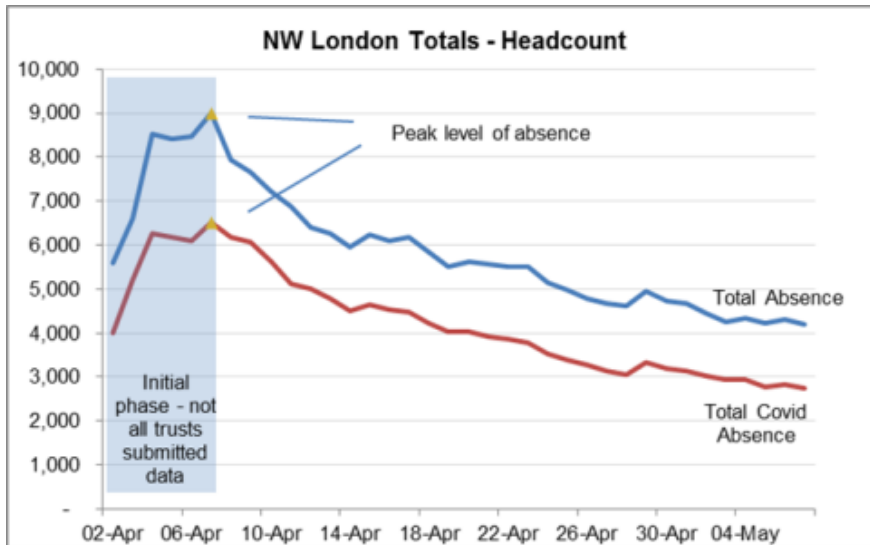
Key to Sickness Figures

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

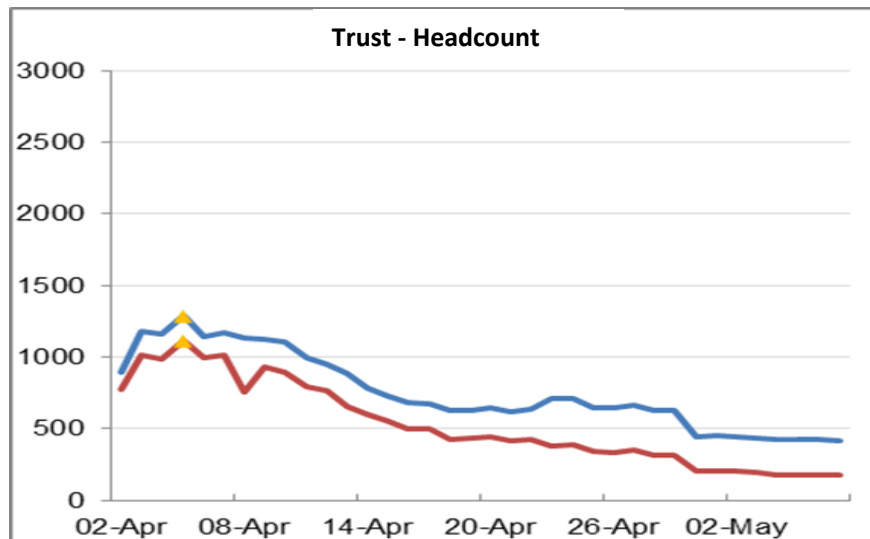


People and Organisation Development Workforce Performance Report

Sickness (headcount) – April 2020



Data as of 7 May	Total Absence %age	Covid Absence %age	Total Absence Heads	Covid Absence Heads	Decline since peak
ChelWest	7%	3%	420	177	67%
LNWUH	10%	7%	877	598	66%
ICTH	8%	5%	1,085	705	48%
Hillingdon	11%	10%	390	343	20%
RM	5%	3%	221	135	50%
RBHT	8%	7%	332	278	46%
CNWL	3%	2%	243	142	80%
W. London	10%	7%	358	246	58%
CLCH	5%	2%	197	77	44%
HRCH	6%	3%	70	39	35%



People and Organisation Development Workforce Performance Report

Workforce Covid-19 Response Activity - April 2020

Recruitment Covid Related Activity	
Student Nurses	50
Student Nurses - in progress	35
Fast track recruitment (incl. honoraries & furloughed workers)	30
Return to Practice Clinicians in progress	2
Staff deployed to the Excel Centre	36

Medical Staff Recruitment Covid Related Activity	
Medical students (volunteered)	48
Consultants (academics returning to practice)	6
External medical staff employed to support Covid-19 response	14
Nightingale deployed medical staff	4
Medical Support Workers	4

No. of Additional Temporary Staff in April	
Health Care Assistants	37
Administrative and Clerical	19
Allied Health Professionals	14
Medical and Dental	68
Nursing and Midwifery Reg	38
Trust Total	176

Staff Trained Covid Related at 30/04/2020	
Course Name	Number Trained
HCA ICU familiarisation	49
ICU Familiarisation	746
Infusion pump Alaris GP	339
Infusion pump Syringe Alaris CC	331
Intravenous Drug Administration Refresher	36
Leading in ICU during a pandemic	4
New HCA Induction	30
Non-Invasive Ventilation	48
Therapists Training	25
Venous Access Venepuncture & Cannulation	33
Ward Helper (Non-Clinical Staff)	92
Ward Refresher Training	22
Trust Total	1755

Non Clinical Redeployment	
Corporate Staff	Number
Redeployed by Non Clinical Redeployment team	16
Redeployed locally	104
Volunteering (Corporate Staff)	
Number registered to volunteer on our database	55
Number of staff who have signed up and completed shifts	15
Volunteering hours completed by corporate staff	241
Staff shielding for 12 weeks (All staff)	
Staff who are shielding and working from home	56
Staff who are shielding and not able to work from home	104

Fit Mask testing at 30/04/2020	
Staff Group	Tested
Add Prof Scientific and Technic	47
Additional Clinical Services	153
Administrative and Clerical	32
Allied Health Professionals	81
Healthcare Scientists	3
Medical and Dental	380
Nursing and Midwifery Registered	601
Students	19
Trust Total	1316



People and Organisation Development Workforce Performance Report

Workforce Covid-19 Response Activity - April 2020

Staff health and wellbeing offer

Psychological and emotional wellbeing support service = 27 requests / 63 initial contacts

Wellbeing apps & hubs = 400 staff daily

ViVup usage = 41 non -clinical calls / 31 counselling calls

Staff accommodation = 314 staff have used the accommodation service

Workforce Covid Queries

Week	Calls received	Calls after 5pm	Emails received
Week of 20/04/20	66	2	237
Week of 27/04/20	87	7	206
Week of 04/05/20	57	0	157

Staff engagement

Developed a dedicated HR information page on the intranet

MyChelwest app with updated HR information for staff

Pandemic Incident People Policy was developed and communicated to the trust

Bi-weekly 'Talk to HR' webinars Q&A sessions with trust staff – 45 attendees

We have written to all our staff shielding at home to ensure they remain connected with the Trust

The HR bronze contact line and email address which was initially available 8am to 8pm, 7 days a week

Systems (ESR / Healthroster) Covid-19 Activities

Healthroster

Staff redeployments 450+

Rosters affected 157

New Rosters created 6

ESR

Divisional structure updates / changes 2

New Cost centres created 7

Positions / Roles created (3 times more) 449

Staff within new Covid cost centres 51

Covid related reporting 52

BAME Webinars / Meetings (Zoom)

Date	Number of participants
24/04/2020	20
27/04/2020	20
29/04/2020	50
12/05/2020	55

Occupational Health Covid Activity

Total Number of risk assessments 495

Covid related calls 1020

Welfare calls (sickness over 3 weeks) 85

Welfare calls – pregnancy related 420

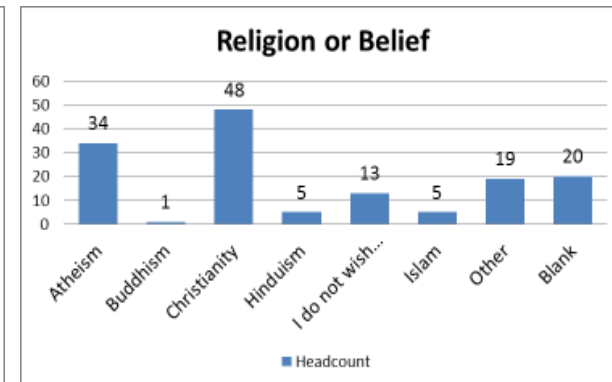
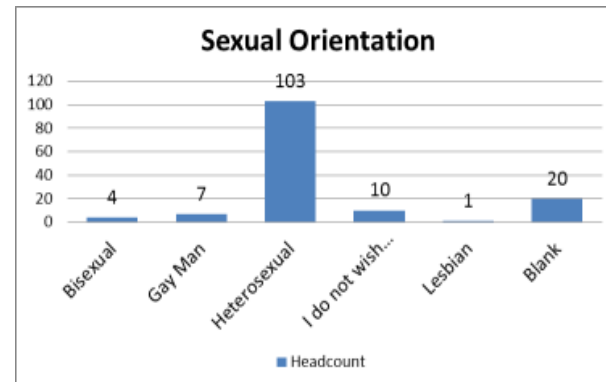
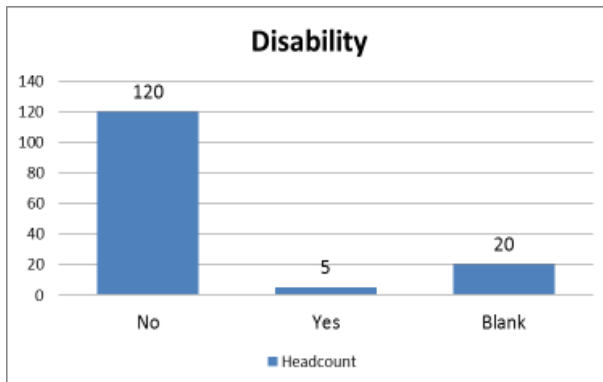
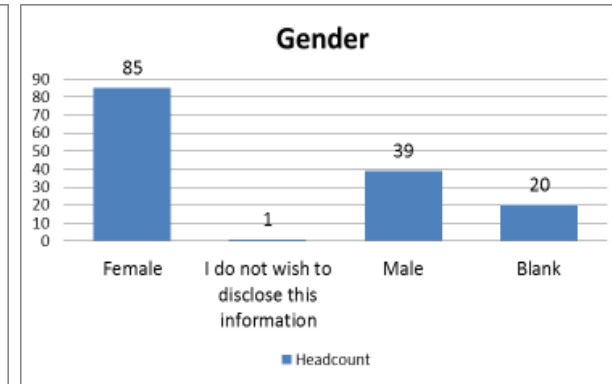
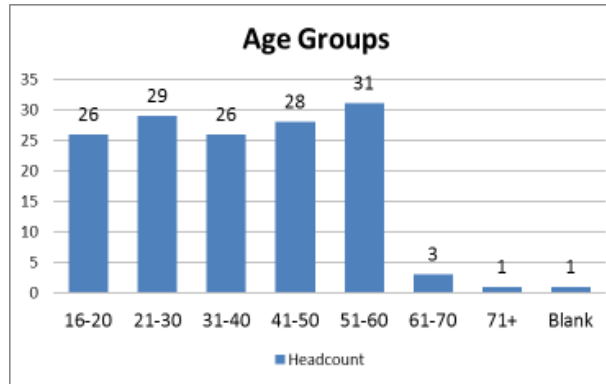
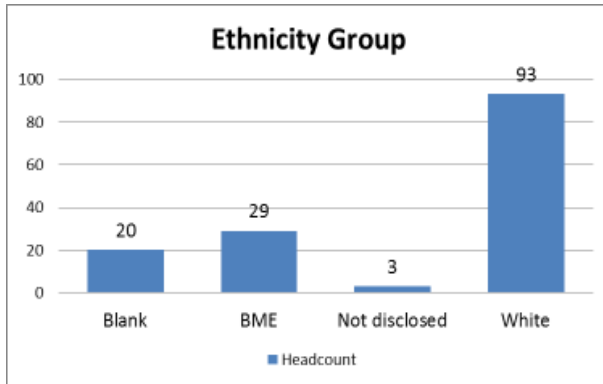
Email advice 744

Covid management referrals 925



People and Organisation Development Workforce Performance Report

Volunteer Staff Profile (headcount) – April 2020

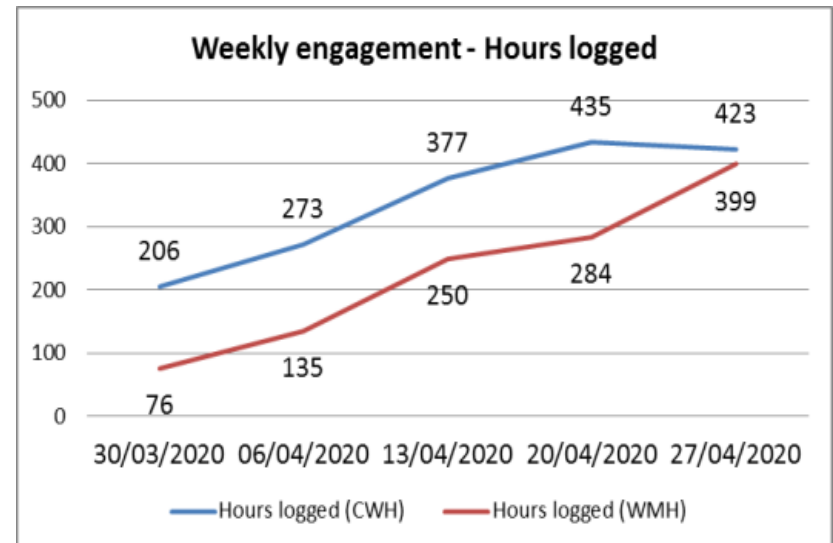
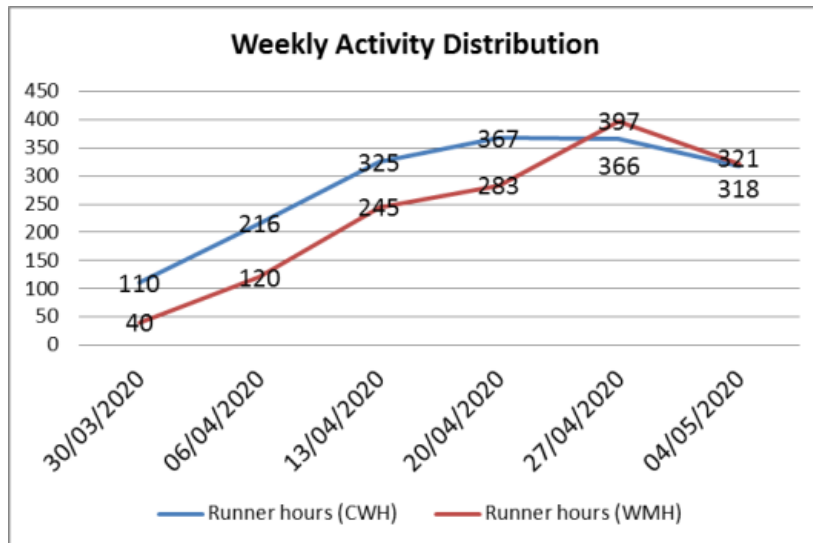
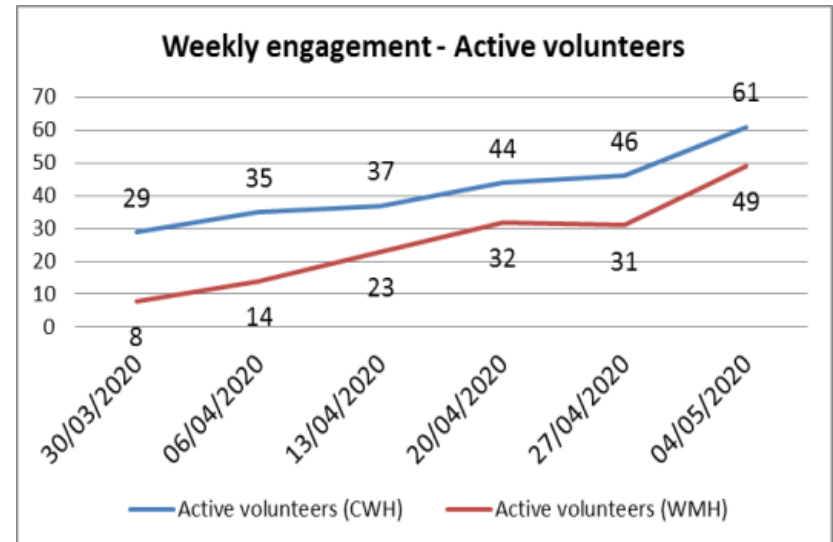
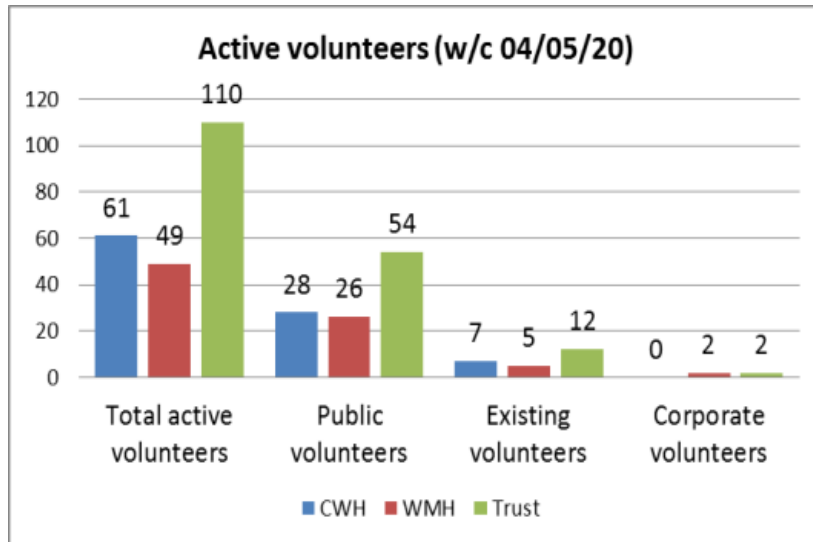


This data will not be produced each month but gives a position on the profile of volunteers and will be incorporated in to diversity data reporting going forward, which is annually.



People and Organisation Development Workforce Performance Report

Volunteer Staff Activity Profile – April 2020



People and Organisation Development Workforce Performance Report

April 2020

Establishment, Staff in Post and Vacancies:

The Trust currently employs 6436 people working a whole time equivalent of 5952.07 which is 44.28 WTE higher than March. This equates to 307 more permanent members of staff than this time last year. There has been a decrease in the vacancy rate for April, 6.01% against the Trust ceiling of 10% and a significant improvement since the same time last year which was 9.96%. The qualified nursing vacancy rate is 4.94%, remains one of the lowest in the country with a national median of 12.75%. The medical vacancy rate has reduced to 0.57% including staff recruited for COVID-19 and 1.87% not including additional recruits, which is quartile 2 in Model Hospital and national median of 7.43%. AHP (7.95%) S&T (8.84%) are also in line with the national median but AHP at this level sits in quartile 3. Vacancy rates have been impacted by COVID-19 additional recruitment.

Staff Turnover Rate: Voluntary

Voluntary turnover has increased to 13.80%. The data by staff group shows that AHP's (24%) and Scientific and Technical (16.6%) have the highest turnover. The data also highlights where there has been a focus on retention work for example in Nursing and Midwifery there has been a reduction, therefore further retention work aims to ensure good practice is embedded across all staff groups. Work on the plan agreed at February's meeting will re-commence from June.

PDR:

The 12 month rolling PDR rate decreased in March to 84.22%. Divisions continue to be provided with monthly management reports detailing completion rates and plans have been established to support managers and staff to complete their outstanding PDRs. The PDR process has been updated for April 2020 with the new PDR process moving away from the window based on staff pay bands and returning to anniversary of joining. All managers have been sent details of when staff PDR's are due and the new process and encouraged to catch up on those missed during April and the beginning of May.

Sickness Absence:

The trust's sickness rate is currently 8.31%. Long-term sickness increased to 2.08% and short-term sickness has increased to 6.23%. The three most common reasons for sickness were Chest & respiratory problems (Covid-19), Anxiety/depression/other and Cold, Cough, Flu – Influenza. The top sickness reason for the number of days lost is chest & respiratory problems. EIC and PDC have the highest sickness rates at 10.57% and 9.74%. Nursing and Midwifery sickness in April was 10.12% whilst health care assistants sickness rate was the highest at 12.76%.

Temporary Staffing:

The COVID19 crisis continued to impact on temporary staffing in April. The overall demand fell in April (down 22%) as a result of many services reducing operations. However the demand in ITU and COVID19 areas remained high. The level of unfilled shifts was high (up 6% from March and 18% year on year) which was the result of a dramatic increase in staffing numbers in order to meet the initial projection levels. Bank fill and overall fill rates recovered rapidly in the second half of the month and had returned to pre COVID levels by the last week of April.

As vacancy rates have reduced there has been a corresponding reduction in temporary staffing usage with 10,882 temporary staffing requests filled in comparison to 15,117 in March. Temporary staffing demand decreased in April.

Mandatory Training Compliance :

The Trust's Core training compliance has increased this month to 93%; this has remained above the Trust target of 90% for 23 consecutive months. Over Covid staff were given a 6 month extension but now as things return to normal staff are being encouraged to complete their training.

There is an on-going review of the requirements for Safeguarding Level 3 (both Adults and Children) by the Safeguarding team; it is therefore difficult to determine whether our current compliance level is above or below that required. The majority of topics remain the same as the previous month, with just a few fluctuating by 1%. Dates for face to face (where appropriate) sessions continue to be advertised and promoted across the Trust.



People and Organisation Development Workforce Performance Report

April 2020

Race Equality Plan & Inclusion

The new disciplinary process went live from 1 October 2019, which included managers completing a checklist when considering a formal disciplinary process and required executive authorisation for all new formal disciplinary investigations. Overall the total number of new disciplinary cases opened from 1 April 2019 and 31 March 2020 was 51. This is a significant drop from the previous year (79 cases over the same period). The total number of cases involving BAME members of staff was 31 (61%) compared to the previous year which was 51 (65%). Further work to analyse the impact of the changes and whether any further adaptations are needed.

The BAME network has continued to have virtual meetings over the COVID-19 period and held some webinars for staff to raise concerns, which have been well attended. The risk assessments for vulnerable staff have been a key area of focus and these are being piloted week commencing 18th May 2020, with guidance for managers with a full roll-out plan in development. This is to ensure all staff who fall in to the new vulnerable categories are risk assessed to ensure staff are working safely.

Health and Wellbeing:

During the Covid-19 emergency response period from March 2020, in partnership with the hospital charity CW+ have implemented enhanced health and wellbeing support structures for all staff. These can be categorised in three main areas aligned to our business-as-usual health and wellbeing programme; Healthy Mind, Healthy Living & Healthy Body. We have continuously listened to staff, to be responsive of their needs during this time – acting on a range of feedback from staff through different engagement channels. We have received over 40 emails from the dedicated health and wellbeing email with suggestions and staff requests. With the significantly reduced levels of Covid-19 activity and the return to core staffing rotas, we plan to review and evaluate all elements of the wellbeing support. We look to continue key components on a permanent basis, such as the staff wellbeing hubs, sleep pods, mental wellbeing support, and our links with volunteering.

Leadership and Development:

The Leadership and management fundamentals programmes have been put on hold over the Covid 19 period and will be reintroduced from July 2020. We also hope to commence our new senior leaders programme from September 2020 working with Ashridge Hult Business School, offering staff an MSc in leadership.



Talent Management & Succession Planning:

A Talent Management & Succession Planning Strategy paper was presented to POD in January. Work has been halted over the Covid 19 period but will recommence and a pilot to start in July. We will also continue to look for an e-solution to enable the Trust to capture outputs from the PDR/Appraisal process to facilitate the Talent Management information gathering Trust-wide.

Apprenticeships:

Clinical and Non-Clinical Apprenticeships continue to be used in the Trust to support and develop staff in their roles. Staff undertaking their apprenticeships have been supported during the Covid19 pandemic and where necessary paused whilst undertaking other roles. We are now checking in with all apprentices and ensuring they are supported back into their programmes and also commencing new staff onto programmes.

Volunteers:

There were 119 active volunteers in April, who contributed 2484 hours of volunteering across both hospital sites. In response to the crisis the volunteering service implemented a fast-track recruitment process which allowed them to quickly recruit and deploy 67 new volunteers during April. In the fastest cases the service reduced recruitment time to under 2 weeks, down from an average of around 100 days before the crisis.

Transactional Plan:

Since the start of the March projects such as the Amelia project have been paused, whilst other COVID-19 has encouraged the use of innovative and remote processes, and we have undertaken several meetings and ER hearings, as well as recruitment interviews via ZOOM. This has been undertaken in close partnership with union colleagues and initial feedback has been positive. Other new processes have been introduced such as virtual ID checks. As detailed in the Recovery Plan the team will be looking to ensure that these new ways of working are embedded going forward as well as re-starting projects on hold.



Workforce Performance Report to the People and Organisational Development Committee

Month 02 – May 2020

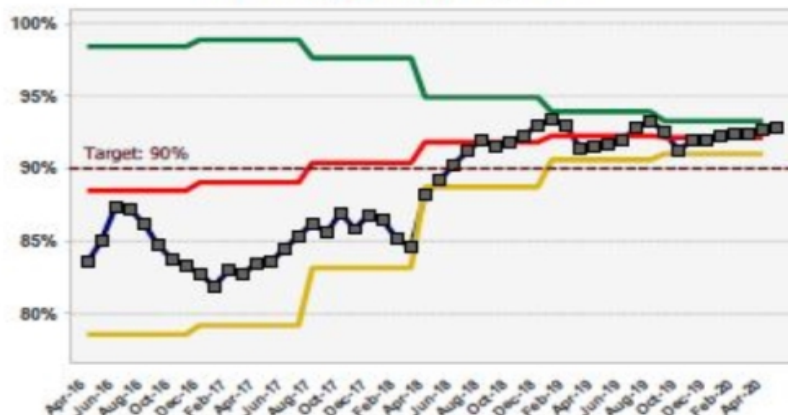
Statistical Process Control – April 2016 to May 2020



WORKFORCE INDICATORS

Statistical Process Control Charts for the 50 months April 2016 to May 2020

Mandatory Training compliance



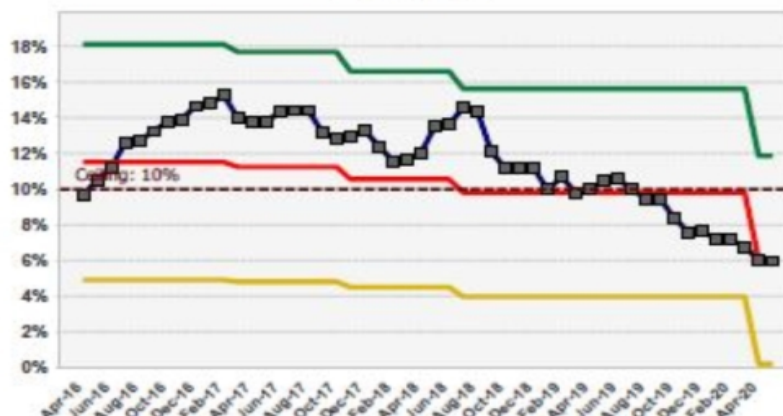
Sickness absence



Staff voluntary turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report May 2020

Key Performance Indicators

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.	6314.75	6,333.84	6,333.84					↔
1.2 Whole time equivalent	No.	5655.36	5952.07	5956.00					↑
1.3 Headcount	No.	6136	6436	6439					↑
1.5 Overpayments (Number)	No.	38	63	27					↓
1.4 Overpayments (Costs)	£	109,902.29	132,595.59	68,320.19					↓
2. HR Indicators									
2.1 Sickness absence	%	2.79%	8.31%	3.80%	<3.3%				↓
2.2 Long Term Sickness absence	%	1.57%	2.08%	2.01%					↓
2.3 Short Term Sickness absence	%	1.22%	6.23%	1.79%					↓
2.4 Gross Turnover	%	18.14%	17.93%	17.83%	<17%				↓
2.5 Voluntary Turnover	%	13.83%	13.80%	13.41%	<13%				↓
3. Employee Relations									
3.1 Live Employment Relations Cases	No.	171	118	124					↑
3.2 Formal Warnings	No.	1	0	0					↔
3.3 Dismissals	No.	2	1	2					↑
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.	13933	10882	8876					↓
4.2 Bank Shifts Filled	No.	12109	9640	8465					↓
4.3 Agency Shifts Filled	No.	1824	1242	411					↓
5. Vacancy									
5.1 Trust Vacancy Rate	%	10.44%	6.01%	5.97%	<10%				↓
5.2 Corporate	%	10.30%	2.60%	8.21%	<10%				↓
5.3 Clinical Support Services	%	12.32%	8.94%	9.43%	<10%				↑
5.4 Emergency & Integrated Care	%	8.68%	8.29%	8.49%	<10%				↑
5.5 Planned Care	%	11.07%	8.57%	9.65%	<10%				↑
5.6 Women's, Children and Sexual Health	%	10.70%	3.44%	4.10%	<10%				↑
6. Recruitment (Non-medical)									
6.1 Offers Made	No.	163	73	83					↑
6.2 Pre-employment checks (days)	No.	19.5	29.9	19.8	<20				↓
6.3 Time to recruit (weeks)	No.	8.50	10.96	8.80	<9				↓
7. PDRs Undertaken (AFC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	84.17%	84.42%	84.51%	≥90%				↑
7.2 Corporate	%	78.72%	82.66%	81.44%	≥90%				↓
7.3 Clinical Support Services	%	84.69%	79.08%	81.86%	≥90%				↑
7.4 Emergency & Integrated Care	%	85.50%	90.77%	89.10%	≥90%				↓
7.5 Planned Care	%	87.64%	89.43%	87.28%	≥90%				↓
7.6 Women's, Children and Sexual Health	%	82.86%	80.22%	81.97%	≥90%				↑
8. Mandatory Training									
8.1 See page 4 for details on Mandatory Training									



May 2020 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	1.59%		21028.04	335.37	60	188.00	0.89%	3.89%	-2.30%
Clinical Support	3.70%		29557.31	1093.73	164	521.47	1.76%	8.71%	-5.01%
Emergency & Integrated Care	4.08%		50113.94	2044.36	307	991.48	1.98%	10.57%	-6.49%
Planned Care	4.07%		31560.22	1284.98	174	667.51	2.12%	9.74%	-5.67%
Women's, Children and Sexual Health	4.31%		52400.15	2256.41	242	1345.88	2.57%	6.81%	-2.51%
Trust	3.80%		184659.67	7014.85	947	3714.34	2.01%	8.31%	-4.51%

May 20 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Core Training Compliance Overall	93%	93%	<90%		↔
Theory Adult BLS	86%	86%	<90%		↔
Practical Adult BLS	86%	86%	<90%		↔
Conflict Resolution	96%	96%	<90%		↔
Equality, Diversity and Human Rights	94%	95%	<90%		↑
Fire	92%	92%	<90%		↔
Health & Safety	95%	95%	<90%		↔
Infection Control (Hand Hygiene)	96%	96%	<90%		↔
Infection Control - Level 2	93%	93%	<95%		↔
Information Governance	95%	95%	<95%		↔
Moving & Handling - Inanimate Loads	93%	93%	<90%		↔
Moving & Handling - Patient Handling	87%	88%	<90%		↑
Safeguarding Adults Level 1	94%	94%	<90%		↔
Safeguarding Adults Level 2	92%	92%	<90%		↔
Safeguarding Adults Level 3	68%	66%	<90%		↓
Safeguarding Children Level 1	95%	95%	<90%		↔
Safeguarding Children Level 2	93%	94%	<90%		↑
Safeguarding Children Level 3	89%	91%	<90%		↑

May 20 Employee Relations

Category	Metric	Number / %
No of Disciplinary cases in month	Number	2
Length of Disciplinary cases	Days <60	77.5
Total Disciplinary cases in year (April 20)	Number	2
% BAME Disciplinary Cases in year	%	50%
% BAME Disciplinary Cases in month	%	50%
Exclusions - No. of live in month	Number	3
Grievance - No. of live cases in month	Number	11
Grievance - Average length of case	Days	82
B&H cases - included in grievance numbers	Number	5
Sickness - No. of cases in month	Number	80
Long Term - sickness cases in month	Number	44
Short Term - sickness cases in month	Number	36
No. of Employment Tribunals (ET)	Number	8
Managers having ER training (from April 20)	Number	0
No. of informal queries (disciplinary process)	Number	3

May 20 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	631.96	683.85	-51.89	23.41	2.50	691.68	-59.72	
Clinical Support	1049.55	950.62	98.93	96.23	1.00	1027.20	22.35	
Emergency & Integrated Care	1766.96	1616.90	150.06	161.91	12.24	1727.53	39.43	
Planned Care	1126.76	1018.04	108.72	23.48	8.13	1021.69	105.07	
Women's, Children and Sexual Health	1758.61	1686.58	72.03	94.40	10.36	1714.35	44.26	
TRUST	6333.84	5956.00	377.84	399.43	34.23	6182.45	151.39	

May 20 Voluntary Turnover

Division	Turnover	Prev Month	% +/-
Corporate	13.16%	13.73%	-0.57%
Clinical Support	15.98%	16.53%	-0.55%
Emergency & Integrated Care	14.93%	15.37%	-0.44%
Planned Care	11.02%	11.33%	-0.32%
Women's, Children and Sexual Health	11.95%	12.15%	-0.19%
TRUST	13.41%	13.80%	-0.38%

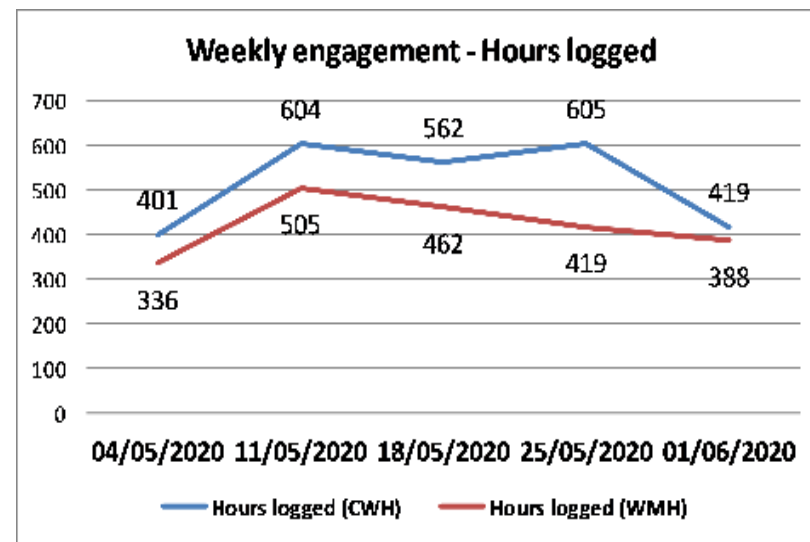
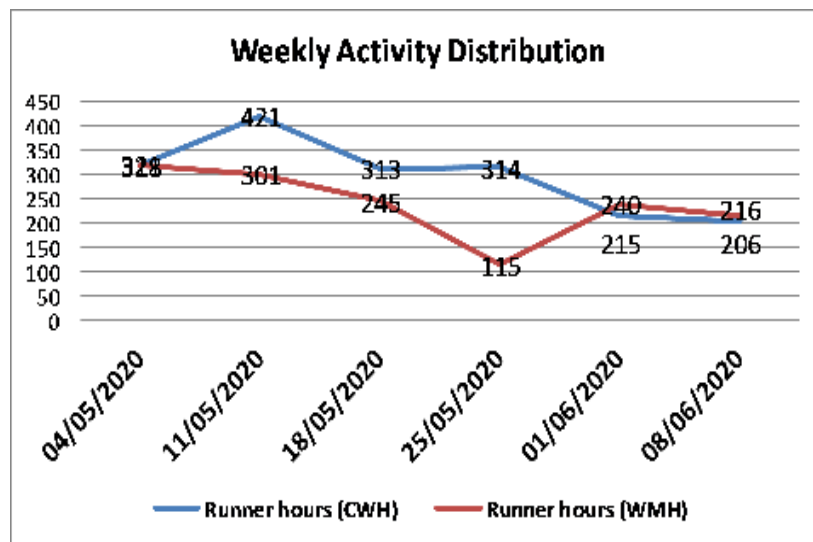
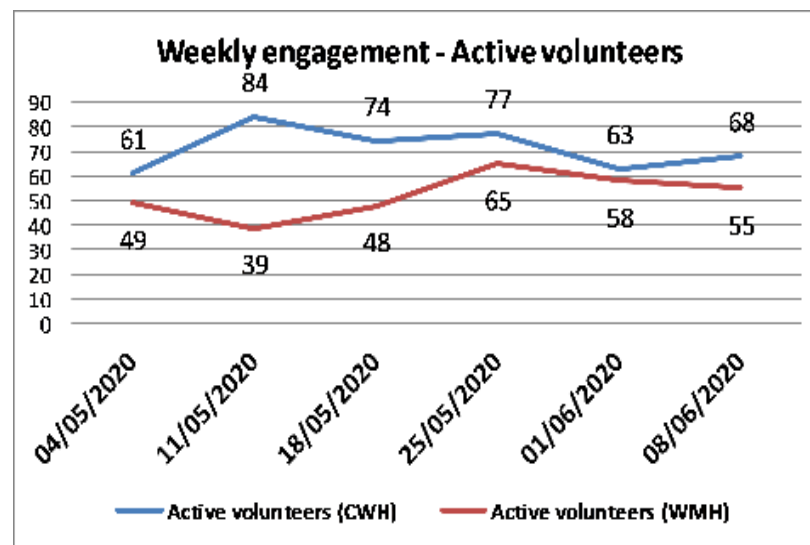
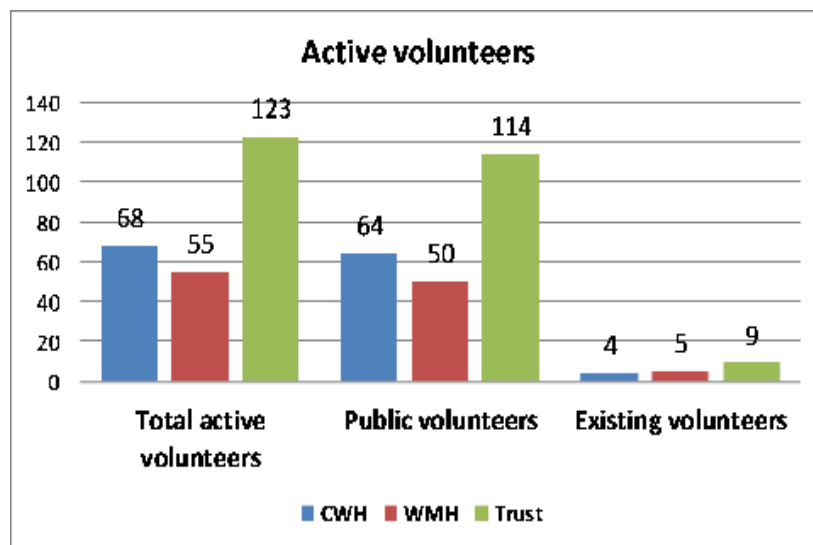
Key to Sickness Figures

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

Volunteer Staff Activity Profile – May 2020



People and Organisation Development Workforce Performance Report

May 2020

Establishment, Staff in Post and Vacancies:

The Trust currently employs 6439 people working a whole time equivalent of 5956.00 which is 3.93 WTE higher than April. This equates to 303 more permanent members of staff than this time last year. There has been a decrease in the vacancy rate for May, 5.97% against the Trust ceiling of 10% and a significant improvement since the same time last year which was 9.96%. The qualified nursing vacancy rate is 5.27%, remains one of the lowest in the country with a national median of 12.75%. The medical vacancy rate has reduced to 0.26% including staff recruited for COVID-19 and 3.12% not including additional recruits, which is quartile 2 in Model Hospital and national median of 7.43%. AHP (8.39%) S&T (9.31%) are also in line with the national median but AHP at this level sits in quartile 3. Vacancy rates have been impacted positively by COVID-19 additional recruitment.

Temporary Staffing:

Bank fill rates recovered dramatically in May, and the Trust obtained its highest ever fill rate. This was largely due to temporary staffing demand dropping significantly (down 35% compared to April and down 36% year on year) and the increased recruitment activity onto the Bank. Similarly agency usage is at an all time low and down 77% year on year. Medical staffing demand also fell 23% in May. A review has been completed for the process and authorisation for booking additional clinic work undertaken as temporary hours, which is expected to reduce Medical spend further. As vacancy rates have reduced there has been a corresponding reduction in temporary staffing usage with 8,876 temporary staffing requests filled in comparison to 10,882 in April. demand has reduced significantly following the recent peak, the focus has been on filling additional shifts request via Bank and minimising agency usage, with <5% shifts filled by agency, compared to 13% this time last year. New targets will need to be aligned to the new levels of clinical activity.

PDR:

The 12 month rolling PDR rate increased in May to 84.51%. Divisions continue to be provided with monthly management reports detailing completion rates and plans have been established to support managers and staff to complete their outstanding PDRs. The PDR process has been updated from April 2020 with the new PDR process moving away from window based on staff pay bands and returning to anniversary of joining. All managers have been sent details of when staff PDR's are due and the new process and encouraged to focus on those missed during April and the beginning of May.



Sickness Absence:

The trust's sickness rate is currently 3.80% which is a significant reduction from April and 1% higher than the same time last year, which is a significant improvement given the impact of COVID-19. Long-term sickness increased to 2.01% and short-term sickness has decreased to 1.79%. The three most common reasons for sickness were Chest & respiratory problems (Covid-19), Anxiety/depression/other and Cold, Cough, Flu – Influenza. The top sickness reason for the number of days lost is chest & respiratory problems. EIC and PDC have the highest sickness rates at 4.08% and 4.07%. Nursing and Midwifery sickness in May was 4.88% whilst health care assistants sickness rate was the highest at 7.01%.

Staff Turnover Rate: Voluntary

Voluntary turnover has decreased to 13.41%. The data by staff group shows that AHP's (23%) and Scientific and Technical (15.3%) have the highest turnover. The data also highlights where there has been a focus on retention work for example in Nursing and Midwifery there has been a reduction, therefore further retention work aims to ensure good practice is embedded across all staff groups. Work on the plan agreed at February's meeting will re-commence from July.

Core Training Compliance :

The Trust's core training compliance has increased this month to 93%; this has remained above the Trust target of 90% for 24 consecutive months. During Covid, staff were given a 6 month extension but now as things return to normal staff are being encouraged to complete their training (as agreed across NHS NWL). There is an on-going review of the requirements for Safeguarding Level 3 (both Adults and Children) by the Safeguarding team. The majority of topics remain the same as the previous month, with just a few fluctuating by 1%. Dates for face to face (where appropriate) sessions continue to be advertised and promoted across the Trust

Volunteers:

There were 161 active volunteers in May, who contributed 4124 hours of volunteering across both hospital sites. Volunteers were deployed to three main roles; runner volunteers who distributed meals to staff, ward helpers who supported patients on wards, and Wingman Project volunteers who supported staff in the wellbeing hubs. The Trust was one of the first in the country to successfully deploy volunteers onto Covid wards.

People and Organisation Development Workforce Performance Report

May 2020

COVID 19 Recovery

During May activity related to COVID 19 recovery and reset remained high. The focus has been on supporting staff. There are currently 196 staff shielding and the team have been ensuring they are engaged with the organisation and working where possible and risk assessing staff for return to work. 2346 individual high risk staff have been identified that fall in to the categories outlined nationally and line managers are carrying out initial risk assessments, with 200 staff needing a more in-depth OH risk assessment to date and 40 requiring referral to the Clinical Reference Group which happens twice per week. In addition 105 workplace risk assessments have been concluded to ensure workplaces are staff for staff and are being cross referenced with those staff who are high risk. There has been continued work across training and development to run programmes to ensure staff skills are kept up to date. Guidelines and policies in relation to staff testing, working from home safely and changes to accommodation, car parking have all been developed.

Race Equality Plan & Inclusion

BAME staff issues have been the main focus in the last 12 weeks due to the effects of COVID19 in the NHS workforce and on the wider BAME community. The Trust has held 3 staff Network meetings and 2 webinars for Trust staff at which Trust executives participated. Each event was held via Zoom and were the largest attendances ever for the BAME network. The BAME network staff chair is now on the NWL group for BAME network chairs and co leading the engagement and communication across the NWL sector in addressing the challenges of COVID19. The Trust has led the way in defining the approach for risk assessing staff which has been a key issue for BAME colleagues. The risk assessment process has commenced across the Trust and over 78% have had an assessment.

The Trust published a Windrush Day Special Edition Bulletin on the intranet on 22nd June including: Video messages from Dame Elizabeth, Trevor Sterling and BAME Network chair. The LGBT+ Staff network have celebrated PRIDE this month by installing 2 progressive PRIDE banners at the front of the hospital sites and pop up banners celebrating LGBT+ activists. The Trust is also progressing its membership of Stonewall. The Women's network met to establish a provisional programme for the year.

Health and Wellbeing:

During May there has been continued focus on the health and wellbeing of staff and the Trust supported mental health awareness week with events on both sites distributing the new pull-out cards detailing the health and wellbeing offer. 1810 staff have registered with Vivup, the Trust's staff benefits platform which is 28% of the workforce, which is a significant increase. 52 staff have currently accessed the Employee Assistance Programme for advice and support since the launch in July '19 and the workforce team continue to promote this at key opportunities. The counselling service has seen 31 staff over the last 3 months with 95 sessions between April and June. 153 individuals have accessed the newly set up psychology CHAT services facilitated group discussions for staff to talk about their experiences and connect with each other. Schwarz rounds have re-commenced which have been well attended by staff. The 3 year plan for health and well-being is being developed to increase the Trust's health and wellbeing offer for staff, focused on increased evidence based interventions which cover all aspects of health and well-being at work, including key elements of healthy living as well as the more basic physical elements. The Trust has increased counselling provision and also agreed funding to train mental health first aiders and the first 80 will be trained in July 20.

Leadership and Development:

The Leadership and management fundamentals programmes will be resuming in the Autumn. The Top Leaders and Senior Leaders programmes were launched in June and we are currently taking applications working with Ashridge Hult Business School, offering staff an MSc in leadership or and MBA which has been promoted to 900 leaders.

Apprenticeships:

Clinical and Non-Clinical Apprenticeships have continued through the Covid pandemic and staff are continuing their studies. Check ins have been held and ensuring apprentices are progressing with their programmes. We continue to register new starters on programmes and the new Top Leaders and Senior Leaders programmes will be apprenticeships. We are also currently recruiting more clinical apprenticeships including Therapies.



People and Organisation Development Workforce Performance Report

May 2020

Transactional Plan:

In response to COVID19 many of HR transactional plans were put on hold. As the Trust is now in recovery and reset stage, HR services and plans are gradually returning to business as usual. The E-rostering project has been reinstated and phase two of the project is on plan to be delivered in 15 months. ER activity paused during COVID-19 has now re-commenced and this is reflected in the increase in disciplinary cases to 77.5 days against the target of 60 days. Overpayments dropped significantly in month, and there has been a continued focus on performance management of the payroll provider to ensure a reduction in pay errors during a particularly busy period with pay amendments due to rota changes. During the months of May and June there was specific focus on the recovery of staff recruitment lead times and recruitment activity levels whilst also reflecting on embedding positive process changes that were made during the COVID19 pandemic into business as usual services. Recruitment lead times including overall time to hire has improved and is now back in line with Trust target of 9 weeks as of May 2020. During the COVID19 pandemic there were several reforms to the recruitment process in terms of process automation and systems access for new joiners which enabled a faster, more efficient on-boarding process and improved overall candidate experience. Work is in progress to embed these changes into business as usual practices for new joiners in the Trust.





Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.2/Jul/20
REPORT NAME	NHS Staff Survey 2019
AUTHOR	Annabelle Hall – GMTS Trainee Christine Catlin Assistant Director of learning & OD & Karen Adewoyin - Deputy Director of People and OD
LEAD	Thomas Simons –Director of Human Resources & Organisational Development
PURPOSE	The purpose of this report is to provide an overview of the Trust results for the NHS National Staff Survey 2019 and the next steps to be taken.
SUMMARY OF REPORT	The National Staff Survey Results were officially published on the 18th February 2020. The results are benchmarked against other Acute NHS providers in England - there were 85 in total in 2019. The response rate has increased by 5% to 46% this year making the results increasingly valid as a greater proportion of the workforce is represented. The Trust has not moved significantly in the majority of the 11 themes with the exception of Quality of Appraisals where there has been a statistically significant increase from 6.0 in 2018 to 6.3 in 2019. Out of the 11 key themes reported in the survey the Trust results are above average for six of these (immediate managers, quality of appraisals, quality of care, safety culture, staff engagement & team working), and below average for the other five (ED&I, health & wellbeing, morale, safe environment (B&H), safe environment (violence)). This allows us to draw attention to areas of particular strength and identify where focus is required. It is recommended that the survey is sent to all staff online in 2020, removing paper copies. With initiatives in place to ensure that staff have the time and resources and incentive to complete the survey, this should further improve the response rate.
KEY RISKS ASSOCIATED	Failing to address the areas for improvement will negatively affect the workforce and may impact the quality of patient care.
FINANCIAL IMPLICATIONS	The greater number of staff responding to the survey, the more the Trust will be able to meet the needs of staff. This will lead to better patient outcomes, which will positively impact the quality of services and subsequent turnover for the Trust.
QUALITY IMPLICATIONS	This report addresses the strengths and weaknesses within the Trust, ensuring that improvements are highlighted and addressed. This will improve the survey results in future years.

EQUALITY & DIVERSITY IMPLICATIONS	Action plans that result from this report should align with the Equality and Diversity policy and objectives to ensure that improvements are benefitted by all staff.
LINK TO OBJECTIVES	This report presents an opportunity to demonstrate how we perform against our corporate objectives in 2020/21: • Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For discussion.



The NHS National Staff Survey 2019

1.0 Introduction & Context

The purpose of this report is to provide an overview of the Trust results for the NHS National Staff Survey 2019. This survey was undertaken from the 7th October to the 29th November 2019. It has to be noted that the survey was conducted at the time of Cerner implementation across the Chelsea site and in the weeks leading up to our CQC assessment of the Trust. Despite this, the Trust improved its response rate by 5% from the previous year. The results were published in February 2019.

The results for Chelsea & Westminster Hospital NHS Foundation Trust are benchmarked against other Acute NHS providers in England of which there were 85 in total in 2019. The Staff Survey also provides the data for 6/10 Workforce Disability Equality Standard indicators (WDES). This is an increase from 2018 when only 4/10 WDES indicators were provided.

The Trust now uses *Picker* as its survey provider. The means that alongside the National Benchmark and Directorate Reports published on the NHS National Staff Survey website, the Trust also receives reports by site, divisions and departments. Picker also outlines the responses to the additional questions that the Trust opted to include as part of the Survey – this year the questions were based on the Trust Values. The Trust separately receives any anonymous comments given in the free text section of the Survey.

This report summarises the overall results, highlights the Trust's key areas of strength and those that need to be improved and looks at any significant changes to previous years and outlines the strengths and weaknesses of certain departments within each division.

The survey was undertaken prior to the recent Covid19 pandemic but consideration will be given to the key issues raised through the past weeks in the report.

2.0 Overview

The Staff Survey is structured around 90 key questions that are grouped into 11 themes. From these 90 questions the Trust improved in 10, remained the same in 74 and deteriorated in 6. The staff survey report provides the response rate according to the 11 key themes and by the individual questions that make up these themes (structured by the questionnaire sections). These themes are the same as 2018's survey, the only change is the addition of an 11th key theme - team working. The Trust remains a positive outlier in a number of areas and continues to maintain above average performance in staff engagement – the third best in London. The table below summarises each theme and shows the Trust performance. (Further detail is given in Appendix 1)

Trust Average Score for each key them:

Indicator	2019 Trust Score	Average Score: Acute Trusts 2019	2018 Trust Score	Average Score: Acute Trusts 2018	2017 Trust Score	Average Score: Acute Trusts 2017
1. Equality, diversity and inclusion	8.6	9.0	8.7	9.1	8.7	9.1
2. Health and wellbeing	5.8	5.9	5.8	5.9	6.1	6.0
3. Immediate managers	6.9	6.8	6.9	6.7	6.9	6.7
4. Morale	6.0	6.1	6.1	6.0	N/A	N/A



5. Quality of appraisals	6.3	5.6	6.0	5.4	6.1	5.3
6. Quality of care	7.8	7.5	7.7	7.4	7.7	7.4
7. Safe environment (bullying and harassment)	7.6	7.9	7.7	7.9	7.7	8.0
8. Safe environment (violence)	9.3	9.4	9.3	9.4	9.3	9.4
9. Safety culture	6.9	6.7	6.9	6.7	6.9	6.6
10. Staff engagement	7.3	7.0	7.3	7.0	7.3	7.0
11. Team working	6.9	6.6	6.8	6.5	6.8	6.5

- **Green:** Improved Trust score since 2018
- **Red:** Decreased Trust score since 2018
- **Yellow:** Maintained Trust score since 2018

3.0 What went well?

Below are the headline key responses of our top 5 scores and the most improved since the last survey.

	Top 5 scores (compared to average)
35%	Q19b. Appraisal/review definitely helped me improve how I do my job
64%	Q4d. Able to make improvements happen in my area of work
79%	Q21d. If friend/relative needed treatment would be happy with standard of care provided by organisation
71%	Q21c. Would recommend organisation as place to work
48%	Q19e. Appraisal/performance review: organisational values definitely discussed

	Most improved from last survey
53%	Q4e. Able to meet conflicting demands on my time at work
55%	Q19g. Definitely supported by manager to receive training, learning or development identified in appraisal
76%	Q7c. Able to provide the care I aspire to
61%	Q5a. Satisfied with recognition for good work
35%	Q19b. Appraisal/review definitely helped me improve how I do my job



Out of the 11 key themes reported in the survey the Trust results are:

- above average for six of these (immediate managers, quality of appraisals, quality of care, safety culture, staff engagement & team working), and
- below average for the other five (ED&I, health & wellbeing, morale, safe environment (B&H), safe environment (violence).
- The Trust has not moved significantly in the majority of the 11 themes with the exception of Quality of Appraisals where there has been a statistically significant increase from 6.0 in 2018 to 6.3 in 2019, and significantly above the national average of 5.6.
- The benchmark report (Appendix 2) shows a breakdown of the response rates by various protected characteristics, staff groups, whether staff are part of a team, the size of the team, and the length of service.
- The WRES indicator results and WDES metrics are also illustrated in the report. This includes the staff engagement score (see Appendix 3: *How Staff Engagement is compiled*).
- The report shows the Trust score, average score and the best and worse scores within the comparison group. The report is visual with bar charts and graphs to illustrate the response rates

4.0 What can we improve?

	Bottom 5 scores (compared to average)
63%	Q13a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
84%	Q15a. Not experienced discrimination from patients/service users, their relatives or other members of the public
38%	Q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours
63%	Q16b. In last month, have not seen errors/near misses/incidents that could hurt patients/service users
35%	Q11d. In last 3 months, have not come to work when not feeling well enough to perform duties

	Least improved from last survey
55%	Q23c. I am not planning on leaving this organisation.
44%	Q23a. I don't often think about leaving this organisation
48%	Q23b. I am unlikely to look for a job at a new organisation in the next 12 months



58%	Q11c. Not felt unwell due to work related stress in last 12 months
19%	Q6a. I have realistic time pressures

5.0 Key themes in the areas for improvement

Further detailed breakdowns by areas are included in Appendix 2. Some noticeable areas to be highlighted are:

- WM Emergency Integrated Care (EIC) and Planned Care Division (PDC) are overall good across ten of the domains with some concern over Health and Wellbeing' (H&WB).
- 'H&WB' scored well at WM Clinical Services Division (CSD) and CW Corporate.
- 'Personal Development' scored particularly well at CW in the PDC
- 'Your Organisation' scored well in CW in the Women and Children's Division (W&C)

Lower scores and needing further exploration are;

- Corporate teams at WM and CSD at WM scored low across the majority of areas
- 'Your job' is an area of concern for CW CSD
- Concerns about "managers" at WM at W&C

In respect of staff groups those who scored the highest (although not consistently) are Additional Clinical Services & Nursing and Midwifery and the lowest are Administrative and Clerical and Additional Professional, Scientific and Technical.

The comparative scores for the Divisions of this year and last year have been reviewed by the People and Organisational Development Committee (Board Committee).

There are however three consistent themes across all staff groups and sites that need addressing;

Safety and Bullying and Harassment

- Over 20% of respondents said they had personally experienced physical violence at work from patients or carers and over 37% experienced bullying and harassment from the same group. 22% of respondents said they had experienced bullying and harassment in the past 12 months from work colleagues and 16% from their manager. Of these, just over 51% reported these incidents to the Trust, which is in line with the level of formal harassment and bullying investigations in the Trust.
- **Action:** A key action for the Trust is to ensure managers are supportive of their teams and aware of behaviours that can be perceived as bullying and take action to prevent or stop, and encourage all staff to report incidents so they can be investigated. Work will be undertaken to analyse the results further to identify if there are areas of specific concern and hold listening events in the key areas so staff can discuss their experiences. Once held, a plan will be developed which will look at how we can improve things in the short, medium and long term.

Health & well-being

- Under 29% of respondents believe that the organisation takes positive action on health and well-being (and over 58% have experienced work related stress). Over 25% of staff felt under pressure to come to work by their manager when they did not feel well enough to come, and over 10% put pressure on themselves to come to work when they did not feel well enough. 69% of staff feel that their manager



takes an interest in their health and well-being. However, this is still an area that needs further improvement as it is key to the retention of staff.

- **Action:** A key theme for the Trust this year is Health and Well-being and over the Covid19 response we have implemented wellbeing hubs, increased occupational health support and counselling and other initiatives are being considered for implementation. For example, Mental First Aiders at Work and increased psychological support which we aim to continue past the pandemic.

Equality and diversity

- 16% of respondents have said they have experienced discrimination at work from patients or carers and just over 10% from colleagues. This is particularly in the staff groups Additional Clinical Services, Administrative and Clerical and Nursing and Midwifery & Midwifery and for BAME colleagues..
- **Action:** Work started from 1st October 2019 when the new disciplinary checklist was introduced due to the disproportionate impact on BAME staff and has already seen some positive progress on the overall reduction of disciplinary cases. The Trust also launched the Diversity and Inclusion Champions for all 8a and above interview processes and further support staff applying for senior roles in the Trust from a BME background to give feedback if they are not successful. The BAME network has continued to meet during the pandemic and has been supporting staff and ensuring key areas of concern are resolved, and inputting to the design and process for risk assessments of vulnerable staff groups which includes BAME colleagues. The Trust has a clear Equality, Diversity and Inclusion plan and the emerging issues from the survey and through COVID-19 will be incorporated and taken forward as part of this agreed plan.

Staff comments were reviewed by People and Organisational Development Committee. 345 people left free text comments and 51% of the comments were positive. This is broken down by questions and the positive and negative feedback from each area. The key themes are about management, how some are very supportive whilst others lack responsiveness.

6.0 What next

- Across the Trust, the areas of focus **do not significantly differ from last year**, work has been undertaken in these areas and there are developed plans in place, which will be reviewed with the Divisions to ensure they support the divisional needs. This includes Health & Wellbeing, Equality & Diversity & Inclusion, Safe Culture & Environment (focussing especially on bullying and harassment & violence).
- Health & Wellbeing has had increased investment and support through during COVID-19 and a **business case looking at both physical and mental wellbeing overall will be developed** by end June 2020 in collaboration with the CW+. This will outline the requirements to deliver a high standard health and wellbeing offer for all staff across the Trust to ensure we meet our overarching objective of being an employer of choice.
- **Equality & Diversity & Inclusion has had a significant focus over the past year** although a number of key initiatives need embedding to see results translate into the survey. Further work is required Safe Culture & environment to address the concerns raised through the survey.
- Using the RAG table and other *Picker reports*, **each division is identifying specific areas that need attention in particular departments**. This will help create their action plans, it is anticipated in light of the outcomes from Covid19 that these will be similar to the above three key areas, but they may have individual areas that they may wish to focus on.
- Whilst the Trust will be focussing on improving those areas of development before the 2020 survey, we recognise that some changes may not be in place or embedded by the time the survey commences,



especially as the Trust has been through a period of disruption. Divisional action plans will show the stages for each improvement initiative so this can be tracked.

- A **survey of staff is underway** to identify during COVID which initiatives have mattered most for staff and going forward what would they like to see the Trust focus on.
- The Trusts People Plan should focus upon the key themes from the survey and should be monitored at PODC. The Trust **should not lose the opportunity to reset plans that need to be reshaped in light of COVID.**
- Communication around the staff survey should also **focus on reinforcing the many areas of success** as opposed to just focussing on areas of development.

7.0 2020 Staff Survey

It is recommended that the survey is sent to all staff online in 2020, removing paper copies. With initiatives in place to ensure that staff have the time and resources and incentive to complete the survey, this should further improve the response rate. These initiatives include:

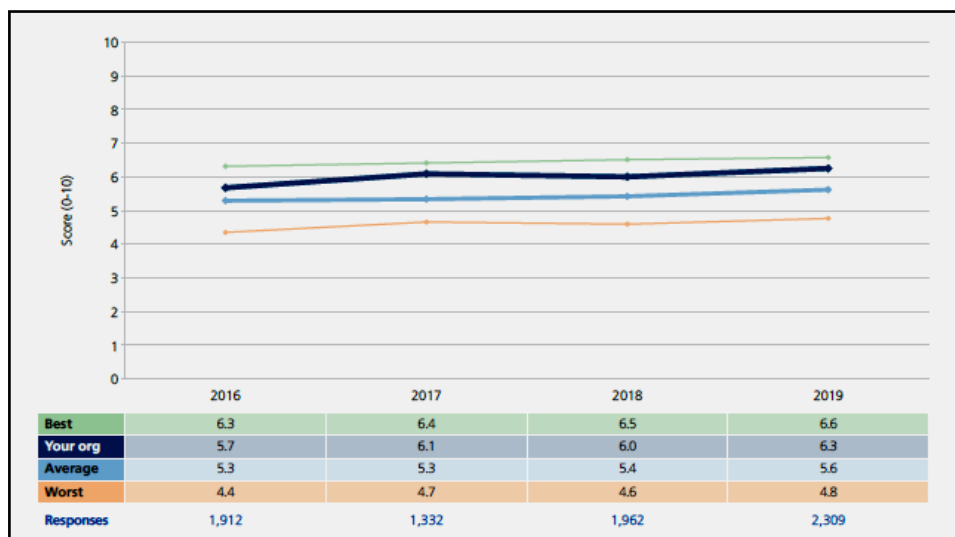
- Booking computer space and working with managers to organise rotations for survey completion.
- Explore the possibility of a Staff Survey link on the ChelWest App, and tablets in wards.
- Incentive opportunities such as prize draws and completion vouchers.
- Given the increase in the response rate by 5% during CQC and Cerner implementation - the aim would be to increase further the response rate to above the national average.



Appendix 1

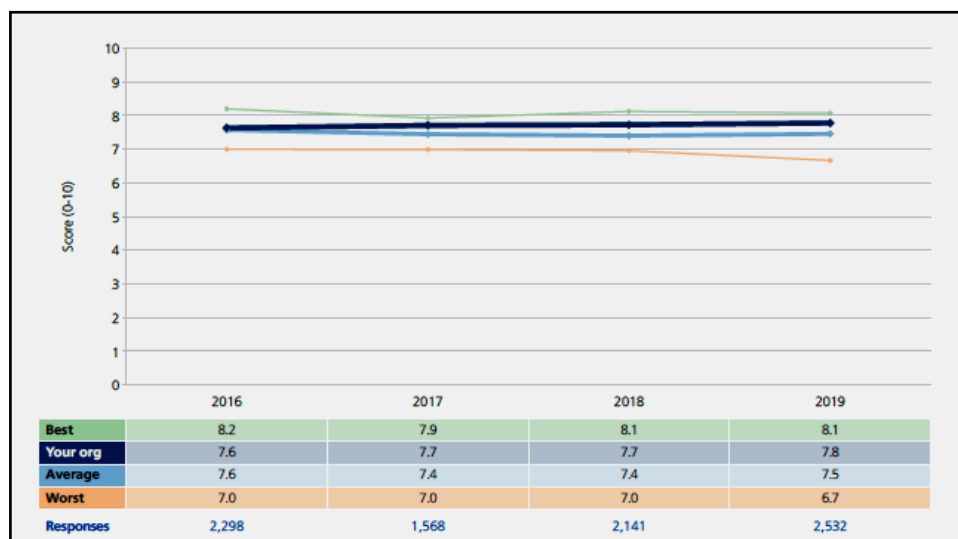
Areas where the Trust is above average and has improved since 2018 (Table 1: 2019 score in green)

Quality of appraisals



- The Trust scores 6.3 in 2019, a statistically significant increase of 0.3 since 2018 and a 0.6 increase since 2016.
- For Q19e: 'The values of my organisation were discussed as part of the appraisal process', 48.5% of respondents selected 'yes, definitely'. This is nearly 10% above the National Average Score of 37.8%.

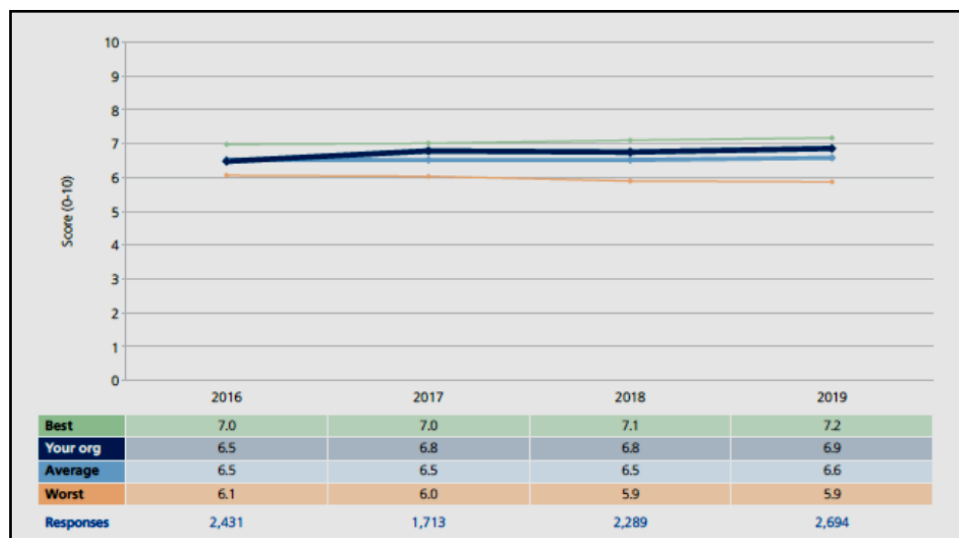
Quality of care



- Quality of Care has improved by 0.1 since 2018 to 7.8 in 2019.
- The national average for this topic is 7.5, which is 0.3 below the Trust average.
- 76.5% of respondents 'agreed/strongly agreed' with the statement in Q7c: 'I am able to deliver the care I aspire to' (compared to 72.7% in 2018).



Team working



- Team Working has improved by 0.1 since 2018 to 6.9 in 2019.
- The National Average for this topic is 6.6, which is 0.3 below the Trust average.
- For Q4i, 65.0% of respondents 'agree/strongly agree' with the statement: 'The team I work in often meets to discuss the team's effectiveness' (compared to 63.6 % in 2018).

Areas where the Trust is above average and stayed the same since 2018

Staff Engagement

- The Trust maintained its 2018 score of 7.3, above the National average score of 7.0.
- The highest scoring question within this topic was Q21a where 82.7% of staff 'agreed/strongly agreed' with the statement: 'care of patients / service users is my organisation's top priority'. This was above the national average of 77.4%.

Immediate Managers

- The Trust maintained its 2018 score of 6.9, above the National Average score of 6.8.
- The highest scoring question within this topic was Q8g where 73.5% of staff 'agreed/strongly agreed' with the statement: 'my immediate manager values my work'. This was above the national average of 72.3%.

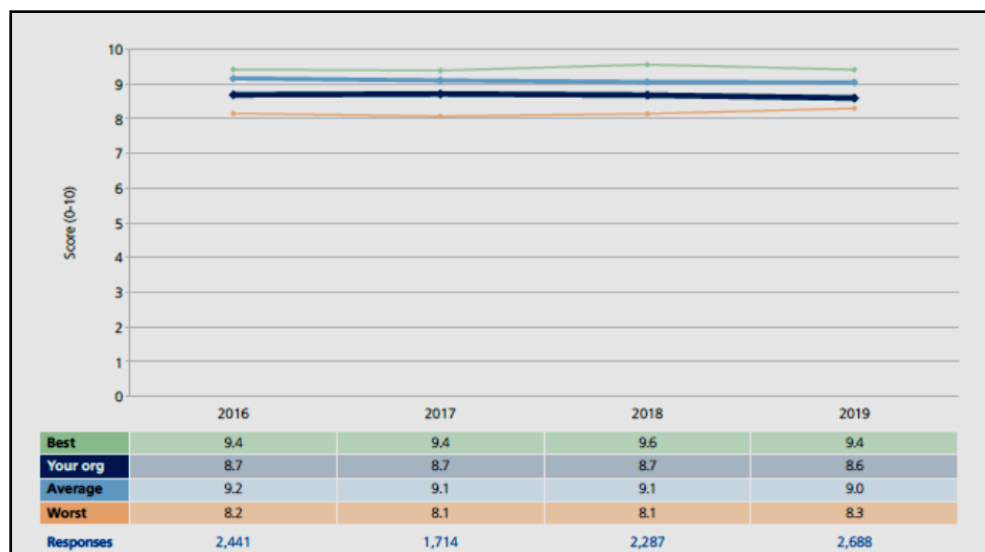
Safety Culture

- The Trust maintained its 2018 score of 6.9, above the National average score 6.
- The highest scoring question within this topic was Q21b where 78.8% of staff 'agreed/strongly agreed' with the statement: 'my organisation acts on concerns raised by patients / service users'. This was above the national average of 72.9%.



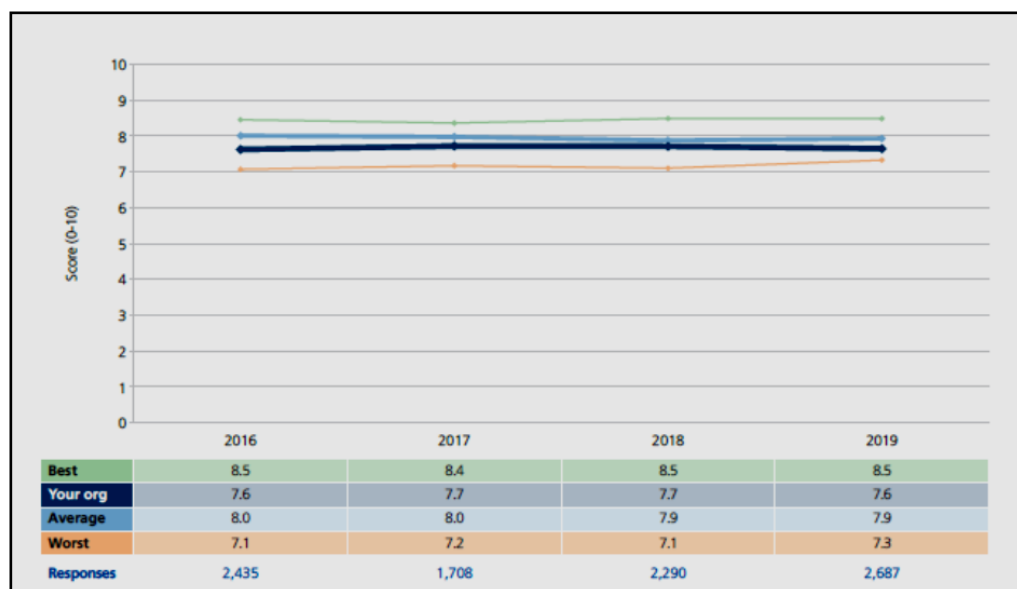
Areas where Trust is below average and has decreased since 2018 (Table 1: 2019 Score in Red).

Equality, Diversity and Inclusion



- EDI scored, 8.6 in 2019 compared to the 2018 score of 8.7. This sits below the national average of 9.0.
- However, the Trust is above the national average for Q28b: 'Has your employer made adequate adjustments to enable you to carry out your work?' whereby 74.8% of respondents selecting 'yes', compared to the national average of 73.4%. This is an improvement from the 2018 score of 71.7%.

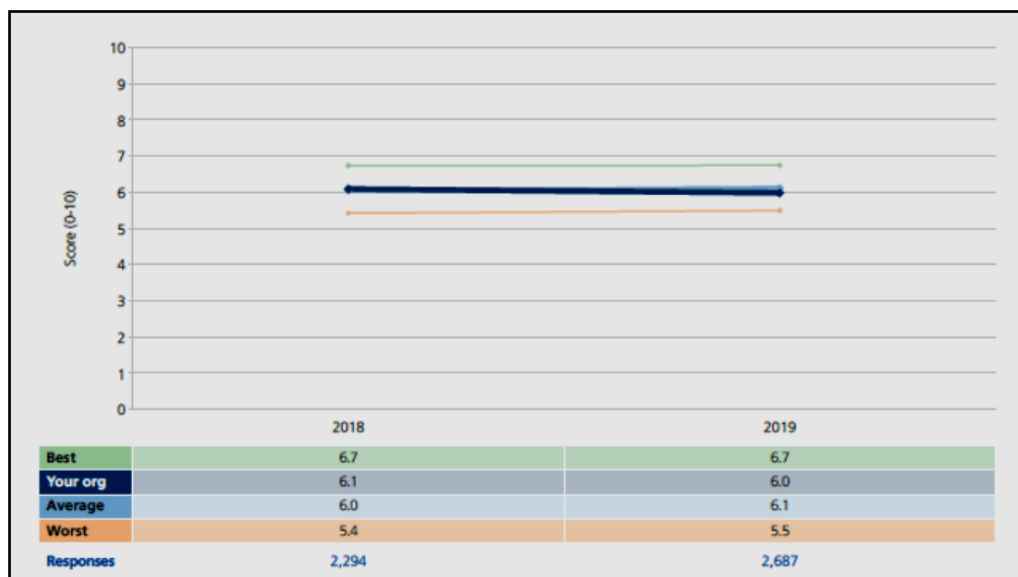
Safe environment (bullying and harassment)



- This topic scored 7.6 in 2019, compared to 7.7 in 2018. This sits below the national average of 7.9.
- The Trust matches the national average for Q13c: 'In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?' whereby 20.3% of respondents stated they experienced at least one incident of bullying, harassment or abuse.



Morale



- Morale scored 6.0 in 2019, a decrease from 6.1 in 2018. This sits slightly below the national average score of 6.1.
- However, the Trust scores above average for five out of nine of the questions in this topic. One of the best scores was Q8a: *'My immediate manager encourages me at work'* whereby 71.4% of staff agreed/strongly agreed with this statement, compared to the National Average of 69.9%.

Areas where Trust is below average remaining the same since 2018

Health and Wellbeing

- The Trust maintained its 2018 score of 5.8 – below the National Average of 5.9.
- Despite sitting below the National Average overall for this topic, the Trust is above the National Average for:
 - Q5h: *'The opportunities for flexible working patterns'* with 55.2% of respondents selecting *'satisfied/very satisfied'* compared to the National Average of 52.6%.
 - Q11a: *'Does your organisation take positive action on health and wellbeing?'* 28.5% of respondents scored *'Yes, definitely'* compared to the National Average of 28.2%.

Safe Environment (violence)

- The Trust retained its score of 9.3 in 2018, this is below the National Average of 9.4.

The weakest score was Q12a: *'In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?'* 16.1 % of staff said they experienced at least one incident of violence, compared to the National Average of 15.1%.



Workforce Equality Standards

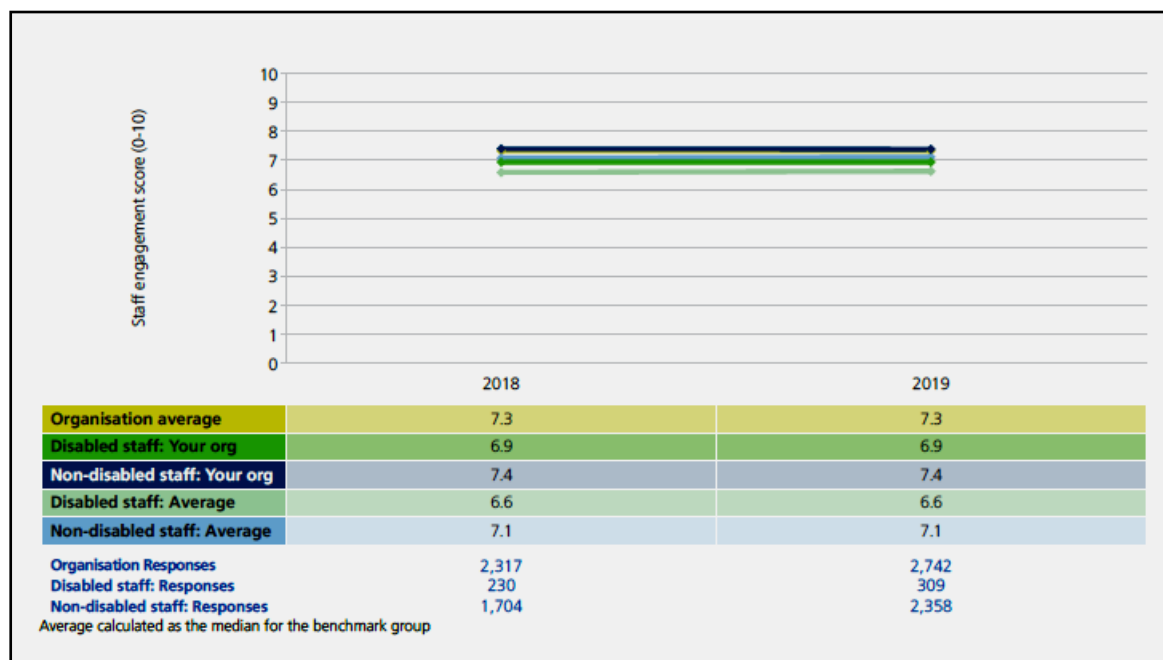
Workforce Race Equality Standards (WRES)

- 'The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion' has decreased slightly for White staff (2018 = 88.6% to 87.1% in 2019) but increased since 2018 for BME staff (2018 = 74.2% to 75.2% in 2019).
- 'The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months' has decreased, but more significantly for white respondents (40.5% in 2018 to 37.3% in 2019, compared to the BME change from 37.8% in 2018 to 37.1% in 2019).

Workforce Disability Equality Standards (WDES)

- The results show that 26.5% of disabled staff have 'experienced harassment, bullying or abuse from their manager in last 12 months' (compared to 14.1% of non-disabled staff).
- However, for disabled staff, 42.3% have 'experienced harassment, bullying or abuse from patients' relatives or the public in last 12 months' which is a reduction from 46.7% in 2018. For non-disabled staff this has reduced from 40.8% in 2018 to 36.3% in 2019.
- There has been an increase in the 'percentage of staff satisfied with the extent to which their organisation values their work'. For disabled staff this has increased from 38.1% in 2018 to 39.9% in 2019, and for non-disabled staff this has increased from 52.9% in 2018 to 55.6% in 2019.

Staff Engagement Score



- The staff engagement score for disabled staff is 6.9, above the National Average of 6.6.
- For non-disabled staff, the Trust engagement score is 7.4, above the National Average of 7.1.
- Both scores remain unchanged since 2018.



Directorate Report (see Appendix 2)

- Shows the overall themes both by division and hospital site.
- Results are compared against the organisation average.

Picker Management Report & RAG

The Management Report highlights the questions where the Trust scored *significantly better* than in 2018. Using the RAG, the highest scoring departments for each of these questions are outlined below:

each question uses positive scoring

Q4e: I am able to meet all the conflicting demands on my time at work.

- CW Decontamination – 89%
- WM Lampton Suite – 84%
- WM Endoscopy – 81%

Q4f: I have adequate materials, supplies and equipment to do my work.

- WM Syon 2 – 95%
- WM E.N.T – 91%
- WM Osterley 2 & CW Decontamination – 89%

Q5a: Satisfied with the recognition I get for good work.

- WM Endoscopy – 88%
- CW R&D – 84%
- WM Syon 2 – 84%

Q5f: Satisfied with the extent to which my organisation values my work.

- WM Lampton Suite – 84%
- CW David Evans Ward – 81%
- CW St Mary Abbots Ward – 80%

Q7c: I am able to deliver the care I aspire to.

- WM Marble Hill 1 – 96%
- CW St Mary Abbots Ward – 96%
- WM Crane Suite – 95%

Q9a: I know who the senior managers are here.

- CW Private Maternity Unit – 100%
- CW Chief Executive Offices – 100%
- CW Paediatric Surgery – 100%
- CW Lord Wigram Ward – 100%



Q17c: When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.

- WM *Syon Bay 2* – 100%
- WM *Surgery* – 100%
-
- CW *Women's Management* – 100%
- CW *T&O* – 100%
- CW *Slas* – 100%

Q19b: Appraisal / Performance Review: helped me to improve how I do my job.

- WM *Special Care Baby Unit* – 80%
- CW *Decontamination* – 75%
- WM *Lampton Suite* – 68%

Q19e: Appraisal / Performance Review: the values of my organisation were discussed as part of the appraisal process.

- WM *General Medicine* – 81%
- WM *Osterley 2* – 81%
- CW *Decontamination* – 80%

Q19g: Appraisal / Performance Review: My manager supported me to receive this training, learning or development.

- WM *Osterley 2* – 92%
- WM *Crane Suite* – 87%
- CW *St Mary Abbots Ward* – 89%

Questions where the Trust scored *significantly worse* than in 2018:

- **Q6a:** I have unrealistic time pressures.
- **Q11c:** During the last 12 months have you felt unwell as a result of work-related stress?
- **Q13b:** In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from Managers?
- **Q23a:** I often think about leaving this organisation.
- **Q23b:** I will probably look for a job at a new organisation in the next 12 months.
- **Q23c:** As soon as I can find another job, I will leave this organisation.



Appendix 2

Chelsea and Westminster Hospital NHS Foundation Trust Benchmark Report:-

http://www.nhsstaffsurveyresults.com/wp-content/uploads/2020/02/NHS_staff_survey_2019_RQM_full.pdf

Chelsea and Westminster Hospital NHS Foundation Trust Directorate Report:-

http://www.nhsstaffsurveyresults.com/wp-content/uploads/2020/02/NHS_staff_survey_2019_RQM_directorate.pdf



How Staff Engagement is compiled

Staff Engagement consists of three categories: "Advocacy", "Involvement" and "Motivation".

Each category consists of three questions from the NHS Staff Survey 2019 (nine in total) detailed below:

Advocacy

- I would recommend my organisation as a place to work (Q21c)
- If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation (Q21d)
- Care of patients / service users is my organisation's top priority (Q21a)

Involvement

- I am able to make suggestions to improve the work of my team / department (Q4b)
- There are frequent opportunities for me to show initiative in my role (Q4a)
- I am able to make improvements happen in my area of work (Q4d)

Motivation

- I look forward to going to work (Q2a)
- I am enthusiastic about my job (Q2b)
- Time passes quickly when I am working (Q2c)



Key
Red = Below Trust Score
Green = Equal to or Above Trust Score

WCH

Theme	Equality, Diversity and Exclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
CW WCH	8.9	5.8	7.0	6.2	6.0	7.8	6.6	8.7	7.1	7.5	7.0
No of responses	493	493	493	492	493	493	493	496	495	495	495
WM WCH	8.7	5.3	6.5	6.3	7.7	7.7	6.6	9.6	7.0	6.7	6.7
No of responses	146	147	146	145	133	146	146	146	147	146	141
Trust	8.5	5.8	6.8	6.0	6.3	7.8	7.5	9.3	7.0	7.3	6.9
CW EIC	8.1	5.6	6.8	5.8	6.1	7.6	6.8	8.6	7.0	7.3	6.8
No of responses	297	299	300	294	270	300	296	295	300	301	298
WM EIC	7.7	5.8	7.2	6.1	7.1	7.9	6.6	8.2	7.0	7.4	7.1
No of responses	356	364	366	356	320	363	355	358	360	368	361
Trust	8.5	5.8	6.9	6.0	6.3	7.8	7.5	9.3	7.0	7.3	6.9

EIC

PDC

Theme	Equality, Diversity and Exclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
CW CSD	8.9	5.8	6.7	5.7	6.4	7.7	8.0	9.7	6.9	7.1	6.6
No of responses	298	304	303	298	237	284	299	300	301	305	301
WM CSD	9.0	5.6	6.7	5.9	5.8	8.0	8.0	9.7	6.8	7.2	6.6
No of responses	200	204	204	202	155	194	199	201	203	206	201
Trust	8.5	5.8	6.9	6.0	6.3	7.8	7.5	9.3	7.0	7.3	6.9

CSD

Theme	Equality, Diversity and Exclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
CW PDC	8.2	5.4	7.0	6.1	6.3	7.8	7.0	9.0	7.0	7.3	7.0
No of responses	315	318	318	315	277	315	315	315	318	319	310
WM PDC	8.6	5.8	7.1	6.2	6.4	7.8	7.3	9.2	7.0	7.5	7.3
No of responses	199	202	202	201	185	200	198	200	202	205	200
CW COR	7.7	5.1	6.2	5.4	5.3	7.2	8.2	9.6	6.1	6.7	6.6
No of responses	33	33	33	33	26	16	32	33	33	33	32
Trust	8.5	5.8	6.9	6.0	6.3	7.8	7.5	9.3	7.0	7.3	6.9

COR





CONFIDENTIAL

Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	4.1/Jul/20
REPORT NAME	CW Innovation Review (Chelsea and Westminster Hospital NHS FT and CW+ Charity)
AUTHOR	Chris Chaney, CEO CW+ and CW Innovation Co-Lead
LEAD	Chris Chaney, CEO CW+ and CW Innovation Co-Lead
PURPOSE	Update on CW Innovation programme, officially launched in September 2019
SUMMARY OF REPORT	Overview of CW Innovation programme Key achievements of programme to date Next steps
KEY RISKS ASSOCIATED	N/A
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For information/discussion.



CHRIS CHANEY, CW+ CHIEF EXECUTIVE & CW INNOVATION CO-LEAD





The only programme of its kind in a UK acute hospital

Identifies and tests new innovations that improve patient care, patient experience and operational efficiency

To scale and replicate across the NHS and beyond

Vision to become a global leader in healthcare innovation



UNIQUE MODEL

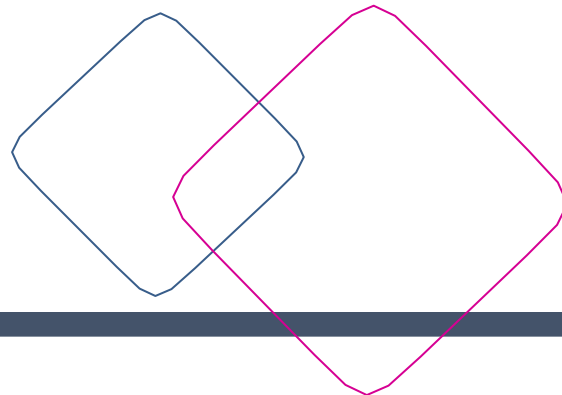
Formalised and launched in September 2019

Internal team of dedicated innovation business partners

External, expert Innovation Advisory Group

Pipeline of over 70 innovation projects

Partner organisations – NHS and external



SMART HOSPITAL

CW Innovation is a cornerstone of the Trust's Smart Hospital strategy:

Smart Care

- Improving patient connectivity
- Care beyond the walls of the hospital

Smart Operations

- Optimised services at no extra cost
- Maximising AI to support smarter management and delivery of care

Smart Ideas

- Nurturing a proactive and cohesive internal culture
- Providing a real-world test site for new ideas and innovations



LEADING PARTNERS

SMART CARE

Connected care
Remote monitoring

Attend Anywhere
Medicspot
PKB
DrDoctor
Medopad
Samsung
Optum
Viiv
Sensium
Sensyne
GE
Apple

SMART OPERATIONS

Digital integration & interoperability
Maximising AI

BT
Cerner
IPSoft
Palantir
Skin Analytics
RPA

SMART IDEAS

Innovation culture
Providing real-world test site

Nova
Innovate UK
InnovationRCA
DH.LA



THOUGHT LEADERSHIP

Speaker opportunities including HSJ Digital Transformation Summit, Digital Health Rewired, DH.LA

Sole partner at PitchFest 2020

BMJ and HSJ award nominations & Building Better Healthcare win

Digital Health podcast

Target media coverage including first-of-a-kind remote monitoring out of hospital setting, environmental sensors, early delirium detection



CULTURE OF INNOVATION

Visible, proactive, cohesive

Internal events including:

- CW+ Dragon's Den
- RIQI event
- The Future of Innovation with Prof Ferrari

External recognition:

- NHS Providers Report
- NHS Academy of Fabulous Stuff & IHM webinars



CW INNOVATION & COVID-19

Radically and rapidly changed our approach to care delivery in response to pandemic

Remote monitoring, reporting, communicating, caring

COVID-19 Rapid Response Fund

Fast-tracked innovations to address the emerging and pressing needs of our staff and patients

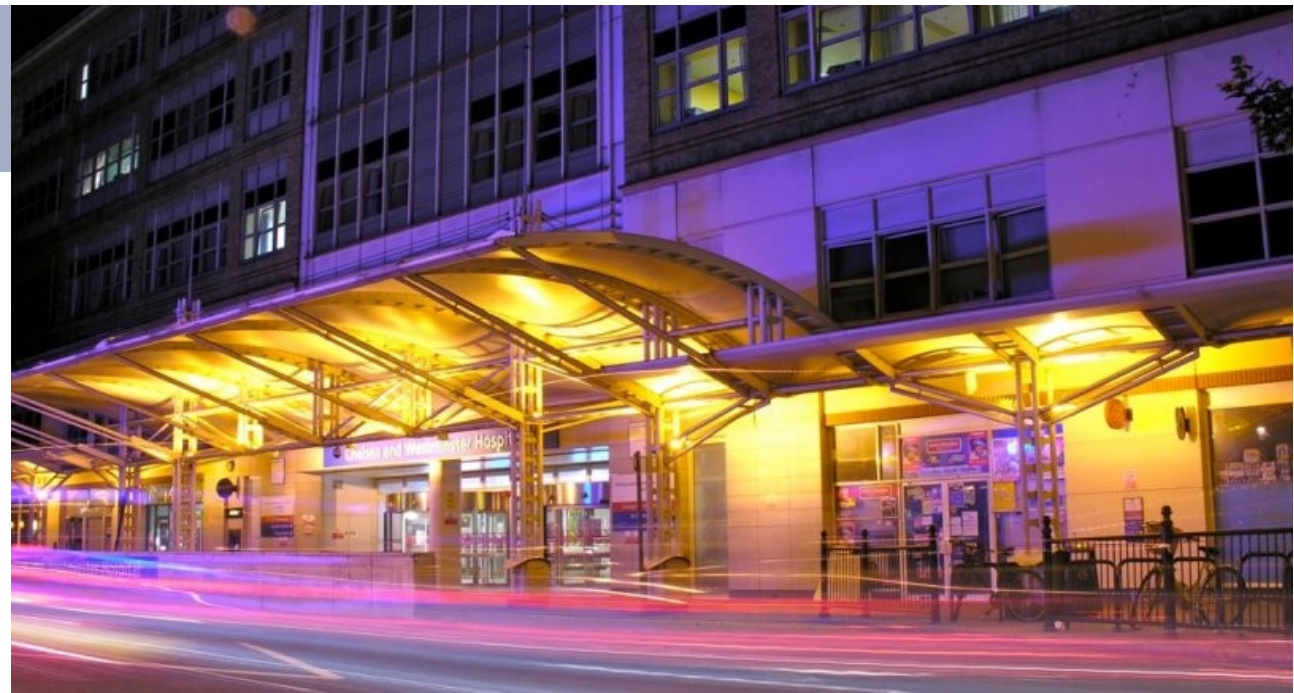
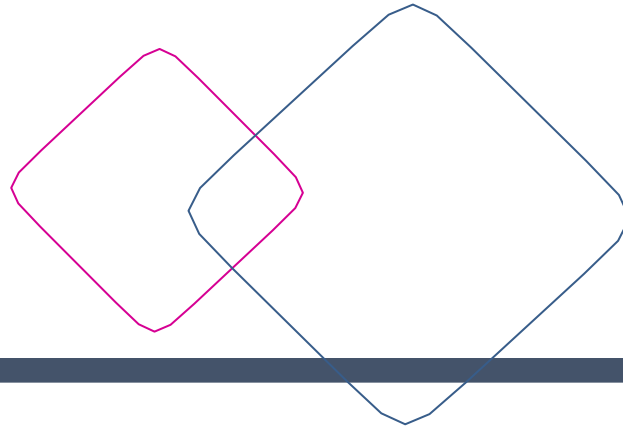


NEXT STEPS

Objectives for 2020 include:

- The Ideas Lab
- Digital evolution
- ICU

2021 and beyond





Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	4.2/Jul/20
REPORT NAME	Digital Programme Update
AUTHOR	Bruno Botelho – Director of Digital Operations
LEAD	Rob Hodgkiss – Deputy CEO Kevin Jarrold – Chief Information Officer
PURPOSE	The purpose of the paper is to provide the Trust Board with an update on the Cerner Electronic Patient Programme and other digital programmes.
SUMMARY OF REPORT	The report provides an overview of the Cerner EPR Programme as we conclude Phase 3 – the implementation of functionality including the capability to support clinical documentation by doctors, nurses and therapists and the use of e-prescribing and medicines administration at the West Middlesex Hospital .
KEY RISKS ASSOCIATED	The main risks associated with the implementation of a complex EPR solution have been addressed or mitigated
FINANCIAL IMPLICATIONS	Note any financial implications, not covered in above.
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	This report presents an opportunity to demonstrate how we perform against our corporate objectives in 2020/21: • Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	The Board is asked to note the report.

Digital Programme Update

Overview of our Cerner programme...

- The most ambitious Electronic Patient Record deployment ever undertaken in the NHS
- Two years of delivery in three phases
- Phase 2 the most technically complex Cerner deployment to date
- Significant best practice identified via NHS Digital – Clinical Safety Case / Blueprint for future deployments
- Operational delivery excellent – Phase 2 during winter and immediately before a CQC visit, Phase 3 immediately post COVID-19 peak.
- No show stoppers re Performance – maintained well throughout
- Strengthened relationships across ICHT and CWFT leading to improved pathways for 100'000's patients
- Overall an excellent example of Technical/Clinical & Operational MDT working

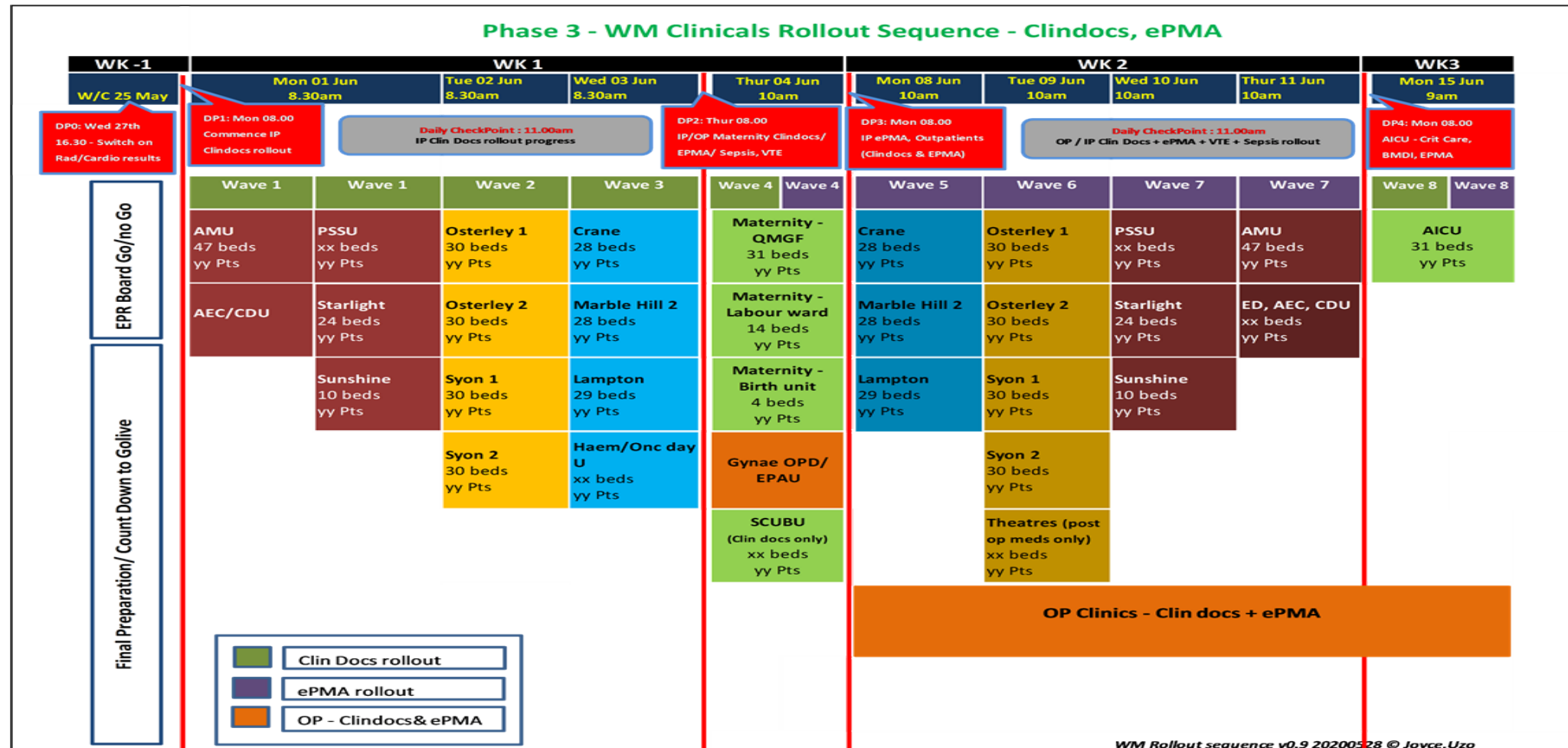
Implementation of the Cerner Electronic Patient Record

- Purpose of the project was to deliver an enterprise wide electronic patient record
- The aim was to implement at pace the digital capability that Imperial had implemented over the last 9 years
- The plan was to do the implementation over three phases – see next slide
- The programme has delivered a successful outcome based upon:
 - Exceptional clinical and operational leadership, ownership and engagement
 - A fit for purpose technical solution from Cerner
 - An experienced programme team that was able to draw on the lesson learnt from the ICHT implementation

Recap – Programme Overview

- **Phase 1 – West Middlesex Hospital – went live May 2018**
 - Patient Administration System, Emergency Department and Theatres
- **Phase 2 – Chelsea and Westminster Hospital November 2019**
 - Patient Administration System
 - Emergency Department
 - Theatres
 - Order Communications
 - E-Prescribing and medicines administration
 - Medical device integration
 - Critical Care
- **Phase 3 – West Middlesex Hospital – went live June 2020**
 - Roll out of clinical documentation for doctors, nurses and therapists
 - E-Prescribing and medicines administration
 - Reporting functionality not in scope above

Update on Phase 3 – West Middlesex



Phase 3 – Programme Dashboard

Areas	Clinical Functionality Live @ WM			
	Clin Docs/Vitals	ePMA	VTE	SEPSIS
AMU	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
CCU	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
PSSU	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Starlight	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Sunshine	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
CDU	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
ED	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Osterley 1	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Osterley 2	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Syon 1	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Syon 2	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Theatres (post op meds)	N/A	LIVE ✓	N/A	N/A
Crane	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Marble Hill 2	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Lampton	LIVE ✓	LIVE ✓	LIVE ✓	LIVE ✓
Haem/Onc	LIVE ✓	N/A	N/A	N/A
Outpatient Clinics	LIVE ✓	LIVE ✓	N/A	LIVE ✓
Maternity wards	LIVE ✓	LIVE ✓	Loading...	N/A
Labour	LIVE ✓	LIVE ✓	Loading...	N/A
Birth unit	LIVE ✓	LIVE ✓	Loading...	N/A
SCBU	LIVE ✓	N/A	N/A	N/A
Gynae OPD/ EPAU	LIVE ✓	LIVE ✓	Loading...	N/A
AICU/HDU (Device integration)	LIVE ✓	LIVE ✓	N/A	N/A

Next steps...

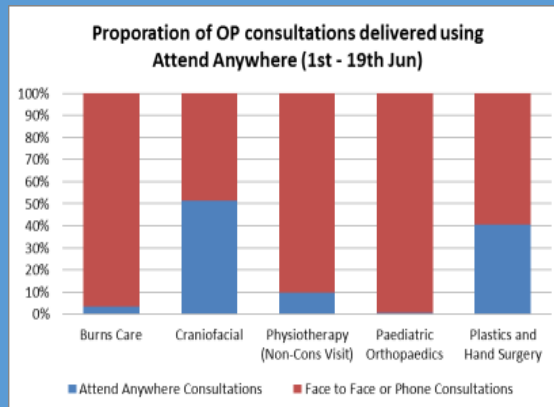
- Planned Cerner upgrade 10/11 July – period of downtime is required across the shared domain (CWFT & ICHT)
- Preparation for the implementation of order communications for pathology and radiology at the West Middlesex. This will be scheduled after the new Radiology Information System goes live on 29th June
- Work is now getting underway on the benefits realisation work stream
- A collaborative approach with London North West and Hillingdon Hospital is being developed for a shared Cerner solution across the whole of North West London...

Cerner Strategy for NW London

- In January decision was made to go with two Cerner domains:
 - Domain 1: Imperial and Chelsea and Westminster
 - Domain 2: London North West and Hillingdon Hospital
- Key driver for the decision:
 - London North West and Hillingdon Hospital wanted to have a new domain of their own
 - A belief that technology would ultimately provide a solution to the dis-benefits of having two systems
 - A view that there would not be a need to manage significant patient flows between Inner and Outer NWL
- Why the decision has changed:
 - Experience of working through COVID-19 has demonstrated a need for close collaboration across the whole NWL health economy
 - The expectation that as we move into Recovery there will be a need to operate at an ICS level and having two separate Cerner systems would hinder that

Other Digital Projects

Attend Anywhere – video consultation solution:



- We now have a working solution with over 330 consultations undertaken
- Approximately 90% of Attend Anywhere consults are by services based on the Chelsea site
- Plans are now being developed to drive wider adoption

The Care Information Exchange

- Provides patients with access to their patient record including clinic and discharge letters, test results etc.
- We now have over 10,000 patients registered to use the system
- Patients will be able to register through the self check in kiosks – final testing is now underway.
- Cerner 'Blue Button' single sign on link to CIE to be completed by July
- Additional clinical pathways for remote monitoring being set up including; Menopause, Pain Management, Endoscopy, COPD, Oncology, Gastro, Paediatrics
- Remote patient sign up continues via video appointment and SMS invitation

DrDoctor

- All appointment letters now available digitally- 60% of our patients access the digital copy, saving print cost
- If patients don't access digital copy, a printed copy is always sent
- Outpatient text reminders currently on ERS connect (WM) and Netcall (CW), but will now be moved onto DrDoctor
- Rescheduling via mobile directly into Cerner in live for pilot services



Board of Directors Meeting, 2 July 2020

PUBLIC SESSION

AGENDA ITEM NO.	5.1/Jul/20
REPORT NAME	Guardian of Safe Working Q4 Report
AUTHOR	Dr Rashmi Kaushal, Consultant Physician Diabetes and Endocrinology
LEAD	Dr Roger Chinn, Acting Medical Director
PURPOSE	To provide feedback on implementation of the New Junior Doctor Contract
SUMMARY OF REPORT	Exception Reporting For Q4 2019-20.
KEY RISKS ASSOCIATED	Patient safety
FINANCIAL IMPLICATIONS	Where working conditions are breached and doctors work extra hours, they will be remunerated either as a payment, time off in lieu. Where there is failure of the Educational/Clinical supervisor to respond to exception reports submitted to them, fines shall be levied and collected from the relevant department and division. Rota Gaps need to be filled and this will have financial implications on the divisions affected.
QUALITY IMPLICATIONS	Safe working, clinical supervision and on- going education are all an integral part of a doctors training and patient safety
EQUALITY & DIVERSITY IMPLICATIONS	Ensuring all junior doctor rotas are managed equitably.
LINK TO OBJECTIVES	Being an employer of choice for junior doctors is supported by the oversight provided by the Guardian of Safe Working.
DECISION/ ACTION	For noting.

Guardian of Safe Working Hours Report: Quarter 4 of 2019-20

1. Executive Summary

Exception Reports are at the lowest with only 63 reports submitted for this quarter compared to 277 submitted for the same period in Q4 2018-19. This is the lowest number of reports submitted for any quarter and is reflective of the significant improvement in rota gaps which are now at just 14 across both sites.

The main objectives of this quarter have been to prepare Juniors Doctors for the unprecedented COVID-19 Pandemic. Much of this quarter has focussed on extraordinary meetings with Junior Doctors and Senior Leadership teams to ensure that the Junior Doctor Body has been informed and engaged in the process.

The emphasis has been on the recognising that clinical services will be significantly stretched and this might be compounded by staff shortages due to sickness, imposed self-isolation and in some cases caring responsibilities.

Pippa Nightingale, the DME's and Medical Directors have lead on extraordinary interactive meetings with the Junior Doctor Forum on both sites to educate juniors about donning and doffing procedures. All Trust employed juniors on the front line have been fit tested for PPE masks from the outset.

Foundation Trainees who were due to rotate to new posts at the start of Q4 March 31st have been retained in existing placements until June 2020 at the earliest. It has been accepted by trainees that rotating at such a critical time will result in additional complexity and reduce efficiency at a time when it is most needed. GPVTS rotation scheduled for 01 April 2020 will also not go ahead. This means that the current cohort of GPVTS doctors working at this Trust will remain in post.

Further changes have also been made to working patterns for Foundation Doctors from planned Care areas to enable deployment to ITU and the Emergency Departments and COVID-19 wards. This movement has been enabled after robust induction and training combined with compliant rota design.

All junior doctor rotas have been modified to create 24/7 care provision. This has been successfully implemented since March 23rd 2020.

A total of 293 rotas have been impacted by redeployment or amendment to support the Trust's response to the COVID-19 Pandemic. All doctors will be sent a written variation to contract confirming the temporary change to their working patterns. It has been agreed at this Trust that there will be pay protection for all our Junior Doctors at this time.

In line with staff well-being, Junior Doctors have been offered free local hotel accommodation. Hot and cold meals have been provided free of charge and in abundance to the junior doctor mess areas, wards and rest areas.

There are no Red or Amber flag areas. No fines have been levied by the GOSW for this quarter

2. Rota Gaps: Table 1

- Rota Gaps continue to be a national problem. The Trust has responded by ensuring that existing gaps have been filled promptly to ensure patient safety and maintain desired standards of clinical care. Our Rota gap status has come down from 25 in Q3 to 14 in Q4.
- The rota gap status for GOSW report is based on information gathered from clinical leads, rota coordinators, the medical workforce and college tutors. At present, there is no real time application that provides rota gap visibility on a day to day basis.
- Most gaps have been filled by Junior Clinical Fellow Posts. There has been active succession planning of such posts to ensure quality training with designated Educational Supervisors and engagement in the Trust Appraisal process.

Site	Department	Gaps for Quarter 3 of 2019	Anticipated Quarter 4 2019/20	Solutions
C&W	COTE	1 CMT1		Intermittent locum cover only
WM	Anaesthetics	10 gaps (4 rotas designed for 8 people each and have 22 WTE people on them).	Current Rota gaps filled by Planned Care consultants	Locum cover by existing staff.
WM	General Surgery	SHO grade: 3 vacant posts (SHO/CT2/F2)		Filled by long term locums and 2 SHO, filled with short term locum

3. Rota design process for implementation of COVID Service

14 Foundation trainees have been deployed from Planned Care and Psychiatry to A&E, ITU and Medicine. 4 Foundation trainees have been retained in A&E.

Grade	Speciality	Deployment	Induction	Supervisor Identified.
FY1	Psychiatry	Medicine 23/03/20	✓	✓
FY1	Psychiatry	Medicine 23/03/20	✓	✓
FY2	A&E	A&E (retained)	✓	✓
FY2	General Surgery	A&E 30/03/20	✓	✓
FY2	Psychiatry	A&E 30/03/20	✓	✓
FY2	Psychiatry	A&E 30/03/20	✓	✓
FY2	Psychiatry	A&E 30/03/20	✓	✓
FY1	O&G	AMU 26.03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
FY1	General Surgery	ITU 30/03/20	✓	✓
CT2	Orthopaedics	ITU 26/03/20	✓	✓

4. New Terms and conditions implementation

With regards to the maximum 1:3 weekend frequency, this will impact many front line rotas in the emergency setting. At the time of the current COVID pandemic, the Trust has made patient safety a priority. This has been supported by the junior doctor body

New Terms	Implementation	Additional Information	Trust Status
August 7 th 2019	Additional 30 minute break when working a night shift of 12 or more hours.	All divisions informed and engaged	Compliant
December 2019	Maximum of 72 hours worked in any consecutive 168 hour period.	All training post rotas are complaint for 72 hour working week.	Compliant
February 2020	Rest after night shifts; 46 hours rest after any number of nights worked (reduced from 3 nights worked) Maximum 1:3 weekend frequency	137 rotas reviewed.	11 rota changes for frontline 1:3 weekend frequency deferred to August 2020
August 2020	The maximum number of consecutive shifts worked to be reduced from 8 to 7. The maximum number of consecutive long day shifts reduced from 5 to 4		Compliant March 2020

Table 3: 1:3 weekend Frequency Rota changes to be deferred until August 2020 by Division.

Site	Division	Department	Grade	Breach	Outcome
WM	Women and Children	Paediatrics	ST1-3	Max of 1:3 weekend frequency	Deferred until August 2020
C&W	Women and Children	Paediatrics	CT, ST1-3	Max of 1:3 weekend frequency	Deferred until August 2020
WM	Planned Care	Anaesthetics	CT1-2, ST1-8	Max of 1:3 weekend frequency	Deferred until August 2020
WM	EIC	A&E	FY2	Max of 1:3 weekend frequency	Deferred until August 2020
WM	EIC	A&E	ST1-2	Max of 1:3 weekend frequency	Deferred until August 2020
WM	EIC	Urgent Care	GPVTS	Max of 1:3 weekend frequency	Deferred until August 2020

5. Junior Doctor Forum

- The Junior Doctor Forum at this Trust is very well attended and has evolved to become a place where doctors can develop a better understanding of the Trust Vision and goals.
- The fourth quarter has focussed on preparing and supporting juniors during COVID19 Pandemic. Pippa Nightingale has led on education about Donning and Doffing which has been vital to ensure the safe practice of our junior doctors.

Wednesday 22nd January C&W: Dr Gary Davies Medical Director: Trust Vision Up Date

Wednesday February 26th WM: Rest Facilities and spending of residual funds

Tuesday 17th March WM: Pippa Nightingale, Tina Cotzias and Iain Beveridge COVID19

Wednesday 18th March C&W: Pippa Nightingale, Orhan Orhan and Gary Davies COVID 19

Exception Reporting

All junior doctors are actively encouraged to submit exception reports where they feel that there have been changes to their working conditions as dictated by contractual requirement. All reports are used constructively to improve working conditions and junior doctor safety. The marked reduction in reports during a busy winter quarter is reflective of improved staffing and significant reduction in rota gaps.

Division	C&W: 30	WMUH: 33
Emergency & Integrated Care	AMU:2 Cardiology: 2 Neurology: 3 Gastroenterology : 10 COTE: 3	COTE: 20 (Deanery Visit Jan 2020) Respiratory: 3
Planned Care	Burns: 2 General surgery: 5	ENT: 4 General surgery: 6
Women and Children	Paediatrics: 3	

Appendix 1-Exception Reporting Analysis:

Table # 1 outlines the reports for each speciality and also the on- going efforts to resolve the issues. It is RAG rated for convenience.

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

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

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

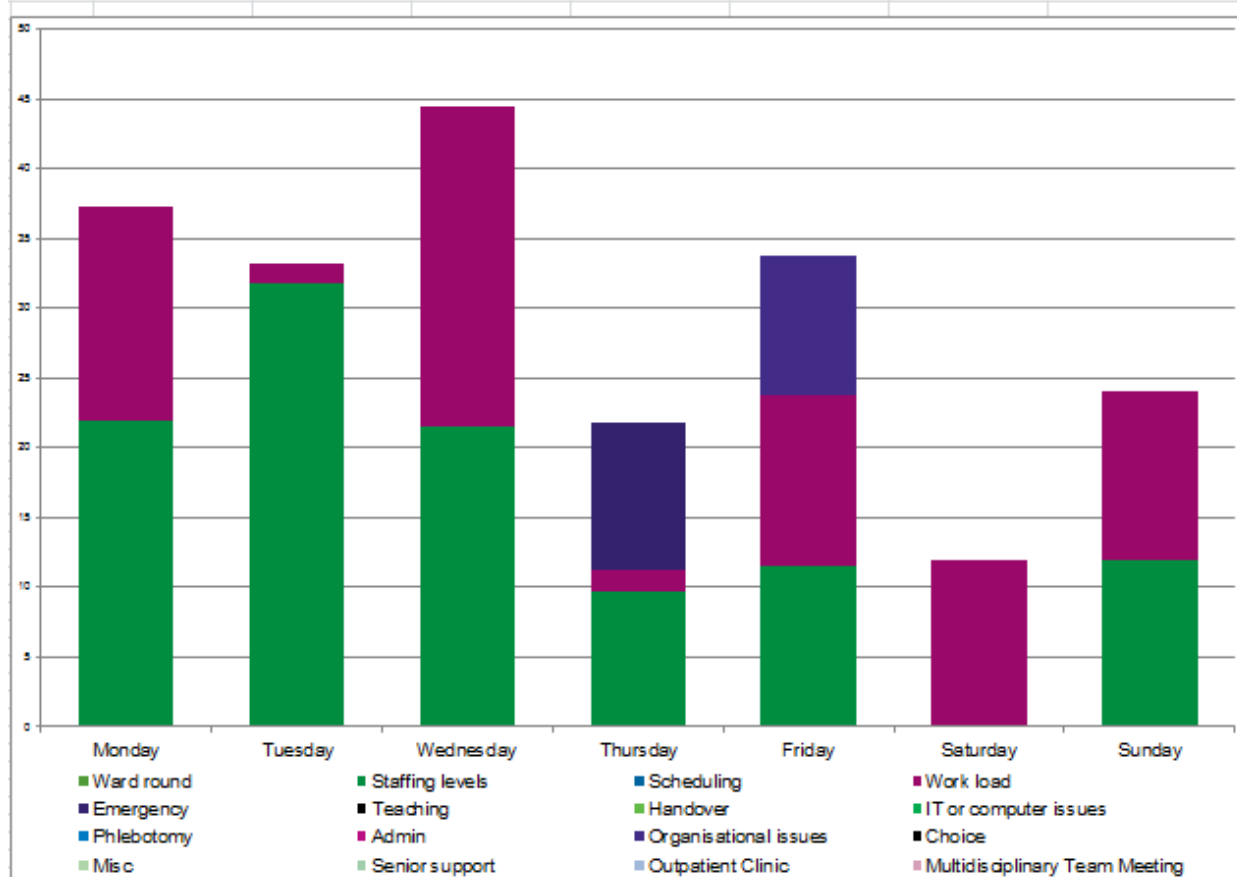
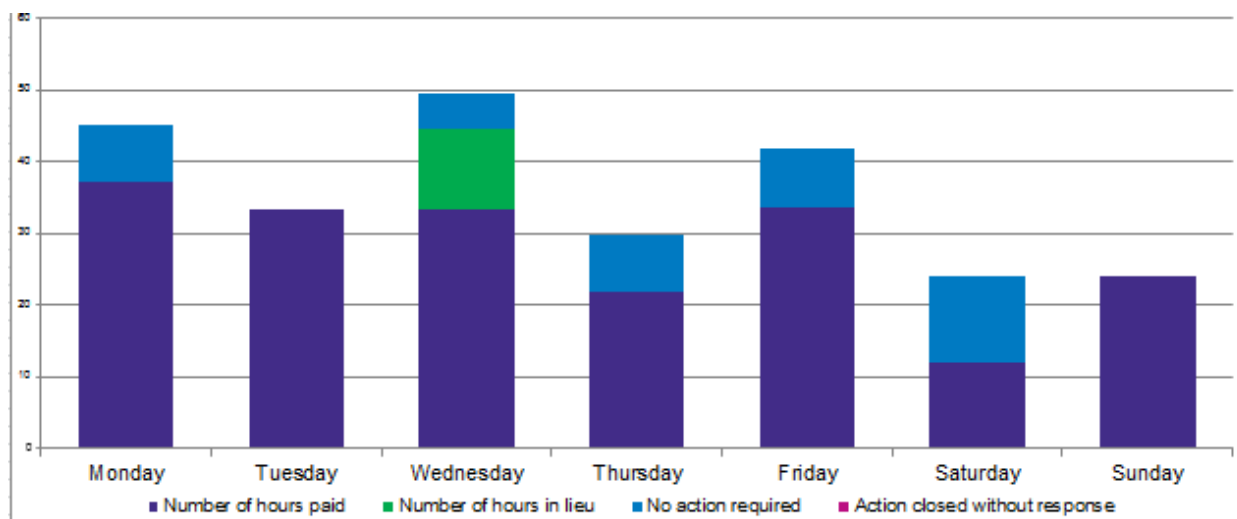
Graph and Table # 5 compares each speciality across both sites.

Table 1:

Department	No of reports	Grade	Themes	Trends
WMUH: COTE	20	FY1,ST1, ST3	Long term sickness of 2 Consultant Grades.	Deanery Visit Jan 2020
WMUH: General Surgery	6	FY1		Seasonal
C&W: General Surgery	5	FY1		Seasonal
WMUH: Respiratory	3	FY1		Resolved
C&W: AMU	3	FY1		Resolved
C&W: COTE	3	FY1		Resolved
C&W: Gastroenterology	10	FY1		Improving Trends
C&W: General Surgery	5	FY1		Resolved
C&W:Neurology	3	FY2,		Resolved
C&W: Paediatrics	4	ST2		Resolved

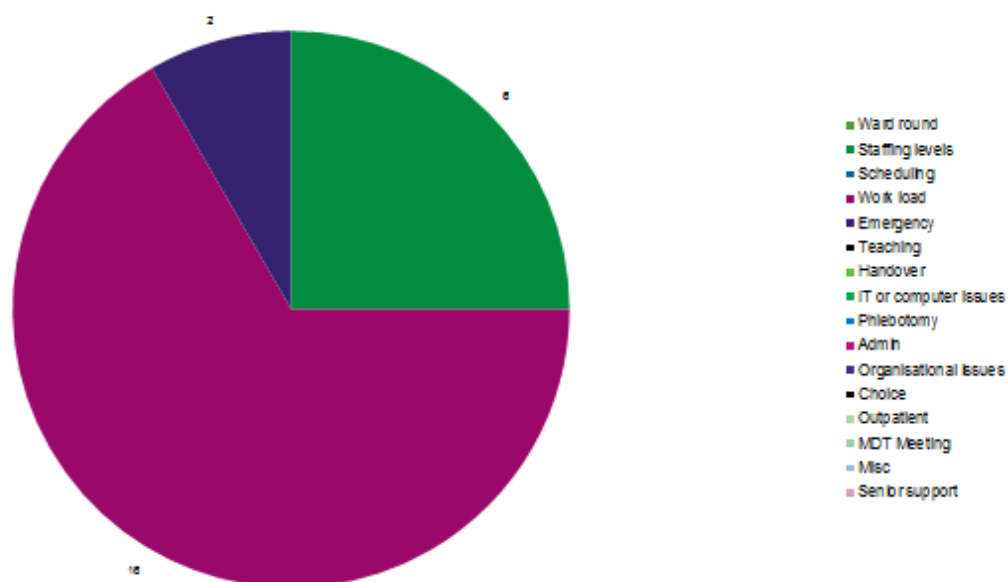
Graph 2: Exception reports throughout the week and observed themes.

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	9	15.5%	49	37	0	8
Tuesday	9	15.5%	41	33	0	0
Wednesday	12	20.7%	89	33	11	5
Thursday	6	10.3%	45	22	0	8
Friday	15	25.9%	89	34	0	8
Saturday	7	12.1%	62	12	0	12
Sunday	5	8.6%	35	24	0	0

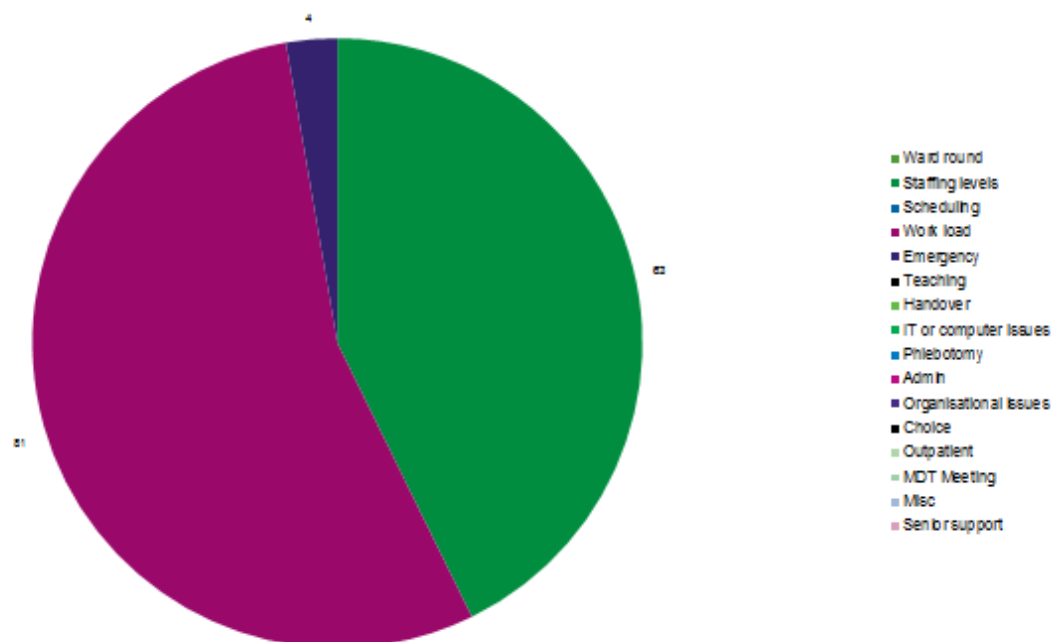


Graph and Table #3 - Overview of Exception Themes – CW

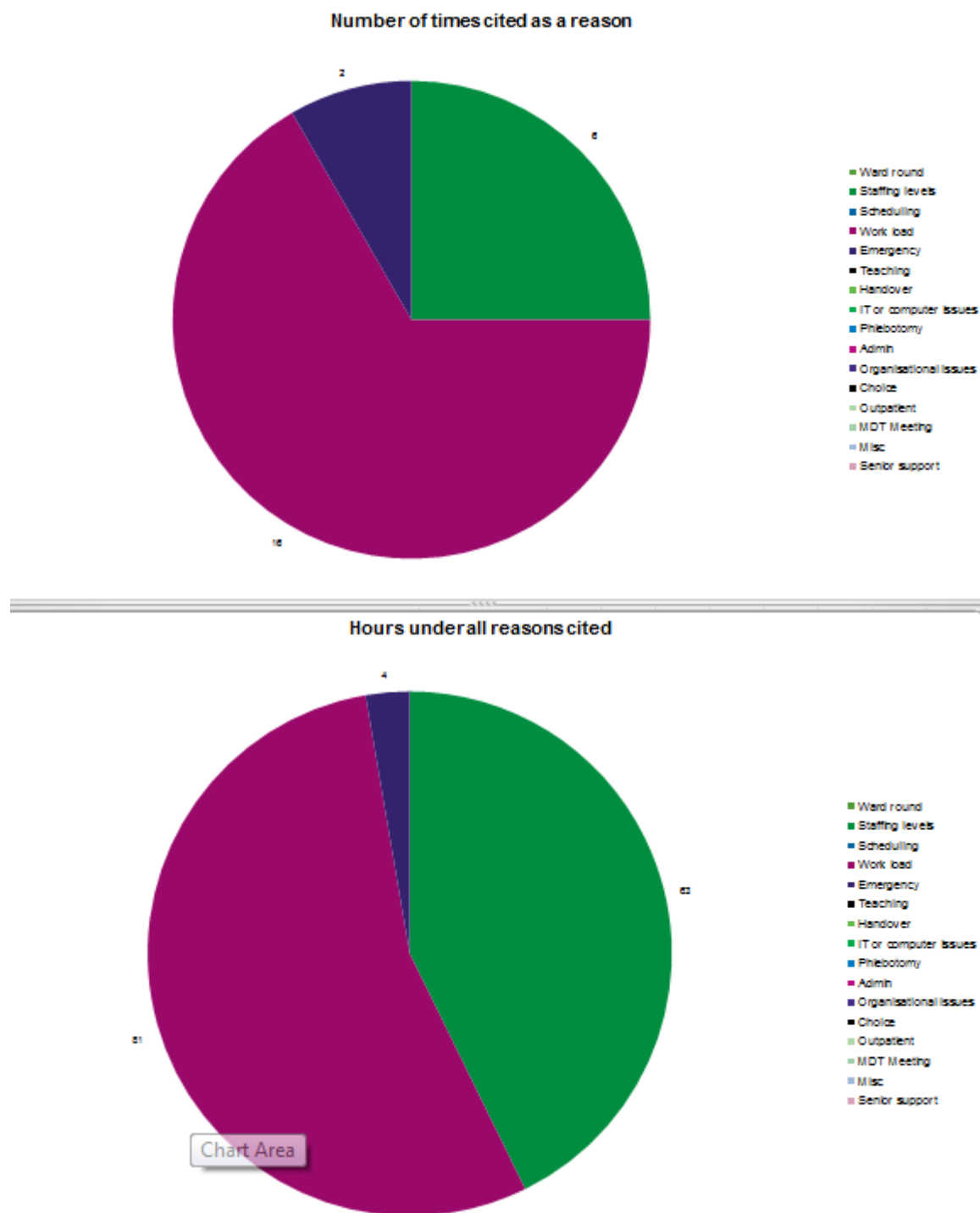
Number of times cited as a reason



Hours under all reasons cited



Graph and Table #4 - Overview of Exception Themes WMUH



Graph 5 - Overview of Exceptions per Site and Speciality

