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Welcome from our Chairman and Chief Executive

We are delighted to be able to introduce this year’s Annual Review, which showcases the highlights of the last year at Chelsea and Westminster.

There have been great changes in the structures of the NHS and at the hospital itself which have come to fruition in 2013/14. We have welcomed new executive and non-executive directors who have brought different experience and expertise to help shape the long-term vision of the hospital in order to be able to adapt to the new future for the NHS as a whole.

The year’s key milestone was the Trust’s 20th anniversary having been officially opened by Her Majesty the Queen in May 1993. It was wonderful to remember this experience by having the official Royal opening of Chelsea Children’s Hospital carried out by her son HRH Prince Charles and HRH The Duchess of Cornwall. We have come a long way during this time—the bringing together of different hospitals, development of innovative services and addressing the changing needs and expectations of patients—and these themes will continue in the coming years.

The change in focus for commissioning—keeping people out of hospital unless they absolutely need to be there—has an inevitable impact on hospital finances. While we finished the financial year in a strong position, it is not as strong as in previous years and the Trust must be agile in order to navigate its way through a difficult financial NHS landscape, to ensure it continues to provide high-quality care long into the future.

I hope you enjoy reading this shortened version of our 2013/14 Annual Report, which details our clinical achievements and where our priorities lie in the years ahead in order to deliver the best possible care and experience to our patients. The full report is available at www.chelwest.nhs.uk/annualreport.

Sir Tom Hughes-Hallett (Chairman)      Tony Bell OBE
Chairman         Chief Executive
A few facts and figures about Chelsea and Westminster

• Main hospital is based on Fulham Road in the Royal Borough of Kensington and Chelsea with 3,000 staff treating more than 650,000 patients each year

• 24/7 A&E department for adults and children—with the best national performance against the four hour target for the past two years

• Services include a full range of inpatient, day care and outpatient services. We try to bring NHS care out of the hospital setting where possible, making services more convenient to access, including sexual health services based at John Hunter Clinic at St Stephen’s Centre, 56 Dean Street and Dean Street Express in Soho and West London Centre for Sexual Health at Charing Cross Hospital

• Specialist services include paediatric and neonatal surgery, HIV and sexual health, maternity care for women with high risk complications, the treatment of adults and children with burns and bariatric weight-loss surgery

• We’re passionate about research—thanks to the excellent work of our researchers, clinical breakthroughs and new treatments can reach our patients more quickly
Join our Foundation Trust

You can join the Trust as a member if you are over 16 years of age and live in one of the four boroughs in the hospital’s area (Hammersmith and Fulham, Kensington and Chelsea, Wandsworth, and Westminster), have been a patient or outpatient at Chelsea and Westminster Hospital during the past three years, or are a carer of a patient. Staff automatically become members unless they opt out.

Everyone who qualifies is encouraged to join our Foundation Trust. Membership is free of charge and shows your interest in this hospital and support for what we are doing. Trust members receive three issues of *Trust News* each year and a monthly email newsletter if they provide their email address, as well as invitations to the Annual Members Meeting and the Open Day. Members are also invited to vote in Council of Governors elections and attend our very popular ‘Medicine for Members’ seminars on important health topics.

Members can stand for election to the Council of Governors if they wish, and are welcome to give feedback to a governor at one of our ‘Meet a Governor’ sessions which are advertised on the Trust website and at the entrance to the hospital.

A new benefit introduced for members is that they can use the NHS Discounts scheme, previously limited to NHS staff.
Interesting facts in 2013/14

- Foundation Trust membership of 15,276
- Delivered 5,800 babies
- Cared for 76,000 inpatients
- Saw 590,000 outpatient appointments (including physiotherapy)
- Treated 112,500 patients in A&E
- Taken 77,000 X-rays and scans (excluding maternity sonography)
- Undertaken 21,394 operations (emergency and elective)
- Served 446,628 meals
- Dispensed 369,976 individual prescriptions
- Used 106,140,000 litres of water
- Appointed 565 new staff
- Employed 3,012 staff
- Screened 180,000 patients for HIV and sexual health
- Used 2,432 litres of hand gel
- Welcomed one new chairman
- £2.3m was raised by Chelsea and Westminster Health Charity
- Installed 3,000 energy efficient light bulbs
- Trust turnover of £366m
- Disposed of 1,727 tonnes of waste
- Washed 457,725 bed sheets and 22,662,942 pillow cases
- Used 37,440 toilet rolls

Self screening rooms at Dean Street Express, our newest sexual health clinic.
Patient feedback

- **Patient DT**—I recently visited the Dean Street Express service for the first time. Your staff were all very friendly and efficient and the service provided was incredible and I was seen almost immediately. I was completely surprised as well by the environment being so modern and having a nice atmosphere. I felt very comfortable at your centre and your nurse who attended to me was both fast and very professional. Please accept my personal thanks and congratulate you all on such an impressive forward thinking operation.

- **Mum HP**—I recently gave birth to our baby son and could not have been happier with the care received. Overall we are very, very happy and grateful with our experience. Having doulas [non-clinical maternity support staff] on the postnatal ward is an extra bonus and also much appreciated. I have worked on labour wards during my training and know how fraught and hectic things can get but this was completely the opposite and we have a healthy baby boy and no complaints whatsoever.

- **Patient SR**—The kindness, concern and empathy demonstrated by Sam was absolutely crucial in ensuring my recent stay was as comfortable as possible, and left a lasting positive memory of Chelsea and Westminster Hospital. While any hospital stay is unwelcome, and as such it would be unusual for me to say that I look forward to my next visit, I feel safe in the knowledge that members such as Sam, and indeed fellow members of the Acute Assessment Unit, are on hand to help patients through what is always a very difficult time.

- **Patient SC**—I have nothing but praise and admiration for all the staff who helped me at your hospital. My wife and I were enormously impressed by the combination of professionalism and kindness shown by all the staff we came into contact with. I well know how hard the achievement and maintenance of consistent excellence is and can only thank and congratulate you for what you have achieved.

- **Mum SR**—I am writing to say thank you so much for such a fantastic experience from our first appointment to discharge. As a healthcare professional, the care that we got including those people who visited us while we inpatients, far exceeded any expectations that I may have had. All your staff were very helpful and polite and happy. The midwives in particular were very calming and incredibly intuitive, even in the middle of the night.
Recognising staff

The high standards achieved and maintained by the Trust and its staff were marked with nominations and successes in a number of awards.

- **HSJ Improving Care with Technology Award**: The team at 56 Dean Street won this award (pictured right) in recognition of their project Dean Street @ Home. This unique service, supported by Gaydar and Dr Thom, provides an online self-assessment of HIV risk, the opportunity to self-test with a postal mouth swabbing sampling kit and test results provided by telephone. We are the first NHS provider to deliver such a home-testing service.

- **BMJ Awards 2013**: Medicines @ Discharge (M@D) and Dean Street @ Home projects were both winners at the 2013 BMJ Improving Health Awards. Dean Street @ Home won the ‘Transforming Patient Care using Technology’ category and M@D won the ‘Improvement in Patient Safety’ category for their work to address medicines-related problems on discharge in adult patients admitted as an emergency.

- **Centre of Excellence NHS Healthcare Award**: The Trust’s Information Team won the ‘Best Use of Analysis to Reduce and Manage Unscheduled Care Flows’. The utility QlikView was deployed to map all patient flows through the A&E and Urgent Care Centre departments. The model is paired with a real-time dashboard to give an operational overview of progress.

- **David Bromham Memorial Award**: The Female Genital Mutilation Service (FGM) won the 2013 David Bromham Memorial Award which is presented by the Faculty of Sexual and Reproductive Health from the Royal College of Obstetricians and Gynaecologists. It is awarded for work which has furthered the practice of sexual and reproductive healthcare in any way and any setting. The FGM Service won the award for their collaborative work around women who have undergone FGM and the complex requirements of these women involving different medical disciplines.

- **Improved weekend re-admission rates**: Dr Foster Intelligence recognised the Trust as ‘Highly Commended’ for improved weekend readmission rates. This is an indication of the high quality and expert decision-making by senior doctors provided in the Trust seven days a week, which avoids previously discharged patients having to be brought back into hospital as an emergency within 28 days of their last visit.
• **Working with Children and Young People Now Awards:** The Trust was ‘Highly Commended’ in the Partnership Working category of these awards in 2013, a recognition of an innovative partnership with the Royal Borough of Kensington and Chelsea in organising a local authority play scheme.

• **Working Families Awards:** These awards cover the whole of the UK and recognise employers who support parents, carers and flexible workers with work-life balance and career development. The Trust was joint winner (with The Mid Yorkshire Hospitals NHS Trust) of the ‘Best for Children’ award. We were also named in the Top 21 Employers category, the only NHS body to be in that list.

• **American Epilepsy Society Nursing Award:** Siobhan Hannan won this award for her research project. This award and bursary enabled Siobhan to attend the AES International Conference in San Diego to present her project.

• **Star Awards:** The Star Awards, now in their third year, recognise staff who embody the Trust’s values. In 2013 more than 500 nominations were received across eighteen categories. The winner of the Council of Governors Special Award was Ellie Shepheard (Sister, Medical Day Unit, pictured above right) and the winner of the Chief Executive’s Special Award was the Burns team.

• **Council of Governors Quality Awards:** These are awarded twice a year to staff, either individuals or teams, who are regarded as having made an outstanding contribution to patient safety, patient experience, clinical effectiveness and the application of the Trust’s values.
18 March 2014

Their Royal Highnesses The Prince of Wales and The Duchess of Cornwall visited Chelsea and Westminster Hospital to officially open Chelsea Children’s Hospital.

Their Royal Highnesses were given a tour of the new children’s facilities including Saturn Ward (day case surgery), children’s theatres, Mercury Ward (inpatients) and Chelsea Community Hospital School.

While visiting theatres Their Royal Highnesses were able to try their hand at robotic surgery on a mannequin under the watchful eye of Chelsea Children’s Hospital’s team of surgeons.

After the tour Their Royal Highnesses joined guests for a ceremony where they unveiled the plaque to commemorate the opening.

“I felt so lucky meeting them because I spoke to them. Not many people get to meet the Royal Family! I have lots of photos with them to help me to remember that day forever!”

—Hadisa (17)
I was nervous at first but they were both so friendly and interested in what a day in hospital school was like.”
—Kate (10)

“Imagine a Prince—our future King—and his wife showing an interest in you and your education whilst you are in hospital.”
—Alfie (12)
Living our values

The Trust values of Kind, Safe, Excellent and Respectful—devised with the active participation of staff, patients and governors—are now well embedded in the hospital’s culture. Some 2013/14 highlights of living these values were:

Kind

• Chelsea and Westminster published the first ever guidance to support staff caring for very young babies with life-limiting conditions who need palliative or end of life care.

• Patients on our stroke unit, Nell Gwynne Ward, are supported in their recovery by Humphrey, the Pets As Therapy dog. Pets As Therapy is a charity which trains animals to visit hospitals, nursing homes and special needs schools, among others.

Safe

• The Trust achieved NHS Litigation Authority (NHSLA) Level 3 accreditation in October 2013. The NHSLA standards and assessment process are designed to improve the safety of patients, staff and others within the organisation. Level 3 is the top performance level, with only 20% of Trusts attaining this level, and requires evidence that the Trust has monitored their processes and made improvements to reduce risk.

• In January 2014 Chelsea and Westminster surgeons performed the first surgical procedure using the UK’s only da Vinci robot dedicated to babies and children, bought with funds raised by the Children’s Hospital Trust Fund charity.

Excellent

• Our state-of-the-art, refurbished Burns Unit opened to provide even more specialist care for patients from London and the south east.

• Dean Street Express opened in Soho to provide clients with immediate access to sexual health testing, with results available within six hours.
• The brand new midwife-led birth centre opened to provide mothers with low risk pregnancies the opportunity to give birth in a spa-like setting with specialist hospital services at hand to provide additional support if needed.

• The Department of Health announced that the National Institute for Health Research (NIHR) will provide £10 million to fund the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for North West London, based at Chelsea and Westminster Hospital.

• Our A&E department was the top performing in the country for the second consecutive year for the national four-hour waiting time target.

Respectful

• Chelsea and Westminster was only the fourth hospital out of the 31 in London to be awarded full Baby Friendly status by UNICEF. The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective way for health services to improve the care provided for all mothers and babies. The award is given to hospitals after an assessment by a UNICEF team has shown that recognised best practice standards are in place.

• CliniQ, our sexual health clinic dedicated for people from the trans community, opened at Dean Street this year.
Our surveys said...

The Trust regularly takes part in certain national NHS surveys and also conducts its own. The highlights of those which relate to the year ending 31 March 2013 are given below.

Friends and Family Test

Patients are asked to complete a simple form at the end of their hospital treatment rating the extent to which they would recommend the hospital to their friends and family based on their own experience—this gives us a quick snapshot of patient experience. In 2013/14 the response rate was 41% with 92% of respondents ‘extremely likely’ or ‘likely’ to recommend their care at Chelsea and Westminster.

National Cancer Patient Experience Survey

The Trust takes part in an annual national cancer patient survey. In 2013, 84% of patients rated their overall care as ‘excellent’ or ‘very good’ and 93% of patients said they knew the name of their clinical nurse specialist. The results suggest that while in most aspects of care we have continued to improve, there is more we can do to ensure that patients and their families feel supported. An action plan has been implemented to address shortfalls and improve care.
Inpatient survey

This is a national survey carried out annually. In the 2013 survey the Trust scored above average overall for A&E department care, with a score of 9 out of 10. Other above-average scores were for privacy, both for examinations and discussion of patients’ conditions, and the transition between services, which is the specialist in hospital receiving necessary information about the patient’s condition from the person who referred them.

NHS Staff Survey

This is another national survey carried out annually. For the 2013 survey the Trust was in the top 20% of scores for all NHS trusts in 16 of 28 criterion.

Maternity survey

For labour and birth the Trust scored 9.1 out of 10, and 10 out of 10 for partner involvement (partners being involved as much as they want). Overall the Trust score was better than average, in particular on key questions such as staff introducing themselves, patients understanding discussion with staff, and appropriate length of stay.

Patient-Led Assessment of the Clinical Environment (PLACE)

The latest figures for this annual audit were as follows (previous year’s figures in brackets): cleanliness 99% (95%), food 93% (83%), privacy, dignity and well-being 95% (91%) and condition, appearance and maintenance 93% (88%).
Our focus for 2014/15 and beyond

We are already a successful NHS Foundation Trust, across a range of clinical and financial indicators, but we want to be the best. This ambition will become increasingly harder to achieve because of the range of unprecedented changes taking place across the health and social care landscape.

With a changing landscape, we must make sure that we can:

- Navigate our way through these changes and ensure that we are agile enough to adapt how we provide services in this rapidly changing landscape
- Succeed in driving a process of continuous improvement in everything we do aimed at delivering ‘Best in Class’ services and caring for our patients

Providing services in different ways will help us support the existing NHS and help make it more tailored to the needs of the local communities and patients that we serve.
We therefore need to ensure that our future Clinical Services Strategy will focus on:

- **Managing population health and improving outcomes**—being able to define, through population data, what health and social care provision is needed by our local communities and ensuring we meet those needs to help reduce health inequalities and illness locally, without the need to come to hospital.

- **Integrating services inside and outside of hospital**—we should look at each patient’s care from their starting point of healthcare access and, where possible, empower them to keep themselves healthy so that they don't need to come to hospital in the first place.

- **Developing excellent and efficient clinical services**—providing the best possible, customised care for patients, based on the care requirements of a specific condition, that has efficient processes and will also provide value for money.

- **Creating an environment for learning, discovery and innovation**—research and education will mean that the latest treatments and discoveries will reach our patients first and continuous professional education of staff will make sure they have the best skills possible to treat their patients.

In order to achieve the above there are certain foundations that need to be in place. This includes attracting and keeping the best people, developing the right processes to support our clinical teams in providing the right care for their patients, and having the right IT systems and service environments to provide a great patient and staff experience. To find out more about our strategic priorities please see our full annual report which is available on our website.
The Trust is committed to achieving the highest possible quality in its services. There will always be some incidents where things fall below that standard, but staff and management learn from them and take action to avoid them in future as far as possible.

In particular the major reports which appeared during the year at national level were closely examined and discussed within the Trust, taking account of the experience and views of the staff, governors and other stakeholders. The priorities and measures put in place at the beginning of the year proved to be right, and the monitoring of them by management and by external assessors was thorough and helpful.

External assessment was carried out by various bodies and the Trust was recognised with a number of awards. The NHS Litigation Authority gave an assessment of the highest level of performance, achieved by only 20% of Trusts. A team from UNICEF concluded that the very best practice standards were in place for the care of mothers and babies, awarding the hospital ‘Baby Friendly’ status, only the fourth hospital out of 31 in London to receive this recognition. The Trust was the joint winner with Mid Yorkshire Hospitals NHS Trust of the NHS ‘Best for Childcare’ award. The Care Quality Commission (CQC) carried out an unannounced inspection with positive feedback.

Looking back over the year we can now see how far we achieved our objectives, and where we still have room to improve. Some of the key areas are summarised in a Quality Report Card, which is given below.

Our Quality Report Card

This Quality Report Card provides a sample of how we are performing—please visit www.chelwest.nhs.uk/quality to download the full Quality Account, or email quality@chelwest.nhs.uk for further information.

Safety

<table>
<thead>
<tr>
<th>What we did well</th>
<th>What we could do better</th>
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<tbody>
<tr>
<td>Reduced instances of VTE from 13 to 5</td>
<td>Objective to reduce instances of VTE to 0</td>
</tr>
<tr>
<td>Awarded second place in the national 2013 Thrombus Innovation Awards</td>
<td>5 cases of MRSA this year</td>
</tr>
<tr>
<td>Hand hygiene compliance of 96.5%</td>
<td>2 never events this year (target was 0)</td>
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<tr>
<td>Halved number of patients with <em>C. Difficile</em> to 9</td>
<td>3.2 inpatient falls per thousand inpatient bed days (target was 3.0)</td>
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<td></td>
<td>Improve compliance with national guidance for reporting serious incidents</td>
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### Effectiveness

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<thead>
<tr>
<th>What we did well</th>
<th>What we could do better</th>
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<tbody>
<tr>
<td>• Lower than average mortality rates</td>
<td></td>
</tr>
<tr>
<td>• NHSLA Level 3 Accreditation</td>
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<tr>
<td>• Dr Foster Hospital Guide 2013 recognised our improved weekend readmission rates</td>
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<tr>
<td>• Banded lowest level of risk by the CQC in March 2014</td>
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<td>• Best performing Trust in England for the 4 hour A&amp;E target</td>
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<tr>
<td>• Launched the first national guidance for palliative care of babies in NICU</td>
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<tr>
<td>• Management of intravenous (IV) lines</td>
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<tr>
<td>• Nutritional rescreening of patients in hospital longer than a week</td>
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<tr>
<td>• Further reduce pressure ulcers in hospital</td>
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<tr>
<td>• Enhance information and guidance for families about end of life care</td>
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### Patient experience

<table>
<thead>
<tr>
<th>What we did well</th>
<th>What we could do better</th>
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<tr>
<td>• ICU Customer Service Excellence Award</td>
<td></td>
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<tr>
<td>• Imaging Services Accreditation Scheme</td>
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<td>• Top 20% nationally for staff survey results</td>
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<tr>
<td>• 92% of patients would recommend the Trust according to the Friends &amp; Family Test</td>
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<tr>
<td>• Improve communication during discharge</td>
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<tr>
<td>• Reduce complaints</td>
<td></td>
</tr>
<tr>
<td>• Reach 90% staff appraisal rate</td>
<td></td>
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<tr>
<td>• Increase mandatory training of staff</td>
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### Priorities we set for quality improvement

**Priority 1: Patient Safety—a focus on hospital associated preventable venous thromboembolism (VTE)**

VTE is a term for various types of blood clots which usually develop in the leg or pelvis. Part of such a clot can break off and travel to the lung, blocking the blood supply, which can be fatal. Around one third of patients will develop VTE despite the best care, but in the remaining two-thirds VTE can be avoided with preventive treatment.

We met a challenging target of reducing the number of hospital-associated VTE to less than 10 from last year’s figure of 13—there were five in 2013/14. The measures taken to achieve this are set out in the full Quality Account 2013/14 which is available on the Trust website.

For 2014/15 the target set is to reduce the number of these VTEs to zero, continuing and developing the measures used successfully in 2013/14.
Priority 2: Patient Experience—communication, discharge and delivering safe and compassionate care to all our patients.

Work continued on embedding the Trust values into the heart of the hospital’s culture, to achieve high quality compassionate care. To get the direct views of patients we rely on the ward rounds carried out by nurses and (separately) senior staff, local audits of particular care pathways, and the inpatient survey (the response rate of this has risen to 41%). Patients have told us that there has been some improvement, but not enough in some areas.

**Communication**—senior staff rounds have been introduced, which allow patients’ concerns to be recognised and dealt with quickly. The Friends and Family Test was introduced for patients. This offers them the opportunity to complete a form scoring from one to six (‘extremely likely’ to ‘extremely unlikely’) in answer to the question “How likely are you to recommend our ward/A&E to friends and family if they needed similar care or treatment?” This is useful as an overall “barometer” reading of the care being provided.

Staff photo boards have been installed in all patient areas, and communications training has begun to enable staff to provide support for people who are distressed or anxious. Customer service training has been tested for outpatients staff. A set of value-based customer service standards has been developed by the staff for meeting people face to face, on the telephone, and by letter or e-mail.

During the year monthly “Schwartz Rounds” were introduced for staff to discuss the emotional aspects of delivering healthcare and the impact this has on them. These have proved to be very successful.

**Discharge**—a special team was set up to transform the discharge process. This process is complex, with many aspects and interactions with other systems. Each of them is being addressed and there has been progress. Work was begun on the improvement of a number of record systems which impact on the discharge process. A patient information leaflet has been introduced to engage patients and their potential carers in the discharge process so becoming partners in it. A pilot scheme to establish Nurse-led discharge in elective surgery has begun.

Opportunities to use “step down” care are being developed with partners in the private and community sectors. Discussions began with the Central London Community Healthcare NHS Trust (CLCH) with the aim of avoiding hospital admission and reducing length of stay.
These include better communication between care providers, developing ambulatory care to support patients going home and having outpatient-type care rather than having to stay in hospital, the implementation of a rapid response team to ensure patients who attend A&E can go home with support rather than be admitted, and the provision of a new “step-up, step-down” ward at Charing Cross hospital.

**Safe and compassionate care**—the increasing prevalence of dementia presents a major challenge. Edgar Horne ward was refurbished and made “dementia friendly” during the year. Interactive communication systems to promote interaction with patients who may be confused or distressed were introduced with the support of Hospital Arts.

Meal times continue to be protected and volunteers provided to help with feeding if needed. Electronic information screens are now in the ward kitchens to enable housekeeping staff to be aware of the dietary needs of each patient.

Work has been done to reduce the incidence of falls and the problem of pressure ulcers, including improving information for patients, prevention, assessment methods, and appropriate responses. Nonetheless during the year the rate of falls increased slightly and the number of pressure ulcers has also increased.

For 2014/15 the focus on these areas is to be maintained, with the aim of securing improvement in all of them as measured by the inpatient survey. Particular emphasis will be on falls and pressure ulcers.
Commitment to quality

Priority 3: Staff Experience

Research shows that motivated and engaged staff are more likely to provide high quality and compassionate care. Listening to staff and having good communication is key. An overall measure of the situation is gained from the NHS Staff Survey, conducted nationally each year. The Trust’s target for 2013/14 was to be in the top 20% of Trusts for staff engagement, and this was achieved. To get a clearer picture in the context of the Trust, focused shorter ‘spotlight surveys’ have been introduced by teams for their own staff to give feedback about their work and how it could be improved. A ‘Patient Voice’ programme has been introduced for Year 2 doctors whereby a patient comes directly from the ward to describe their experience of the hospital and answer any question they may have.

As part of the work to embed the Trust values a ‘Kindness campaign’ was run, asking staff, patients and visitors the question: “What does kindness mean to you?” The results have been collected and the thoughts and ideas will be translated into verse for use around the hospital, in public spaces, communications and training.

The importance of well conducted and comprehensive staff appraisal has been emphasised. The national staff survey showed that we were in the top 20% of Trusts for staff reporting that they had well structured appraisals, but the local target of 90% for the appraisals actually conducted was not met during the year (84% compared to 82% in 2012/13). Guidance to managers conducting appraisals is that discussion about the Trust values and how the appraised person is applying them should be part of every appraisal.

Staff recommendation of the Trust as a place to work or receive treatment places us in the top 20% of Trusts.

For 2014/15 this priority and its targets are being maintained. Emphasis will be on further improvement in the percentage of appraisals actually completed. The staff Friends and Family Test will be developed to explain the meaning and context of their responses.
Priority 4: Clinical effectiveness—to improve choice and quality in end-of-life care

There has been close monitoring of end-of-life care during the year, and various improvements have been made. There has been increased engagement throughout the Trust and community services, including adult, paediatric, midwifery, clinical and non-clinical staff. A new end-of-life care strategy has been developed with input from staff, governors, users and community partners to guide the Trust over the next three years.

A new Macmillan Lead Nurse for Cancer and Palliative Care joined the Trust and was appointed as the lead for End of Life care. This new lead is working with the specialist palliative care team, consultants and ward managers. Each ward manager has been made lead for End of Life care in their ward. Together these key leads work with and between hospital and community providers in end of life care, working towards the strategy in providing a seamless twenty four hour/seven day a week service. The Trust participated in the new and comprehensive national audit of care of the dying in hospitals which aims to assess organisational measures and review documented care of dying patients. The results should be available in 2014/15 which will enable the Trust to benchmark its care against a national standard.

Funding has been secured to increase the specialist palliative care nursing. It is anticipated that an extended specialist palliative care team will be able to better support and educate staff to deliver excellent end of life care. For those patients who provide their consent, the Trust is sharing care choices with other professionals in and out of hospital through a specialist database that provides information regarding the patients’ care.

This will remain a priority for 2014/15. The extended nursing team will be set up, recommendations for multiprofessional training will be drafted, and a Community Education Provider Network with 10 other partner organisations will be set up in the triborough area (Hammersmith and Fulham, Kensington and Chelsea, and Westminster) to develop the skills of clinical staff in acute and community settings.