

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

Room A, West Middlesex Hospital

05 January 2017 14:00 - 05 January 2017 16:00



**Board of Directors Meeting (PUBLIC SESSION)**

**Location:** Room A, West Middlesex Hospital  
**Date:** Thursday, 5 January 2017  
**Time:** 14.00 – 16.00

**Agenda**

	1.0	<b>GENERAL BUSINESS</b>		
14.00	1.1	Welcome & Apologies for Absence Apologies received from Jeremy Loyd and Martin Lupton.	Verbal	Chairman
14.03	1.2	Declarations of Interest	Verbal	Chairman
14.05	1.3	Minutes of the Previous Meeting held on 3 November 2016	Report	Chairman
14.10	1.4	Matters Arising & Board Action Log	Report	Chairman
14.15	1.5	Chairman's Report	Report	Chairman
14.25	1.6	Chief Executive's Report	Report	Chief Executive
	2.0	<b>STRATEGY</b>		
14.35	2.1	Annual Plan submission to NHSI, including Shaping a Healthier Future update and Sustainability and Transformation Plan Implementation Business Case	Report	Deputy Chief Executive/ Chief Financial Officer
	3.0	<b>QUALITY &amp; TRUST PERFORMANCE</b>		
15.15	3.1	Morbidity and Mortality Overview Report	Report	Medical Director/ Director of Midwifery
15.25	3.2	Serious Incidents Report	Report	Director of Midwifery
15.35	3.3	Integrated Performance Report	Report	Chief Operating Officer
	4.0	<b>ITEMS FOR INFORMATION</b>		
15.50	4.1	Questions from Members of the Public	Verbal	Chairman
15.55	4.2	Any Other Business	Verbal	Chairman
16.00	4.3	Date of Next Meeting – 2 March 2017		



**Minutes of the Board of Directors**  
**Held at 16.00 on 3 November 2016, Boardroom, Chelsea & Westminster**

<b>Present:</b>	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Chief Operating Officer	(RH)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Andrew Jones	Non-Executive Director	(AJ)
	Thomas Lafferty	Director of Corporate & Legal Affairs	(TL)
	Jeremy Loyd	Non-Executive Director	(JLo)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Pippa Nightingale	Acting Chief Nurse	(PN)
	Zoe Penn	Medical Director	(ZP)
	Liz Shanahan	Non-Executive Director	(LS)
	Lesley Watts	Chief Executive	(LW)
<b>In Attendance:</b>	Roger Chinn	Deputy Medical Director	(RC)
	Chris Cheney	CEO, CW+	(CC)
	Virginia Massaro	Deputy Director of Finance (deputising for SE)	(VM)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
<b>Apologies:</b>	Sandra Easton	Director of Finance	(SE)
	Keith Loveridge	Director of Human Resources	(KL)
	Martin Lupton	Ex-officio member, Imperial College Representative	(ML)

1.	<b>Welcome and Apologies for Absence</b>
a	The Chair welcomed Kevin Jarrold to his first formal meeting as a new member of the Trust Board. He also welcomed members of the public to the meeting.
2.	<b>Declarations of Interest</b>
a.	None
3.	<b>Minutes of the Previous Meeting: 1 September 2016</b>
a.	The minutes were confirmed as a true and accurate record.
4.	<b>Matters Arising</b>

a.	The Board reviewed the matters arising log. The following items were discussed.
b.	In respect to action 6.k, JLo questioned whether the response to the action that the tracking of the clinical benefits presented at the last meeting was correctly expressed in the action log. In response, LW confirmed that the Electronic Patient Record implementation will be the enabling tool for the development of standardised clinical pathways.
c.	In respect to action 9.c, EH felt that it was premature to suggest that the action relating to 'stale red' performance indicators was complete but acknowledged that this issue will be addressed by the next iteration of the Integrated Performance Report.
d.	In relation to actions 9.c & 9.d, PN presented a briefing paper which addressed the concerns raised at the last Board meeting with regards to the need to improve the management of complaints. PN detailed the action in place to improve compliance with the national standards. Good progress had been made but work is on-going to streamline processes and address the historical poor performance.
e.	JJ welcomed the progress to date but suggested that it would be helpful for the Board to have sight of the total number of complaints, details of the age of each complaint and complaint themes. In response, PN confirmed that plans are in place to present this information to the Quality Committee in the first instance and then to the Board.
f.	EH suggested that a progress report on complaints should be presented to the Quality Committee in January 2017. <b>ACTION: PN</b>
g.	JLo noted that over half of complaints are not responded to within a month. In response, LW explained that all complaints are now acknowledged within 48 hours but many complaints are complex and take time to resolve but there is on-going dialogue with the complainants in such cases. PN added that she is looking to introduce a 'stop the clock' process if there is an intervention in place such as a local resolution meeting which had been agreed with the complainant.
h.	THH highlighted the importance of patient feedback in supporting the organisation to learn and improve patient care. It is equally important to consider positive feedback as well as that from the formal and informal complaints process.
<b>5.</b>	<b>Chair's Report</b>
a.	In presenting his report, THH was pleased to report that he had met most of the prospective candidates for the forthcoming election to the Council of Governors. Plans are in place to ensure all candidates have an opportunity to meet with him and current governors.
b.	The appointment of a lead governor will take place at the Council of Governors in December to replace Martin Lewis who is stepping down as his full term had come to an end.
c.	EH reported that the new triangulation group comprising the chairs of each Board sub-committee are meeting on a regular basis. This informal group aims to ensure that the various committee's are not duplicating effort and that 'big issues' are being addressed.

d.	THH reported that the Governors awayday held in September had afforded the Council and the Trust Board an opportunity to jointly review and contribute to the Trust's strategy and the emerging Trust values. Feedback from all concerned had been very positive and similar events will form part of the Council of Governors annual development plan.
e.	THH was pleased to report that he had hosted a very successful volunteer summit attended by a good mix of staff and external invitees. The staff expressed great enthusiasm for the prospect of volunteering at the Trust and how they can support front line services. A project plan is being developed which will be led by the CEO with regular reports being presented to the Trust Board.
f.	The visit to the Mayo Clinic, USA in October with Lord Prior and his team was both an interesting and insightful visit which generated a lot of ideas and food for thought about how we make our health system better for patients and staff through the active involvement of patients in system design.
g.	JJ noted the significant difference in the amount of money the US invests in healthcare compared to the UK and whilst there are many lessons to be taken from the US approach this has been seen in the context of the constraints the NHS is working within.
<b>6.</b>	<b>CEO's Report</b>
a.	In presenting her report, LW noted that the Trust had submitted a 'checkpoint' submission of the current Sustainability & Transformation Plan to NHS England and NHS Improvement in October. The Trust hopes to be able to share the plans with the Board and the Council of Governors (CoG) in the coming weeks. THH added that members may be aware that some local authorities had published their plans and that when the Trust is given authority it will present the plans to the Board & CoG for noting.
b.	Business planning for 2017/18 & 2018/19 is underway and negotiations with regards to the contract and control total are on-going. The Cost Improvement Programme for the next four years will be challenging and this matter will be discussed by the Board at its meeting in private. LW will provide an update at the next meeting.
c.	The project to implement a shared electronic patient records system with Imperial College Healthcare NHS Trust is now underway. The detailed contract with the service provider Cerner is now being finalised and planning for implementation is getting underway with a formal launch of the project scheduled in January.
d.	Following approval of a business case to improve the Neonatal Intensive Care Unit and Intensive Care Unit, work is progressing to the next stage now the architectural and design team have been procured. LW extended her thanks to Chris Cheney and the team at CW+ who are spearheading the fundraising campaign to support the £20m development.
e.	Staff across the organisation are being encouraged to have a flu vaccination. Further work to dispel some of the myths that exist is required, however the expectation is that staff should be encouraged as they are best placed to protect themselves, their patients, families and friends.
f.	LW highlighted a number of awards bestowed on a range of staff, details of which were listed in the Team Briefing sheet. Of particular note was the Trust was the only NHS organisation to be ranked as

<p>g.</p> <p>h.</p> <p>i.</p>	<p>one of the top 30 employers for working families in the UK by the Working Families charity.</p> <p>KMO reported from the Board’s strategy session held in October which considered how the strategy will be delivered. Key themes included the approach to developing clinical and non- clinical standardisation; how will we attract and retain staff to carry out new roles; our programme for service integration; research and the need to develop alternative income streams such as private patients which will enable us to invest profits back into NHS services.</p> <p>JLo noted his concern to ensure that the values of the organisation are shared with all staff and they are translated into changed behaviours. In response, LW assured the Board that she will be leading the culture change and regular communication is underway with staff. A number of pilots have already started to enable staff to translate the values into meaningful standards for their wards and departments.</p> <p>In response to JL, PN added that Keith Loveridge is leading a piece of work to ensure values based recruitment is introduced for new staff but equally important is that the values are used as a measure for existing staff as part of the appraisal process.</p>
<p><b>7.</b></p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p><b>Serious Incident Report</b></p> <p>In presenting her paper, PN drew the Board’s attention a tooth that was extracted in error which was originally reported as an incident but on the advice of NHS England had been upgraded to a Never Event. The impact for the patient was that they had to wear a brace for an additional 6 weeks. The Never Event relating to a wrong prosthesis – intra-ocular lens is likely to be downgraded as a ‘never event’ as the investigation had confirmed that the correct lens was implanted.</p> <p>The Trust is seeing an increase in the number of patients arriving from nursing homes with grade 2 or 3 pressure ulcers. In response to JJ, PN explained that each case is reviewed by the Adult Safeguarding lead and a multi-disciplinary team which comprises internal staff and representatives from the community. Issues are fed back direct to nursing homes where necessary.</p> <p>In response to NG, PN confirmed that if the Safeguarding team had concerns about anyone particular nursing home, there would be automatic reporting to the CQC.</p> <p>ND asked what kinds of incidents are included in the ‘diagnostic incident’ category. In response, ZP explained that they vary considerably but include failure to act upon test results. The Patient Safety Group is reviewing the themes associated with this group of incidents and will report their findings through to the Quality Committee in due course.</p>
<p><b>8.</b></p> <p>a.</p> <p>b.</p>	<p><b>Quarter 2 Update – Quality Report Priorities</b></p> <p>In presenting the report, PN highlighted progress against each of the 5 quality priorities set for 2016/17.</p> <p>In relation to the hospital acquired pressure ulcer reduction objective, EH added that the Quality Committee are keeping pressure ulcer prevalence under review and will conduct a deep dive if required. The Committee have been assured that actions are in place to reduce the incidence of pressure ulcers but at this stage it is too early to determine their effectiveness.</p>

c.	JJ asked what board level support is required to mitigate the risks identified to deliver the 'early identification of the deteriorating patient' objective. ZP explained that this relates to the requirement to upgrade the Wi-Fi network across the hospital to enable the use of the mobile hands sets. As a temporary measure, a laptop has been installed in each bay but a permanent solution is urgently required. JJ felt that this situation is unacceptable. The Board concurred and asked KJ to take immediate action to address this matter and report back progress to the next meeting. <b>ACTION: KJ</b>
d.	With regard to the priority to reduce avoidable admissions to the Neonatal Intensive Care Unit, PN noted that despite a slow start, progress is now being made.
e.	The Board noted the report and welcomed progress to date but encouraged the team to continue the focus on the quality priorities.
<b>9.</b>	<b>Integrated Performance Report</b>
a.	In presenting the report for September, RH drew the Board's attention to the NHSI dashboard which provided an overview of performance against a range of standards. RH tabled an updated report which included validated 62 day GP referral to first treatment data which reported the standard was met in September.
b.	The A&E waiting time standard was not achieved on either site in September with a combined Trust performance at 93.8% against a target of 95%. Both sites experienced activity pressures and high levels of bed occupancy. Performance for quarter 2 was 94.5% missing the 95% target. Performance was within 1% tolerance against the Sustainability & Transformation Performance (STP) trajectory and therefore there was no resultant financial penalty. RH noted that for quarter 3 the STP tolerance is 0.5% and quarter 4, 0% therefore it is imperative performance achieves the required standards.
c.	The NHS as a whole is experiencing increasing pressure and the Trust is not alone in struggling to meet the A&E waiting time standards. The Trust continues to perform relatively well compared to other Trusts but RH assured the Board that action is being taken to improve efficiency as there are areas we know need further work.
d.	LW added that there had been changes at other hospitals in London which are potentially impacting on the increased activity. The Trust is monitoring where patients are coming from so that we can ensure an appropriate level of income is received.
e.	JLo asked if the Trust understands the impact that the longer waiting time is having on the patient experience. In response, LW responded that the upgraded A&E department at the C&W site is a fantastic facility and overall patient feedback is positive. However, the capacity within the A&E department at WMUH is constrained and discussions with commissioners in this regard are on-going. LW noted her concern about ambulance handover times which clearly impact significantly on the patient experience but this is an area of focus for the frontline teams.
f.	RH advised the Board that a complete review on non-elective (emergency) activity is being undertaken and will be presented to the Finance & Performance Committee later this month.
g.	JLo highlighted the Design Council's research on the impact of waiting times on the patient

	<p>experience and suggested that having someone in the waiting room to keep patients informed of any delay may be a low cost solution. THH agreed that this is a good idea and will be considered as part of the new volunteering programme.</p>
h.	RH reported that both sites are seeing an increase in cancer referrals particularly against the 2 week pathway. This is an issue which is being closely monitored and discussed with commissioners.
i.	ZP drew the Board's attention to the <i>clostridium difficile</i> infection performance which had seen an increase in cases (2 in August and 2 in September) on the WMUH site. The numbers are still low and there is no concern about transmission in hospital indicating that infection prevention & control procedures are being followed.
j.	ZP noted that there had been a slight increase in the proportion of incidents reported in September, however the rate has remain fairly steady. Work to develop our safety culture is on-going with the development of reporting triggers to encourage an increase in reporting.
k.	VM reported that in September the Trust was reporting £0.59m surplus which was adverse to the internal plan by £0.19m. The year to date position was £3.71m surplus which was adverse to the plan by £0.21m.
l.	The Chairman concluded that overall the first 6 months had delivered good performance across the Board and he congratulated the Executive on their achievements.
<b>10.</b>	<b>Patient Experience – Oliver's Story</b>
a.	Dr Kinesh Patel, Consultant Gastroenterologist joined the meeting accompanied by Oliver who is a patient at the Trust.
b.	Oliver is a 19 year old medical student who has Cystic Fibrosis, a disease which mostly affects the lungs but also the pancreas, liver, kidneys and intestine. Oliver was being cared for as an outpatient by the gastroenterology team but became unwell and presented to A&E as he had been coughing up blood. Oliver had informed the A&E team of a pre-existing condition which he thought maybe the cause of the bleeding. Following examination, he was sent home but returned to A&E 3 days later having deteriorated. Oliver underwent a number of emergency procedures resulting in admission to ITU.
c.	Oliver's experience of ITU was 'amazing' and the staff performed the very complicated procedures he had with great skill. However, he did feel that the communication in some respects could have been improved particularly in respect of a central line that had been inserted during one of the procedures which was a surprise to him as he had been given the impression that the cannula's that he already had would have been sufficient.
d.	Oliver also felt that his emergency admission may have been avoided if the A&E team had easy access to his medical history and could have spoken to the gastroenterology team who knew his case well.
e.	Dr Patel advised the Board that a TIPP procedure had been performed on Oliver which is a cutting edge interventional procedure only performed in 5% of hospitals in the UK. The amount of multi-disciplinary team effort to support this type of procedure is significant.



f.	ZP thanked Oliver for attending the Board meeting to share his experiences and was delighted that his appreciative review of the care he received was invaluable in helping the teams learn from patient experiences. ZP was also pleased to note that the Electronic Patient Record project which will see the introduction of comprehensive electronic patient records all in one place will help to address Oliver's point about access to a patient's medical history.
<b>11.</b>	<b>Questions from members of the public</b>
a.	Governor Tom Pollack noted that the Board papers had not been published on the website until 4 days before the meeting and he felt that this was not following the Trust's statutory responsibilities. In response, TL undertook to ensure this situation is improved. <b>ACTION: TL</b>
<b>12.</b>	<b>Date of next meeting:</b> 5 January 2017



**Trust Board (meeting held in public) – 3 November 2016**

**Action Log**

Minute number	Agreed Action	Current Status	Lead
4.f	Present a progress report on complaints to the Quality Committee in January 2017.	This is on the forward plan for the January Quality Committee.	PN
11.a	Ensure Board papers are published on the website in accordance with the Trust's statutory responsibilities.	Noted.	TL



## Board of Directors Meeting, 5 January 2017

**PUBLIC**

<b>AGENDA ITEM NO.</b>	1.5/Jan/17
<b>REPORT NAME</b>	Chairman's Report
<b>AUTHOR</b>	Sir Thomas Hughes-Hallett, Chairman
<b>LEAD</b>	Sir Thomas Hughes-Hallett, Chairman
<b>PURPOSE</b>	To provide an update to the Public Board on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	<p>As described within the appended paper.</p> <p>Board members are invited to ask questions on the content of the report.</p>
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	This paper is submitted for the Board's information.



**Chairman's Report  
December 2016**

**1.0 Governor Elections & Lead Governor Update**

On 30 November 2016 the Trust welcomed newly elected Governors to sit on the Council of Governors. The following Governors were elected:

- Nicholas Walker (elected unopposed) & Sonia Samuels (elected unopposed) – Public: City of Westminster
- Guy Pascoe (elected) – Public: London Borough of Hammersmith and Fulham
- Tom Pollak (re-elected) – Public: London Borough of Wandsworth
- Paul Kitchener (elected) – Public: Royal Borough of Kensington and Chelsea

*Staff constituency*

- Chisha McDonald (elected unopposed) – Staff: Allied Health Professionals, Scientific and Technical Class
- Matthew Shotliff (elected unopposed) – Staff: Support, Administrative & Clerical Staff Class

I am very much looking forward to working with my new colleagues.

At the 8 December Council of Governors meeting a Lead Governor election took place and Susan Maxwell was elected as the Lead Governor. I look forward to working even more closely with Susan in future.

**2.0 HelpForce**

HelpForce is a national initiative, of which I chair the advisory board, bringing together the NHS, local government and the voluntary sector. It will recruit and connect volunteers to organisations and communities in order to provide support to vulnerable people. 11 Trusts from across England have agreed to be part of the project initially, including Chelsea and Westminster. I am delighted that the Trust has embraced this. There is much to do to before we can roll-out this very ambitious project but the aim is that it will not only reduce pressures on an overburdened and stretched health and social care system, including acute care, but will also provide an opportunity for retired people, including those who may have their own health issues, or to the younger generation wishing to gain additional work experience, to benefit from volunteering themselves to support others in the community.

In early December we held a meeting in Leeds to bring together the pilot sites for this piece of work, to share learning and good practice. A group from C & W attended this meeting, & will now progress with preparatory work to launch the pilot in May. At the Trust we have volunteers working directly with both hospital sites, along with those working with the Friends, MacMillan, St Stephens Aids Trust & MediCinema. The numbers working with the Trust directly are low, particularly on West Middlesex site and these volunteers are mainly engaged in wayfinding, with some supporting patients eating as well as sitting with dying patients. We believe there is a much broader remit for volunteers which will come from the work of HelpForce. Rob Hodgkiss is leading HelpForce for C & W.

**3.0 Thanks**

I would like to pay tribute to the tremendous contribution and hard work which all staff, including senior colleagues, made to the Trust in 2016. The year was a particularly challenging one but we performed exceptionally well. Despite many more challenges ahead, including resources v demand, I continue to remain optimistic about the future. This is because we shall continue our drive to innovate and improve, and to make efficiencies wherever we can, including,

where possible, by working in partnership with others. But most importantly of all, my confidence arises because of the huge commitment of our people, as demonstrated by our achievements so far and which continues daily through living the values of the Trust. And our volunteers also make a tremendous contribution to our success, which HelpForce will help to embed further.

Sir Thomas Hughes-Hallett  
**Chairman**

**December 2016**



## Board of Directors Meeting, 5 January 2017

**PUBLIC**

<b>AGENDA ITEM NO.</b>	1.6/Jan/17
<b>REPORT NAME</b>	Chief Executive's Report
<b>AUTHOR</b>	Lesley Watts, Chief Executive Officer
<b>LEAD</b>	Lesley Watts, Chief Executive Officer
<b>PURPOSE</b>	To provide an update to the Public Board on high-level Trust affairs.
<b>SUMMARY OF REPORT</b>	<p>As described within the appended paper.</p> <p>Board members are invited to ask questions on the content of the report.</p>
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	This paper is submitted for the Board's information.



Chief Executive's Report  
December 2016

**1.0 STRATEGIC DEVELOPMENTS**

**1.1 Sustainability & Transformation Plan (STP)**

North West London (NWL) CCG's provided NHS England with our latest submission of the NWL STP on 21 October. This builds on further work, and feedback received, since the first draft was submitted to NHS England on 30 June. The October STP submission re-affirms the shared ambition across partner organisations to create an integrated health and care system that plans and delivers services based on population need and aims to do this by addressing the wider social determinants of health to enable people to live well and be well. There are of course risks associated with the STP work including using our resources to support the development and delivery of the STP whilst meeting the considerable challenge of delivering on our quality, performance and financial commitments at a time of rising demand for services. The financial position for the sector continues to be very challenging with the current NWL wide plans closing only half the total anticipated financial gap by 2020/21. The current quality and performance outcomes and financial assumptions are factored into our 2 year Operating Plan and are consistent with our Long Term Financial Model (LTFM).

Governance of the STP and the associated work programmes continues to evolve with the Trust represented on the NWL Provider Board and the Steering Board. NWL has a strong track record of collaborative working although there are clearly significant challenges in managing multiple stakeholders in the development of a consolidated sector wide plan. There will continue to be regular progress reports and discussion at our Executive meetings and the Board including a more detailed paper on today's Board agenda.

**1.2 Corporate Services pathfinder**

NHS providers in NW London have been given the opportunity to be an NHS Improvement 'pathfinder' for work to explore greater collaboration and, where appropriate, consolidation across corporate services. This builds on increasing collaboration in our sector over the past two years to improve co-ordination and integration of patient care, boost research and create efficiencies and other opportunities from operating on a larger scale

The development of sustainability and transformation plans and Lord Carter's efficiency review are encouraging a faster pace for this collaboration and consolidation approach across groups of NHS and care organisations nationally.

Discussions about how best to progress and organise exploration of new options for corporate services are on-going in NW London, with our organisation and Imperial College Healthcare NHS Trust acting as co-ordinators, engaging widely with provider colleagues in NW London, with support from the NW London STP team. This also includes considering the additional support that will be offered by NHS Improvement for 'pathfinder' areas.

Leads of corporate services across our sector will be working together over the coming weeks and months to involve their staff and trade union partners in identifying and working up further, potential opportunities.

**1.3 Emergency Department Developments**

Chelsea & Westminster site

The project is now on phase 6/6 and the whole departmental rebuild will be completed by January 2017 – which is very close to the planned schedule and in line with the agreed budget. The majority of the work is complete and many of the rebuilt facilities are already in use, with early feedback from both patients and staff being universally positive. Most recently, the new Paediatric waiting area, ED reception and Adult waiting area have been completed and are in use. This final phase of work will see the completion of the Urgent Care Centre, the final fitting out of the waiting rooms and the opening of the new ED pedestrian entrance. Successfully delivering this complex build

programme, while maintaining access to all ED facilities and services has been a huge challenge and the result is testament to the collaborative relationship between the Trust, CW+ charity, contractors and staff. With a total value of £12.9m, this project is now very close to achieving its aim of completing and delivering a brand new 'state of the art' Emergency Department. Furthermore, the post project evaluation and lessons identified will feed into the forthcoming NICU/ITU programme of work, thus helping to 'de-risk' future large scale estate works on the Chelsea site.

#### West Middlesex site

In order to improve the care to our patients, especially those arriving by ambulance, we have been able to invest in an expansion of cubicle space in A&E, adding 10 additional cubicles for adult patients, which will be ready before Christmas. After Christmas, we will be building a new ambulance reception area, 2 more rooms, where we can quickly assess and start treatment for those arriving in this way. We will be improving the environment in our room for those needing support with mental health issues and improving our main waiting area, including a separate waiting space for children and a brand new reception desk.

## **2.0 PERFORMANCE**

### **2.1 Operational Performance**

November was an incredibly challenging month for our clinical and operational teams with significant activity pressures and demand for all services, reflected in our financial over-performance for the month. The A&E waiting time target for November was not achieved on either site with combined Trust performance of 91.1%, yet despite this, we still remain one of the better performing Trusts. Our RTT incomplete target was achieved in November for the Trust overall, although our steady improvement on the CW site was impacted by the implementation of new administrative arrangements under the Trusts' AIP programme. I am pleased to say though that the Trust had no patients waiting >52 weeks for the 4th consecutive month.

Validated Cancer 62 performance for October missed the 85% standard at 82.6%. The key change from previous months was an increase in shared breaches due to treatment delays at tertiary Trust partners. Escalation processes have been reviewed to ensure early intervention at senior level. Performance against the 62 Day NHS Screening Service referral to treatment standard failed in November with 1 breach from 2.5 treatments due to a colorectal patient delaying diagnostic testing. Due to low treatment volumes, this standard is at risk of failure for Q3.

The 2WW Urgent Cancer target continues to be challenged, particularly on the Chelsea site putting the Trust in a non-compliant position overall. This is against a background of increasing 2 week wait referrals on both sites which is up 30% on the same month last year. There were no further CDiff infections reported in November and we remain above trajectory for the year to date, but within the de minimis figure set by the regulator.

### **2.2 Global Centre of Digital Excellence**

The Trust has been fully incorporated, as one of 14 Trusts, into the Global Centre for Digital Excellence, as a new global exemplar to pioneer best practice in the use of technology across the NHS. As I have previously reported, this has been done in partnership with Imperial College Healthcare NHS Trust and is further evidence of our efforts to drive improvements in health care for the population of NW London through the adoption of new technology. This will ultimately help patients interact with their clinician in a way that suits them; either face-to-face or using a range of digital media; and own and control access to the digital patient record having all the information about their health and wellness in one place with the ability to add information.

### **2.3 Perfect Day**

On 16th December we held our 9th Perfect Day. In total over the 9 days 437 individuals have participated – through covering clinical shifts (registered nurses, midwives & HCA shifts), non-clinical services – helping to improve our clinic letter turnaround, complaint response times, recruitment services, and also in shadowing individuals to learn more about other services within our organisation. Whilst this has been a big commitment, the feedback has been generally very positive, with a focus on both finance and quality. Those staff who have had individuals working in their areas on



Perfect Day feel that more of a shared understanding has developed & they have welcomed the opportunity to ask questions or highlight concerns to senior managers.

In 2017 we will continue with Perfect Days with dates planned for 13th January, 15th February and 24th March.

## **2.4 Health Education England visit**

The Trust was visited on both its sites by Health Education England on 28th and 29th November. The inspection team, which includes General Medical Council (GMC) representatives and speciality leads in medical, midwifery and nursing, have an inspection remit to look at the quality of training and education being provided to our trainees by listening to the experiences of training and their views on the safety of the care provided in our clinical areas. Each visit last a whole day with executive briefing at the end of each day of preliminary findings of the team.

The team inspected children's services, women's services, general surgery, acute medicine, respiratory medicine and rheumatology and emergency medicine on both sites with the addition of radiology at the Chelsea and Westminster (CW).

Whilst there were a several positive areas highlighted there were also a number of immediate concerns fed back to us on the day from the West Middlesex site around the educational and training experience of the postgraduate medical trainees, including more timely and senior ward rounds for some medical patients, improvements in handover arrangements and extra medical cover at weekends and out of hours.

At the Chelsea and Westminster site there were some improvements required in the timeliness of senior review of imaging at weekends and out of hours in radiology, and levels of consultant cover and trainee supervision over the 24 hour period in maternity. Concerns were also raised about the seniority and workload of surgical postgraduate trainees, especially in trauma and orthopaedics, plastic and hands surgery.

The concerns regarding safety in obstetrics and gynaecology and surgery were such that the GMC have placed the Trust on their enhanced monitoring list until robust remediation can be demonstrated.

All concerns have been addressed or have action plans for rapid improvement and will be audited going forward. The progress of these actions plans, including the audit of change, will be tracked through the Education Strategy Group which is being reconvened early in the New Year. This same group, reporting to the People and OD (POD) Committee will be preparing for further educational inspections and quality visits going forward in a much more proactive way.

## **3.0 PEOPLE**

### **3.1 Appointments**

At its meeting on 24 November, the Remuneration and Appointments Committee agreed the permanent appointments of Karl Munslow-Ong as Deputy Chief Executive, Robert Hodgkiss as Chief Operating Officer and Sandra Easton as Chief Finance Officer.

Robert Humm joined the Trust as Company Secretary on 22 November.

### **3.2 National Christmas Jumper Day – Friday 16th December 2016**

The Trust supported the event this year in memory of Greg Vabe. Some will know Greg as a member of our Transactions Team (Accounts' Receivable) in Harbour Yard. Sadly, Greg was taken ill at work and subsequently passed away. Greg, as those who knew him best, would tell you he was rarely seen without a huge smile and a memorable jumper so we feel it particularly appropriate to mark the event in his name.

Greg leaves behind a young family including a 5 week old daughter, and so we held the event not only in Greg's memory but in support of his family. We expect to receive over £11k - around £3k from the estate fund raising, £2k from the transport provider and over £6k from the gofundme page.

## **4.0 PATIENT EXPERIENCE**

### **4.1 Patient Feedback**

The patient experience team have reviewed the patient experience process and will be launching a new patient experience strategy and engagement process in January. This will involve establishing a user forum that has representation from patient users, careers, volunteers, and patient advocates that use our services and will be chaired by a patient governor. This committee will be supporting the patient experience team in improving our services and learning from the themes that we see from our patient experience data.

We have also appointed additional resource in our complaints team to support the divisional teams to clear the back log of overdue complaints with a target set to have no overdue complaints by April.

The patient experience team have been working closely with the cooperate nursing team to undertake ward accreditation assessments, all ward areas have now been assessed with the highest performing ward achieving a gold standard being Neptune paediatric ward. We will now be working to support the wards who achieved bronze to complete their action plans and ensure they achieve silver at the next review.

## **5.0 COMMUNICATIONS AND ENGAGEMENT**

### **5.1 Team Brief**

I have appended the December Team Brief document to this report. The document contains the key messages which we will be cascading to staff throughout the month.

### **5.2 Festive celebrations**

The Trust's flagship Christmas events took place funded by the Council of Governors, at both the West Middlesex and Chelsea and Westminster hospital sites. Both events had a fantastic turnout from staff, patients and local families with a higher number of attendees at both events compared to previous years. Colleagues put great efforts into their stands and in their decorations for the Best Decorated Ward/Department competition, which this year incorporated our new Trust values PROUD to care. 16 individuals and teams won Christmas Cheer awards. A special thank you goes to our estates and facilities teams, as well as our contractors, for their work in developing Grottos at both events fit for Santa and the children excited to meet him, as well as Lead Governor Susan Maxwell and Governor Philip Owen for their efforts around the Grotto Christmas presents. We are, as ever grateful, to the Friends of Chelsea and Westminster Hospital for funding prizes for the Christmas Cheer and Best Decorated Ward/Department competitions.

### **5.3 Clinical Summit**

A Clinical Summit was held at Chelsea Football Club on 14th December 2016. Clinical staff from all our sites participated in a series of presentations and interactive sessions to support and promote innovation and transformation in our clinical services and understand better how our Electronic Patient record will support our pathways of care work. It was great to see the huge desire amongst such a wide range of staff to want to continue to drive improvement in all aspects of our service to patients, and I look forward to seeing many of the outputs from this very fruitful session.

**Lesley Watts**  
Chief Executive Officer  
December 2016



December 2016

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

## HERE AND NOW

### Performance update – October 2016

Despite the hard work of our teams, our A&E performance has declined because of significant growth in demand at both sites – some 13% above last year's levels. Despite this growth in demand we continue to receive lots of positive patient feedback and remain one of the top 20 performing trusts in England so please maintain your focus during this busy winter period.

We achieved our RTT target again this month across both sites so well done to teams for their continued efforts. Diagnostic performance continues to meet the 99% target which is a fantastic achievement. We achieved the cancer 62 day performance for September and overall for Q2 but need to maintain our focus on 2WW performance as there is growing demand for this service at the C&W site - we are developing plans to manage this demand with our CCG partners.

### Finance update – October 2016

We remain broadly to our overall financial plan so well done. Pay costs are over plan, particularly for medical pay, but our in-month position has seen improvement. We are 6% under where we want to be for our savings target - please continue to work hard to improve our CIP delivery to ensure we reach our financial plans and obligations by the end of the financial year.

### Refer and earn!

Did you know you can earn a £1,000 bonus for referring a colleague to work in selected clinical areas in the Trust? This will not only help you financially but will mean we can reduce our reliance on costly agency staff. Find out more by emailing [referacolleague@chelwest.nhs.uk](mailto:referacolleague@chelwest.nhs.uk)

### Mortality case review

Mortality case reviews are vital as they provide clinical teams with an opportunity to review expectations, outcomes and learning in an open manner. To support teams a dedicated mortality module has been developed within the Datix Safety Learning System. All in-hospital deaths will be logged within the module by the Patient Affairs / Bereavement teams which will provide a platform for the patient's lead consultant to record learning from retrospective case review. By recording this information within Datix the Trust will support the work of Specialty and Divisional Mortality Review Groups and develop actions and recommendations to steer our mortality reduction strategies.

### Recent awards

The Acute Diagnostic Oncology Clinic (ADOC) team at C&W won the Innovation Excellence Award at the 2016 Macmillan Excellence Awards.

WMUH consultant paediatrician Dr Anjan Chakrabarty has been awarded a Teaching Excellence Award from Imperial College London for his contribution to paediatric teaching.

The Perinatal Mental Health multidisciplinary project team have been shortlisted for the 2017 RCM Annual Midwifery Awards in the category of Team of the Year.

WMUH Nurse Tracey Virgin Elliston has been announced as Stoma Care Nurse of the year 2016.

### Getting patients home when they're ready to leave

In order to support our A&E teams and, most importantly, discharge patients when they are ready to go home all wards will be expected every day to discharge two appropriate patients before twelve (bar our stroke wards who have a target of one per day). We will also do an hourly review of all cardiology patients each morning and afternoon to expedite discharge planning to help free up space on AAU and AMU. Red to Green has launched at the Trust this month. This approach, which aims to identify and tackle any delays which lead to a patient being in hospital for longer than they need, is being piloted on David Erskine ward at C&W and Osterley 2 at WMUH. We hope that this will improve patient care and experience and help resolve the issues that our frontline staff know lead to delays.

### Flu immunisation

Since launching the flu campaign we have over 1,500 immunised frontline staff. We want staff who have had their flu vaccine offsite to advise us of this as it counts towards our target – email [Anna-Marie.Mitchell@chelwest.nhs.uk](mailto:Anna-Marie.Mitchell@chelwest.nhs.uk). We aim to vaccinate 50 people each day up until Christmas - to get your flu jab check the Daily Noticeboard or contact Occupational Health.

### Staff survey uptake

At the last count 43% of eligible staff have completed the survey but we hope to improve on last year's 51% rate so please actively encourage your teams to have their say. The last date for postal returns was 5 December but online submissions can be made up until 7 December.

### AIP update

We have begun implementation of new structures and processes as part of the admin improvement programme. Of course, making substantial changes to the way we work takes time before these are embedded and the positive impact is fully felt. We'd like to thank all staff that have been directly impacted by these changes for their continued efforts during this transition. Once the structures and processes are sufficiently embedded, we will continue with our transformation of the clinical administration service we offer through investments in technology to improve referral and registration, scheduling and outpatient management.

### Enhanced recruitment and agency authorisation process

A new enhanced recruitment authorisation process has been agreed which utilises additional functionality on the TRAC system streamlining the time taken to recruit. If you have a vacancy to advertise please log on to <https://admin.trac.jobs/>. Please email [recruitment.team@chelwest.nhs.uk](mailto:recruitment.team@chelwest.nhs.uk) to request your training.

After you've completed the online establishment form your vacancy requests will be approved electronically by your Finance Business Partner and the relevant Corporate / Divisional Director. Approved vacancies will be sent to the weekly Executive panel for consideration (exceptions to this process include replacement posts at bands 2-6 nursing and midwifery, all medical posts and band 5-6 clinical roles). Posts must be authorised by midday Friday to be considered by the next Executive panel.

## NOW AND IN THE FUTURE

### NICU/ITU development

At C&W, our staff give outstanding care to our patients in both our adult intensive care unit (ICU) and neonatal intensive care unit (NICU) but the facilities for both our units are outdated and require investment. This is why we are launching a fundraising campaign in spring 2017 in order to help develop first class facilities. We believe that by improving our critical care environment we will also be best placed to be able to recruit the very best doctors and nurses in the UK and beyond to join our team.

### Rollout of values

Work is underway with teams for them to look at our Trustwide PROUD values and how they can be locally translated to drive improvement in care and experience. If you would like any support with this work please contact Christine Catlin.

### Policies update

All clinical guidelines, policies and procedures will be harmonised by end December 2016 and available on the Trust intranet.

### Light up a life

We are holding annual 'Light up a Life' events, which is a non-religious occasion to celebrate and remember loved ones and patients who are no longer with us:

- Monday 5 Dec, 5.30pm at C&W - Academic Atrium, Lower Ground Floor
- Wednesday 7 Dec, 5pm at WMUH - Multi Faith Centre

### Christmas events

At each of our hospitals we will be holding our popular Christmas events:

- Tuesday 6 December 3 – 5pm at WMUH including our popular annual carol service and readings
- Friday 9 December 3 – 5pm at C&W

These will be fun, festive events for all the family with live entertainment, stands and much more - please invite your family and friends and tell your patients. We will also be announcing the winners of our Cheer Awards and Best Decorated Ward / Department as well as switching on the Christmas tree lights.

### EPR update

We expect to introduce the Cerner electronic patient records (EPR) system across our Trust in three phases. The WMUH site will go live first with the patient administration system (PAS) and the modules for A&E, theatres, and ordering and reporting of pathology and radiology tests. Following that, the C&W site will take all of those elements plus a range of clinical modules including clinical documentation, electronic prescribing and administration of medications, critical care, anaesthesia and medical device integration. Finally, WMUH will begin using the clinical modules to complete the rollout.

Discovery and familiarisation sessions are continuing during December. These activities involve our clinical and operational staff working with the programme transformation team to understand the fit between the Cerner system and our processes and technical systems. This in turn will help inform the plan for implementation and the skills and experience of the team that will be recruited to deliver the plan.

If you have questions please email

[CernerEPR@chelwest.nhs.uk](mailto:CernerEPR@chelwest.nhs.uk).

### Corporate services collaboration across north west London

NHS providers in north west London have been given the opportunity to be an NHS Improvement 'pathfinder' for work to explore greater collaboration and, where appropriate, consolidation across corporate services. This builds on increasing collaboration in our sector over the past two years to improve co-ordination and integration of patient care, boost research and create efficiencies and other opportunities from operating on a larger scale

The development of sustainability and transformation plans and Lord Carter's efficiency review are encouraging a faster pace for this collaboration and consolidation approach across groups of NHS and care organisations nationally.

Discussions about how best to progress and organise exploration of new options for corporate services are ongoing in north west London, with Chelsea and Westminster NHS Foundation Trust and Imperial College Healthcare NHS Trust acting as co-ordinators, engaging widely with provider colleagues in north west London, with support from the north west London STP team. This also includes considering the additional support that will be offered by NHS Improvement for 'pathfinder' areas.

There are already several corporate services collaborations or joint ventures in place across north west London, including a joint electronic patient record system and chief information officer across Chelsea and Westminster and Imperial College Healthcare. At this point, there are no specific plans for additional developments. Leads of corporate services across our sector will be working together over the coming weeks and months to involve their staff and trade union partners in identifying and working up further, potential opportunities.

### Flexistaff update

FlexiStaff+ is the Trust's new temporary medical staffing community. Initially launching with WMUH junior doctors, we will expand this service to C&W and in the long term to our nursing and administrative staff. All medical locum booking requests at WMUH are now managed exclusively through the dedicated FlexiStaff+ team. Since launch we have recruited 156 junior doctors to FlexiStaff+ with 3,584 hours booked which would otherwise have been resolved through the use of agency. Well done to all teams involved in the development of this vital new service.

### January 2016 team briefing dates

- Monday 9 January, 12-1pm, HY G2 Offices
- Tuesday 10 January, 2-3pm, CW+ MediCinema
- Wednesday 11 January, 1.30-2.30pm, WMUH Meeting Room A



## Board of Directors Meeting, 5 January 2017

**PUBLIC**

<b>AGENDA ITEM NO.</b>	2.1/Jan/17
<b>REPORT NAME</b>	Final Operational Plan 2017-19
<b>AUTHOR</b>	Virginia Massaro, Deputy Director of Finance – Financial Planning & Strategy Dominic Conlin – Director of Strategy and Business Development Tom Rafferty, Head of Strategy
<b>LEAD</b>	Sandra Easton, Chief Financial Officer Karl Munslow-Ong – Deputy Chief Executive
<b>PURPOSE</b>	To share with the Board a copy of the final operational plan for the Trust submitted to NHS Improvement on 30 <sup>th</sup> December as part of the business planning process.
<b>SUMMARY OF REPORT</b>	<p>Following discussion at the November Board meeting, the final Trust Operational Plan for 2017-19 was submitted to NHS Improvement (NHS I) on 30 December. The plan sets out the Trust's objectives for the 2 year period in terms of performance, activity, finance, workforce and alignment with wider plans for the local health economy. The paper summarises the key content of the plan's narrative for the Board's approval. The final operational plan narrative is attached as Appendix A and incorporates all feedback from NHSI on the draft submission.</p> <p>In addition to the plan's narrative, a summary of the context for the Operational Plan is appended (Appendix B) detailing the latest position regarding the Shaping a Healthier Future (SaHF) programme and the North West London (NWL) Sustainability and Transformation Plan (STP). An executive summary of the NWL STP is included at Appendix C. The Operational Plan has been aligned to the key assumptions in these programmes of work. The business case for the Outer London SaHF developments, including West Middlesex Hospital, has been submitted to NHS England and the Board is asked to endorse the Chief Executive's letter supporting its submission (Appendix D).</p>
<b>KEY RISKS ASSOCIATED:</b>	<ul style="list-style-type: none"> <li>• Significant financial pressures in the health economy forecast over the coming years.</li> <li>• Failure of out of hospital model of care and trend/increased trend of non-elective pressures which compromise quality and financial performance.</li> <li>• Limited availability of capital at a national level impacting on the SaHF programme.</li> <li>• Delivery of significant 2-year CIP programme</li> </ul>
<b>FINANCIAL IMPLICATIONS</b>	<p>The paper sets out a range of assumptions and draft financial forecasts for the coming year.</p> <p>The Trust is planning a deficit of £7.7m in 2017/18 and £0.3m in 2018/19 and has not accepted the NHS Improvement control total.</p>
<b>QUALITY IMPLICATIONS</b>	None noted
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None noted
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Excel in providing high quality clinical services</li> <li>• Deliver financial sustainability</li> </ul>
<b>DECISION/ ACTION</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the Trust's Operational Plan for 2017-19</li> <li>• Note the update on SaHF and the STP</li> <li>• Endorse the letter of support for the SaHF business case</li> </ul>

## **1.0 Introduction**

- 1.1 This paper provides a summary of the final operating plan narrative that will be submitted to NHS Improvement on 30<sup>th</sup> December, as part of the business planning process.
- 1.2 Some minor changes have been made to the version submitted on 24 November in response to feedback from NHS Improvement and to reflect the outcome of contract negotiations with commissioners.

## **2.0 Background**

- 2.1 NHS Improvement (NHSI) and NHS England published planning guidance for 2017/18-19 in September. Unlike in previous years' annual planning cycle, this year's planning round will cover a two year period. This means that providers and commissioners are required to produce two year financial and operational plans as well as two year commissioner contracts.
- 2.2 In addition, NHSI has set control totals for both 2017/18 (£12.6m surplus for CWFT) and 18/19 (£19.9m surplus). The Trust has not been able to accept these control totals, as the level of CIPs required to deliver the control totals is considered to be unachievable without impacting patient care and safety.

## **3.0 Business Planning Process**

- 3.1 Given the shortened national timetable for business planning and contract signature, the Trust is following a two-track approach. Contract negotiations have concluded with the Trust's main commissioners (North West London CCGs and NHS England) with activity and income levels agreed and the main contracts are on track for signature by 23 December. This will allow a Trust-level business plan to be complete and submitted to NHSI in line with the national timetable. Once activity and income has been agreed, Divisions will finalise more detailed plans as to how they will deliver corporate priorities, quality initiatives, required activity levels and efficiency savings. These divisional plans will be completed in Q4 2016/17.

## **4.0 Operational Plan Narrative**

- 4.1 The NHSI planning guidance specifies the required content for providers' operational plans and trusts to set out their plans for each of the following areas:

### **Activity planning, capacity & demand**

The narrative sets out the assumptions on which activity planning is based and how this supports the delivery of key waiting time standards including A&E, cancer and referral to treatment. It briefly summarises ways in which the Trust is working with commissioners to mitigate growing demand for services, and developing additional capacity in high pressure areas, for example, A&E at West Middlesex.

### **Quality planning**

Taken in the most part from the Trust's Quality and Strategy Plan, this section sets out the Trust's ambitions, priority areas and governance arrangements, with regards to quality. It briefly explains how this fits with national quality priorities and highlights relevant work being undertaken within the Trust.

### **Workforce planning**

The Trust's strategic aims in relation to its workforce are set out, with a particular focus on recruitment and retention. The approach taken to workforce planning is briefly summarised as well as the governance arrangements that are in place as part of business-as-usual. A number of specific examples of work underway on workforce transformation are presented, including the development of Flexi Staff+ and work to consider consolidating back-office functions with other providers.

## Financial Planning

Building on the existing LTFM, the financial planning sections summarises the Trust's financial plan for 17/18 and 18/19, and sets out the underpinning assumptions. The Trust is planning a deficit of £7.7m in 2017/19 and £0.3m in 2018/19. The key movements from the position discussed at the November Trust Board are due to changes in the underlying assumptions, inclusion of non-recurrent donated income for the ITU/NICU and changes to CIP targets back to the targets in the transaction LTFM:

£m	2017/18	2018/19
<b>"Reject" Control Total Surplus/ (Deficit) from Oct FIC</b>	<b>-17.3</b>	<b>-13.3</b>
Education & Training income improvement in assumptions	0.8	0.8
Increase in CIP target back to Transaction LTFM target	3.2	7.5
Loss of CQUIN income linked to agreeing control totals	-1.4	-1.4
Non-recurrent income for donated assets	5.7	4.2
Other changes in underlying assumptions	1.3	1.9
<b>Revised Surplus/ (Deficit)</b>	<b>-7.7</b>	<b>-0.3</b>

The underlying Trust plan is in line with the Trust proposed adjusted control totals, removing the non-recurrent transaction funding and internal investment in IT (total £10.5m in 2017/18 and £8.8m in 2018/19). However, as the Trust has rejected the control total, no STF (£14.1m) and reduced CQUIN income (£1.4m) has been assumed for both years.

The Use of Resources rating is 3 in both years and there is a planned closing cash balance of £29.1m in 2017/18 and £22.4m in 2018/19. The capital programme is £44.6m in 2017/18 and £26.9m in 2018/19. The majority of the programme is funded through either existing loans, PDC or donated income.

An Income and Expenditure bridge from 2016/17 to 2017/18 and 2018/19 is included in the Operational Plan narrative within Appendix A.

## Links to the local STP

This section briefly explains how the Trust's business plan, based on its Clinical Services Strategy, is aligned with the NWL STP, highlighting a number of programmes that the Trust is involved with or leading. These include ongoing work on Shaping a Healthier Future, the joint Pathology Service with Imperial and the Hillingdon Hospital and the Outcomes Based Commissioning work with Richmond CCG.

## Membership & elections

Foundation Trusts are required to summarise activity undertaken in relation to members and governors, as well as future plans. This section summarises the outcome of governor elections and induction as well as work to improve engagement with members.

- 4.2 The narrative will be submitted to NHS Improvement alongside supporting figures on finance, activity and workforce. The narrative is included as Appendix A.

## 5.0 Feedback from NHS Improvement

- 5.1 Some minor changes have been made following brief feedback received from NHS Improvement on the draft plan submitted on 24 November. A summary of this feedback is set out below:
- Control Total – NHS Improvement understood that the trust has set out a plan which it believe is currently achievable and asked for any further mitigations/efficiencies that could be identified in the final plan.
  - Improvement trajectories – NHSI commented that the Trust is currently not meeting the A&E target, and is still working to reach a sustainable position to achieve RTT compliance and asked for additional information in the final plan on where the Trust expects to achieve the standards for the 2017/18 – 2018/19 and where further work is required against each standard.

**6.0 Decision/ Action Required**

6.1 The Board is asked to:

- Approve the Trust's Operational Plan for 2017-19
- Note the update on SaHF and the STP
- Endorse the letter of support for the SaHF business case.





## Chelsea & Westminster NHS Foundation Trust

### Final Operational Plan 2017-19

#### 1. Activity Planning, Capacity & Demand

##### 1.1. Approach to activity planning

The Trust is working closely with NWL commissioners to develop a realistic and aligned activity plan that underpins the 2017/19 contract. The building blocks of the 2017/18 activity plan are:

- 2016/17 outturn based on month 4 plus months 5-12 of 2015/16 and then adjusted for seasonality and known non-recurrent items.
- Capacity changes to support agreed recovery milestones for performance, with four key operational standards considered as follows:
  - **Accident and emergency (A&E):** The Trust had significant investment in Chelsea and Westminster site (CW) A&E in 2015/16 as part of the Shaping a Healthier Future (SAHF) programme with the size of the department and associated staffing increasing significantly, in part to prepare for future activity moves from Charing Cross Hospital. On completion at the end of December 2016, this, together with an additional 12 escalation beds which are being opened early in Q4 2016/17, provides the planned capacity to enable us to continue to meet A&E targets on the CW site, subject to continued financial support from commissioners. The Trust has also increased consultant staffing numbers on the West Middlesex site (WMUH), and is undertaking a physical expansion of the WMUH A&E department during Q3 of 2016/17. A new joint Trust and CCG A&E forum has been set up locally to drive a jointly owned action plan to address pressures on A&E. This plan includes significant changes focussed on internal productivity (utilising ECIST Red & Green Day methodology, introducing Acute Frailty Units on both sites), as well as continued engagement with the CCG out-of-hospital strategy to reduce A&E attendance and Non-elective admissions. These actions are aimed at bringing the Trust back to compliant A&E performance by the end of Q4 2016/17. Despite these planned actions, there remain significant performance risks associated with unplanned activity increases, or activity transfer before anticipated SAHF investment in staff and physical capacity on the WMUH site ahead of future activity moves from Ealing Hospital and a risk of capital funding being available for the required SAHF developments and the Trust is currently behind the agreed trajectory in 2016/17. The forecast is based on an assumption that a reasonable baseline for non-elective activity is commissioned and commissioners support any required capacity increases to manage activity above demographic growth, and that system-wide actions to reduce non-elective demand are implemented at the necessary scale and pace. If demand materially increases over and above agreed baselines, there is a significant risk that performance will worsen.
  - **Cancer waiting times:** The Trust has been successful in delivering consistently compliant performance, and is expecting to be fully compliant with cancer and diagnostic waiting times in 2017/18 for each quarter. Due to the low volumes of cancer cases treated by the Trust, and the number of shared pathways with tertiary centres, we would expect to have a significant risk of failing the 62 day standards (both 62 'classic' and screening) in two out of 12 months. Due to the low volumes of monthly treatments, the impact of patient choice to delay diagnostics has a potentially material impact on Trust performance. In light of experience, the months most likely to be affected by this, despite Trust efforts to mitigate the anticipated impact, are September and January following the major holiday periods. These planning assumptions are based upon current

levels of growth in demand for urgent cancer referrals (2 week waits). Should this demand increase significantly ahead of commissioned levels of growth, there would be some additional risk to cancer 62 day performance.

- **Referral to Treatment (RTT):** In light of growth in demand from GP referral to the Trust for elective care during and the latter half of 2015/16 and into Q1 of 2016/17, the Trust has not yet reached the anticipated sustainable position of achieving RTT compliance. The Trust has achieved significant improvement with reducing 52 week waits, and would expect to continue to maintain this improvement. Further targeted investment in backlog reduction and recurrent capacity is required to achieve sustainable waiting times performance in the context of this referral growth. The Trust has adopted the IMAS Intensive Support Team demand and capacity (D&C) modelling tools to identify the scale of investment required in selected specialties with performance challenges. Additional capacity will be required in Trauma & Orthopaedics (upper limb and foot & ankle sub-specialties), Vascular Surgery, Urology and Plastic Surgery to reduce waiting list to sustainable levels. Details from the D&C work will be shared with Commissioners in order to reach a shared view on targeting the agreed increases to baseline activity plans for 2017/18. Subject to agreeing this investment, RTT Incomplete pathways performance is expected to be met throughout the life of the contract. Due to the inherent complexity of the current Trust IT systems, there remains an underlying residual risk of a 52 week breach until the Trust has completed its procurement and implementation of a new EPR system. Risks to RTT performance reporting as part of the EPR implementation programme will be managed carefully, with significant focus on pre-implementation data quality and data migration.
- 2017/18 growth rates are based on the latest ONS statistics on population growth (currently 1.34%) and non-demographic growth rates of 4.7% for A&E and non-elective activity and 0.5% for all other activity to reflect historical trends. These growth assumptions have been agreed with local CCGs within the STP.
- Strategic developments including pathway and market share changes agreed as part of both SAHF and the Transaction agreement. The full year effect of the Cardiac Catheter Lab development at WMUH site is included.

The Trust expects that as in the past, and in the light of the anticipated synergies from the acquisition, it will be in a position to deliver the required activity without recourse to the independent sector or other providers. We are also developing contingency plans to be deployed in the event of material unplanned changes in activity. The Trust and commissioners are currently discussing the approach to the contract construction overall and within this how material unplanned in-year variations will be managed.

### **1.2. Capacity & Demand**

The Trust is working collaboratively with Commissioners in order to reduce demand. In relation to elective care, the joint Transformation Board is overseeing work focussed on reducing referral demand through elective pathway redesign. The Trust has developed with North West London (NWL) CCGs, as part of 2016/17 CQUINs, electronic channels for provision of pre-referral advice and guidance in order to reduce unnecessary referrals, or to target these more effectively. The Trust is also working on pathway redesign, aimed at reducing activity at the Trust with Richmond CCG as part of the Outcome Based Commissioning pilot.

The Trust has seen significant and unsustainable increases in A&E and non-elective activity, especially over the last year, which puts significant pressure on the Trust's performance, workforce planning and finances. At a trust level, A&E attendances have grown by 13% year-to-date and non-elective admissions by 11% compared to the same period in 15/16. In response to growing non-elective demand, additional bed capacity has been developed on Chelsea and Westminster site, and a range of work is in progress to

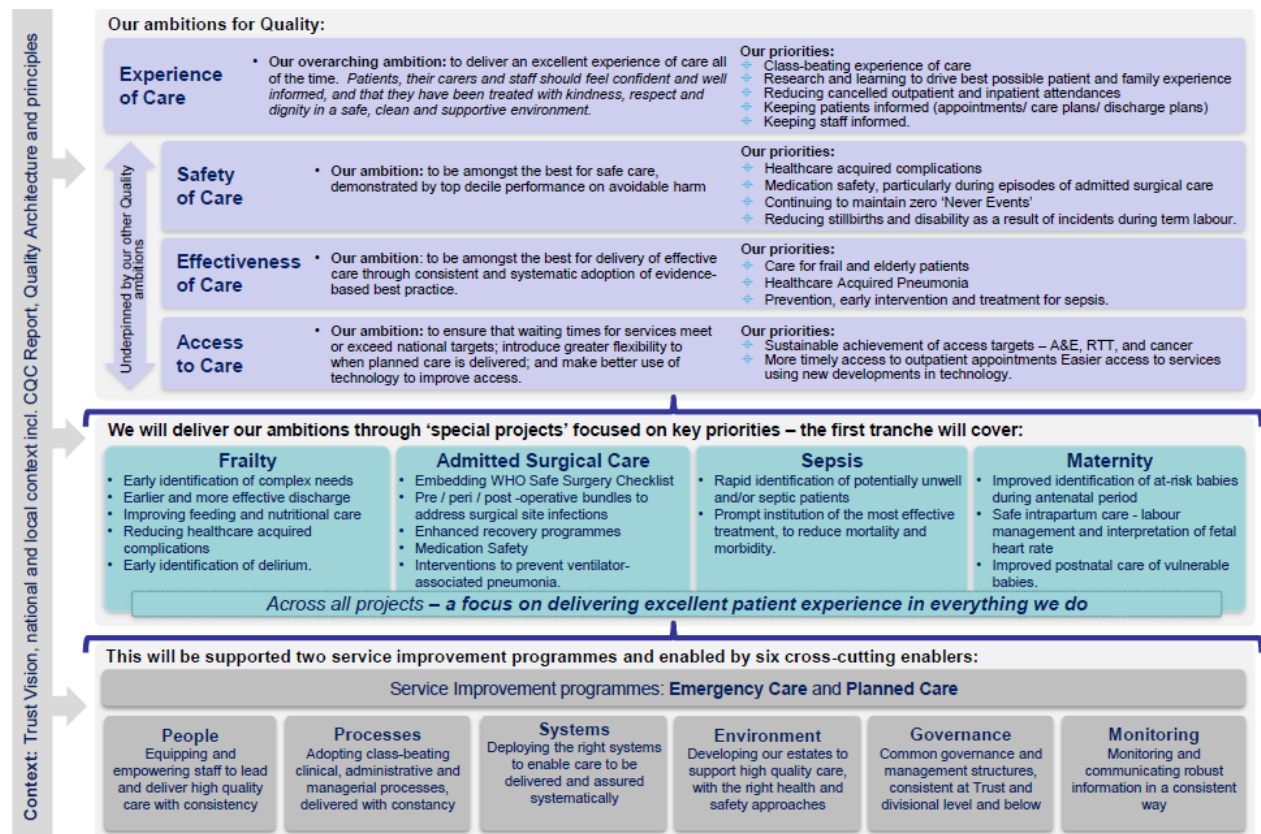
increase bed productivity in order to manage growth within a fixed physical bed base. Redevelopment of the Accident & Emergency Department at the West Middlesex site is also underway in order to address the rise in attendances. In order to inform its operational plan for 2017/18, the Trust is undertaking targeted capacity and demand work with areas in which performance against waiting time standards is at risk. Delivering the activity required to fully clear the Trust's waiting list backlog is very unlikely to be affordable for the system, so elective non-demographic growth funding agreed with commissioners will be targeted at those specialties in which they can have the biggest impact. Divisions will produce specialty-level backlog clearance plans for priority areas as part of detailed operational planning for 2017/18.

## 2. Quality Planning

### 2.1. Quality Priorities & Improvement Plan

In 2015 the Trust agreed a three-year Quality Strategy and Plan that sets out our ambitions and priorities in terms of maintaining and improving the quality of the services we offer to patients. The strategy is summarised in Figure 1 below.

Figure 1 - Quality Strategy Summary



An additional 5 priorities, with links to the 4 special projects, were identified in the annual Quality Account for delivery in 2016/17:

- Reduction of acquired pressure ulcers in hospital
- Embedding of the WHO surgical checklist
- Early identification of the deteriorating patient
- Reduce avoidable admissions of term babies to the NICU
- Increase Friends and Family Test response rate to >30% and satisfaction to >90%

The reporting framework for the monitoring of these priorities is quarterly to the patient safety, clinical effectiveness, or patient experience group with a composite quarterly report to the quality committee. Priorities for 2017/18 will be identified through analysis of this year's quality account from January 2017.

### 2.2. Alignment with National Priorities

The Quality Strategy and Plan was developed in the context of the national agenda on quality which is reflected in the priorities set out in Figure 1. More detail on a range of key national priorities is set out below.

- Four priority standards for seven-day hospital services

North West (NW) London is a national First Wave Delivery Site for the seven day services programme. As part of this programme all acute trusts in NW London, have agreed to achieve delivery of the four priority Clinical Standards by April 2017. An audit carried out in March 2016 showed that the Trust compares favourably to peers on first consultant review within 14 hours (Standard 2), access to the majority of diagnostic tests (Standard 5) and the on-going review for patients in high dependency areas (Standard 8). Work to improve performance against the priority standards is overseen by the Seven Day Services Steering Group.

- *Safe Staffing and Care Hours per Patient Day*

Fill rates and care hours per patient day for registered nurses and care staff by each ward are reported to the bi-monthly Trust board meetings. A safe staffing establishment review was undertaken between June and August 2016 across all inpatient wards using a nurse workforce planning tool. The nursing leadership team reviewed the outputs of the review and identified areas of variation to investigate further. Based on these investigations, study leave has been standardised across sites and a consultation to standardise shift times has begun. There has been investment to standardise break times, and additional investment to increase staffing levels in certain areas.

- *Actions from the Better Births review*

The Maternity service has agreed a 5-year plan of action to address the standards set out in this report, although many are already met. Maternity is one of the priority areas for the Trust in terms of improving quality and as such, a clinically-led improvement programme is already underway, reporting quarterly to the Quality Committee.

- *Frail and Elderly Patients*

Work is underway to develop acute frailty units on both hospital sites in order to improve the way in which frail and elderly patients are cared for. Frailty services is one of the priority areas for the trust in terms of quality improvement, and the aims of establishing these units include a reduction in pressure ulcers, falls, confusion and hospital acquired infections and mortality.

- *Patient experience*

The patient experience strategy sets out the expected standard of care for any individual working in the organisation. The strategy identifies the patient experience improvement aims and monitoring processes. Patient experience data is monitored via quality dashboards, ward accreditation assessments and individual action plans these are reported to the Patient Experience Committee which in turn reports to the Quality Committee.

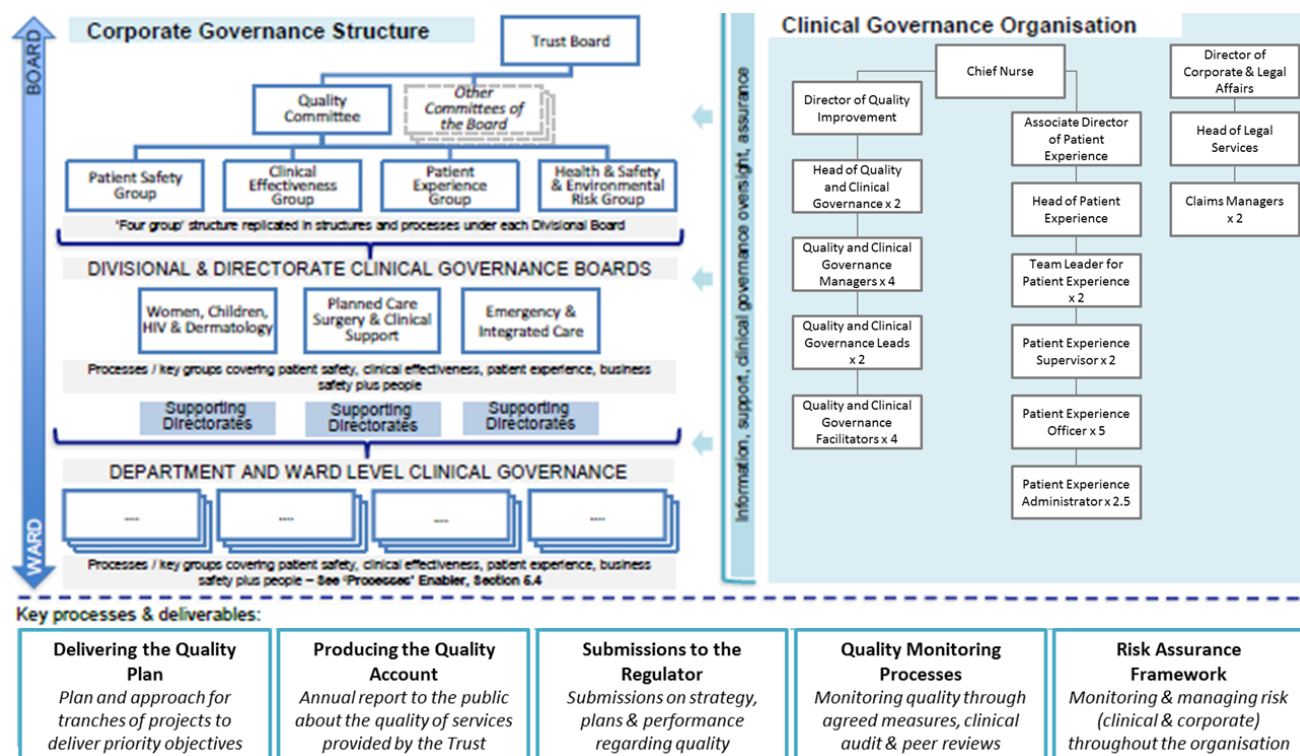
### **2.3. Approach to Quality Governance**

Our quality governance structure, as set out in Figure 2 below enables us to maintain and continually improve quality from 'Board to ward'. It is led by the Quality Committee, which reports into the Board and is chaired a NEDs with the Chief Nurse as Executive lead, supported by the Medical Director. Divisional Medical Directors chair the Divisional Clinical Governance Boards, supported by the clinical governance team. Together, this framework monitors quality performance and risk; including serious incidents, complaints and investigations, as well as being responsible for overseeing delivery against our four special quality projects for 2015 to 2018 (see Figure 1 above). These projects were identified from an analysis of the themes and key risks arising from reporting through Quality Committee.

The CQC inspected our hospitals in July 2014 and September 2015 and, whilst it found that the Trust provides good and outstanding care in many areas, its overall rating for the Trust was 'requires improvement'. In order to improve the Trust's rating to 'good' or 'outstanding', speciality-level action plans were developed with the Quality Committee responsible for the oversight of their delivery. An update on progress is presented to each meeting of the trust board as part of the integrated performance report.

The CQC report made broader recommendations in relation to establishing a culture of consistency and rigour in how quality is approached across the Trust. The Quality Strategy and supporting Quality Architecture described in this document are key to ensuring that both the specific actions and the broader recommendations identified by the CQC – in particular in relation to consistency of quality assurance process across the organisation – become part of on-going systematic and rigorous ways of working within the Trust as it delivers its strategic and growth agenda.

Figure 2 - Quality Governance Structure



Continuous quality improvement is supported by a new ward accreditation process. The overall performance of each ward is evaluated against a framework in a similar style to a CQC assessment, resulting in a rating of gold, silver, bronze or white. The framework incorporates observation of practice, engagement with staff and patients and a review of key quality indicators, and helps wards to take action to improve the quality of care that they provide to patients. The Trust Board is currently considering how a culture of continuous improvement may be further developed across the organisation more broadly.

#### 2.4. Summary of quality impact assessment process

Our Quality Impact Assessment (QIA) process was signed off through the Integration and Transformation Programme Board (ITPB), chaired by our chief executive. Our approach requires assessment of every project initiation document (PID) in the cost improvement programme (CIP) by the relevant senior responsible officer (SRO) using standard documentation.

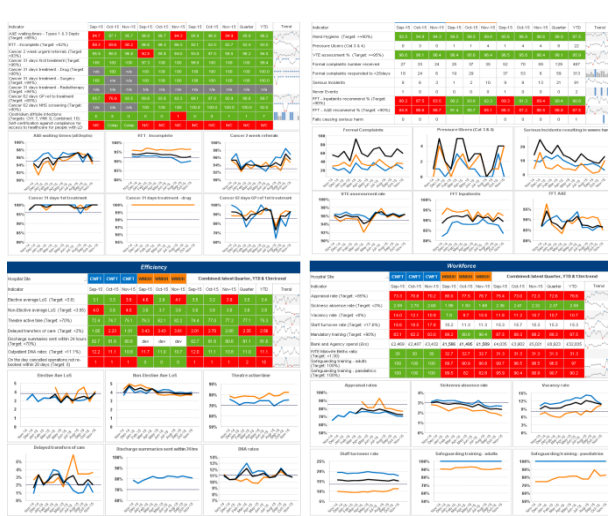
Schemes are assessed for risk against the four quality domains of patient experience; patient safety; clinical effectiveness/staffing; and performance/inspection/audit/CQUINs. High-risk schemes are subject to approval through a QIA Panel, jointly chaired by our chief nurse and medical director. As part of the approval process, the chief nurse and/or medical director will determine the intervals at which the scheme must be formally report back to the QIA panel directly throughout the year.

Low-risk schemes are managed locally within the division to ensure local accountability and ownership at the relevant divisional board and steering group meetings. Each PID includes quality metrics the monitoring of which will allow any unintentional negative impact on quality to be identified. A central PMO tracks the

progress of each scheme, and will escalate schemes to the QIA Panel based on performance against key indicators as appropriate.

## 2.5. Summary of triangulation of quality with workforce and finance

Figure 3 - Integrated Performance Report



CWFT brings together its quality, workforce and financial indicators in its monthly Performance Report to Board. The report includes a summary dashboard (Figure 3) alongside more detailed metrics, analysis and action points in key areas to support delivery of our special quality projects and the 'Sign up to Safety' campaign. These areas include:

- **Safety dashboard** – hospital acquired infections, incidents, harm, mortality
- **Patient experience** – friends and family test, complaints
- **Efficiency and productivity** – admitted patient care, theatres and outpatients
- **Access** – referral to treatment waits, 62 day

cancer referrals by tumour site, A&E access and length of stay

- **Maternity** – birth indicators, safety
- **Workforce** – vacancy rate, staff turnover rate, bank and agency spend, nurse to bed ratio, appraisal rates, training
- **Nursing metrics** – average fill rate of registered nurses by ward and by site
- **Finance** – EBITDA, finance and use of resources score, progress against cost improvement programme (CIP), cash flow
- **CQC action plan dashboard** – tracking delivery of actions to address issues identified at the last CQC inspection
- **CQUINs** – monitoring delivery of national and local CQUINs.

Key actions to address issues arising, and progress against these, are informed by monthly cross-site Performance Review meetings between the Executive and Divisional leads, informing the Board report and supporting our focus on continuous improvement of our quality of care within our financial and workforce envelope.

The move to our EPR system will support more real time triangulation of indicators. This will form a key part of our EPR implementation project which will continue throughout 2017/18.

### 3. Workforce planning

#### 3.1. Strategic Objectives

The Trust aims to provide the best possible patient experience and care for the communities we serve. To do this we will:

- Excel in providing high quality, efficient clinical services
- Improve population health outcomes and develop integrated care
- Deliver financial sustainability
- Create an environment for learning, discovery and innovation

The Trust's workforce strategy identifies recruitment and retention of nursing staff as the most critical enabler to helping deliver the organisation's broader strategic aims. It sets out 5 areas of focus in order to improve recruitment and retention:

- Increased of pro-active planning, including over-recruiting to allow for turnover.
- A move to flexible working to reflect a workforce that is increasingly looking for flexibility in their employment.
- Improved staff transport between hospital sites to enable a workforce that can be deployed cross-site and enable to effective use of all Trust accommodation.
- A structured approach to exit interviews and learning lessons from leavers.
- Focused programmes of recruitment for difficult-to-recruit areas.

Specific targets include:

- We aim to reduce the vacancy rate to 10% by 2017/18
- We will carry out a major overseas recruitment drive to reduce nursing and midwifery vacancy levels.
- We will reduce turnover to below 13% by 2017/18.
- We will continue to offer a wide range of staff benefits and flexible working arrangements to help aid staff retention and maintain high levels of engagement at the Trust.
- We are modernising our approach to providing new temporary staffing, including discussing collaborative approaches with other NHS trusts, so that we can efficiently provide good quality bank and agency staff in the right numbers.
- We will align the balance of permanent, flexible and bank/agency staff to the desired workforce structure. In practice this will mean reducing reliance on agency staff where possible, replacing them with permanent staff or bank. This will help to ensure greater continuity of care and deliver financial savings. The Trust's ability to reduce the reliance on agency medical and nursing staff is challenging given the significant increases in activity we have seen over the past year.
- We will further develop the apprenticeship programme in accordance with national directives for both administration and clinical roles.
- We will continue to develop a range of innovative recruitment and retention initiatives including refer a friend, rotation programmes for qualified nurses and non-bureaucratic internal staff transfer schemes.
- We will adopt focussed programmes of recruitment to help us address the difficult to recruit areas e.g. A&E, ITU, NICU and Theatres.
- We will significantly increase the number of bank only people on our bank in order to reduce reliance on agency staff, increase flexibility and create an alternative pipeline for new talent.
- We will develop a systematic approach to developing new roles and extending current roles to create a more flexible and appropriately skilled workforce.
- We embed newly designed, streamlined recruitment and on-boarding processes which will reduce time to recruit and enhance candidate and manager experience.



### **3.2. Workforce Planning Methodology**

Trust service managers develop their workforce plans considering upcoming planned activity and service developments e.g. seven-day hospital services, which may impact upon their workforce numbers or skill mix. Forecast workforce numbers will also be informed by scheduling of recruitment initiatives, implementing bank and agency reduction schemes and all CIPs where there is a known predicted impact on workforce. Detailed workforce intelligence monthly KPI reports provide managers with information to support their planning decisions.

Workforce estimates beyond 31 March 2017 are based on the current workforce with corrections for turnover at predicted rates and existing recruitment pipeline and plans.

Monthly monitoring will be facilitated through the monthly Performance Report to the Board (see section 2.5) and more detailed reports to the Executive Team. A shared data source enables consistency between financial and activity planning, and the quality impact assessment process will ensure that developments do not have an adverse impact on the quality of care provided to patients.

### **3.3. Maximising Efficiency Across the STP Footprint**

The Trust is participating in work across the NW London STP footprint on shared services and efficiencies. Working with partners, this work supports greater consolidation of corporate services, and clinical support services, with the ultimate aim of delivering greater quality and value across the system, as well as meeting the efficiency targets set out in the Carter Review. Such collaboration is already in practice in areas such as pathology, IM&T and clinical sterile services. More detail on these initiatives in the context of efficiency savings is set out in the Financial Planning section below.

### **3.4. Case Study: Flexi Staff +**

Agency medical staff cost the trust approximately £4.5m in 2015/16. The quality of medical agency staff can be variable and over-reliance on agency staff reduces our ability to plan effectively. In order to improve quality, reduce costs and proactively plan to the medical workforce, the Trust has developed the Flexi Staff Plus bank system for junior doctors. The initiative sees the Trust directly recruiting high quality medical staff to work regular shifts in its hospitals, allowing shifts to be filled in a planned way with staff that are familiar with the hospitals and its processes. The aim is to roll out the initiative across the Trust to reduce spending on agency medical staff by £700k per year by recruiting 50 WTE clinicians, approximately half of which have already been signed-up.

### **3.5. Governance**

Regular reports on vacancy, turnover and overall staff numbers by Trust, division, site and department are provided to the executive team and divisional boards to provide oversight and monitoring of progress against targets. Summary reports are also provided to the Trust Board.

Given its importance, a dedicated temporary staffing steering group has been established which examines aspects of rostering, the Safer Nursing Care Tool, agency caps, contracts and cap breaches, and rules and processes across staff groups for temporary staff. The group is jointly chaired by our Chief Financial Officer with membership including senior nursing, medical, HR and operational leads, ensuring engagement from across the clinical and operational teams informs decision making.

## 4. Financial planning

### 4.1. Alignment of Financial, Activity, Quality and Workforce Plans

The Trust has a weekly business planning meeting with senior leads from the Workforce, Finance, Strategy, Contracts and Quality teams, where all aspects of the Trust's two year plans are discussed to ensure all parts are aligned and internally consistent. The operational plan has also been discussed, reviewed and signed off at the Trust's Executive Board, Finance & Investment Committee and Trust Board.

### 4.2. Financial Plan

The Trust's financial forecasts and plan for 2017/18 and 2018/19 are built up from the Trust's long term planning model and assumptions and updated following revised planning guidance and Trust priorities on quality and other investments, activity assumptions and service developments.

The Trust is planning a £7.7m deficit in 2017/18 and £0.3m deficit in 2018/19, with a Use of Resources rating of 3 in both years and closing cash balance of £29.1m in 2017/18 and £22.4m in 2018/19. This will generate an EBITDA of £26.5m (4.4%) from total operating income of £600.3m in 2017/18 and an EBITDA of £34.9m (5.8%) from total operating income of £597.0m in 2018/19.

**Table 1 - 2017-19 Summary Financial Plan**

	2016/17 Forecast Outturn	2017/18 Plan	2018/19 Plan
	£m	£m	£m
Operating Revenue	613.8	600.3	597.0
Employee Expenses	-331.0	-322.9	-316.3
Other Operating Expenses	-245.6	-250.9	-245.8
Non-Operating Income	0.1	0.1	0.1
Non-Operating Expenses	-33.3	-34.3	-35.4
<b>Surplus/(Deficit)</b>	<b>4.0</b>	<b>-7.7</b>	<b>-0.3</b>
Net Surplus %	0.7%	-1.3%	-0.1%
Total Operating Revenue for EBITDA	613.8	600.3	597.0
Total Operating Expenses for EBITDA	-576.6	-573.8	-562.1
<b>EBITDA</b>	<b>37.2</b>	<b>26.5</b>	<b>34.9</b>
<b>EBITDA Margin %</b>	<b>6.1%</b>	<b>4.4%</b>	<b>5.8%</b>
<b>Surplus/(deficit) on a Control Total Basis</b>	<b>4.4</b>	<b>-12.6</b>	<b>-3.7</b>
Use of Resources Rating	2	3	3
Closing Cash Balance	44.6	29.1	22.4

### 4.3. Control Totals

The Trust has not been able to accept the control totals of £12.6m surplus in 2017/18 and £19.9m as notified by NHS Improvement on 1st November 2016, as the level of CIPs required to deliver the control total in 2017/18 is unachievable for our organisation.

The Trust has requested two adjustments to the control total, to take two items into account, which are associated with the acquisition of West Middlesex University Hospital Trust. These items are £6.3m of reduced deficit support transaction funding in 2017/18 and Trust internal investment in the IT transformation programme of £3.9m; both of which were part of the transaction agreement. If these adjustments (totalling £10.2m) were to be made to the control total, the Trust would be able to accept the control total. This is dependent on actual activity numbers remaining within our planning assumptions and therefore appropriate payment in line with agreed contract mechanisms. There is a risk to achievement of the Trust's financial plan if activity growth is significantly higher than the planning assumptions, resulting in high costs of delivery. This is due to the risk share agreement that has been agreed across the North West London sector acute contracts, with over-performance paid on a marginal rate basis. There is also a risk

around overall affordability within the North West London sector as per the sector's STP plans and current gap to the sector control total.

The Trust's two year financial plan is very challenging and requires the Trust to deliver the largest CIP it has ever had to and therefore presents a significant risk to the Trust. This is due to the high levels of growth in high cost and loss-making services e.g. A&E and non-elective activity, at the same time as reducing reliance on agency staff and delivering high levels of CIP (at 5.8% of influence-able expenditure). Sustainability and Transformation Funding was designed, in part, to help address the tariff shortfalls in A&E and non-elective services.

#### **4.4. Contracting and CQUINs**

The Trust has concluded contract negotiations with its main commissioners, North West London CCGs and NHS England for 2017-2019. The assumptions included in the final plan have been updated to reflect these agreements. There have been extensive discussions locally within the North West London STP area to increase alignment across the sector, which has been achieved for the two year contracts. This includes aligning contract baseline methodology, information and quality schedules and risk share agreements across the sector. The local risk share arrangement is a marginal rate cost and volume on over and under-performance against an agreed threshold (at the 2016/17 forecast outturn, adjusted for the impact of the specialised commissioning identification rules and 2017/18 tariff impact), which will apply to NWL CCGs only. All other contracts, including the NHS England specialised commissioning contracts, will be on a cost and volume basis.

The approach to CQUIN for 2017/19 is to be more prescriptive about the quality improvements that will be incentivised, and to reduce the scope for local customisation. The national CQUIN schemes to be included in the contract are set out in Table 3 below. For NWL CCGs, 0.5% of the contract value is available for local CQUINs that are linked to STP delivery.

**Table 3 - 2017-19 CQUIN Schemes**

<b>CCG Contract CQUINs</b>	<b>NHS England Contract CQUINs</b>
<ul style="list-style-type: none"> <li>▪ Staff Health &amp; Wellbeing</li> <li>▪ Sepsis</li> <li>▪ Anti-microbial Resistance</li> <li>▪ Reducing frequent attenders to A&amp;E</li> <li>▪ Electronic pre-referral advice &amp; guidance services for GPs</li> <li>▪ Increasing utilisation of e-referral</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medicines optimisation</li> <li>▪ Enhanced supportive care</li> <li>▪ Chemotherapy dose banding</li> <li>▪ Optimising palliative chemotherapy decision-making</li> <li>▪ Neonatal community outreach</li> </ul>

#### **4.5. Efficiency savings for 2017/18 to 2018/19**

The Trust has used a number of benchmarks to identify CIP opportunities within both corporate and clinical services, and is developing a challenging CIP programme of £24.9m for 2017/18 and £25.1m for 2018/19.

The Trust is working in partnership with Imperial College Health Trust, and the wider North West London STP, to identify savings and opportunities across back office and support service. This is being pursued as an NHS Improvement 'pathfinder'. This work builds on existing partnership arrangement within North West London, such as the Fulham Road Collaborative for soft services, and the new delivery model for pathology services. Work is being informed by Carter benchmarks, supplemented by data from CIPFA and AUKUH, which provide a rich picture of different delivery models and potential efficiencies. A cross-Trust working group is in place, and expects to identify target operating models for shared services before the end of this

financial year. It is envisaged that this work will complement the work at an STP level focusing on the delivery of significant procurement savings.

For clinical services, the Trust has used a combination of Carter benchmarking and data from Better Care Better Value, Dr Foster, Service Line Reporting and Albatross (PLICS platform) in order to focus on the most significant opportunities. These data sources consistently identify significant opportunity in care of the elderly, general surgery, trauma & orthopaedics, obstetrics & gynaecology and paediatrics. These will be the focus of service specific efficiencies, complementing a broad 4% efficiency requirement applied to the remaining frontline clinical services and clinical support services, and a 10% target for corporate areas.

As part of the CIP programme for clinical service, the Trust is also undertaking a full review of loss making services, with a plan to disinvest of any loss making services that are not part of the Trust's core service provision, including a full assessment of any potential clinical or quality impact on patients.

The Trust has a mature approach to managing the financial efficiency agenda, with weekly / bi-weekly efficiency boards, chaired by the CEO, which review progress on CIP delivery, and mitigating actions / recovery plans where these are needed. All CIP plans are subject to a quality impact assessment, and the Medical Director and Director of Nursing hold quarterly quality impact panels to review any adverse impact on quality as a result of specific CIP schemes.

A clear focus for the Trust will be the reduction in agency spend, and work is already underway in Q4 2016/17 to enhance significantly the level of grip and challenge around agency spend. New controls have been put in place, such as weekly medical and nursing challenge boards, and CEO review of all admin and clerical temporary staffing spend. Work is also underway to ramp up recruitment to the Trust bank, for all staff groups, and collaborate with other local Trusts, particularly around preferred suppliers, master vendor lists and overall rates of pay.

#### 4.6. Capital planning

The capital plan for 2017/18 is £44.6m and for 2018/19 is £26.9m, with the breakdown by asset category and funding source in the tables below. The funding sources (loan and PDC) are all agreed and in place following the acquisition of WMUH NHS Trust. External donated income of £9.8m has also been agreed with the Trust's charity CW+ to fund capital developments relating to the NICU and ITU capital scheme.

Table 4 - 2017-19 Capital Programme by Asset Category

Asset Category	Plan 2017/18	Plan 2018/19
	£'000	£'000
Buildings	17,517	12,045
IT	22,141	12,330
Medical Equipment	3,768	1,407
Non Medical Equipment	150	150
Contingency	1,000	1,000
<b>Grand Total</b>	<b>44,576</b>	<b>26,933</b>

Table 5 - 2017-19 Capital Programme by Asset Category

Financing Arrangements	2017/18	2018/19
	£'000	£'000
Trust funded projects	17,720	18,030
Donated Funds	5,669	4,161
DH Capital Loan	3,244	0
PDC (Transactional Funding) - agreed with DH	17,943	4,742
<b>Total Funding</b>	<b>44,576</b>	<b>26,933</b>

The capital programme has been developed with the key executive leads and a process is being undertaken to prioritise bids and business cases submitted by the clinical and corporate areas, to ensure they are in line with the Trust's objectives, acquisition plans and clinical and quality priorities.

Schemes are linked to replacement of medical equipment (including a Gamma camera and ultrasound and surgical instruments replacement programme) and buildings maintenance, as well as supporting strategic developments, (e.g. NICU and ITU redevelopment) and roll out of the IT strategy and system enablers for the new EPR system, agreed as part of the transaction.

The Trust's revised estates strategy was approved by the Board in January 2016. The strategy sets out approaches for key strategic developments, including the redevelopment of our critical care service and options to respond to *Shaping a Healthier Future* developments. The implementation business case of the outer North West London SAHF developments has been submitted to NHS England and is aligned to the Trust's estates strategy and capital plans.

In terms of operational facilities and estates developments, service contracts totalling c£18M for hard/soft facilities management and non-emergency transport are currently being tendered and will be commissioned and mobilised during 2017/18. Facilities management tender are being tendered jointly with the Royal Marsden and the Royal Brompton NHS foundation trusts in order to maximise efficiencies.

Capital development schemes including Critical Care at Chelsea and Westminster Hospital, a new fire detection system and other essential infrastructure replacements including lift refurbishments will have commenced and continue through 2017/18. At the West Middlesex University Hospital, the first phase of the Emergency Department will be complete, and plans for further expansion and improvement will commence.

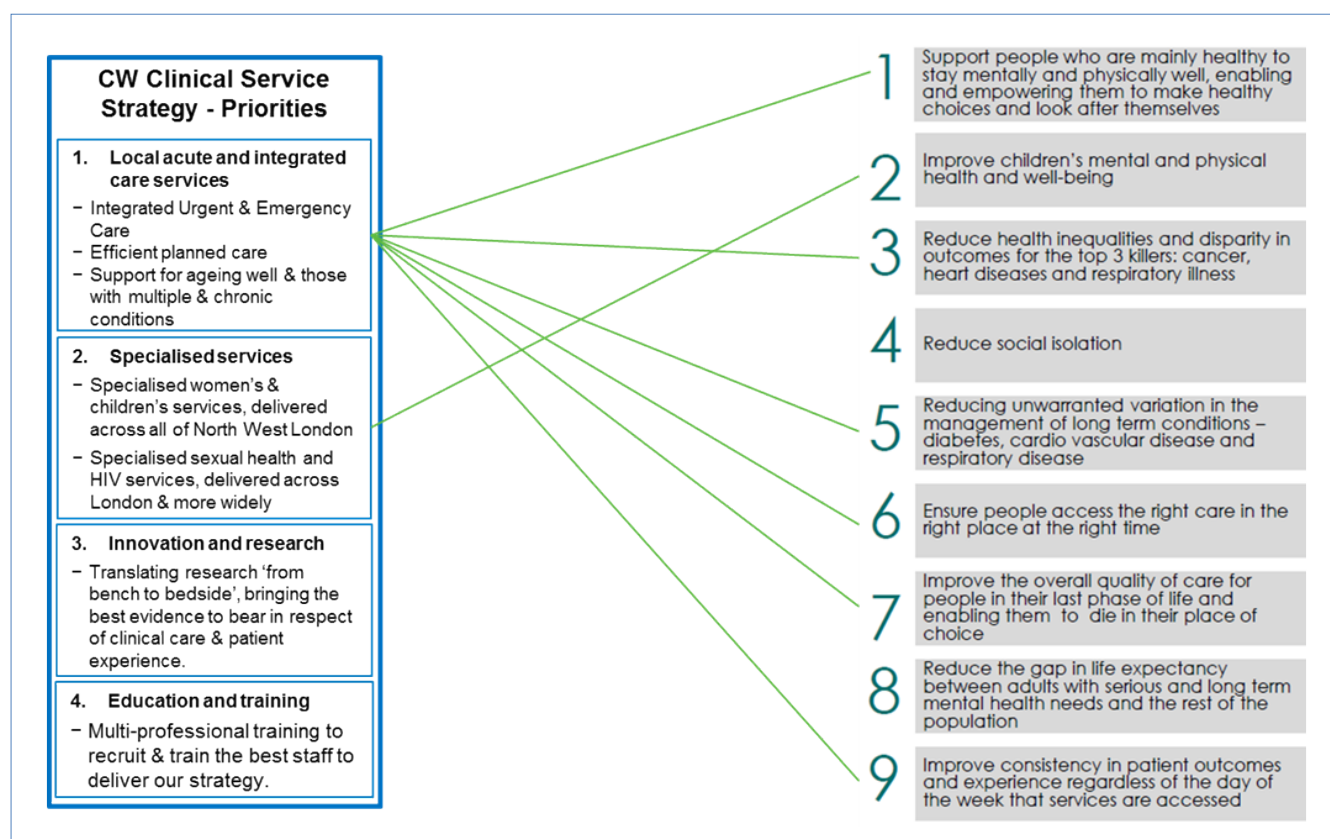
## 5. Link to the local sustainability and transformation plan

The Trust's Clinical Services Strategy provides the framework for the operating plan. The strategy identifies 7 strategic priorities:

- Integrated Urgent & Emergency Care
- Efficient planned care
- Support for ageing well & those with multiple & chronic conditions
- Specialised women's & children's services, delivered across all of North West London
- Specialised sexual health and HIV services, delivered across London & more widely
- Translating research 'from bench to bedside', bringing the best evidence to bear in respect of clinical care & patient experience.
- Multi-professional training to recruit & train the best staff to deliver our strategy.

Figure 4 below shows how the Trust's strategic priorities are aligned to the priorities identified in the North West London STP. The STP, in turn, is aligned to the developments set out in *Shaping a Healthier Future*:

Figure 4 - Strategic Alignment with NWL STP



The STP further breaks down into 5 Delivery Areas into which transformation programmes are grouped. Through its operational plan, the Trust is taking forward a range of key work streams that are linked to these delivery areas. Figure 5 below shows how these work streams align with the STP deliver areas.

Figure 5 - Links to STP Delivery Areas

Key Workstreams	Links to STP Delivery Areas
<b>Shaping a Healthier Future</b> The Trust is playing an active role in delivering the long-term strategic vision of services across North West London, supporting the first stage of reconfiguration of paediatric and A&E services.	<b>Delivery Area 5</b> – Ensuring we have safe, high quality, sustainable acute services.
<b>West London CCG over 65s hubs</b> The Trust is actively involved in developing a new model of care for the proactive management of older patients, to improve their health and reduce unwarranted hospital stays.	<b>Delivery Area 1</b> – Radically upgrading prevention and wellbeing. <b>Delivery Area 3</b> – Achieving better outcomes and experiences for older people.
<b>Hammersmith &amp; Fulham – Regular attenders and the under 5s</b> The Trust is working closely with Imperial College Hospitals NHS Trust and local GPs to collectively identify and manage regular attenders at A&E, and on a programme to improve health and social outcomes for the under 5s.	<b>Delivery Area 1</b> – Radically upgrading prevention and wellbeing. <b>Delivery Area 2</b> – Eliminating unwarranted variation and improving LTC management
<b>Richmond – Outcomes-based commissioning</b> The Trust is working with commissioners and other providers to move towards an outcomes-based contract for 5 service lines in the first instance.	<b>Delivery Area 1</b> – Radically upgrading prevention and wellbeing. <b>Delivery Area 3</b> – Achieving better outcomes and experiences for older people.
<b>Shared pathology services</b> The Trust has entered a joint venture with Imperial College Hospitals and The Hillingdon Hospital for the shared provision of pathology services across North West London	<b>Delivery Area 5</b> – Ensuring we have safe, high quality, sustainable acute services.
<b>Consolidation of corporate services</b> Working with Imperial College Hospitals NHS Trust, the Trust is exploring the opportunities that consolidating corporate services across our organisations offers. The trust already collaborate in areas such as CSSD and IM&T.	<b>Delivery Area 5</b> – Ensuring we have safe, high quality, sustainable acute services.

Health partners in NW London are committed to ensuring clinical and financial sustainability of health and care services in NW London and support the Sustainability and Transformation Plan that has been developed for the NW London footprint. The ambition is for all NW London organisations to sign up to a shared responsibility to achieve the sector control total and to deliver the STP, with the appropriate supporting contractual mechanisms to make this happen. Through contracting discussions we will seek to bridge the gap between control total and the current sector financial position for acute, mental health and community providers. We intend to develop contractual incentives through a sector wide approach that will be more effective in delivering the agreed transformation and clinical outcomes than a traditional PbR contract.

From our sector work so far it is clear that all organisations have a gap between their current financial position and their notified control total, including our organisation, and the scale of that gap means that we do not currently have robust plans for how that gap can be addressed. In line with our sector colleagues, we are not therefore able to accept our notified control total at this point because we cannot give assurance that it can be delivered. We will seek to bridge this gap as far as possible through our STP transformation plans and will respond further as a sector when we have a clearer idea of our plans.

## **6. Membership and elections**

### **6.1. Governor elections**

The Trust held an election in November 2016 to fill vacancies on the Council of Governors. There were 5 public governor vacancies in the London Borough of Westminster (2 seats), London Borough of Kensington and Chelsea (1 seat), London Borough of Wandsworth (1 seat), London Borough of Hammersmith & Fulham (1 seat) and 2 staff governor vacancies, all of which are due to be filled in the November 2016 election. Newly elected governors started their term on 1 December 2016.

A further election will be held in November 2017.

### **6.2. Governor induction**

New Governors who joined the Trust in December 2016 attended an introductory meeting with the Chair & CEO in December 2016 and will receive their induction on 28 January 2017, with invites extended to all current and new governors. All governors are offered the opportunity to attend 'GovernWell' training courses run by NHS Providers. Courses available include Core Skills, Member and Public Engagement, NHS Finances & Business skills. A number of our governors attended the training courses during 2015/16 and courses will continue to be offered opportunities to governors during 2017/18.

### **6.3. Governor engagement**

There were various opportunities for governors to engage with members and the general public in 2016/17, including Open Days held at both sites, Annual Members' Meeting, annual Christmas events, 'Your Health' (previously known as 'Medicine for Members') events and regular 'Meet a Governor' sessions.

Meet a Governor sessions are held at both hospital sites and afford governors an opportunity to have direct contact with patients and members of the community gaining invaluable feedback on their experiences of services provided by the Trust. During 2016/17 the Membership & Engagement Committee have been spearheading outreach 'Meet a Governor' sessions in the local community and will continue a programme of outreach during 2017/18 focusing on community events with a high footfall of visitors such as shopping centres and community fairs.

Membership recruitment continued during 2016/17 via 'Meet a Governor' sessions and at engagement events such as the Open Days. The plan for 2017/18 will be to continue to recruit members focusing on areas where our membership does not reflect the makeup of the local constituency population.

There are two Council of Governors Sub-committees, namely Membership and Engagement and Quality which have enabled governors to contribute to the operational and strategic discussions in these two important areas.

One of the objectives for Membership & Engagement sub-committee during 2016/17 was to improve communication with our membership and focus engagement events towards topics of interest. To this end a comprehensive membership survey was undertaken during 2016, the results of which were used to inform the engagement strategy for 2017/18. The membership strategy was approved in August 2015 and will be updated in January 2017 following the membership survey results. Whilst the total number of members is important to the Trust our objective for the coming year will be to increase the level of active membership participation through a series of targeted engagement events which reflect the areas of interest identified by the membership survey results.

A successful governor away-day was held in September 2016 which provided an opportunity for the Executive team to update them on the trust's strategy and the wider strategic context for the NHS and in particular for North West London. In addition, the governors contributed to discussions on the implementation of the clinical strategy and the trust values. A further away-day will be planned during 2017/18.



## Appendix B – External Landscape: North West London STP and Shaping a Healthier Future Update

### 1.0 North West London STP

Sustainability and Transformation Plans (STPs) are ‘place based’, five-year plans built around the needs of local populations and which support the implementation of NHS England’s Five Year Forward View (FYFV) by addressing the three gaps in health and wellbeing, care and quality, finance and efficiency; and are considered a key enabler in NHS Planning Guidance for 2016/17–2020/21. STPs are of great importance as they describe the strategic direction agreed by partners across a geographical footprint to develop high quality sustainable health and care and, from next year, will determine access to the NHS Sustainability and Transformation Fund (STF) which will total £3.4bn by 2020/21. In developing the North West London (NWL) STP, the eight boroughs and commissioning groups, acute, mental health and community service providers are working together to improve the health and wellbeing of a population of 2m with an annual spend on health and social care of £4bn. The work underpinning the STP is co-ordinated through a Strategic Planning Group (SPG) chaired by Dr Mohini Parmar. The SPG is supported by a series of more detailed planning groups including a designated Providers Group, which includes the Trust’s Chief Executive. The SPG reports collectively to its constituent statutory bodies in NWL and has no separate or delegated decision-making powers.

#### 1.1 STP Published

A version of the STP as submitted to NHS England in October has been published. The October STP submission re-affirms the shared ambition across partner organisations to create an integrated health and care system that plans and delivers services based on population need and aims to do this by addressing the wider social determinants of health to enable people to live well and be well.

It outlines the guiding principles underpinning the transformational change required to address the significant financial challenge across the NWL footprint where, under a ‘do nothing’ scenario (assumes the delivery of 16/17 plans but nothing new), there will be a gap of £1.03bn by 2021. If the key actions included/and to be further developed in the NWL STP are successfully implemented it is calculated that this could be significantly reduced to a deficit of just under £20m. However, the deficit in the acute sector is projected to be c.£68m. This assumes c.£120m of savings from the acute sector, over and above an estimated £342m of cost improvements through business as usual, and in addition to £190m of savings from the specialised commissioning budget.

The NWL programme has identified 5 Delivery Areas (DA’s) and – within this – 22 workstreams (and one additional workstream re Accountable Care for CWHHE only). An overview of this framework is attached as Appendix 2. Significant elements of these workstreams continue to address (and provide further detail to) existing Commissioning Intentions although significant gaps and assumptions remain. It is expected that the DA’s will continue to work in a co-commissioning/co-delivery approach across the timeline of the Operating Planning period.

Specific observations in respect of DA5, which is the area of greatest alignment with the acute sector include:

- That the specific NWL impact of NHS E’s Specialised Services review is now assessed at £118m. This is provider based rather than population and includes non-North West London activity. The work programme is looking to the evolving collaboration efforts with Imperial College Health Trust and Royal Brompton and Harefield Foundation Trust to support our response.

- That the SaHF programme is assimilated and that its priority is estate development and building capacity and capability in Primary & Community Care before further acute reconfiguration. No plans are in place for inner London changes for the duration of the 5 year STP planning period.
- That the Acute Productivity Programme is likely to be explicitly realigned with the Trust's design for its *collaboration* work programme including back office programmes with ICHT and other partners
- That this programme encompasses the MSK and Orthopaedics programme including the possible specification for an Elective Orthopaedic Centre; but is also likely to extend to wider elective/planned care
- Where quantified, financial impacts are included in the Trust's Long Term Financial Model although it should be noted that current NHSI thinking on 2017/18 control totals are not assumed.

### **Shaping a Healthier Future (SaHF)**

Beyond the 5-year horizon of the STP, work to progress Shaping a Healthier Future continues. The work and associated business cases have been split between inner and outer North West London, with plans for the latter being at a more advanced stage. The Implementation Business Case for outer North West London has been submitted to NHS England and subjected to a first round of assurance. Commissioners have now submitted the final case to NHS England and it is expected to be considered by the Investment Committee in the new year.

The Trust Finance and Investment Committee (FIC) had previously considered the submission, and given the removal of the side letter from the covering documentation (which the Trust had felt unreasonably deprioritised developments to the WMUH site) the CEO has acted to provide the required governance sign off.

Core to the plans for outer North West London are changes to the scope of services delivered at Ealing Hospital and the associated reconfiguration of the acute sector. In terms of Chelsea and Westminster Healthcare NHS Foundation Trust, the impact is a significant increase in activity at the West Middlesex site across accident and emergency, adult inpatients and critical care. In order to enable these changes, significant capital investment is required. For the West Middlesex site this includes the development of the accident and emergency department, the addition of 72 inpatient beds and 7 critical care beds. For the wider health economy, investment in the primary care estate is required, as well as the development of Ealing Hospital in line with its new role as a Local Hospital. The availability of capital at a national level, however, is extremely limited and NHS England has therefore asked commissioners to consider what the minimum requirements are to enable the changes at Ealing Hospital to take place. The proposed developments to the West Middlesex site (c£46m) are deemed to be core to the proposal.

Given the development and governance of the wider SaHF case, there has not been significant change to the old WMUH Outline Business Case. The Trust should prepare to align any requirement for SaHF FBC with its own longer term Estate Strategy with the outputs of the SaHF plans being seen as an 'Estate Do Minimum' requirement.

The most significant outstanding issue with regards to SaHF implementation and impact on Operating Plan is the funding arrangements for the paediatric assessment unit at West Middlesex. Whilst funding has been agreed for this financial year, no agreement has been reached regarding the service in future years and a decision on the future model will have to be made in light of the outcome of contract negotiations for 17/18.

## **2.0 Next Steps**

The Board is asked to:

- Note the submission of the STP.
- Note the development of the underpinning Delivery Areas including the likely further alignment of the Acute Productivity Programme with the Trust's design for its *Collaboration* work programme.
- Note the risks set out by NWL programme and the risk of further deterioration and impact on the 2 year Operating Plan as further work is undertaken to close the projected NWL financial gaps.

Note the progress of the SaHF business case and associated issues including the need to align the SaHF Outline Business Case with the longer term Estate Strategy.

## Appendix C – North West London Sustainability and Transformation Plan: Executive Summary

### 1 Introduction

Sustainability and Transformation Plans (STPs) are ‘place based’, five-year plans built around the needs of local populations and which support the implementation of NHS England’s (NHSE) Five Year Forward View (FYFV) by addressing the three gaps in health and wellbeing, care and quality, finance and efficiency.

STPs are important as they describe the strategic direction agreed by partners across a geographical footprint to develop high quality sustainable health and care and will determine access to the NHS Sustainability and Transformation Fund (STF) which will total £3.4bn by 2020/21. In addition the new Single Oversight Framework from NHS Improvement (NHSI), designed to help NHS providers achieve Care Quality Commission ratings of ‘Good’ or ‘Outstanding’, it includes STP milestones progression in its assessment criteria.

A ‘checkpoint’ submission of the draft version of the STP was submitted to NHS England (NHSE) and NHSI on 30 June 2016. Feedback on this submission from NHSE and NHSI, as well as feedback arising from north west London (NWL) stakeholder engagement events and comments from health and social care partners helped shape the STP which was submitted on 21 October 2016.

This paper comprises two sections: Firstly it presents a review of key changes from the June draft submission and the content of the STP submitted in October; secondly it summarises and recaps the strategic themes in the October STP. Appendix one presents the NWL STP October submission and is provided in the link below (previously circulated to EMB- 16/11).

### 2 Content and Key Context

#### 2.1 Key Changes between NWL STP June and October 2016 Submissions:

Six of the eight NWL boroughs signed the joint statement on Health and Care Collaboration in NWL in the June and October submissions, this excludes Ealing and Hammersmith and Fulham. This reflects a growing national concern in Social Care bodies at the level of significant service change implicit in STPs and at the ability of the whole system to meet the challenges presented by the size of financial gaps.

**Delivery Areas (DA):** The NWL STP nine priorities and underpinning DAs remain unchanged. Relatively marginal revisions were made to individual DA plans and their key deliverables:

- DA1 Additional actions include developing a number of cross cutting approaches, embedding Making Every Contact Count and supporting national campaigns
- DA2 Plan addition of ‘a. Delivering the Strategic Commissioning Framework and Five Year Forward View (FYFV) for primary care’, improving cancer screening actions were updated to include working ‘in partnership with Healthy London Partnership’ s Transforming Cancer Programme’ and the Royal Marsden Partners Cancer Vanguard
- DA3 c. Implement new models of local services integrated care to consistent outcomes and standards was removed. Additional actions were included for older peoples services
- DA4 b. ‘Focussed interventions for target populations’ replaced ‘Addressing wider determinants of health’; the target population for mental health and related conditions was increased to 482,700.
- DA5 c. Addition of ‘fully delivering on Better Births national maternity review’ and inclusion of Safer Staffing with a ‘three year delivery plan and agreement on investment identified’ in 2016/17 and by 2020/21 a ‘workforce plan for NWL and collaborative resourcing’.

#### Primary Care

A more detailed section on primary care in the context of out of hospital services and intermediate care transformation was included in the October STP. This reflects the focus of the NWL STP on the 'Out of Hospital' Clinical Model.

### Enablers

**Estates:** Addition of 'a joint One Public Estate bid' to be explored as an early devolution opportunity. A joint Health and Estates Council has been established. Further details were included on 'Deliver Local Services Hubs' including mental health services and to provide support for the FYFV Primary Care.

**Workforce:** Addition of achievements to date, governance arrangements and improving recruitment and retention.

**Digital:** Addition of track record in working together across NWL, greater detail was provided on the enabling work streams including digital health to leverage innovations.

### Finance

The October submission has a £1.4bn financial gap by 2021 in our health and social care system in the 'do nothing' scenario (in June this was stated as £1.3bn). The finance section has been reviewed and refreshed throughout, in line with developments during the period July to October. There are several key changes to note:

- The October STP financial and capital projections include London Ambulance Service (NWL only) and the Royal Brompton & Harefield NHS Foundation Trust, both within our NWL footprint but primarily commissioned by NHSE.
- Under the 'do something' scenario (consisting of business as usual savings expected to be delivered and with savings realised through the STP DAs) the total NWL STP financial residual gap at 2020/21 (assumes business rules of 1% CCGs surplus, 1% provider surplus and breakeven for Specialised Commissioning, Primary Care and Social Care) has moved favourably to (£19.6m) in October from (£30.6m) in June. This is largely driven by improvements in the CCGs financial position. There is some risk that this does not adequately capture a deteriorating position for providers.

The investment in each of the DA plans and the assumptions for gross savings are revised throughout the October submission and the financial risk log was updated.

### Communications and Engagement

A new appendix presents the guiding principles for engagement with patients, residents and staff. The events and engagement methods are listed with an analysis of feedback on the STP priorities and DAs.

## 2.2 Recap of the Key Themes in the NWL STP October 2016 Submission:

**North West London Context:** In developing the NWL STP, the eight boroughs and commissioning groups, acute, mental health and community service providers are working together to improve the health and wellbeing of a population of 2.1m and 2.3m registered patients with an annual health and social care spend of £4bn.

**Understanding the Needs of our Population:** The STP analysis suggests that around a third of patients currently in one of our inpatient beds could be better cared for in the community or at home. Many are frail, elderly people and others with complex, long-term physical and/or mental health conditions. They remain in hospital simply because the support and services they need to go home or to a residential care facility aren't easily available at the right time.

The STP forecasts that there will continue to be big increases in the number of people with one or more long-term conditions, such as diabetes or arthritis by around a third and advanced dementia and Alzheimer's increasing by 40% by 2030. Proactive care to help people stay as healthy and independent

as possible and manage their own conditions will need to be very different to the reactive treatment the system tends to provide now. The STP articulates the need to move to a health and social care system that:

- Helps people to be as healthy as possible
- Helps people who become unwell to get faster access to care that will get them back to health as quickly as possible
- Joins up care and services and makes it easier for individuals to get the right health and care support for them • encourages partnership working between health and care providers and the individuals they serve

**Addressing the Three Gaps Identified by the Five Year Forward View (5YFV):**

- 1) Health and Wellbeing There are specific health and wellbeing challenges across the NWL footprint that contribute to healthcare demand such as:

- 20% of people have a long term condition
- 50% of people over 65 live alone
- 0 – 28% of children live in households with no adults in employment
- 1 in 5 children aged 4-5 are overweight

Moreover, wider determinants of health, such as the high proportions living in poverty and overcrowded households, high rates of poor quality air across different boroughs, only half of our population are physically active, nearly half of our 65+ population are living alone increasing the potential for social isolation with over 60% of our adult social care users wanting more social contact, all contribute additional high cost, complex needs to an already stretched health system.

- 2) Care and Quality: There are significant variations in utilisation and quality of health and care which show that:

- 30% of patients in acute hospitals should be cared for in more appropriate care settings
- People with serious and long term mental health needs have a life expectancy 20 years less than those with no mental health needs
- For those needing end of life care over 80% indicated a preference to die at home while only 22% were supported to do this.

- 3) Finance and Efficiency: Transformational change is necessary to address a significant financial challenge across the NWL footprint where, if we do nothing (assuming the delivery of 206/17 plans) there will be a £1.4bn financial gap by 2021 in our health and social care system.

**The NWL STP: Vision, Priorities, Delivery Areas, Plans and Enablers:**

The vision statement set out for NWL in the STP is an aspiration that *‘everyone living, working and visiting here has the opportunity to be well and live well – to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country’*.

The principles underpinning the vision reflect the aims of the previously developed NWL Collaboration of CCGs Clinical Strategy (a key underpinning document and set of ambitions running through the *Shaping a Healthier Future* programme) where care will be:

- Personalised
- Localised
- Co-ordinated
- Specialised.

In the future system care will be transformed to focus on self-care, wellbeing and community interventions so that resources may be targeted to areas of most need including investment in areas

with the greatest potential to improve health and wellbeing for NWL residents. The approach to commissioning will be transformed by increasing the collaboration with social care and the wider community. Key changes include an expansion of local pooled budgets and implementing Accountable Care Partnerships across NWL with capitated budgets, population based outcomes and joint commissioning.

### STP Priorities:

There are nine priorities set out in the STP drawn from local 'place based planning' across health and social care:

- 1) Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthier choices and look after themselves
- 2) Improve children's mental and physical health and well-being
- 3) Reduce health inequalities and disparity in outcomes for the top 3 killers: Cancer, heart disease, respiratory disease
- 4) Reduce social isolation
- 5) Reduce unwarranted variation in the management of long term conditions
- 6) Ensure people access the right care in the right place at the right time
- 7) Improve the overall quality of care for people in the last phase of life and enable them to die in their place of choice
- 8) Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population
- 9) Improve consistency in patient outcomes and experience regardless of the day of the week services are accessed

### Delivery Areas (DA's):

To support delivery of the 9 priorities, five DAs have been put in place. It is planned to start moving and managing resources from across the NWL STP footprint to focus on achieving the changes. Each DA, shown in the table below, has a jointly led work programme with a senior responsible officer, senior clinical responsible officer and support.

Delivery area (DA)	Sub Groups
DA1. Radically upgrade prevention and wellbeing	a. Enabling and supporting healthier living for the population of NW London b. Keeping people mentally well and avoiding social isolation c. Helping children the get the best start in life
DA2. Eliminating unwarranted variation and improving long term condition management	a. Delivering the Strategic Commissioning Framework and Five Year Forward View for primary care b. Improve cancer screening to increase early diagnosis and faster treatment c. Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions d. Reducing variation by focusing on Right Care priority areas e. Improve self-management and 'patient activation'
DA3. Achieving better outcomes and experiences for older people	a. Improve market management and take a whole systems approach to commissioning b. Implement accountable care partnerships c. Upgraded rapid response and intermediate care services d. Create an integrated and consistent transfer of care approach across NW London e. Improve care in the last phase of life
DA4. Improving outcomes for children & adults with mental health needs	a. Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy b. Focussed interventions for target populations

	c. Crisis support services, including delivering the 'Crisis Care Concordat' d. Implementing 'Future in Mind' to improve children's mental health and wellbeing
DA5. Ensuring we have safe, high quality sustainable acute services	a. Specialised commissioning to improve pathways from primary care & support consolidation of specialised services b. Deliver the 7 day services standards c. Reconfiguring acute services d. NW London Productivity Programme

### 3 Governance:

A Joint NWL Health and Care Transformation Group (JH&CTG) has been established with Chief Executive representation. A Provider Group has also been established to develop and maintain a consensual position. This group feeds into the JH&CTG.

The JH&CTG does not have delegated authority as a decision making forum from the STP partners' own Boards or Governing Bodies. Decision making authority remains through the partner's own governance forums.





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

Office of the Chief Executive  
369 Fulham Road  
LONDON  
SW10 9NH

Tel: 0203 315 6711

lesley.watts@chelwest.nhs.uk

Clare Parker  
Chief Officer (CWHHE)  
15 Marylebone Road,  
LONDON  
NW1 5JD

30<sup>th</sup> November 2016

Dear Clare

**Re: Implementation Business Case - Trust Board support for SOC Part 1**

I write with reference to the *Shaping a Healthier Future* (SaHF) Strategic Outline Case (SOC) part 1.

I can confirm on behalf of the Trust Board has had the opportunity to consider SOC part 1 and I write to confirm the Trust Board's support for the document. I also confirm specifically that:

- SOC part 1 is consistent with the Trust's strategic, financial and operational plans
- The capital requirement has been developed by the Trust
- The preferred capital option proposed by the Trust in SOC part 1 offers value for money (vfm) compared to the comparator (based on NPC/benefit point), and is affordable to the Trust;
- The Trust confirms agreement to the cost improvement plan requirement associated with the Trust, and SOC part 1 demonstrates a sustainable underlying financial position for the Trust. The Trust accepts the key underpinning assumptions that would need to hold for this to be delivered;
- The Trust will develop final OBCs (and subsequent FBCs) for the hospital developments, within the total capital envelope described in the case, and that all of these will be subject to further Commissioner review and formal agreement in due course.

Both the Trust and the SaHF team have invested considerable time and effort in developing SOC part 1, and I hope that it is favourably received by the NHS England Investment Committee, planned for early 2017.

Yours sincerely

**Lesley Watts**  
Chief Executive



## Board of Directors Meeting, 5 January 2017

**PUBLIC**

<b>AGENDA ITEM NO.</b>	3.1/Jan/17
<b>REPORT NAME</b>	Morbidity and Mortality Overview Report
<b>AUTHOR</b>	Shân Jones – Director Quality Improvement Pippa Nightingale – Director of Nursing and Midwifery
<b>LEAD</b>	Zoe Penn – Medical Director Pippa Nightingale – Director of Nursing and Midwifery
<b>PURPOSE</b>	To provide the Trust Board with an overview of the morbidity and mortality processes at Chelsea and Westminster NHS Foundation Trust.
<b>SUMMARY OF REPORT</b>	This report provides the Trust Board with an overview of: <ul style="list-style-type: none"> <li>• Historical arrangements at both the Chelsea and Westminster Hospital and the West Middlesex Hospital Integrated process from September 2015 to December 2016</li> <li>• Additional measures in place to monitor M&amp;M within the Trust</li> <li>• The current process and plans to 2016/17 year end</li> <li>• CQC Learning, Candour and Accountability</li> </ul>
<b>KEY RISKS ASSOCIATED</b>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>FINANCIAL IMPLICATIONS</b>	
<b>QUALITY IMPLICATIONS</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	N/A
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Excel in providing high quality, efficient clinical services</li> <li>• Create an environment for learning, discovery and innovation</li> </ul>
<b>DECISION/ ACTION</b>	The Trust Board is asked to note and discuss the content of the report.

**Morbidity and Mortality (M&M) Overview**  
**Trust Board**  
**January 5<sup>th</sup> 2017**

## **Introduction**

### **Context**

Morbidity and Mortality meetings (M&M) have been taking place in various forms for over a century. Initially they were used as an aid to surgical training, by taking time during the working week to discuss adverse outcomes. In modern healthcare settings, clinical units and hospitals make use of these meetings to learn lessons from clinical outcomes and drive improvements in service delivery. According to Good Surgical Practice (RCS, 2014) all clinicians should regularly attend morbidity and mortality meetings as a key activity for reviewing the safety and performance of their service and ensuring quality outcomes. The M&M meeting has therefore a central function in supporting services to achieve and maintain high standards of care.

This paper provides the Trust Board with an overview of the M&M processes at Chelsea and Westminster NHS Foundation Trust.

The paper includes:

- **Historical arrangements** on both the Chelsea and Westminster and the West Middlesex site prior to the merger in September 2015
- **Integrated process** from September 2015 to December 2016
- **Additional measures** in place to monitor M&M within the Trust
- **The current process** and plans to 2016/17 year end
- CQC Learning, Candour and Accountability

### **1. Historical Arrangements**

#### **a. Chelsea and Westminster NHS Foundation Trust**

Historically the Chelsea and Westminster NHS Foundation Trust mortality rate was low in comparison to other Trusts as benchmarked by the Dr Foster HSMR and the SHMI data. In February 2015 a stocktake of the M&M process was undertaken and reported to the Trust Board. This stocktake highlighted that although M&M reviews were being undertaken locally, for local learning by each speciality, the findings of these meetings were not being collated and recorded centrally by the governance team. Each specialty reported via the Divisional Quality Reports to the Divisional Quality Boards.

## **b. West Middlesex NHS Trust**

Conversely West Middlesex NHS Trust was seen as an outlier with a higher than average mortality rate. In 2013 this resulted in an improvement plan being put in place with the expectation, from the NHS Trust Development Authority, that all patient deaths would have an in-depth review.

A trust wide Mortality and Morbidity Review Group was convened with the following remit:

- To oversee the Specialty Morbidity and Mortality (M&M) Reviews and Divisional review processes
- To scrutinise the data from the M&M Reviews to ensure all deaths were reviewed and data collected in the recommended format
- To review the data to identify issues and themes that require action
- To ensure action plans are delivered by clinical and/or managerial staff as appropriate and risks mitigated
- To review the findings of key audits relevant to morbidity surveillance such as the cardiac arrest audits
- To review the monthly HSMR and SHMI data, with detailed review of the analysis of the underpinning data, to identify any hotspots that require addition review
- To liaise with the Care Quality Commission to demonstrate on-going proactive review of mortality within the Trust
- To provide assurance to the Clinical Excellence Committee on all areas of its function

The Mortality and Morbidity Review Group was commended by the CQC during the inspection and continued until December 2015. Since then local and divisional M&M reviews have continued but with no central reporting.

## **2. Integrated process since September 2015**

Since integration in September 2015, the integrated clinical governance team was being structured and governance processes reviewed. During this period there was no central reporting of the themes and actions from the local divisional M&M case review meetings although they did still occur locally. This was recognised as a gap in the process, the Executive acknowledged that further improvement was needed to ensure themes and learning from M&M meetings were made available to the whole organisation and were visible to the Executive and to the Board.

Importantly the Trust continued during this period, and remains sighted on the overall M&M performance. This through the continuous monitoring of national benchmarked data such as clinical outcomes by diagnosis (Health Related Group - HRG) which are reviewed monthly via the NHS Digital Portal, interrogated and signed off by the Medical Director. These indicators review performance at speciality level and are considered to be a tool indicating clinical concerns at local level. High level nationally benchmarked Summary Hospital Monitoring Indicator data (SHMI) and the number of deaths which occur are reviewed and examined at Executive and Trust Board on a monthly basis through the performance report. This reflects a lower than national average death rate for both sites.

### **3. Additional measures**

Given the Executive agreement that arrangements should be further strengthened, a review of the current process was undertaken and a new Trust wide M&M process was implemented in September 2016, this new process was in line with the mortality governance guide circulated to all acute Trusts by Sir Bruce Keogh in December 2015.

The new process, led by Dr Iain Beveridge (Associate Medical Director) supported by the Director of Quality Improvement, involves local monthly M&M meetings. These are attended by consultants, trainee doctors, nursing and AHP teams to present case discussions on all M&M cases. These are recorded centrally with the agreed themes and actions recorded on the new M&M module on Datix. The local M&M divisional data is then reviewed and discussed at a hospital site based monthly mortality surveillance group meeting chaired by Ian Beveridge. This meeting ensure all cases have cross speciality scrutiny and the themes and actions from these cases are collated and action plans monitored monthly.

**Appendix One** Mortality surveillance group Terms of reference

**Appendix Two** Mortality surveillance group Agenda



2\_MSG\_TOR.docx



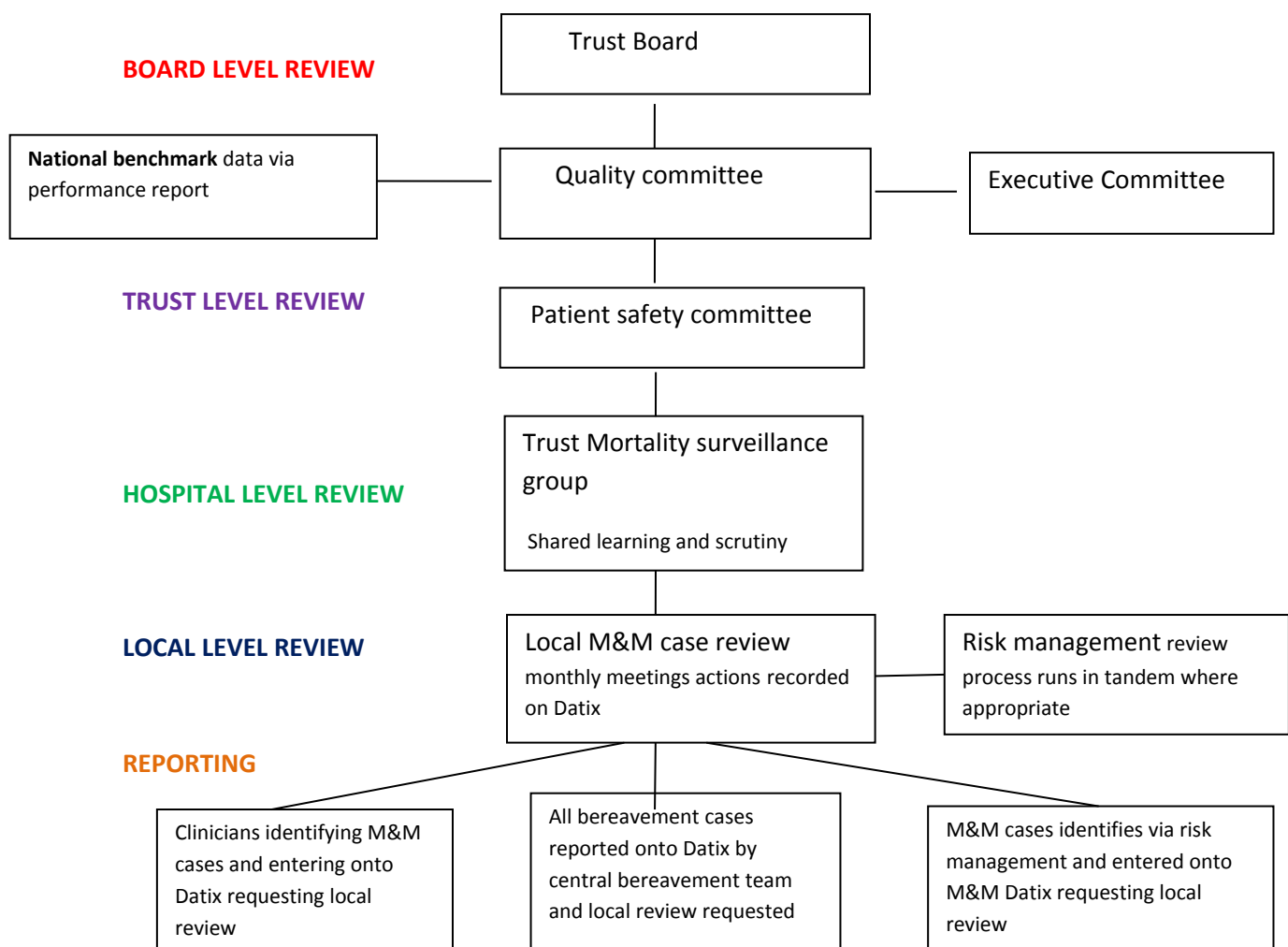
0\_MSG\_Agenda\_09  
DEC2016.docx

### **4. Summary of the implementation of the current process**

- **September 2016** a dedicated mortality module was implemented within the Datix Safety Learning System. The module provides a single repository of all in-hospital deaths that occur within the Trust and provides a platform for the recording and monitoring of consultant led mortality case reviews
- **October 2016** all in-hospital deaths are recorded within the Mortality module by the Trust's Patient Affairs / Bereavement teams. Records logged trigger notification to the identified lead Consultant with request for case review

- **October 2016** a governance process for the examination of all mortality case reviews was implemented. A systematic governance structure provides clinical teams with the opportunity to review expectations, outcomes and potential improvements in an open manner and ensure learning from mortality is used to inform Trust-wide planning / response
- **On-going** -National Bench mark Mortality and Morbidity data continues to be reviewed and reported monthly
- **December 2016** - The inaugural meeting of the Trust wide Mortality Surveillance group took place in December 2016. This group will meet monthly and report to the Patient Safety group, Executive Board and the Quality Committee.

### Integrated Mortality and Morbidity Process



## 5. CQC Learning, Candour and Accountability

This document was published in December 2016. The CQC report makes key recommendations to standardise the M&M process across the Health Service, there is recognition that this process commonly occurs locally but the themes and lessons learnt are not well shared across the organisation and nationally, which mirrors the process this trust had in place before the new process was implemented. The Secretary of State announced a range of new measures that the Trust will be required to introduce by April 2017. This paper is timely for the Trust as it allows us to bench mark our internal processes against the newly recommended national processes.

### Appendix 3 CQC Learning, Candour and Accountability

<http://www.cqc.org.uk/sites/default/files/20161213-learning-candour-accountability-full-report.pdf>

#### The themes from the new regulation include:

- Introduction of standardised national mortality framework
- Collection and publication of mortality & SI data
- NHS Improvement oversight of data
- Requirement to identify board-level & non-executive leaders
- The need provide more family involvement in investigations
- The need to identify mental health or learning disability mortality

## 6. Local Benchmark against CQC themes:

- **Standardised mortality review process:** A governance process for the examination of all deaths established and being introduced across the organisation with support from identified specialty mortality leads, Clinical Directors and Divisional Medical Directors. Process overseen by Iain Beveridge, Associate Medical Director
- **Standardised incident reporting and investigation process:** A governance process for the reporting and investigation of all patient safety incidents in operation. Divisional management teams are supported by the Quality and Clinical Governance Department to identify, manage and mitigate. Process overseen by Shân Jones, Director of Quality Improvement, and reported to Patient Safety Group.
- **Standardised data:** A dedicated mortality module established within the Datix Safety Learning System. Module provides a single repository of all in-hospital deaths since 1 October 2016 and provides a platform for the recording and monitoring of consultant led mortality case reviews. Cases linked to patients with learning difficulties are flagged for link with Learning Disabilities Mortality Review Programme.

- **Action planning:** The Mortality Action plan is a standing agenda item for the Mortality Surveillance Group. The Group is tasked to consider the output of reviews into deaths, identify themes and formulate high level actions designed to improve outcomes, reduce suboptimal care and gather further assurance evidence.
- **Candour:** Duty of Candour process for inclusion of patients, family, carers following incidents suspected to have caused moderate harm, severe harm or death. Incident reporting and investigation module within Datix used as central repository for assurance of process compliance. Assurance evidence presented by the Divisional Quality Boards.
- **Leadership:** Executive Lead Zoe Penn, Medical Director, Non-Executive Director Eliza Hermann Chair of the Quality Committee, Iain Beveridge, Associate Medical Director, leads the mortality agenda with support from Shân Jones, Director of Quality Improvement and Pippa Nightingale Director of Nursing and Midwifery.

## 6. Next Steps

These national themes are encompassed within the updated Trust process; the Trust will await the final recommendation that is expected from the CQC and NHSI in February 2017. A full review with benchmarking and actions articulated will follow immediately. Further recommendations will be presented at the Trust Quality committee in March 2017 ready for implementation in April 2017.





## Board of Directors Meeting, 5 January 2017

**PUBLIC**

<b>AGENDA ITEM NO.</b>	3.2/Jan/17
<b>REPORT NAME</b>	Serious Incident Report
<b>AUTHOR</b>	Shân Jones – Director Quality Improvement
<b>LEAD</b>	Pippa Nightingale – Director of Midwifery
<b>PURPOSE</b>	The purpose of this report is to provide the Quality Committee with assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
<b>SUMMARY OF REPORT</b>	This report provides the Trust Board with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1 <sup>st</sup> April 2016. Comparable data is included for both sites.
<b>KEY RISKS ASSOCIATED</b>	<ul style="list-style-type: none"> <li>There is an increase in the volume of reported incidents relating to diagnostic delay and sub optimal care of the deteriorating patient.</li> </ul>
<b>FINANCIAL IMPLICATIONS</b>	N/A
<b>QUALITY IMPLICATIONS</b>	<ul style="list-style-type: none"> <li>Current percentage reduction in the number of reported hospital acquired pressure ulcers is 25%</li> </ul>
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	N/A
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>Excel in providing high quality, efficient clinical services</li> <li>Create an environment for learning, discovery and innovation</li> </ul>
<b>DECISION/ ACTION</b>	The Executive Board is asked to note and discuss the content of the report prior to the Quality Committee, specifically the reporting of progress with action plans which can now be extracted from DATIX.

## SERIOUS INCIDENTS REPORT

### Trust Board – January 5<sup>th</sup> 2017

#### 1.0 Introduction

This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1<sup>st</sup> April 2016. For ease of reference, and because the information relates to the two acute hospital sites, the graphs have been split to be site specific. Reporting of serious incidents follows the guidance provided by the framework for SI and Never Events reporting that came into force from April 1<sup>st</sup> 2015. All incidents are reviewed daily by the Quality and Clinical Governance Team, across both acute and community sites, to ensure possible SIs are identified, discussed, escalated and reported as required.

#### 2.0 Never Events

‘Never Events’ are defined as *‘serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers’*. There were two ‘Never Events’ reported in June 2016 (Wrong prosthesis-Intra ocular lens and an incorrect tooth extraction) both at the Chelsea and Westminster site. The tooth extraction was not originally reported as a ‘Never Event’, on advice from NHS England the incident has been upgraded to a ‘Never Event’ classification. The investigation into the wrong prosthesis has deemed that this is not a ‘Never Event’ as the correct lens was implanted. The commissioners have agreed to de-escalate this incident. The Trust (CWFT) reported 4 ‘Never Events’ in 2015/16 all on the C&W site. 2 wrong prosthesis, and 2 retained swabs following vaginal delivery.

#### 3.0 SIs submitted to CWHHE and reported on STEIS

Table 1 outlines the SI reports that have been investigated and submitted to the CWHHE Collaborative (Commissioners) in November 2016. There were 10 reports submitted across the 2 sites. A précis of the incidents can be found in Section 6.

Table 1

STEIS No.	Date of incident	Incident Type (STEIS Category)	External Deadline	Date SI report submitted	Site
2016/21092	24/07/2016	Pressure ulcer meeting SI criteria	01/11/2016	02/11/2016	CW
2016/21192	29/11/2015	Treatment delay meeting SI criteria	02/11/2016	02/11/2016	WM
2016/21586	11/08/2016	Slips/trips/falls meeting SI criteria	07/11/2016	07/11/2016	WM
2016/23368	26/08/2016	Pressure ulcer meeting SI criteria	25/11/2016	25/11/2016	CW
2016/23342	31/08/2016	Maternity/Obstetric incident meeting SI	25/11/2016	02/11/2016	WM
2016/23321	04/07/2012	Diagnostic incident including delay meeting SI	25/11/2016	25/11/2016	CW
2016/22714	25/08/2016	Sub-optimal care of the deteriorating patient	18/11/2016	18/11/2016	CW
2016/22557	22/08/2016	Diagnostic incident including delay meeting SI	16/11/2016	16/11/2016	CW
2016/22065	16/08/2016	Sub-optimal care of the deteriorating patient	11/11/2016	10/11/2016	CW
2016/21197	27/07/2016	Pressure ulcer meeting SI criteria	02/11/2016	01/11/2016	WM

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), across the Trust, in November 2016. The Trust reported 9 SIs. Chelsea & Westminster reported 5 SIs and West Middlesex reported 4.

Table 2

Details of incidents reported	WM	C&W	Total
Abuse/alleged abuse of adult patient by staff*		1	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria		1	1
Confidential information leak/information governance breach	1		1
Diagnostic incident including delay meeting SI criteria (including	1		1
Maternity/Obstetric incident meeting SI criteria mother only	1	1	2
Maternity/Obstetric incident meeting SI criteria: baby	1		1
Sub-optimal care of the deteriorating patient meeting SI criteria		1	1
Surgical/invasive procedure incident meeting SI criteria		1	1
<b>Grand Total</b>	<b>4</b>	<b>5</b>	<b>9</b>

\* Abuse/alleged abuse of adult patient by staff – This incident concerns the alleged excessive force used by a security guard on a patient outside Chelsea & Westminster hospital.

Charts 1 and 2 show the number of incidents, by category reported on each site during this financial year 2016/17.

Chart 1 Incidents reported at WM YTD 2016/17 = 32

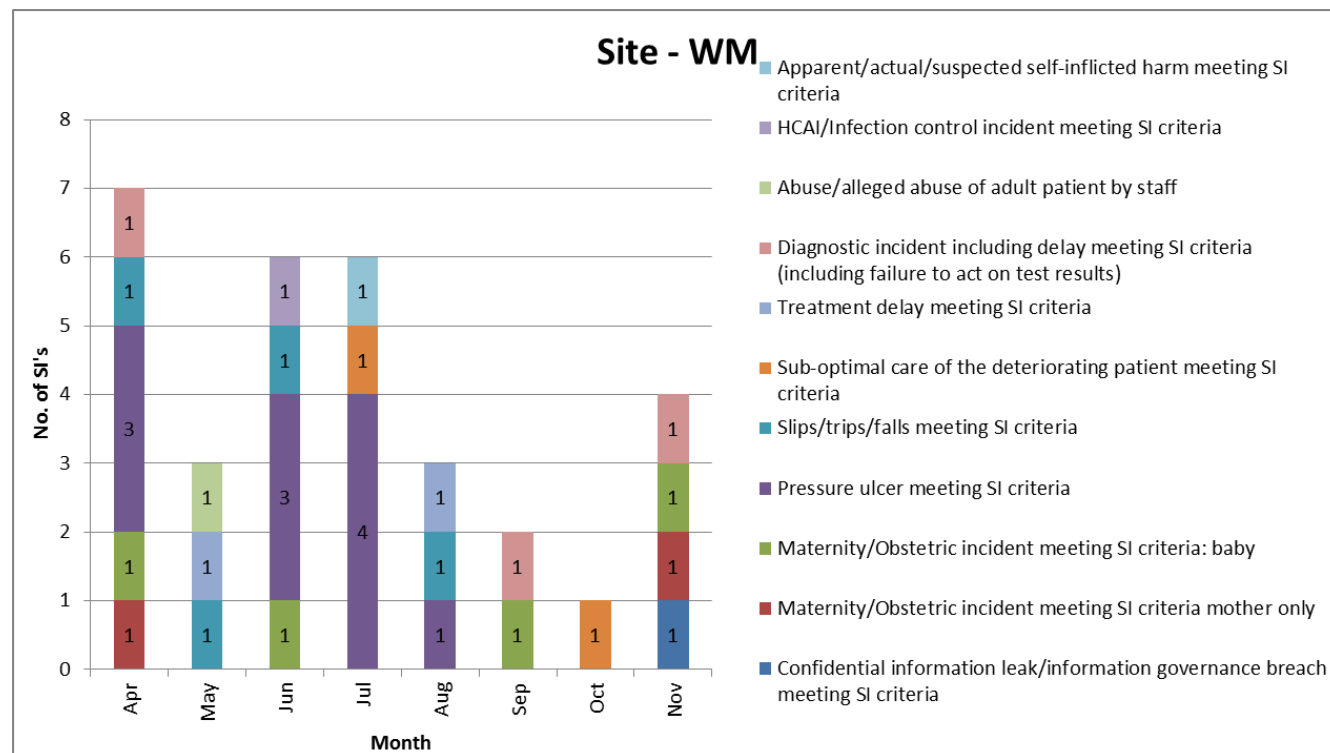
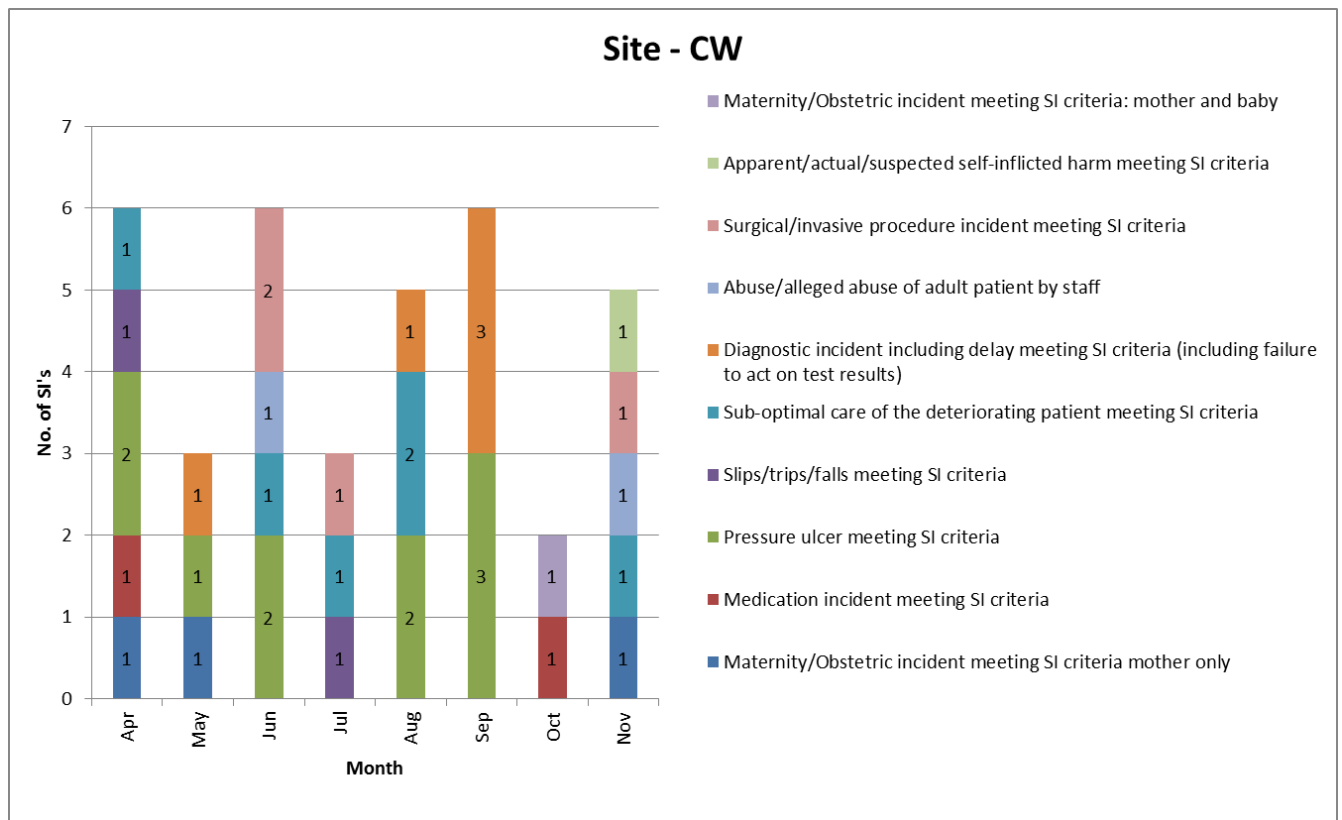


Chart 2 Incidents reported at CW YTD 2016/17 = 36



There has been a decrease in the number of SIs reported in November 2016 (9) compared to the number reported in November 2015 (13). There was an increase in the number of SIs reported in November 2016 (9) compared to October 2016 (3). Charts 3 and 4 show the comparative reporting, across the 2 sites, for 2015/16 and 2016/17. The total number of incidents reported on each site is comparable (32 at WM and 36 at C&W).

Chart 3 Incidents reported 2015/16 & 2016/17 – WM

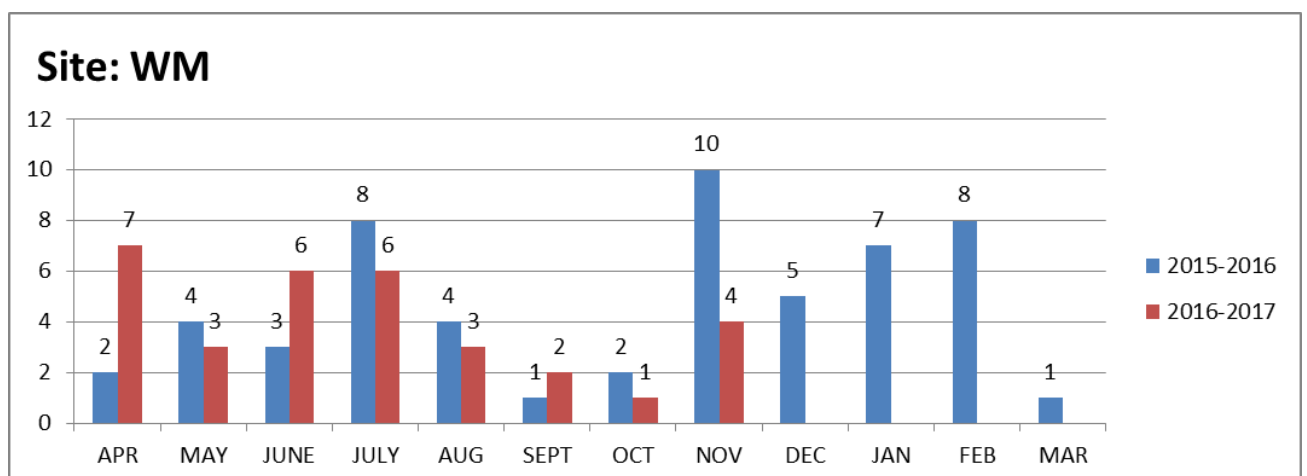
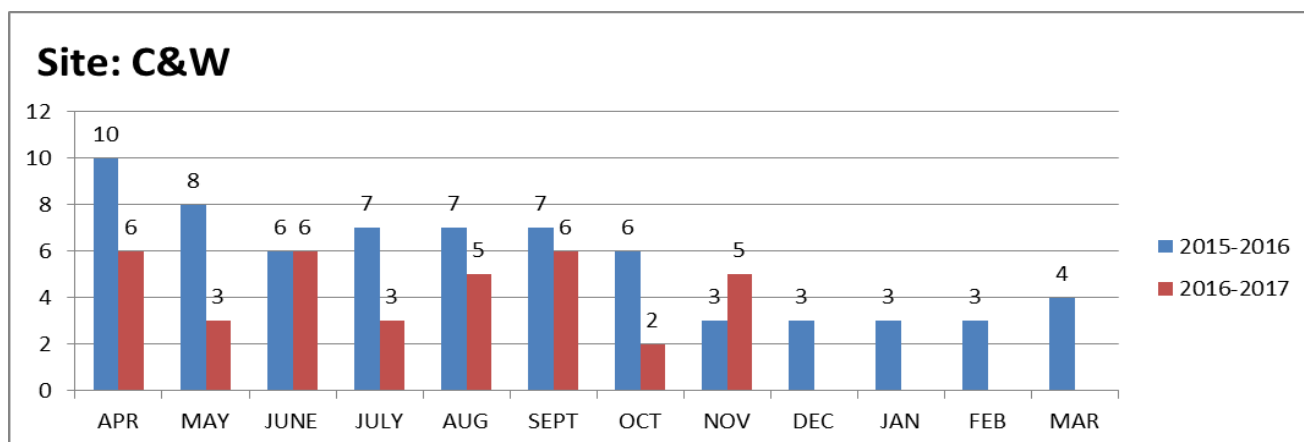


Chart 4 Incidents reported 2015/16 & 2016/17 – C&W

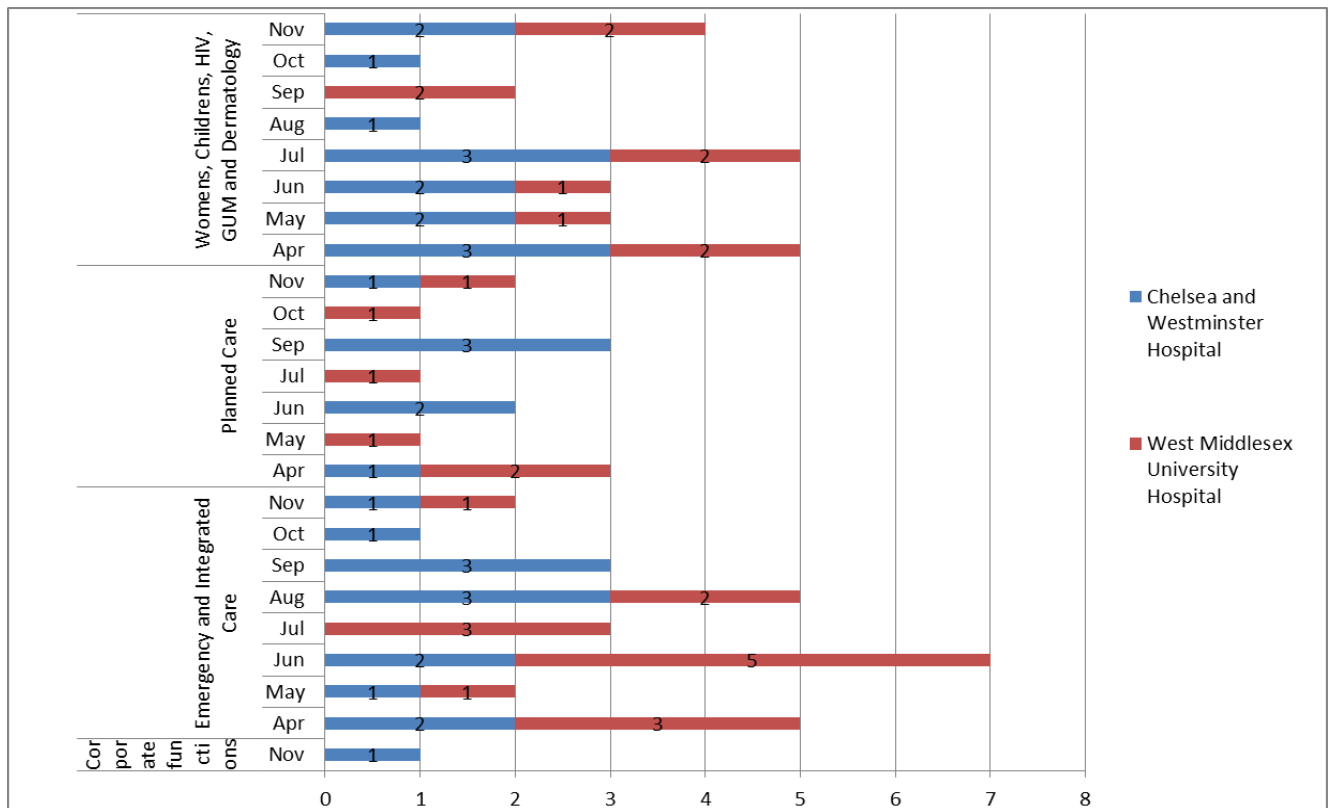


### 3.1 SIs by Clinical Division and Ward

Chart 5 displays the number of SIs reported by each division, split by site, since 1<sup>st</sup> April 2016. The number of incidents reported by each site is very similar. Planned Care remains the lowest reporter of serious incidents. The alleged abuse incident reported during November has been attributed to the corporate division as the incident relates to the actions of security staff.

Since the 1st April 2016, the Emergency and Integrated Care Division have reported 28 SIs (C&W 13, WM 15). The Women's, Children's, HIV, GUM and Dermatology Division have reported 24 SIs (C&W 14, WM 10) and the Planned Care Division have reported 13 SIs (C&W 7, WM 6). This does not include the 2 incidents that have been de-escalated.

Chart 5



Charts 6 & 7 display the total number of SIs reported by each ward/department. All themes are reviewed at divisional governance meetings.

Osterley 1 ward on the WM site has reported 5 SIs YTD. This includes 2 pressure ulcers, 2 patient falls and 1 suboptimal care. Lord Wigram ward on the CW site has reported 3 SIs YTD. Although this is comparable with 2 other wards on the C&W site all on Lord Wigram are hospital acquired pressures ulcers.

Chart 6 - WM 2016/2017

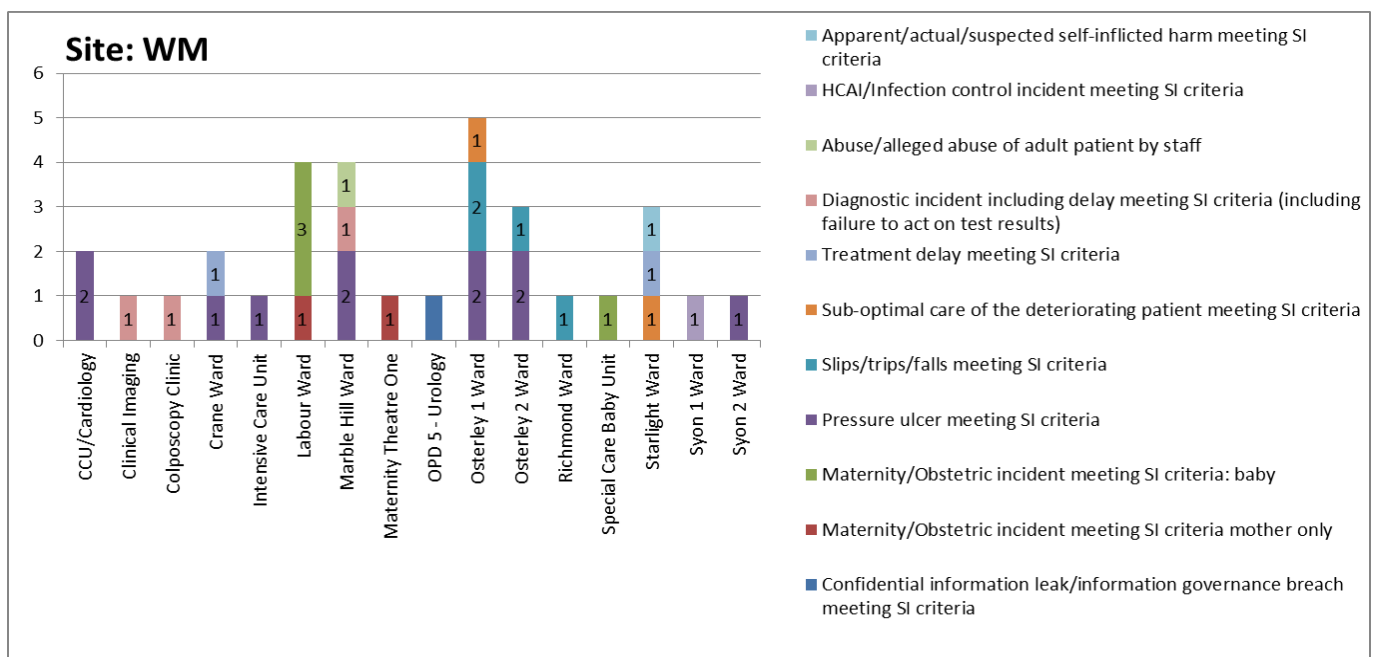
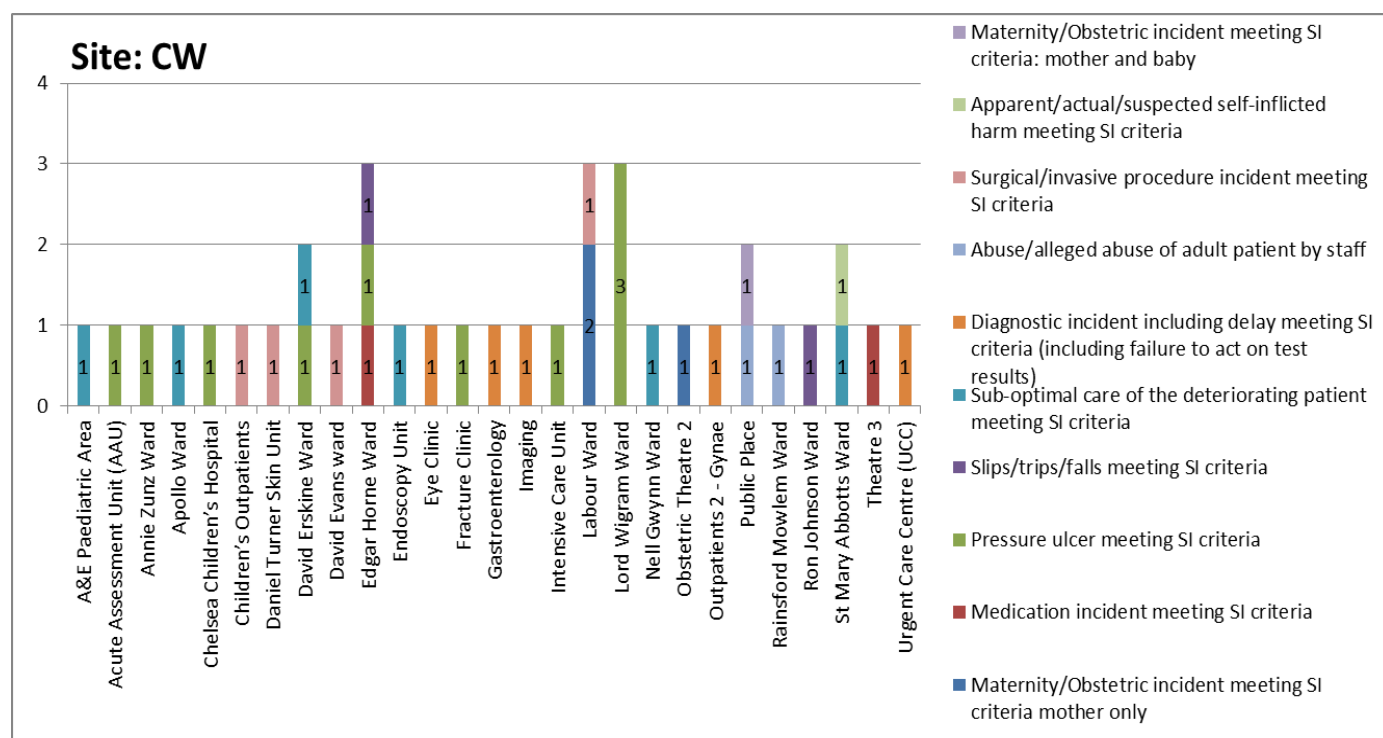


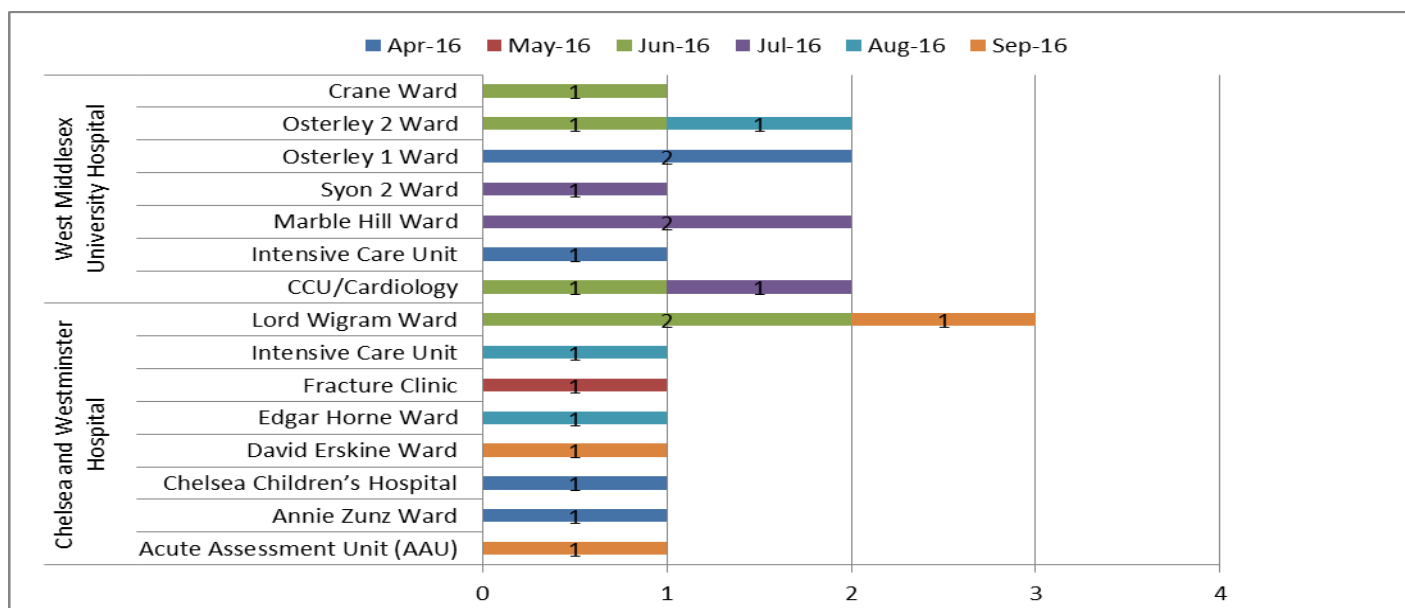
Chart 7 – CW 2016/2017



### 3.2 Hospital Acquired Pressure Ulcers

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. The following graphs provide visibility of the volume and areas where pressure ulcers classified as serious incidents are being reported. No one ward is showing a trend higher than another, on either site. Reduction in HAPU remains a priority for both sites for 2016/17 and is being monitored by the Trust Wide Pressure Ulcer working group. The YTD position is 21 compared to 28 for the same period last year. This means that the target reduction of 15% is currently being met (current position is 25% reduction). For the 2<sup>nd</sup> month running there were no HAPU's reported during November 2016.

Chart 8 – Pressure Ulcers reported (Apr 2016–November 2016) YTD total = 21

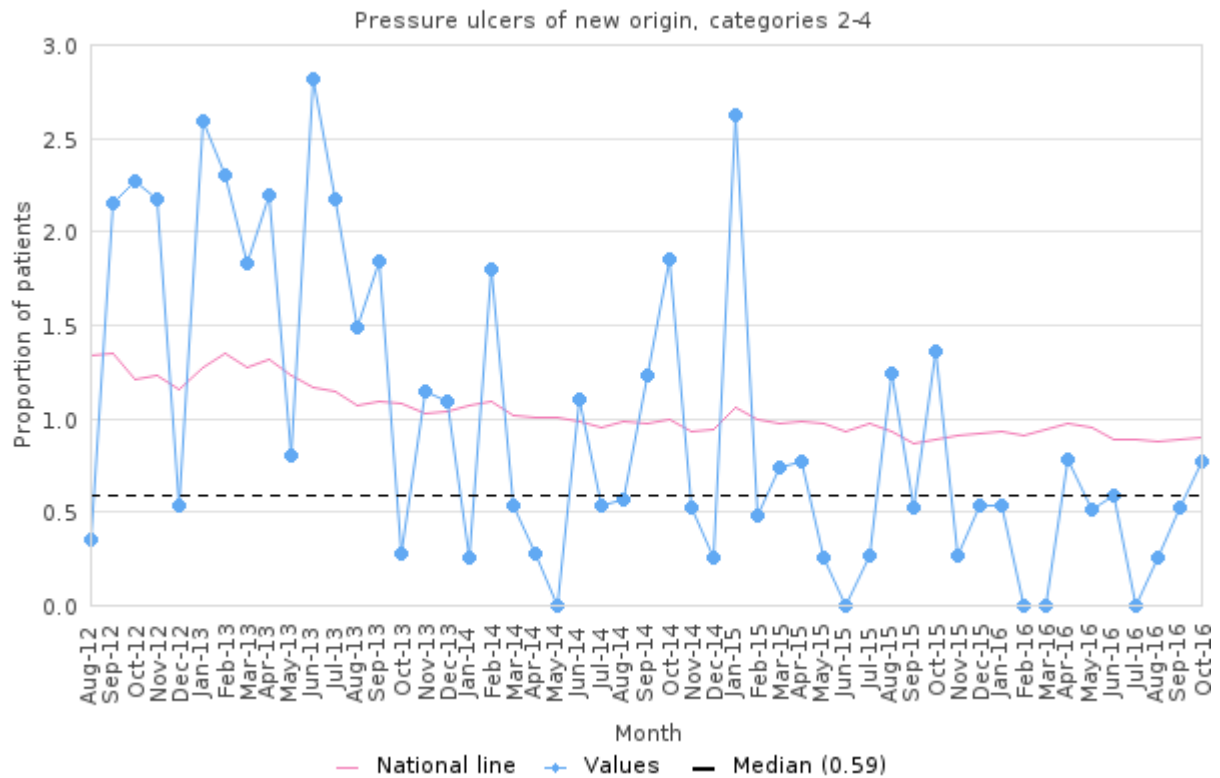


### **3.2.1 Safety Thermometer Data**

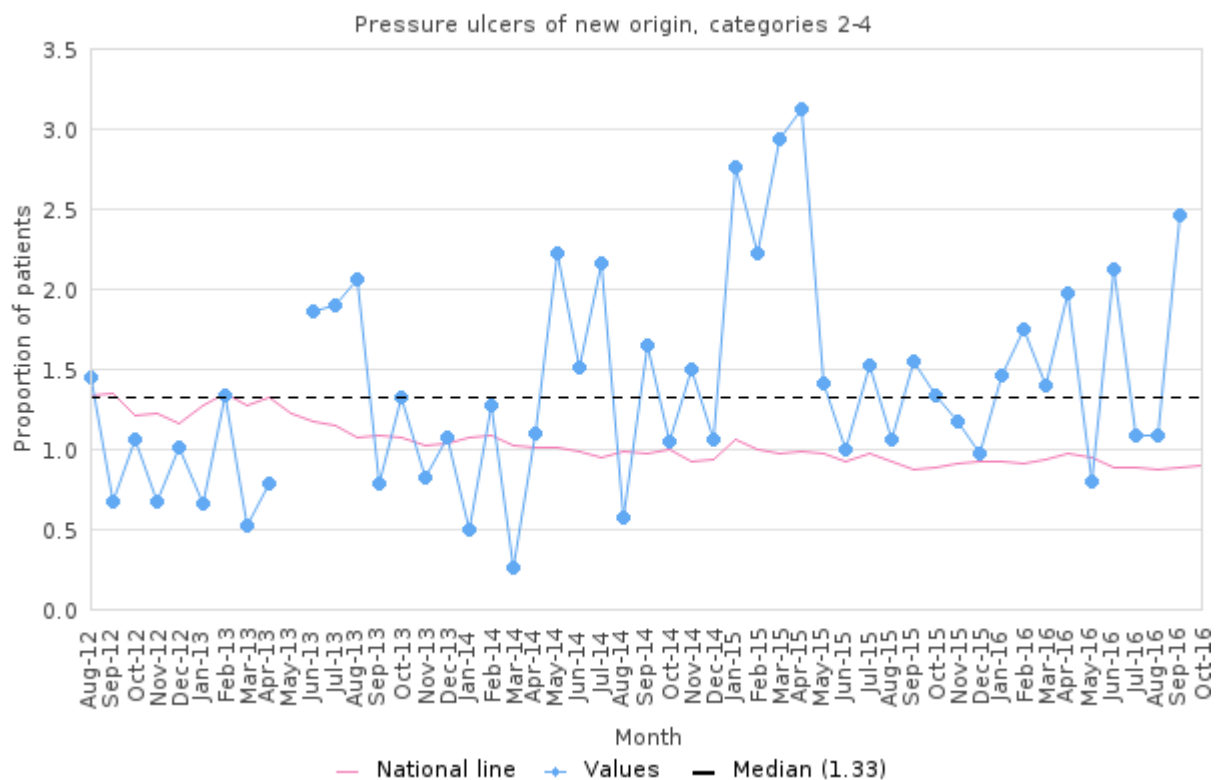
The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. This is prevalence data and relates to pressure ulcers acquired whilst in hospital. The red line denotes the national position and the blue line the position for each site. This data is not currently amalgamated. The charts show that the national average is currently just under 1.5%, although WM site median is below the national average there has been an increase over the last three months. C&W site remains above, however there has been no data submitted for October 2016. The data has not yet been updated nationally for November.

Graph 1 ST data WM site





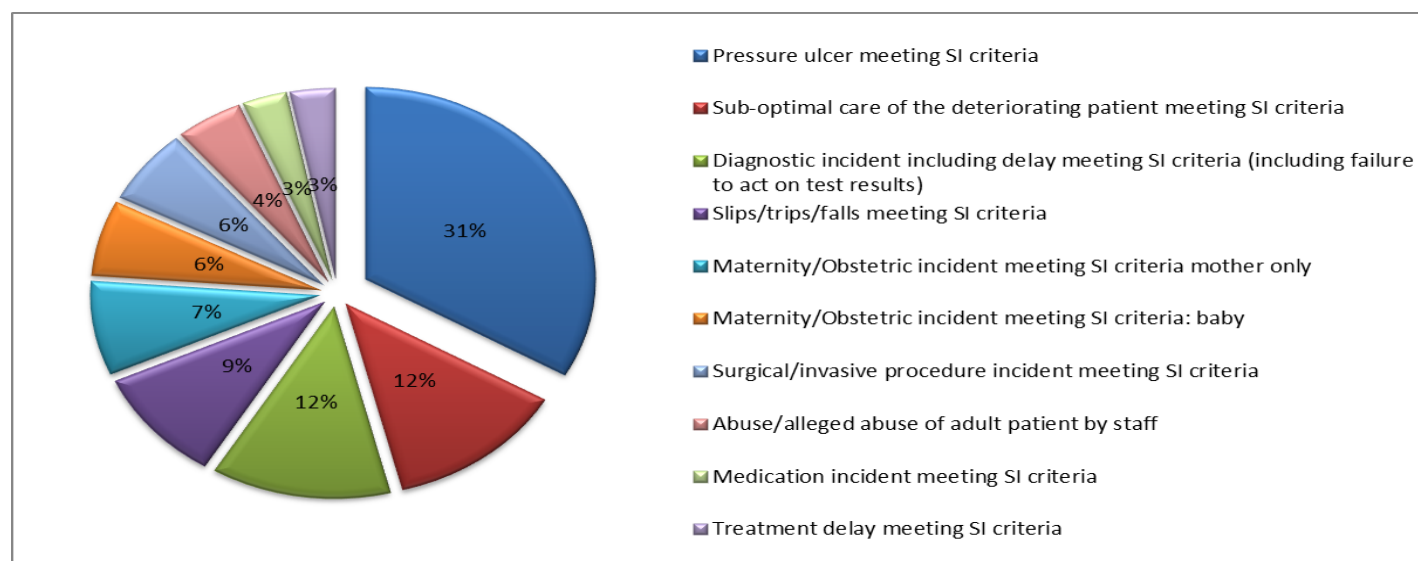
Graph 2 ST data C&W site



### 3.3 Top 10 reported SI categories

This section provides an overview of the top 10 serious incident categories reported by the Trust. These categories are based on the externally reported category. To date we have reported against fourteen of the SI categories. Year to date pressure ulcers continue to be the most commonly reported incident. Sub-optimal care of the deteriorating patient and diagnostic incident including failure to act on test results are the second highest reported incidents. A working group is in the process of being convened at the request of the Patient Safety Group to review the themes of these categories in more detail.

**Chart 9 – Top 10 reported serious incidents (April 2016 - November 2016)**



### **3.4 SIs under investigation**

Table 3 provides an overview of the SIs currently under investigation by site (19).

**Table 3**

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Site	External Deadline
2016/24541	08/08/201	W&C,HGD	Diagnostic incident (including failure to act on test results)	WM	09/12/2016
2016/24947	15/08/201	E&IC	Diagnostic incident (including failure to act on test results)	CW	15/12/2016
2016/24943	16/09/201	E&IC	Pressure ulcer meeting SI criteria	CW	15/12/2016
2016/25765	29/09/201	PC	Pressure ulcer meeting SI criteria	CW	23/12/2016
2016/25684	27/09/201	PC	Diagnostic incident (including failure to act on test results)	CW	23/12/2016
2016/26160	03/10/201	E&IC	Medication incident meeting SI criteria	CW	30/12/2016
2016/26985	13/10/201	W&C,HGD	Maternity/Obstetric incident meeting SI criteria: mother and baby	CW	11/01/2017
2016/28018	23/10/201	PC	Sub-optimal care of the deteriorating patient meeting SI criteria	WM	24/01/2017
2016/28588	02/10/201	E&IC	Sub-optimal care of the deteriorating patient meeting SI criteria	CW	31/01/2017
2016/29025	08/11/201	W&C,HGD	Maternity/Obstetric incident meeting SI criteria mother only	WM	06/02/2017
2016/29723	31/10/201	PC	Confidential information leak/information governance breach	WM	13/02/2017
2016/29718	13/11/201	W&C,HGD	Maternity/Obstetric incident meeting SI criteria: baby	WM	13/02/2017
2016/29784	16/11/201	W&C,HGD	Surgical/invasive procedure incident meeting SI criteria	CW	14/02/2107

2016/30030	12/05/201	W&C,HGD	Maternity/Obstetric incident meeting SI criteria mother only	CW	16/02/2017
2016/30412	06/10/201	E&IC	Diagnostic incident (including failure to act on test results)	WM	21/02/2017
2016/30657	20/11/201	CORP	Abuse/alleged abuse of adult patient by staff	CW	22/02/2017
2016/30920	28/11/201	PC	Apparent/actual/suspected self-inflicted harm meeting SI criteria	CW	27/02/2017
2016/31294	24/11/201	PC	Treatment delay meeting SI criteria	CW	01/03/2017
2016/31295	04/10/201	PC	Diagnostic incident (including failure to act on test results)	WM	01/03/2017

#### 4.0 SI Action Plans

All action plans are recorded on DATIX on submission of the SI investigation reports to CWHHE. This increases visibility of the volume of actions due. The Quality and Clinical Governance team work with the Divisions to highlight the deadlines and in obtaining evidence for closure.

As is evident from the tables there are a number of overdue actions across the Divisions. There are 86 actions overdue at the time of writing this report. This is an increase on last month when there were 77. Divisions will be encouraged to note realistic time scales for completing actions included within SI action plans. The plan is for divisions to provide an update prior to the Quality Committee meeting so this table can be updated.

**Table 4 - SI Actions**

	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	Total
Emergency and Integrated Care	0	0	4	16	10	4	11	11	7	0	0	0	63
Planned Care	0	0	1	2	2	6	0	2	1	0	0	0	14
Womens, Childrens, HIV, GUM and Dermatology	1	1	1	3	8	7	9	15	2	1	0	1	49
Total	1	1	6	21	20	17	20	28	10	1	0	1	126

#### 5.0 Analysis of categories

Table 5 shows the total number of Serious Incidents for 2015/2016 and the year to date position for 2016/17. Tables 6 and 7 provide a breakdown of themes for the Trust during 2015/16 and 2016/17.

**Table 5 – Total Incidents**

Year	Site	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-2016	WM	2	4	3	8	4	1	2	10	5	7	8	1	55
	CW	10	8	6	7	7	7	6	3	3	3	3	4	67
		12	12	9	15	11	8	8	13	8	10	11	5	122
2016-2017	WM	7	3	6	6	3	2	1	4					32
	CW	6	3	6	3	5	6	2	5					36
		13	6	12	9	8	8	3	9					68

**Table 6 - Categories 2015/16**

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Abuse/alleged abuse by adult patient by staff			2	1									3
Accident e.g. collision/scald (not slip/trip/fall)						1	1						2
Ambulance delay	1												1
Communicable disease and infection issue	5												5
Confidential information leak/information governance breach			1			1							2
Diagnostic incident (including failure to act on test results)				2	1			1			1		5
HAI/infection control incident			1										1
Maternity/Obstetric incident: baby only		2		1	3	1		2	1			1	11
Maternity/Obstetric incident: mother only						1		1		1	2	1	6
Medication incident				1	1				1				3
Other		1											1
Pressure ulcer meeting SI criteria	5	6	3	8		1	5	5	5	5	5	1	49
Radiation incident (including exposure when scanning)			1										1
Safeguarding vulnerable adults	1	1											2
Slips/trips/falls				1	2	4		1		2	2	1	13
Sub-optimal care of the deteriorating patient				1	2			1		2			6
Surgical/invasive procedure			1		1								2
Treatment delay		1			1		2	1			1	1	7
VTE meeting SI criteria									1				1
Ward/unit closure		1											1
Grand Total	12	12	9	15	11	8	8	13	8	10	11	5	122

**Table 7 - Categories 2016/17**

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Abuse/alleged abuse of adult patient by staff		1	1					1					3
Apparent/actual/suspected self-inflicted harm meeting SI criteria				1				1					2
Confidential information leak/information governance breach								1					1
Diagnostic incident (including failure to act on test results)	1	1			1	4		1					8
HCAI/Infection control incident meeting SI criteria			1										1
Maternity/Obstetric incident meeting SI criteria mother only	2	1						2					5
Maternity/Obstetric incident meeting SI criteria: baby	1		1			1		1					4
Maternity/Obstetric incident meeting SI criteria: mother and baby							1						1
Medication incident meeting SI criteria	1						1						2
Pressure ulcer meeting SI criteria	5	1	5	4	3	3							21
Slips/trips/falls meeting SI criteria	2	1	1	1	1								6
Sub-optimal care of the deteriorating patient meeting SI criteria	1		1	2	2		1	1					8
Surgical/invasive procedure incident meeting SI criteria			2	1				1					4
Treatment delay meeting SI criteria		1			1								2
Grand Total	13	6	12	9	8	8	3	9					68

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised. For the first eight months there have been 20 less serious incidents reported in comparison to the same period last year, at this point in time this can be attributed to the reduction in pressure ulcers and zero SIs reported this year relating to communicable diseases.



## Board of Directors Meeting, 5 January 2017

**PUBLIC**

<b>AGENDA ITEM NO.</b>	3.3/Jan/17
<b>REPORT NAME</b>	Integrated Performance Report – November 2016
<b>AUTHOR</b>	Andy Howlett, Deputy Director of Performance, Information & Contracting
<b>LEAD</b>	Robert Hodgkiss, Chief Operating Officer
<b>PURPOSE</b>	To report the combined Trust's performance for November 2016 for both Chelsea and Westminster and West Middlesex sites.
<b>SUMMARY OF REPORT</b>	<p>The Integrated Performance Report shows the Trust performance for November 2016.</p> <p><b>Regulatory performance</b> – The A&amp;E waiting time target for November was not achieved on either site with combined Trust performance of 91.1%, yet despite this, we still remain one of the better performing Trusts.</p> <p>The RTT incomplete target was achieved in November for the Trust overall, although our steady improvement on the CW site was impacted by the implementation of new administrative arrangements under the Trusts' AIP programme. The Trust had no patients waiting &gt;52 weeks for the 4th consecutive month.</p> <p>Validated Cancer 62 performance for October missed the 85% standard at 82.6%. The key change from previous months was an increase in shared breaches due to treatment delays at tertiary Trust partners. Escalation processes have been reviewed to ensure early intervention at senior level. Performance against the 62 Day NHS Screening Service referral to treatment standard failed in November with 1 breach from 2.5 treatments due to a colorectal patient delaying diagnostic testing. Due to low treatment volumes, this standard is at risk of failure for Q3.</p> <p>The 2WW Urgent Cancer target continues to be challenged, particularly on the Chelsea site putting the Trust in a non-compliant position overall. This is against a background of increasing 2 week wait referrals on both sites which is up 30% on the same month last year.</p> <p>There were no further CDiff infections reported in November. The Trust remains above trajectory for the year to date, but within the de minimis figure set by the regulator.</p>

<b>KEY RISKS ASSOCIATED</b>	
<b>FINANCIAL IMPLICATIONS</b>	
<b>QUALITY IMPLICATIONS</b>	
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	<p>Improve patient safety and clinical effectiveness</p> <p>Improve the patient experience</p> <p>Ensure financial and environmental sustainability</p>
<b>DECISION/ ACTION</b>	To note.



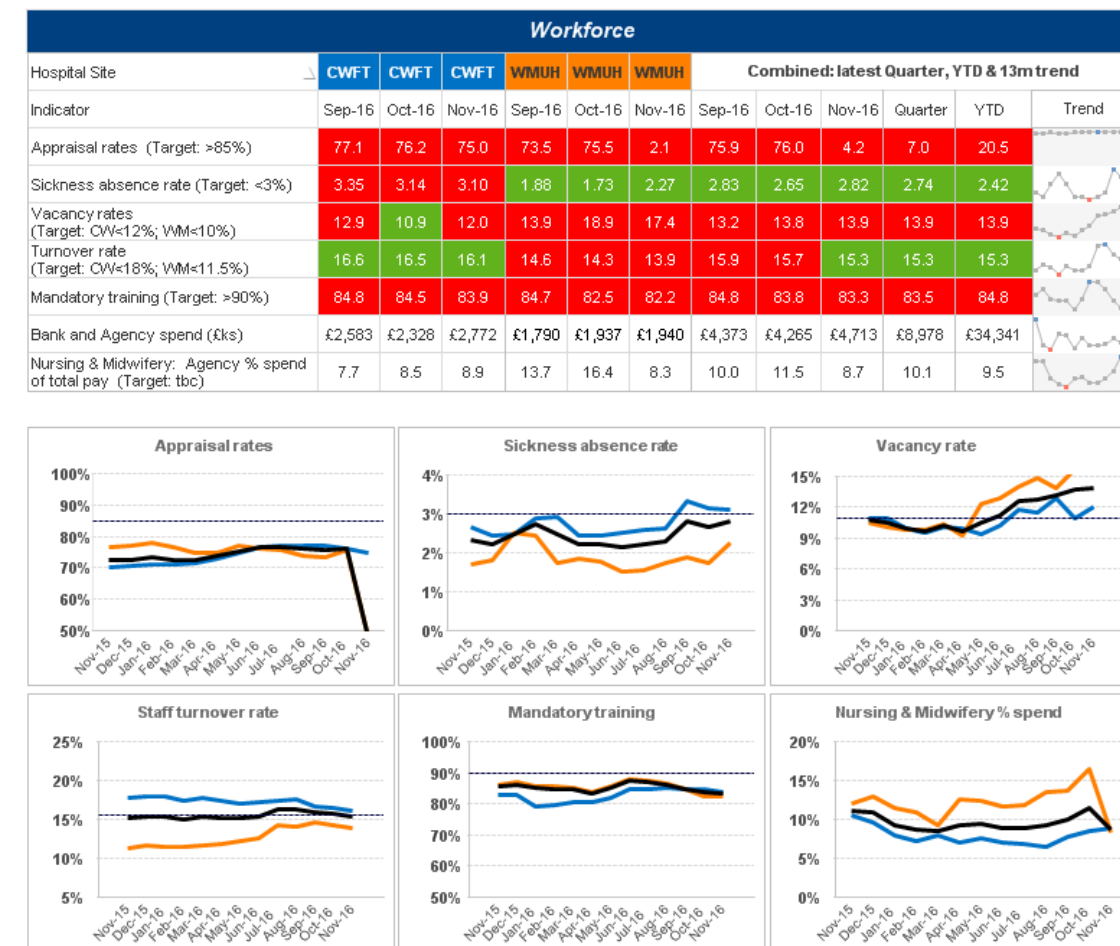
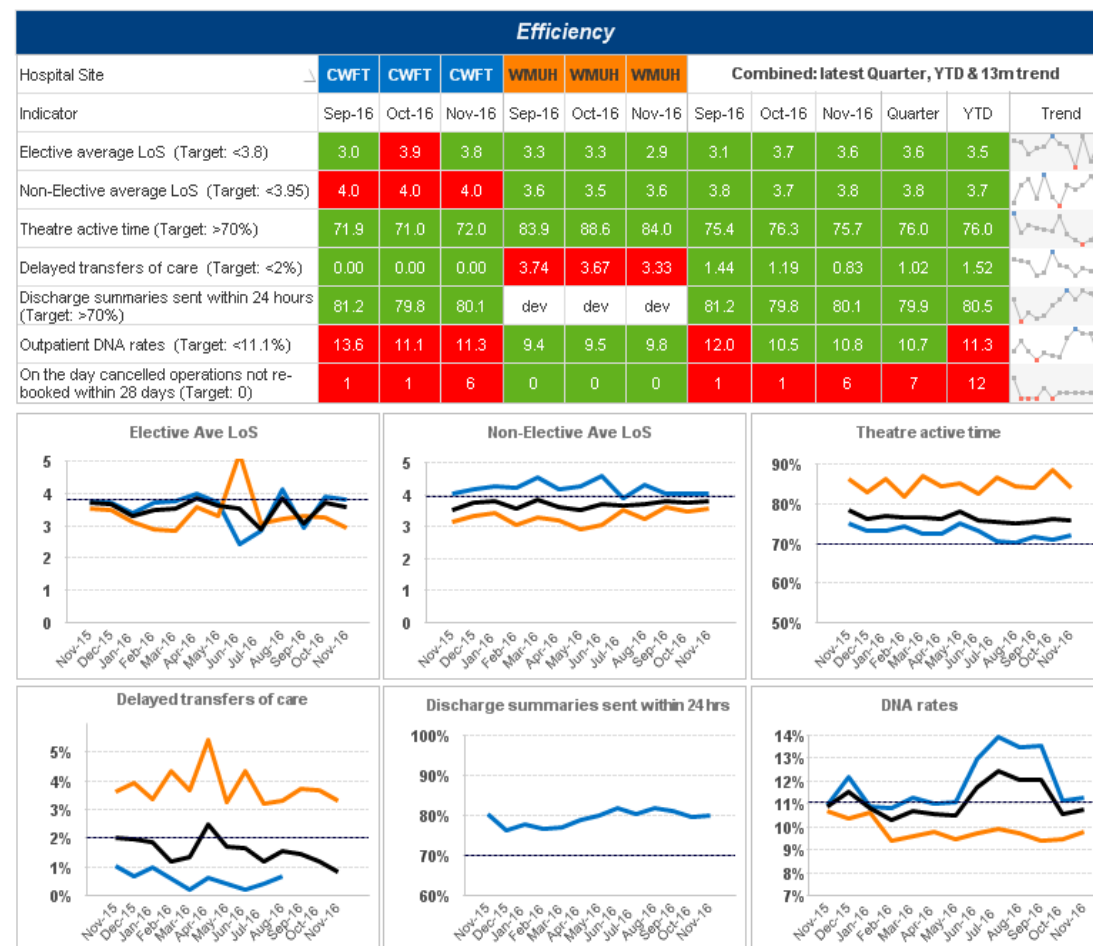
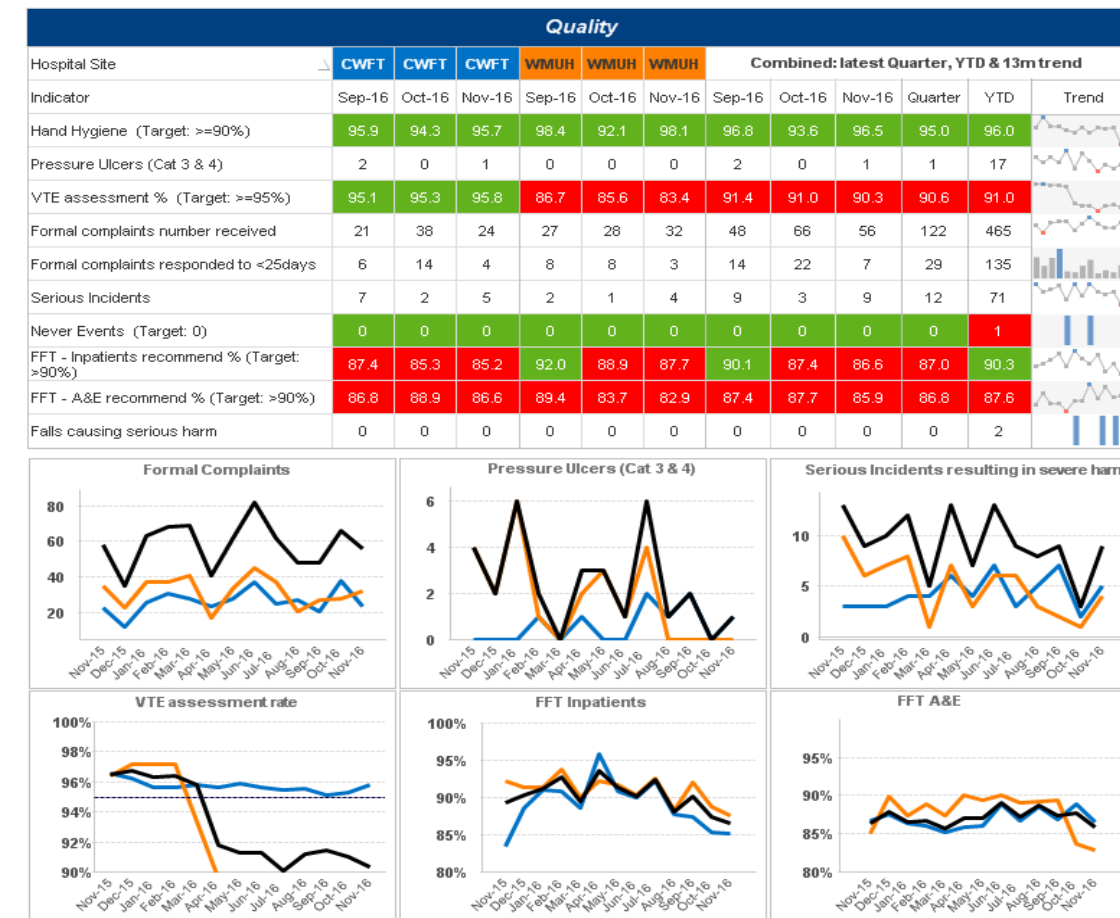
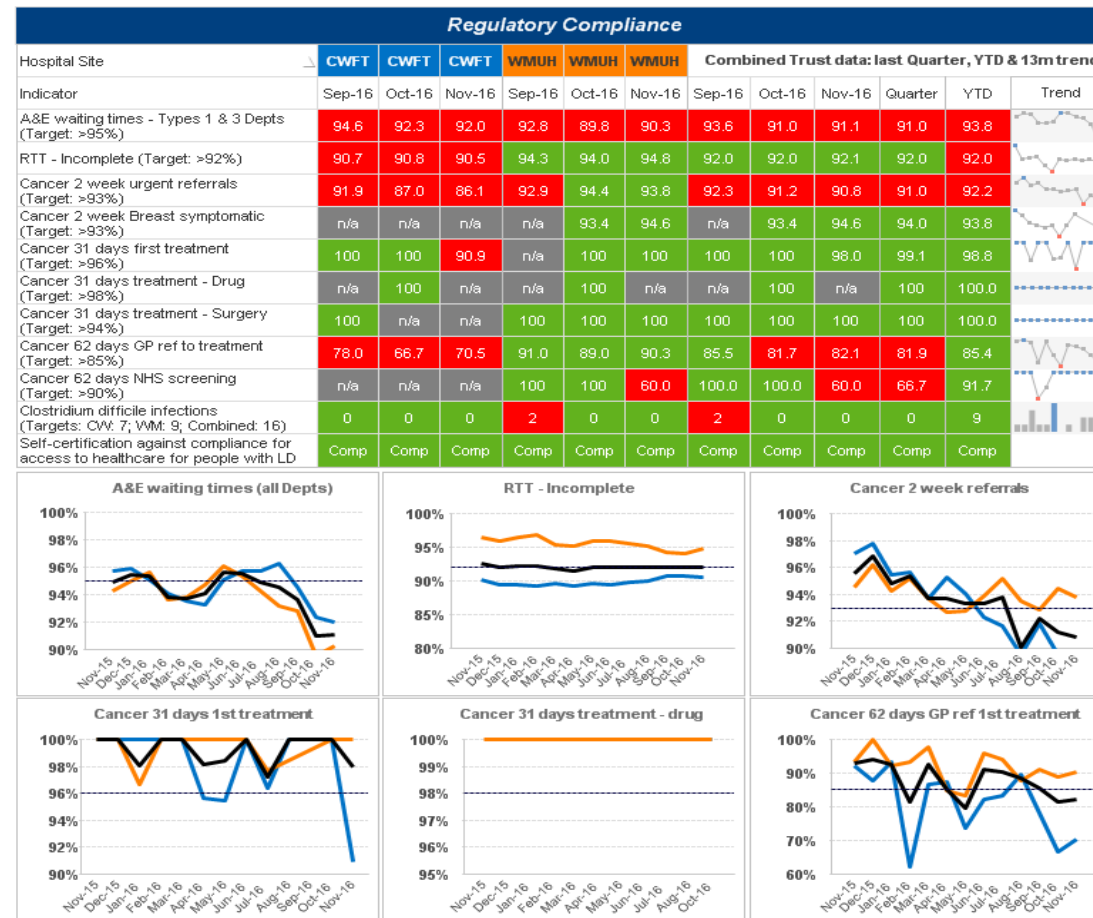
# **TRUST PERFORMANCE & QUALITY REPORT**

## **November 2016**





# November 2016 Performance Dashboard





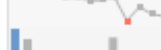







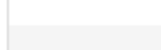
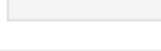



Note: Full page versions of the above Performance Dashboards are available on Pages 17-20





## NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	94.6%	92.3%	92.0%	94.4%	92.8%	89.8%	90.3%	93.3%	93.6%	91.0%	91.1%	91.0%	93.8%	
RTT	18 weeks RTT - Admitted (Target: >90%)	75.6%	75.8%	72.0%	73.3%	86.2%	85.3%	86.6%	86.4%	81.2%	81.2%	79.8%	80.4%	80.4%	
	18 weeks RTT - Non-Admitted (Target: >95%)	92.0%	93.0%	91.8%	92.8%	93.2%	92.9%	93.2%	94.2%	92.5%	93.0%	92.3%	92.6%	93.4%	
	18 weeks RTT - Incomplete (Target: >92%)	90.7%	90.8%	90.5%	90.0%	94.3%	94.0%	94.8%	95.1%	92.0%	92.0%	92.1%	92.0%	92.0%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	91.9%	87.0%	86.2%	90.4%	92.9%	94.4%	93.8%	93.7%	92.3%	91.2%	90.8%	91.0%	92.2%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	n/a	93.4%	94.6%	93.8%	n/a	93.4%	94.6%	94.0%	93.8%	
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	90.9%	97.7%	n/a	100%	100%	99.6%	100%	100%	98.0%	99.1%	98.8%	
	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	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	78.0%	66.7%	70.5%	78.4%	91.0%	89.0%	90.3%	89.6%	85.5%	81.7%	82.1%	81.9%	85.4%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WVM: 9; Combined: 16)	0	0	0	1	2	0	0	8	2	0	0	0	9	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Please note the following three items		n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.												
			RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators					Either Site or Trust overall performance red in each of the past three months							

### Trust commentary

#### A&E 4 hour waiting time

Nationally all organisations have found it challenging to deliver the A&E standard and this has remained the case for both Chelsea and Westminster Hospital and West Middlesex. To improve the patient experience and safety we have run command and control structures on several days, whilst this has not improved the overall percentage against October performance it has stabilised performance and prevented further deterioration against the standard

#### 18 weeks RTT – Incomplete

November Incomplete performance remains compliant against a national metric of 92%.

#### 18 weeks RTT – Admitted and Non-Admitted

Both the admitted and non-admitted performance will remain below the metrics as the longest waiting patients are treated.

#### Cancer - 2 Weeks from referral to first appointment all urgent referrals

The 2WW target continues to be challenged, particularly on the Chelsea site putting the Trust in a failing position overall, with Colorectal and Skin needing specific focus. The recovery plan for these sites continues to be monitored and reviewed at the fortnightly Cancer Access meeting. This is on a background of increasing 2WW referrals on both sites which is up 30% on the same month last year. It is anticipated that the Trust will also fail the quarter for this metric.

#### Cancer - 62 days GP referral to first treatment

The Trust has a total of 9 breaches to the 62day pathway from referral to treatment in November across the two sites (WM = 3, CW = 6) and has failed to meet the 85% target. The details can be seen in the Tumour by Site Dashboard on Page 11

#### Cancer - 62 days NHS screening service referral to first treatment

The Trust failed this target for November, with 2.5 patients treated on a screening pathway. The trust had one colorectal breach due to patient choice delaying investigations delivering a performance of 60%.



## Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1	
	Hand hygiene compliance (Target: >90%)	95.9%	94.3%	95.7%	95.2%	98.4%	92.1%	98.1%	97.7%	96.8%	93.6%	96.5%	95.0%	96.0%	
Incidents	Number of serious incidents	7	2	5	39	2	1	4	32	9	3	9	12	71	
	Incident reporting rate per 100 admissions (Target: >8.5)	7.2	6.9	6.5	6.7	8.3	9.1	8.7	8.2	7.7	7.8	7.4	7.6	7.4	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.05	0.06	0.03	0.04	0.00	0.08	0.06	0.03	0.03	0.07	0.04	0.06	0.04	
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	405.52	462.14	484.71	443.29	208.84	340.41	130.77	297.55	311.38	405.91	319.83	363.74	375.48	
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	10.9%	20.6%	10.3%	11.2%	3.8%	2.3%	0.0%	4.5%	8.6%	13.5%	8.3%	11.3%	8.7%	
	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1	
Harm	Safety Thermometer - Harm Score (Target: >90%)	96.3%	96.0%	93.3%	95.7%	93.9%	94.1%	95.6%	94.7%	94.7%	94.9%	95.0%	94.9%	95.0%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	2	0	1	7	0	0	0	10	2	0	1	1	17	
	NEVS compliance %	93.0%	91.3%	92.1%	91.3%	93.5%	95.7%	94.8%	93.6%	93.2%	92.7%	92.9%	92.8%	92.1%	
	Safeguarding adults - number of referrals	20	22	25	165	21	17	37	174	41	39	62	101	339	
	Safeguarding children - number of referrals	19	18	20	175	88	49	84	612	107	67	104	171	787	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	
	Number of hospital deaths - Adult	22	29	32	228	50	72	57	511	72	101	89	190	739	
	Number of hospital deaths - Paediatric	1	0	0	6	0	0	0	0	1	0	0	0	6	
	Number of hospital deaths - Neonatal	0	2	2	9	0	1	0	5	0	3	2	5	14	
	Number of deaths in A&E - Adult	0	3	0	8	6	3	1	40	6	6	1	7	48	
	Number of deaths in A&E - Paediatric	0	0	0	1	1	0	1	2	1	0	1	1	3	
	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
------------	--	--	---

### Trust commentary

#### Number of serious incidents

There was an increase in the number of Serious Incidents reported in November (9) compared with October (3). There is no trend or category of incident of particular note, as there is primarily a single incident in each of the eight categories.

See Table 2 of the Serious Incident Report prepared for the Trust Board.

#### Medication-related (reported) safety incidents per 100,000 FCE Bed Days

Medication incident reporting rates are better than the benchmark for the Trust, both in month and year to date. There is an increasing reporting trend at Chelsea site; however the reporting rate dropped at West Middlesex site in November. Divisions will be reminded via the Trust Patient Safety Group to promote incident reporting at this site.

#### Incident reporting rate per 100 admissions

There is an increasing reporting trend at West Middlesex hospital site; however the reporting rate has again dropped at Chelsea and Westminster Hospital site in November 2016. Divisions will be reminded via the Trust Patient Safety Group to promote incident reporting at this site. In addition to this, the communications team have been asked to remind staff of the importance of reporting incidents via Trust PC desktops as a rotational message.



## **Safety Dashboard Trust commentary continued**

### **Rate of patient safety incidents resulting in severe harm or death**

3 incidents have been categorised as resulting in a patient's death. 2 of the three incidents have been formally reported as Serious Incidents: 1 Maternal, Death, and 1 Inadequate Handover relating to a patient who was transferred to our care.

The 3<sup>rd</sup> incident/patient death relates to a patient who was assessed as being medically fit for discharge; however the patient died en route to a care home for palliative care. We are in the process of gathering further information with our subcontractors; therefore this has not yet been confirmed as a Serious Incident.

There were no incidents reported to have caused 'severe' harm during November 2016

### **Never Events**

There have been no Never Events reported in November 2016.

### **Medication-related (reported) safety incidents % with harm**

The Trust percentage of medication incidents with harm was better than the benchmark, both in month and year to date. There was a peak of incidents with harm in October 2016 at Chelsea site; however remedial actions were put in place to address the themes from the October incidents. There were no incidents with harm reported at West Middlesex site in November 2016.

### **Incidence of newly acquired category 3 & 4 pressure ulcers**

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. For the 2nd month running there were no confirmed HAPU's reported during November 2016.

It should be noted that we are in the process of gathering information relating to a possible hospital acquired pressure ulcer reported in November on the Chelsea and Westminster Hospital site in order to confirm whether this is reportable and a RCA investigation required.

### **NEWS compliance**

Weekly audits continue for all clinical areas, this information is collected electronically & is available for each area through Qlikview. The audit has been extended to include specific questions regarding escalation. Those areas who have poor compliance or completion have action plans which are reviewed by Divisional Nurses

### **Safeguarding Adults - number of referrals**

The number of safeguarding referrals from ED at the Chelsea site in November dropped during November. Such variation has been evident before & numbers from Chelsea ED has already recovered in December to date. The pattern involving a significant proportion of safeguarding concerns related to adults reporting domestic abuse on both sites is consistent

### **Safeguarding Children**

20 referrals were made from the Chelsea site with 57 referrals made in November to Children's Social Services from the West Middlesex site. In addition, 27 referrals were made from the Queen Mary Maternity Unit. Abreakdown of those referred from West Middlesex shows that 31 were made to LB of Hounslow, 13 to Richmond, 9 to Ealing, 2 to Hillingdon and 1 each to Hackney and Lambeth



## Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	87.4%	85.3%	85.2%	89.6%	92.0%	88.9%	87.7%	90.7%	90.1%	87.4%	86.6%	87.0%	90.3%	
	FFT: Inpatient not recommend % (Target: <10%)	6.1%	8.3%	6.0%	5.8%	5.3%	3.5%	5.7%	4.3%	5.6%	5.5%	5.8%	5.7%	4.8%	
	FFT: Inpatient response rate (Target: >30%)	34.6%	33.2%	31.8%	34.4%	23.6%	24.2%	26.1%	27.2%	27.1%	27.3%	28.2%	27.8%	29.5%	
	FFT: A&E recommend % (Target: >90%)	86.8%	88.9%	86.6%	87.3%	89.4%	83.7%	82.9%	88.5%	87.4%	87.7%	85.9%	86.8%	87.6%	
	FFT: A&E not recommend % (Target: <10%)	8.0%	6.9%	7.5%	7.4%	8.9%	9.0%	11.2%	7.1%	8.2%	7.4%	8.2%	7.8%	7.3%	
	FFT: A&E response rate (Target: >30%)	15.4%	13.6%	14.3%	14.3%	18.0%	16.7%	12.7%	20.5%	15.9%	14.2%	14.0%	14.1%	15.4%	
	FFT: Maternity recommend % (Target: >90%)	89.4%	89.8%	90.3%	90.2%	97.1%	93.6%	96.7%	93.0%	90.8%	90.7%	91.5%	91.1%	90.8%	
	FFT: Maternity not recommend % (Target: <10%)	6.2%	4.8%	6.7%	5.8%	2.9%	3.2%	3.3%	4.2%	5.6%	4.4%	6.1%	5.2%	5.5%	
	FFT: Maternity response rate (Target: >30%)	25.5%	20.9%	20.3%	22.0%	15.5%	22.6%	16.8%	17.9%	22.9%	21.3%	19.5%	20.5%	20.9%	
	FFT: Maternity not recommend % (Target: <10%)	6.2%	4.8%	6.7%	5.8%	2.9%	3.2%	3.3%	4.2%	5.6%	4.4%	6.1%	5.2%	5.5%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints	Complaints formal: Number of complaints received	21	38	24	224	27	28	32	241	48	66	56	122	465	
	Complaints formal: Number responded to < 25 days	6	14	4	73	8	8	3	62	14	22	7	29	135	
	Complaints (informal) through PALS	116	125	133	723	42	43	54	250	158	168	187	355	973	
	Complaints sent through to the Ombudsman	0	0	0	0	1	0	1	9	1	0	1	1	9	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	1	0	0	7	1	0	0	0	7	

Please note the following

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

### Trust commentary

#### FFT response rate

The FFT response rate remains static around 28% just below the target of 30%, the plan remain in place that this will increase once the new FFT survey is in place.

#### FFT recommend rate

The maternity recommended rate for recommending the service continues to increase and is now above target on both sites. The % of patients that would recommend our inpatient service remains just below the 90% target which is comparable to this time last year reflecting the business of the sites.

#### Complaints

The number of complaints responded to within 25 days still remains under target, however the improvement action plan is being progressed and additional staff are in place to clear the complaints backlog.





## Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	2.95	3.91	3.80	3.46	3.33	3.26	2.95	3.61	3.07	3.73	3.56	3.64	3.51	
	Average length of stay - non-elective (Target: <3.9)	4.03	4.04	4.04	4.16	3.63	3.49	3.56	3.31	3.82	3.75	3.78	3.77	3.69	
	Emergency care pathway - average LoS (Target: <4.5)	5.19	4.95	4.88	5.12	4.42	3.99	4.08	3.97	4.73	4.38	4.39	4.38	4.42	
	Emergency care pathway - discharges	206	213	203	1630	300	315	311	2469	507	529	514	1043	4099	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.69%	3.18%	2.63%	3.18%	9.80%	9.56%	9.20%	9.18%	6.31%	5.90%	5.38%	5.63%	5.81%	
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	0.0%	0.0%	0.0%	0.3%	3.7%	3.7%	3.3%	3.8%	1.4%	1.2%	0.8%	1.0%	1.5%	
	Non-elective long-stayers	440	496	427	3426	419	419	572	3433	859	915	999	1914	6859	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	83.1%	84.2%	79.1%	82.3%	83.1%	85.7%	78.9%	83.0%	83.1%	84.8%	79.0%	81.6%	82.6%	
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.26%	0.22%	0.35%	0.22%	0.71%	0.24%	0.22%	0.52%	0.40%	0.23%	0.31%	0.27%	0.31%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	1	6	12	0	0	0	0	1	1	6	7	12	
	Theatre active time (C&W Target: >70%; WM Target: >78%)	71.9%	71.0%	72.0%	72.1%	83.9%	88.6%	84.0%	84.9%	75.4%	76.3%	75.7%	76.0%	76.0%	
	Theatre booking conversion rates (Target: >80%)	88.8%	87.7%	87.6%	88.8%	48.3%	50.9%	52.4%	53.0%	75.7%	75.9%	76.9%	76.4%	76.7%	
Outpatients	First to follow-up ratio (Target: <1.5)	1.78	1.76	1.67	1.70	1.06	1.04	1.29	1.10	1.37	1.36	1.38	1.37	1.33	
	Average wait to first outpatient attendance (Target: <6 wks)	7.7	7.6	7.8	7.5	6.8	6.1	6.4	6.0	7.2	6.8	7.1	7.0	6.7	
	DNA rate: first appointment	15.0%	12.0%	12.4%	13.4%	10.6%	10.6%	11.0%	10.7%	12.8%	11.3%	11.7%	11.5%	12.1%	
	DNA rate: follow-up appointment	13.1%	10.8%	10.9%	11.9%	8.5%	8.6%	9.0%	8.9%	11.7%	10.2%	10.3%	10.3%	11.0%	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

### Trust commentary

#### Elective Ave LoS

Elective length of stay has improved in November at Chelsea with West Middlesex consistently performing on metric.

#### Non-Elective and Emergency Pathway LoS

This remains relatively stable. Initiatives are in place to maximise the efficiency of the pathway, Red and Green days are being rolled out across the wards over December and January. More work will be undertaken to look at patients on the emergency pathway with a length of stay over 48 hours, daily ward and board rounds have just been re-audited to inform a detailed gap analysis.

#### Emergency re-admissions within 30 days (Adult & Paediatric)

The improvement seen at the West Middlesex site has been maintained. The Readmissions workstream with external partners is ongoing.

#### Delayed transfers of care affected patients

These remain low in comparison to other acute providers and additional effort is happening through December to reduce significantly

#### Non-Elective LoS - long stayers

This has gone up significantly in November at West Middlesex and is being focussed on through December to reduce bed occupancy.

#### Procedures carried out as Daycases - basket of 25 procedures

Reduction in day case rates at West Middlesex are due to increase number of complex/cancer cases in comparison to day case. Work being undertaken at Chelsea to improve compliance through review of specific clinical pathways in General Surgery and Urology which can be delivered as day cases

#### Theatre Active Time - % of staffed time

Theatre active time on both sites is compliant with Chelsea and West Middlesex achieving 110% and 88% of their respective elective surgical plans.

#### Theatre booking conversion rates

Chelsea site is compliant for theatre booking rates. Theatre booking conversion rates at WM remain low as theatres are booked significantly in advance due to capacity constraints.



## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	90.6%	96.4%	82.9%	93.7%	94.0%	92.2%	90.8%	92.2%	92.5%	94.3%	87.4%	90.9%	92.9%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	88.9%	90.5%	87.2%	88.9%	60.0%	55.0%	70.5%	95.0%	75.8%	73.2%	74.3%	79.6%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	88.2%	100.0%	94.9%	100.0%	91.7%	100.0%	96.0%	96.8%	-
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	0	0	1	6	0	0	1	1	6	-
TB	VTE risk assessment (Target: >95%)	95.1%	95.3%	95.8%	95.5%	86.7%	85.6%	83.4%	85.4%	91.4%	91.0%	90.3%	90.6%	91.0%	!
	TB: Number of active cases identified and notified	2	1	1	14	13	13	6	75	15	14	7	21	89	-
	TB: % of treatments completed within 12 months (Target: >85%)														-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

### Trust commentary

#### #NoF Time to Theatre <36hrs for medically fit patients

Currently reviewing options to improve theatre access as #NOF performance at West Middlesex has been challenged due to theatre capacity for trauma especially at weekends when limited provision.

#### VTE Hospital-acquired

C&W site: VTE root cause analysis in progress addressing the backlog of screening radiology reports to identify VTE diagnoses and hospital associated VTE events (occurring during admission or within 90days of recent admission) for root cause analysis investigation

WMUH site: Lack of resources to perform VTE root cause analysis. A business case for a VTE prevention nurse in progress to support work.

#### VTE Risk assessments completed

C&W site: Target just achieved. Clinical areas requiring significant improvement highlighted to teams.

WMUH site: IM&T request for change submitted for changes to electronic VTE risk assessment to allow it to be accessible to medical staff for risk assessment completion

#### Notifications of TB cases

There was 1 case notified at C&W site. This case is for C&W only as per London TB Register. The C&W TB Service also manage TB cases at the Royal Brompton and the Royal Marsden.



## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	19	0	0	0	0	0	0	0	0	19	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.28%	99.84%	99.59%	99.47%	99.77%	99.40%	99.51%	98.92%	99.56%	99.60%	99.54%	99.57%	99.15%	
	Diagnostic waiting times >6 weeks: breach actuals	17	4	9	95	7	18	16	273	24	22	25	47	368	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.0%	7.5%	7.8%	7.4%	9.7%	8.0%	7.8%	8.5%	7.9%	7.7%	7.8%	7.7%	7.8%	
	A&E time to treatment - Median (Target: <60')	01:14	01:13	01:17	01:10	00:34	00:46	00:35	00:44	01:04	01:05	01:05	01:05	01:03	
	London Ambulance Service - patient handover 30' breaches	29	46	42	231	86	0	84	544	115	46	126	172	775	
	London Ambulance Service - patient handover 60' breaches	1	0	0	5	0	0	0	0	1	0	0	0	5	
Choose and Book (available to Sep-16 only for issues) and from Apr-16 for availability	Choose and book: appointment availability (average of daily harvest of unused slots)	2463	1996	1512	2341	0	0	0	1	2463	1996	1512	1748	2341	
	Choose and book: capacity issue rate (ASI)	26.1%			25.5%				35.0%	26.1%				30.9%	
	Choose and book: system issue rate														
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

### Trust commentary

#### 18 Weeks RTT - Incomplete waits >52 weeks at month end

For the fourth successive month there were no reportable patients waiting for treatment over 52 weeks.

#### Diagnostic waits under 6 weeks

The diagnostic waiting time standard of 99% tests completed within 6 weeks of referral was achieved on both locations in November. The Chelsea site reported 99.59% and the WM site reported 99.51%. The combined Trust performance for November is reported as 99.54%; the third consecutive compliant month. The combined YTD position is 99.15% which continues an improving trend.

#### Diagnostic waits over 6 weeks – breach actuals

Across both sites there were 25 breaches reported.

The WM site was responsible for 16 breaches 11 of which were in Endoscopy. There was a variety of reasons including lack of capacity for certain procedures and patient choice for others. The remaining 5 breaches were shared across 'clinical measurement' areas and were due to a lack of capacity.

The CW breaches were all related to paediatrics (Neurology, Surgery and Gastroenterology) with lack of available capacity cited as the reason. All services are investigating ways of increasing capacity to deal with these relatively small numbers of breaches.

#### A&E Unplanned Re-attendances

This is reducing at WM to the same level as CW. This is due to the interventions in A&E, especially regarding drug and alcohol services.

#### A&E Time to Treatment

This remains good at WM and stable at CW

#### A&E LAS 30 min handover breaches



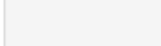


These have not improved significantly on either site. We have an action plan working with LAS to try and reduce the number of 30 minute breaches and the overall handover time for all patients.

#### A&E LAS 60 min handover breaches

Despite the increase in LAS conveyances there were no 60minute handover breaches on either site



## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	Trend charts
Birth indicators	Total number of NHS births	468	476	433	3707	459	423	375	3486	927	899	808	1707	7193	 -
	Total caesarean section rate (C&W Target: <27%; WMM Target: <29%)	30.2%	31.0%	31.7%	32.9%	24.5%	24.8%	27.5%	26.8%	27.4%	28.1%	29.7%	28.8%	29.9%	 !
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3	 !
	Maternity 1:1 care in established labour (Target: >95%)	98.2%	94.9%	96.9%	96.7%	94.9%	97.9%	98.1%	93.7%	96.5%	96.4%	97.5%	96.9%	95.2%	 -
Safety	Admissions of full-term babies to NICU	16	16	17	140	n/a	n/a	n/a	n/a	16	16	17	33	140	 -
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

### Trust commentary

#### Total number of NHS births

West Mid saw a significant drop in births in November. This was expected due to bookings being low and makes it possible that West Mid will not achieve its planned births this year. Chelsea site is over performing so as a Trust plan will be achieved

#### Total caesarean section rate

Work continues on Chelsea site to further reduce rate. This is being led by consultant midwives in conjunction with obstetric team




















#### Maternity 1:1 care in established labour

The Trust remains compliant with an improvement at the Chelsea site meaning both sites were above target in November





## Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	Trend charts
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	12.9%	10.9%	12.0%	12.0%	13.9%	18.9%	17.4%	17.4%	13.2%	13.8%	13.9%	13.9%	13.9%	 
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	16.6%	16.5%	16.1%	16.1%	14.6%	14.3%	13.9%	13.9%	15.9%	15.7%	15.3%	15.3%	15.3%	 
	Sickness absence (Target: <3%)	3.3%	3.1%	3.1%	2.8%	1.9%	1.7%	2.3%	1.8%	2.8%	2.7%	2.8%	2.7%	2.4%	 -
	Bank and Agency spend (£ks)	£2,583	£2,328	£2,772	£19,487	£1,790	£1,937	£1,940	£14,855	£4,373	£4,265	£4,713	£8,978	£34,341	 -
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	7.7%	8.5%	8.9%	7.6%	13.7%	16.4%	8.3%	12.6%	10.0%	11.5%	8.7%	10.1%	9.5%	 -
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	80.8%	83.8%	82.6%	83.8%	85.6%	85.2%	88.6%	88.7%	82.9%	84.4%	85.1%	84.7%	85.9%	 -
	% of appraisals completed - non-medical staff (Target: >85%)	76.6%	75.4%	74.1%	75.0%	71.2%	73.5%	72.7%	72.5%	74.9%	74.8%	73.7%	74.2%	74.2%	 
Training	Mandatory training compliance (Target: >90%)	84.8%	84.5%	83.9%	84.2%	84.7%	82.5%	82.2%	85.1%	84.8%	83.8%	83.3%	83.5%	84.8%	 
	Health and Safety training (Target: >90%)	86.0%	84.5%	85.0%	86.1%	82.4%	81.5%	82.9%	83.1%	84.7%	83.5%	84.3%	83.9%	85.0%	 
	Safeguarding training - adults (Target: 100%)	89.3%	89.5%	89.2%	88.8%	79.0%	80.4%	82.1%	86.3%	85.5%	86.2%	86.7%	86.5%	87.9%	 
	Safeguarding training - children (Target: 100%)	92.9%	92.3%	91.1%	89.8%	94.7%	91.3%	90.1%	93.9%	93.5%	92.0%	90.8%	91.4%	91.3%	 
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				

### Trust commentary

#### Vacancy rate

The general vacancy rate for November was 13.9%, up from 13.8% last month and up from 10.8% since April 2016. We are seeking to address this deteriorating picture through the development of our attraction strategy and streamlining of our recruitment processes. As part of this streamlining exercise our time to recruit was 58 working days in November, down 4 days from October's figure. It is still above our 50 day target.

#### Staff turnover rate

Our unplanned turnover rate was 15.3%, down from 15.7% last month and from 16.2% in April 2016. Unplanned turnover is 16.1% at Chelsea and 13.9% at West Middlesex

#### Sickness absence

Reported sickness absence is 2.8%, which is below our 3% target.

#### Bank & Agency spend (£ks)

Temporary staffing accounted for 14.2% of the total shifts worked in November, marginally down on last month's 14.4%, of which agency staff accounted for 39% of total shifts. Agency usage equated to 322 WTES in November. A range of measures to reduce reliance on and cost of agency staff have either recently been implemented or are being developed.

#### Appraisal completion rate - Medical staff

The appraisal rate for medical staff was 85%, up 1% from last month and achieving our 85% target

#### Appraisal completion rate - Non-Medical staff

The appraisal rate for non-medical staff was 74% in November, 1% down on last month and below the 85%

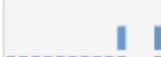












#### Mandatory Training compliance

The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 83% against its target of 90%.



## 62 day Cancer referrals by tumour site Dashboard


Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	Sep-16	Oct-16	Nov-16	2016-2017	YTD breaches	Sep-16	Oct-16	Nov-16	2016-2017	YTD breaches	Sep-16	Oct-16	Nov-16	2016-2017 Q3	2016-2017	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		n/a	n/a	100%	100%	0	n/a	n/a	100%	100%	100%	0		
	Breast	n/a	n/a	n/a	n/a		85.7%	87.5%	100%	96.7%	2	85.7%	87.5%	100%	92.3%	96.7%	2		
	Colorectal / Lower GI	66.7%	50.0%	100%	83.3%	3.5	75.0%	100%	100%	91.5%	2	71.4%	80.0%	100%	90.9%	87.6%	5.5		
	Gynaecological	53.8%	66.7%	50.0%	63.3%	5.5	100%	100%	75.0%	91.4%	1.5	60.0%	83.3%	66.7%	75.0%	78.5%	7		
	Haematological	n/a	0.0%	80.0%	72.7%	1.5	100%	100%	66.7%	88.0%	1.5	100%	66.7%	75.0%	71.4%	83.3%	3		
	Head and neck	n/a	n/a	n/a	0.0%	1	50.0%	50.0%	66.7%	56.3%	3.5	50.0%	50.0%	66.7%	60.0%	50.0%	4.5		
	Lung	n/a	90.0%	100%	95.7%	1	100%	100%	0.0%	95.0%	0.5	100%	92.9%	87.5%	90.9%	95.5%	1.5		
	Sarcoma	0.0%	n/a	n/a	66.7%	0.5	n/a	n/a	n/a	0.0%	0.5	0.0%	n/a	n/a	n/a	50.0%	1		
	Skin	100%	75.0%	100%	89.1%	3	100%	100%	100%	95.7%	1.5	100%	88.0%	100%	92.5%	92.7%	4.5		
	Upper gastrointestinal	100%	0.0%	n/a	81.3%	1.5	100%	100%	100%	95.8%	0.5	100%	75.0%	100%	85.7%	90.0%	2		
	Urological	87.5%	50.0%	26.7%	65.8%	13	94.1%	78.9%	89.5%	79.6%	11	90.9%	73.9%	61.8%	66.7%	73.9%	24		
	Urological (Testicular)	100%	n/a	n/a	100%	0	n/a	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		
	Site not stated	n/a	n/a	100%	50.0%	1	100%	66.7%	100%	91.7%	0.5	100%	66.7%	100%	88.9%	81.3%	1.5		

Please note the following

n/a

Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs



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

### Trust commentary

Details of breaches by site are shown below

#### Chelsea Site

- 0.5 Gynaecology - unavoidable – complex pathway and comorbidities referred to RMH for surgery but then not suitable
- 0.5 Haematology - avoidable – shared breach with UCLH for young patient, delayed ITR and delay in scheduling treatment
- 5.0 Urology – 0.5 avoidable – delay being tracked as referral not received delayed discussion at MDT and investigations booked
  - 0.5 unavoidable – main delays due to patient choice, delaying MRI and OPA as was away (also some avoidable delays to pathway due to clinician Study day)
  - 1.0 – unavoidable – main delay (27 days) patient choice for diagnostics
  - 1.0 – unavoidable – complex comorbidities requiring Cardiac input from RBH before proceeding with investigations
  - 1.0 – unavoidable – patient choice as unavailable for diagnostics
  - 1.0 – avoidable – MDT schedule delayed decisions within pathway

6 of the breaches are within the Urology pathway and are being reviewed by the MDT Lead and management team alongside the previous Prostate Cancer Action Plan. Actions continue to be circulated following weekly PTL to all SM and GM's for service specific escalation and actions and greater challenge at Access meeting to service leads.

#### WM Site

- 0.5 Gynaecology - unavoidable - complex pathway, numerous diagnostic investigations at WMUH and HH
- 0.5 Haematology - unavoidable – multiple biopsies need to confirm diagnosis
- 0.5 Head & Neck – avoidable - referred to NWP day 11, then referred on to Imperial for radiotherapy
- 0.5 Lung – unavoidable – pt. unwell which delayed booking surgery
- 1.0 Urology - unavoidable – patient initiated delays in diagnostic tests and requested investigations under GA



## Nursing Metrics Dashboard

### Safe Nursing and Midwifery Staffing

#### Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	83.2%	71.3%	73.1%	77.5%	10.2	3.0	13.3
Annie Zunz	80.8%	76.4%	98.4%	96.7%	2.5	0.9	3.5
Apollo	97.8%	16.7%	102.5%	-	16.4	0.3	16.6
Jupiter	127.2%	45.4%	167.8%	40.0%	13.1	1.7	14.9
Mercury	80.4%	96.7%	100.0%	30.0%	6.9	0.8	7.7
Neptune	76.6%	86.7%	98.3%	53.3%	8.1	1.3	9.3
NICU	94.2%	-	95.3%	-	13.0	0.0	13.0
AAU	100.7%	69.3%	126.1%	96.7%	9.3	1.6	10.9
Nell Gwynn	103.2%	86.8%	140.4%	112.2%	5.0	3.9	8.9
David Erskine	97.7%	102.0%	106.7%	148.4%	3.3	2.6	5.9
Edgar Horne	103.2%	95.7%	112.2%	100.0%	3.5	3.2	6.7
Lord Wigram	94.7%	90.3%	94.4%	95.6%	3.2	2.4	5.6
St Mary Abbots	116.1%	102.2%	138.0%	126.7%	4.3	2.4	6.7
David Evans	82.6%	83.8%	96.3%	90.4%	5.7	2.4	8.1
Chelsea Wing	101.5%	90.2%	103.3%	102.9%	10.8	6.3	17.0
Burns Unit	119.0%	88.6%	138.8%	116.7%	16.1	3.3	19.3
Ron Johnson	84.8%	97.5%	97.8%	105.0%	4.4	2.5	6.8
ICU	-	-	-	-	-	-	-

#### Summary for November 2016

C&W Burns and SMA high fill rates are due to the use of RMNs for patients sectioned under the Mental Health Act. High acuity on Nell Gwynn, Osterley 1 and 2 due to increased numbers of patients with tracheostomies and/or non invasive ventilation. There were Increased use of HCAs on Crane due to a confused patient under a Court of Protection and other confused patients. There was also Increased use of HCAs on Syon 1&2 and Kew & due to patients with dementia at risk of falling. AMU has had their staffing levels increased which is reflected in their increased use of HCAs.

Apollo and Jupiter have changed their skill mix and now no longer use HCA's at night. The low fill rates were due to reducing staff as patient demand was low.

#### West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPD		
	Day		Night				
	Registered Nurses	Care staff	Registered Nurses	Care staff	Reg	HCA	Total
Maternity	88.2%	-	95.7%	-	6.9	0.0	6.9
Lampton	104.7%	103.7%	94.3%	97.0%	2.9	2.0	4.9
Richmond	91.9%	92.6%	104.9%	116.4%	8.9	4.2	13.1
Syon 1	92.7%	157.3%	98.3%	135.0%	3.7	2.3	6.0
Syon 2	88.1%	157.5%	97.8%	188.6%	2.8	3.1	5.9
Starlight	139.9%	93.8%	153.3%	103.8%	8.3	1.3	9.7
Kew	98.5%	145.9%	93.6%	146.2%	2.9	3.1	6.0
Crane	91.2%	179.7%	94.4%	216.3%	3.0	4.2	7.2
Osterley 1	94.4%	153.4%	97.8%	113.3%	2.7	2.4	5.1
Osterley 2	89.5%	144.3%	120.8%	189.0%	3.6	3.6	7.2
MAU	102.9%	162.7%	115.7%	108.8%	8.3	3.8	12.1
CCU	96.0%	88.9%	99.2%	-	17.2	2.0	19.2
Special Care Baby Unit	43.5%	-	42.7%	-	7.2	1.0	8.1
Marble Hill	87.2%	108.7%	102.2%	94.9%	3.2	3.3	6.5
ITU	84.1%	-	95.4%	-	62.7	1.6	64.3



## CQUIN Dashboard

November 2016

### National CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
N1.1	Provision of Staff Wellbeing Initiatives	Director of HR & OD	G	n/a	n/a	G
N1.2	Promotion of Healthy Eating to staff, patients and visitors	Deputy Chief Executive	G	n/a	n/a	G
N1.3	Staff Influenza Vaccination	Director of HR & OD	n/a	n/a	G	G
N2.1	Sepsis (screening)	Medical Director	A	A	G	G
N2.2	Sepsis (antibiotic administration and review)	Medical Director	G	G	G	G
N5.1	Anti-microbial Resistance - reduction in antibiotic usage	Medical Director	n/a	n/a	n/a	G
N3.2	Anti-microbial Resistance - empiric review of prescribing	Medical Director	G	G	G	G
GE1	Implementation of Clinical Utilisation Review systems	Chief Operating Officer	R	R	R	R
CA1	Enhanced Supportive Care for Care Patients	Chief Operating Officer	G	G	G	G
CA2	Chemotherapy Dose Banding	Chief Operating Officer	G	G	G	G

### Regional CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
R1.1	NW London IT & IG Strategy & Governance	Chief Information Officer	G	G	G	G
R2.2	Sharing of Integrated Care Plans	Chief Information Officer	G	G	G	G
R2.4	Improve Communication method for GP follow-ups to Trust Clinical Services	Chief Information Officer	n/a	G	n/a	G
R3.2	Electronic Clinical Correspondence	Chief Information Officer	G	G	G	G
R3.4	NW London Data Quality	Chief Information Officer	G	G	G	G

### Local CQUINs

No.	Description of goal	Responsible Executive (role)	Forecast			
			Q1	Q2	Q3	Q4
L1.1	Blueteq Implementation for High Cost Drugs Approvals	Chief Operating Officer	n/a	n/a	G	G
L1.2	Engagement with Richmond Outcome Based Commissioning Project	Deputy Chief Executive	G	G	n/a	n/a
L1.3	Timely Discharge Communication with Wandsworth CAHS	Chief Operating Officer	G	G	G	G
L1.4	Developing Telemedicine	Chief Information Officer	G	G	G	G
L1.5	ARV Switch for HIV patients	Chief Operating Officer	G	G	G	G
L1.6	Reducing Ventilator Associated Pneumonia	Chief Operating Officer	G	G	G	G

### Commentary

A total of £8.3m of income is available in 2016/17 through 21 separate CQUIN schemes negotiated with the Trust's Commissioners. Senior Responsible Officers have been established for each of the 21 projects, and operational leads identified who will supported with performance monitoring information to support successful delivery.

The Trust achieved 95.5% of the available income from the CQUINs within the 16/17 contract with CCGs, and forecast 100% achievement of available NHSE CQUIN income for Q1, excluding the CUR CQUIN with which the Trust declined to participate, subject to ratification.

### National CQUINs

CCGs have confirmed 100% achievement of Q2 milestones for all CQUIN projects except Sepsis where achievement was 80% of the available income due to Sepsis screening being narrowly under the 90% target for both the Emergency Department and Inpatient settings. Q3 progress with project plans is on track with a high level of confidence on delivery of schemes. There remains some risks to the delivery of all milestones within the Sepsis CQUIN (CQUIN N2.1 and N2.2) due to the manual processes currently in place and activity demand pressures impacting on timely delivery of treatment in ED. The Trust has a project structure in place to manage improvement and mitigate these risks. Formal confirmation of assessment of Q2 evidence from NHSE is awaited but expected to be 100% with the exception of the CUR CQUIN which the Trust has chosen not to pursue.

### Regional CQUINs

The Trust achieved 100% compliance against Q2 milestones. E-consult for Cardiology, Paediatrics and Acute Medicine at WMUH site went live in November. There remains a high level of confidence in delivery of the remaining CQUIN project milestones and income within the agreed timetable.

### Local CQUINs

CCGs (NW London, Richmond, Wandsworth) have confirmed that all local CQUIN project Q2 milestones have been delivered to timescale with 100% income recovery. All Q3 & Q4 milestones remain on track for achievement in full. Formal confirmation of assessment of Q2 evidence from NHSE is awaited but expected to be 100%



## CQC Action Plan Dashboard

### Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17	-	-
Trust-wide actions: Learning disability	4	4	-	-
Trust-wide actions: Learning and development	14	14	-	-
Trust-wide actions: Medicines management	5	5		-
Trust-wide actions: End of life care	26	26		-
Emergency and Integrated Care	33	32		1
Planned Care	55	54	1	-
Women & Children, HIV & GUM	35	35	-	-
<b>Total</b>	<b>189</b>	<b>187</b>	<b>1</b>	<b>1</b>
<b>October position for comparison</b>	<b>189</b>	<b>185</b>	<b>3</b>	<b>1</b>

#### Chelsea and Westminster commentary

The outstanding action relates to caring for mental health patients in an appropriate place; we are working with NHSE and partners. to address this

ICU transfers overnight remain an issue due to capacity issues within ICU, a new build is planned to address capacity.

### West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	33	30	3	0	0
Children's & Young Peoples	32	32	0	0	0
Corporate	2	2	0	0	0
Critical Care	27	27	0	0	0
ED- Urgent & Emergency Services	17	16	0	1	0
End of Life Care	32	10	20	2	0
Maternity & Gynae	22	22	0	0	0
Medical Care (inc Older People)	19	18	0	1	0
Surgery	26	26	0	0	0
Theatres	15	15	0	0	0
OPD & Diagnostic Imaging	14	14	0	0	0
<b>Total</b>	<b>239</b>	<b>212</b>	<b>23</b>	<b>4</b>	<b>0</b>
<b>October position for comparison</b>	<b>239</b>	<b>212</b>	<b>21</b>	<b>6</b>	<b>0</b>

#### West Middlesex Commentary

Following successful recruitment into the end of life and palliative care team 2 actions have moved from amber to green

1 action will soon be closed with the reconfiguration/ rebuild of the Emergency Department and 1 outstanding for medical care relates to the community infrastructure and other health partners supporting earlier discharge.





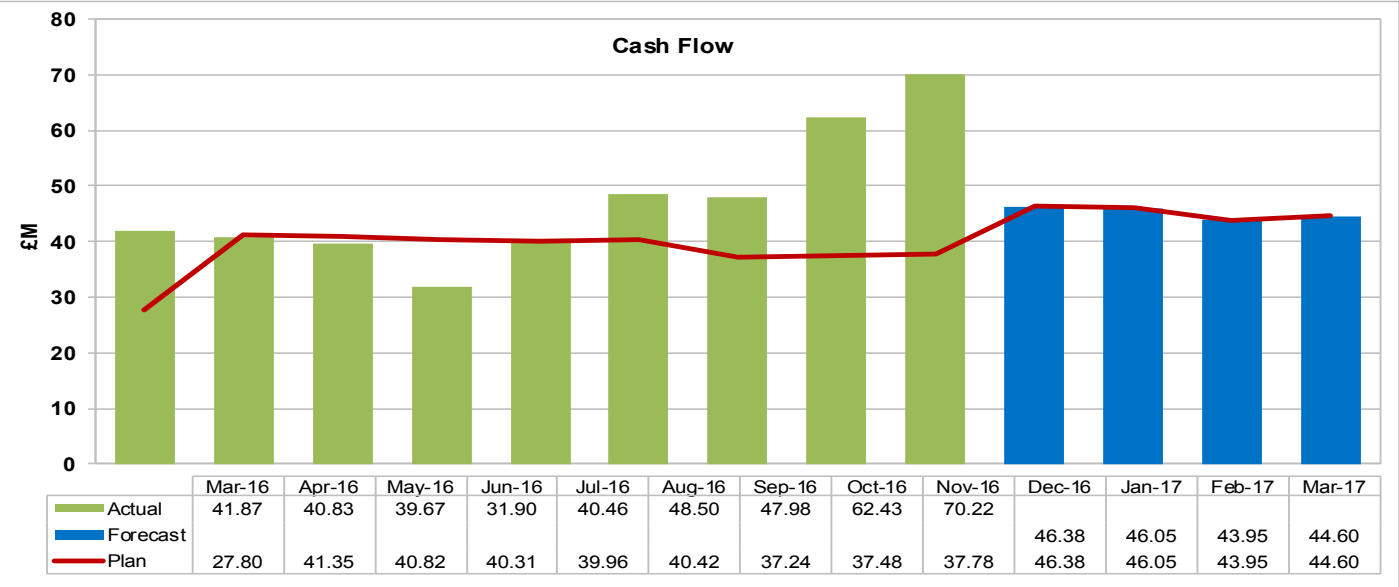
Finance Dashboard  
Month 8 (November) Integrated Position

Financial Position (£000's)			
£0	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	401,193	409,601	8,408
Expenditure	(371,869)	(382,236)	(10,367)
EDITDA	29,324	27,365	(1,959)
EBITDA %	7.309%	6.681%	-0.63%
Interest/Other	(3,954)	(3,521)	433
Depreciation	(13,279)	(12,122)	1,157
PDC Dividends	(6,135)	(6,136)	(1)
Surplus/ (Deficit)	5,956	5,586	(370)
Comments		RAG rating	
The year to date position at Month 8 is a £5,586k surplus which is an adverse variance of £370k.			
Income is favourable against the plan by £8,408k year to date, this mainly relates to over-performance in clinical income. The over-performance is within elective, non elective and outpatient activity across various specialties within CW and WM.			
Pay is adverse by £3,071k year to date, predominantly due to the use of temporary staffing to cover vacancies, sickness and additional clinics and theatre sessions.			
Non-pay is adverse by £7,300k year to date mainly due contractual provisions and activity related costs. Non-operating expenditure is favourable by £1,589k year to date due to underspend against the depreciation and interest plan.			

Risk rating (year to date)	
Use of Resource Rating (UOR)	M8 Actual
Use of Resource Rating	2
Comments	RAG rating <div></div>
NHSI introduced the UOR as the new measure of financial performance replacing the FSRR in October. There are 5 areas of performance which are measured to produce an overall rating. Under this measure 1 is the highest score and 4 the lowest. The UOR for November will not be known until completion of the monthly NHSI return and currently has been based on October's rating of 2 on the same assumptions: That the Trust is performing in line for each of the areas of measure except for agency spend which is over plan, mitigated to some extent by a high cash balance. There is no plan rating for I&E margin variance as control totals were not in place prior to 2016/17.	

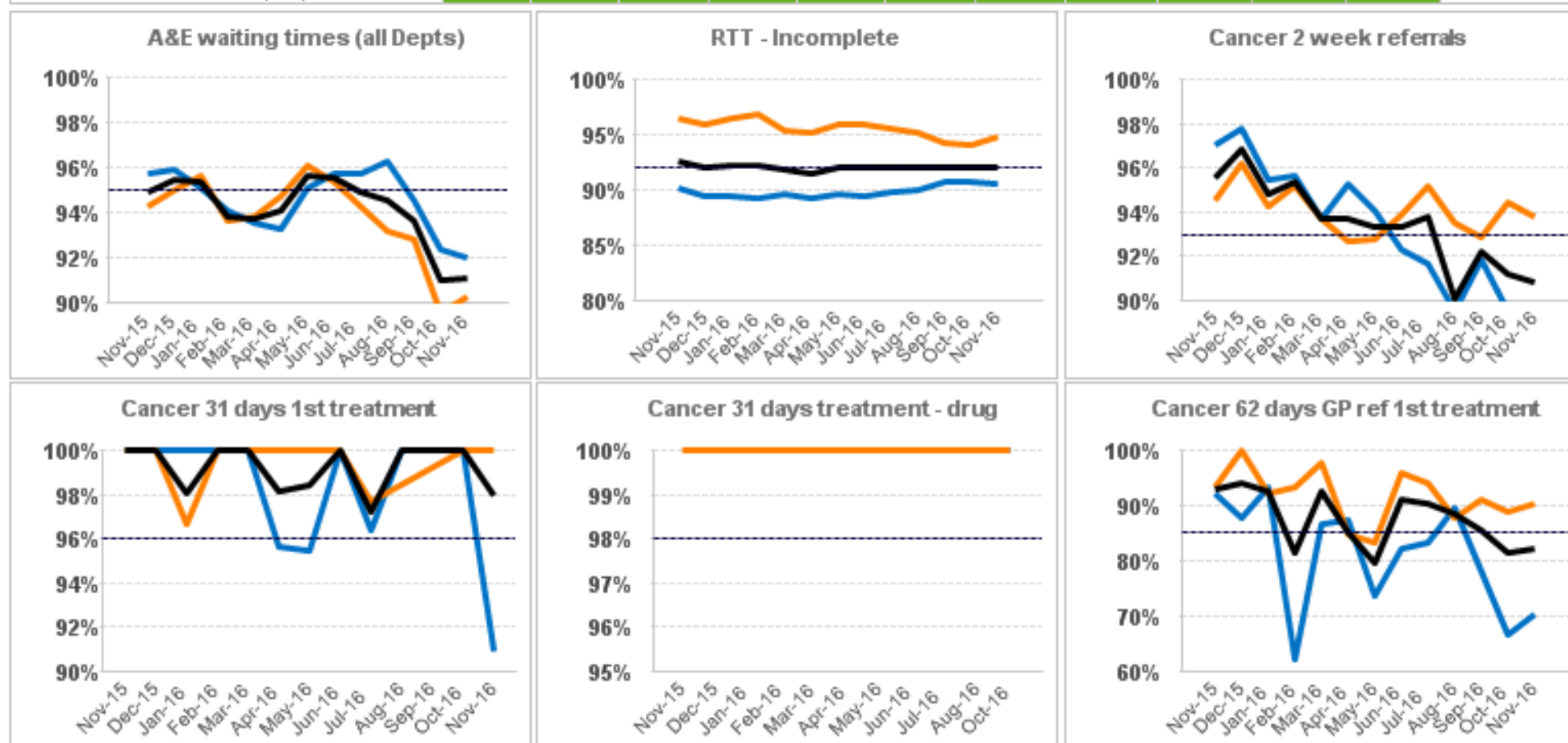
Cash Flow
Comments RAG rating <div></div>
Cash at the end of November is £70.2m which is £32.4m more than plan of £37.8m.
This is mainly due to robust cash collection, slippage against the capital programme, increased expenditure accruals, deferring Training income offset by PDC within the plan but not yet drawn down.
The Trust is anticipating achieving its year end forecast cash balance of £44.6m

Cost Improvement Programme (CIPs)						
Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Improvement and Efficiency Workstream	1,638	1,528	(109)	11,213	9,872	(1,341)
Integration Workstream/Transformation	273	246	(27)	1,951	1,747	(204)
Q1 Quotas	0	0	0	1,153	1,157	4
Trust Total	1,911	1,774	(136)	14,317	12,776	(1,541)
<div>Comments<div>RAG rating<div></div></div></div>						
The main areas of year to date slippage were:  Temporary Staffing (£675k) Diagnostic Demand Management (£211k) Outpatient productivity (£230k) Clinical Admin (£138k) Commissioner Fines and Credits (£208k).						



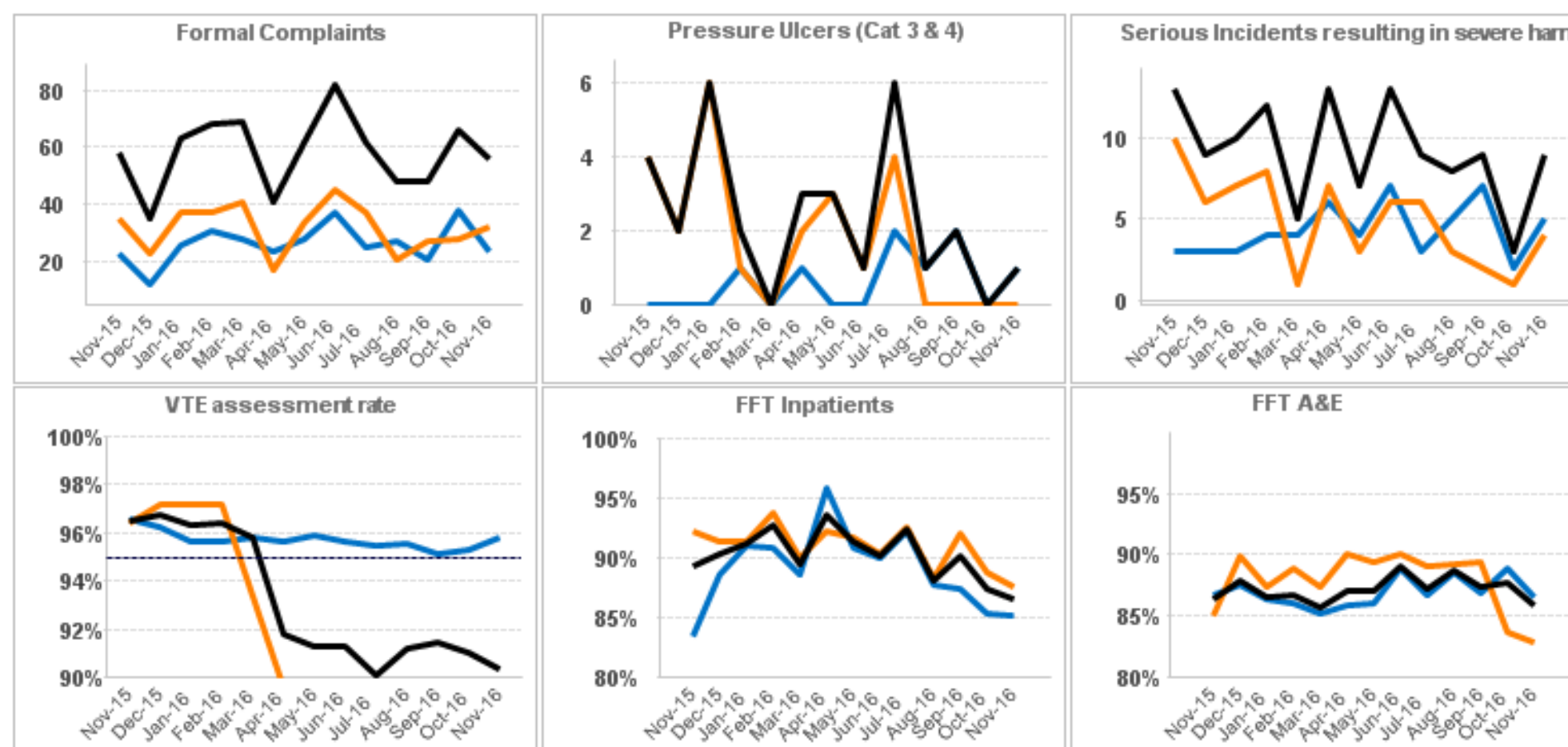


Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Sep-16	Oct-16	Nov-16	Sep-16	Oct-16	Nov-16	Sep-16	Oct-16	Nov-16	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	94.6	92.3	92.0	92.8	89.8	90.3	93.6	91.0	91.1	91.0	93.8	
RTT - Incomplete (Target: >92%)	90.7	90.8	90.5	94.3	94.0	94.8	92.0	92.0	92.1	92.0	92.0	
Cancer 2 week urgent referrals (Target: >93%)	91.9	87.0	86.1	92.9	94.4	93.8	92.3	91.2	90.8	91.0	92.2	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	n/a	93.4	94.6	n/a	93.4	94.6	94.0	93.8	
Cancer 31 days first treatment (Target: >96%)	100	100	90.9	n/a	100	100	100	100	98.0	99.1	98.8	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	100	n/a	n/a	100	n/a	n/a	100	n/a	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	n/a	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	78.0	66.7	70.5	91.0	89.0	90.3	85.5	81.7	82.1	81.9	85.4	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	60.0	100.0	100.0	60.0	66.7	91.7	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	2	0	0	2	0	0	0	9	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	Comp	





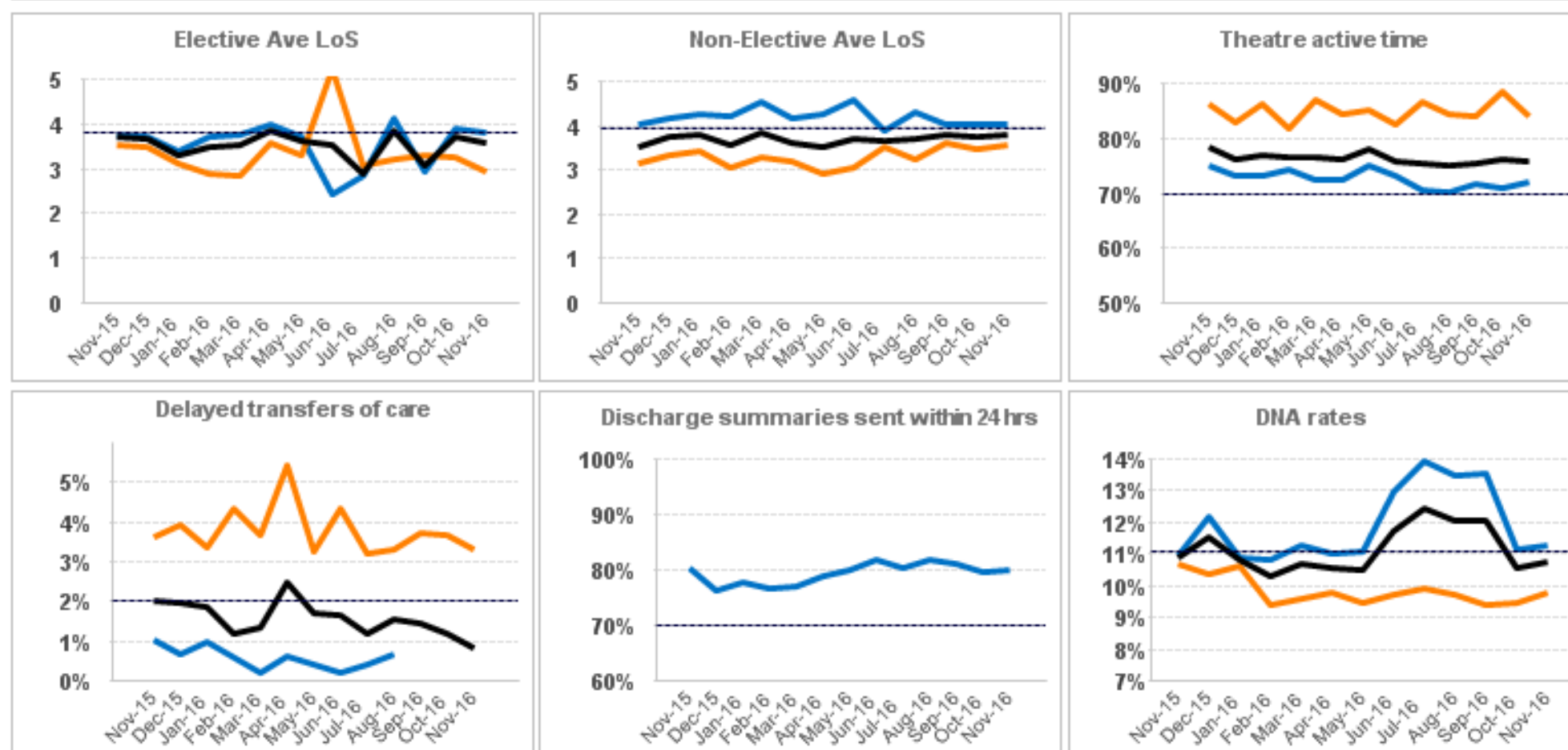
Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Sep-16	Oct-16	Nov-16	Sep-16	Oct-16	Nov-16	Sep-16	Oct-16	Nov-16	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.9	94.3	95.7	98.4	92.1	98.1	96.8	93.6	96.5	95.0	96.0	
Pressure Ulcers (Cat 3 & 4)	2	0	1	0	0	0	2	0	1	1	17	
VTE assessment % (Target: >=95%)	95.1	95.3	95.8	86.7	85.6	83.4	91.4	91.0	90.3	90.6	91.0	
Formal complaints number received	21	38	24	27	28	32	48	66	56	122	465	
Formal complaints responded to <25days	6	14	4	8	8	3	14	22	7	29	135	
Serious Incidents	7	2	5	2	1	4	9	3	9	12	71	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	1	
FFT - Inpatients recommend % (Target: >90%)	87.4	85.3	85.2	92.0	88.9	87.7	90.1	87.4	86.6	87.0	90.3	
FFT - A&E recommend % (Target: >90%)	86.8	88.9	86.6	89.4	83.7	82.9	87.4	87.7	85.9	86.8	87.6	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	2	







Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Sep-16	Oct-16	Nov-16	Sep-16	Oct-16	Nov-16	Sep-16	Oct-16	Nov-16	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.0	3.9	3.8	3.3	3.3	2.9	3.1	3.7	3.6	3.6	3.5	
Non-Elective average LoS (Target: <3.95)	4.0	4.0	4.0	3.6	3.5	3.6	3.8	3.7	3.8	3.8	3.7	
Theatre active time (Target: >70%)	71.9	71.0	72.0	83.9	88.6	84.0	75.4	76.3	75.7	76.0	76.0	
Delayed transfers of care (Target: <2%)	0.00	0.00	0.00	3.74	3.67	3.33	1.44	1.19	0.83	1.02	1.52	
Discharge summaries sent within 24 hours (Target: >70%)	81.2	79.8	80.1	dev	dev	dev	81.2	79.8	80.1	79.9	80.5	
Outpatient DNA rates (Target: <11.1%)	13.6	11.1	11.3	9.4	9.5	9.8	12.0	10.5	10.8	10.7	11.3	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	1	6	0	0	0	1	1	6	7	12	





Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Sep-16	Oct-16	Nov-16	Sep-16	Oct-16	Nov-16	Sep-16	Oct-16	Nov-16	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	77.1	76.2	75.0	73.5	75.5	71.1	75.9	76.0	74.2	70.0	70.5	
Sickness absence rate (Target: <3%)	3.35	3.14	3.10	1.88	1.73	2.27	2.83	2.65	2.82	2.74	2.42	
Vacancy rates (Target: CW<12%; WM<10%)	12.9	10.9	12.0	13.9	18.9	17.4	13.2	13.8	13.9	13.9	13.9	
Turnover rate (Target: CW<18%; WM<11.5%)	16.6	16.5	16.1	14.6	14.3	13.9	15.9	15.7	15.3	15.3	15.3	
Mandatory training (Target: >90%)	84.8	84.5	83.9	84.7	82.5	82.2	84.8	83.8	83.3	83.5	84.8	
Bank and Agency spend (£ks)	£2,583	£2,328	£2,772	£1,790	£1,937	£1,940	£4,373	£4,265	£4,713	£8,978	£34,341	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	7.7	8.5	8.9	13.7	16.4	8.3	10.0	11.5	8.7	10.1	9.5	

