Chelsea & Westminster Hospital NHS Foundation Trust
Council of Governors

Boardroom, Chelsea and Westminster Hospital

25 April 2019 16:00 - 25 April 2019 18:00

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
25 April 2019, 16.00-18.00
Boardroom, Chelsea and Westminster Hospital

Agenda

15.00 – 15.30		**Lead Governor and COG Informal Meeting PRIVATE (attended by the Lead Governor and Governors only)**			
15.30-15.55		**Chairman's appraisal discussion, including the proposal for extension of Chairman's appointment and update on the process for the appointment of Non-Executive Director PRIVATE (attended by the Senior Independent Director and Governors only)**			
	1.0	**STATUTORY/MANDATORY BUSINESS**			
16.00	1.1	Welcome and apologies for absence Apologies received from Sir Thomas Hughes-Hallett.	Verbal		Deputy Chairman
16.02	1.2	Declarations of interest	Verbal		Deputy Chairman
16.03	1.3	Minutes of previous meeting held on 14 February and Action Log	Report Report	For Approval / For Information	Deputy Chairman Deputy Chairman
16.10	1.4	QUALITY			
	1.4.1	Finance & Investment Committee Report to Council of Governors, including • Annual Plan submission to NHSI • Draft Month 12 Financial Position	Report Report Verbal	For Information	Jeremy Jensen, NED, supported by Chief Financial Officer
16.50	1.5	Draft Quality Report 2018/19, including 1.5.1 Draft Governor Commentary on the Quality Report 2018-19	Report Report	For Information For approval	Eliza Hermann, NED, supported by Chief Nursing Officer
17.00	1.6	Nominations and Remuneration Committee update	Verbal	For Information	Deputy Chairman
17.10	1.7	COG sub-committees: 1.7.1 Membership and Engagement Sub-Committee Terms of Reference 1.7.2 Quality Sub-Committee Terms of Reference	Report Report	For Approval For Approval	Chair of Membership Sub-Committee Chair of Quality Sub-Committee
	2.0	**PAPERS FOR INFORMATION**			
17.20	2.1	Chairman's Report	Report	For Information	Deputy Chairman
17.25	2.2	Chief Executive Officer's Report	Report	For Information	Chief Executive Officer

17.35	2.3	*Performance and Quality Report, including 2.3.1 People Performance Report	Report	For Information	Chief Executive Officer
17.40	2.4	*Governors' questions	Verbal	For Information	Chief Executive Officer
	3.0	**OTHER BUSINESS**			
17.45	3.1	Questions from the public	Verbal		Deputy Chairman
17.55	3.2	Any other business	Verbal		Deputy Chairman
18.00	3.3	Date of next meeting – 25 July 2019, 16.00-18.00 Room A, West Middlesex Hospital			

*Items that have been starred will not be discussed, however, questions may be asked.

18.00 – 19.00	**NED/COG Informal Meeting PRIVATE (attended by NEDs, Lead Governor and Governors only)**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors – Attendance Record 2018/19

Governor	Category	Constituency	17.05.18	26.07.18	27.09.18	29.11.18	15.02.18	TOTAL to date	15.11.18 Away Day
Julia Anderson *Retired 30.06.18*	Appointed	Imperial College	✓	N/A	N/A	N/A	N/A	1/1	N/A
Nowell Anderson	Public	Hounslow	✓	✓	✓	✓	✓	5/5	✓
Richard Ballerand	Public	Kensington and Chelsea	X	✓	✓	X	✓	3/5	✓
Juliet Bauer	Patient		✓	X	✓	X	✓	3/5	✓
Ian Bryant *Terms ends 30.11.18*	Staff	Management	X	X	✓	X	N/A	1/4	✓
Tom Church	Patient		✓	X	✓	X	X	2/5	✓
Nigel Davies	Public	Ealing	X	X	✓	✓	✓	3/5	✓
Christopher Digby-Bell	Patient		✓	✓	✓	X	✓	4/5	✓
Simon Dyer	Patient		✓	✓	✓	✓	✓	5/5	✓
Cllr Catherine Faulks *Retired 21.05.18*	Appointed	Royal Borough of Kensington and Chelsea	✓	N/A	N/A	N/A	N/A	1/1	N/A
Jodeine Grinham	Staff	Contracted Class	✓	X	✓	X	X	2/5	X
Angela Henderson	Public	Hammersmith and Fulham	X	✓	✓	✓	✓	4/5	✓
Anna Hodson-Pressinger	Patient		✓	✓	X	✓	✓	4/5	✓
Elaine Hutton	Public	Wandsworth	X	✓	X	X	✓	2/5	✓
Kush Kanodia	Patient		✓	✓	✓	X	✓	4/5	✓
Paul Kitchener	Public	Kensington and Chelsea	✓	✓	✓	✓	✓	5/5	✓
Minna Korjonen *Appointed from 01.12.18*	Patient		N/A	N/A	N/A	✓	✓	1/1	✓
Martin Lewis *Stepped down 20.11.18*	Public	City of Westminster	X	✓	X	N/A	N/A	1/3	✓
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	✓	✓	✓	✓	✓	5/5	✓
Chisha McDonald	Staff	Allied Health Professionals, Scientific and Technical	✓	✓	X	X	✓	3/5	✓
Lynne McEvoy *Retired 28.09.18*	Staff	Nursing and Midwifery	✓	✓	X	N/A	N/A	2/3	N/A
Mark Nelson	Staff	Medical and Dental	Agreed leave of absence			✓	✓	2/2	X
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	X	✓	✓	X	X	2/5	✓
Jennifer Parr *Appointed from 01/12/18*	Staff	Management	N/A	N/A	N/A	✓	X	0/1	N/A
Guy Pascoe	Public	Hammersmith and Fulham	✓	✓	✓	✓	N/A	4/4	✓
Andreea Petre-Goncalves *Term ended 30.11.18*	Patient		✓	X	X	X	N/A	1/4	X
David Phillips	Patient		✓	✓	✓	✓	✓	5/5	✓
Tom Pollak	Public	Wandsworth	X	✓	✓	X	✓	3/5	✓
Cllr Patricia Quigley *Appointed 25.07.18*	Appointed	London Borough of Hammersmith and Fulham	N/A	X	✓	X	✓	2/4	X
Sonia Samuels	Public	City of Westminster	✓	✓	X	X	X	2/5	X
Jacquei Scott *Appointed from 01.12.18*	Staff	Nursing and Midwifery	N/A	N/A	N/A	✓	X	0/1	✓
Matthew Shotliff	Staff	Support, Administrative and Clerical	✓	✓	✓	X	N/A	3/4	X
Dr Desmond Walsh *Appointed 05.10.18*	Appointed	Imperial College	N/A	N/A	N/A	✓	✓	2/2	✓
Laura Wareing	Public	Hounslow	✓	X	✓	✓	✓	4/5	✓

DRAFT
MINUTES OF THE MEETING OF COUNCIL OF GOVERNORS
14 February 2019, 16.00 – 18.00
Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Nowell Anderson	Public Governor	(NA)
	Richard Ballerand	Public Governor	(RB)
	Juliet Bauer	Patient Governor	(JB)
	Nigel Davies	Public Governor	(ND)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Angela Henderson	Public Governor	(AH)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Public Governor	(EH)
	Kush Kanodia	Patient Governor	(KK)
	Minna Korjonen	Patient Governor	(MK)
	Paul Kitchener	Public Governor	(PK)
	Johanna Mayerhofer	Public Governor	(JMa)
	Chisha McDonald	Staff Governor	(CMD)
	Professor Mark Nelson	Staff Governor	(MN)
	David Phillips	Patient Governor	(DP)
	Tom Pollak	Public Governor	(TP)
	Cllr Patricia Quigley	Appointed Governor	(PQ)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Laura Wareing	Public Governor	(LWa)
In attendance:	Lesley Watts	Chief Executive	(LW)
	Nilkunj Dodhia	Non-executive Board member	(ND)
	Sandra Easton	Chief Financial Officer	(SE)
	Iain Eaves	Director of Improvement	(IE)
	Nick Gash	Non-executive Board member	(NG)
	Steve Gill	Non-executive Board member	(SG)
	Sheila M Murphy	Interim Company Secretary	(SMM)
	Vida Djelic	Board Governance Manager	(VD)
Apologies:	Tom Church	Patient Governor	(TC)
	Jodeine Grinham	Staff Governor	(JG)
	Fiona O'Farrell	Public Governor	(FOF)
	Jennifer Parr	Staff Governor	(JP)
	Sonia Samuels	Public Governor	(SS)
	Jacquei Scott	Staff Governor	(JS)
	Eliza Hermann	Non-executive Board member	(EH)
	Jeremy Jensen	Non-executive Board member	(JJ)
	Dr Andrew Jones	Non-executive Board member	(AJ)
	Liz Shanahan	Non-executive Board member	(LS)

	Private session – Governors/Chairman/Company Secretary only
1.0	**Reappointment of non-executive member of the Board** It was agreed that Liz Shanahan's term of office should be extended to 30 November 2019.

	Public Session
1.0	**STATUTORY/MANDATORY BUSINESS**
1.1	**Welcome and apologies for absence** THH welcomed members and attendees to the meeting and apologies for absence were noted (as per attendance list). THH noted that LW had sent apologies but would be attending at 1700. Julie Myers, Company Secretary was not in attendance as she was soon to leave the Trust however Sheila Murphy, Interim Company Secretary was present. Those in attendance agreed that all matters requiring decision should be attended to by e-governance after the meeting but that those present could continue with informal discussion. THH referred to the Governors' Attendance Schedule which was attached for information and asked that SMM be informed of any amendments required. THH expressed his disappointment in the poor response to an invitation to the now scheduled private lunches with THH with only nine of the 27 Governors responding. The invitation would be reissued and it was noted that there may have been some confusion as to the wording of the email requiring confirmation of attendance or preference/confirmation of dates. **Action: Chairman lunches invitation to be reissued.**
1.2	**Declarations of interest** KK informed the Governors that he is now a member of the Public Advisory Board of Health Data Research UK. Juliet Bauer informed the Governors that she was moving from NHSE to a health tech company. THH informed the Governors that he is no longer an advisor to the CEO of Optimum.
1.3	**Minutes of the previous meeting held on 29 November 2018 and Action Log** To be amended to record that ND was not present. THH commented that the meeting of 29 November was not quorate and reminded the Governors of the importance of attending. It was considered that the transparency of attendance provided by the document included for the meeting of 14 February was very helpful and that perhaps the change to a later start time had resulted in better attendance. **Action Log** All actions to be closed with the exception of: **2.5** (28.11.18) SMM to provide an update on how Governors can be involved in hospital activities. Alzheimer's: THH confirmed that he would take forward arrangements to invite Governors for a brief training session after a future Council of Governors' meeting. THH informed the Governors that he had met with some of the Governors to discuss how to engage with members commenting that engaging with the public is part of a Governor's responsibilities and will be a focus for the NHS forward plan. He raised concern that it was very difficult to achieve quoracy of the Membership Committee and that very few Governors took part in Meet the Governor sessions. SD commented on the good attendance at Annual Members' Meeting (AMM) and whether there could be something similar on a smaller scale during the year. Discussion took place concerning the approach Governors should take to interact with the public and that some may not be as comfortable in doing so as others. THH commented that it is possible to be well informed as a member by a newsletter and it was discussed that working together with Comms should be further considered. **Action: THH, SG and DP would discuss member engagement** **Action: THH and Company secretary would provide support to SD engaging with other relevant teams such as Comms, CW+ and PALs** **Action: Minutes of 29 November 2018 to be amended to reflect that ND was not present** 1.3 (27.07.18) Staff Governors: would be re-invited to induction with THH. **Actions from CoG Away Day** All Actions closed with the exception of :

	iLog: SD would discuss further with the Governors and JB would assist in design which it was noted should have more detail.
1.4	**QUALITY**
1.4.1	**People & OD Committee (PODC)Report to Council of Governors** SG presented the paper directing the Governors to the highlights of the report. It was noted that with regard to the staff survey there had been an increase in participation from the low 30% to currently 41% based on an early data available. It was anticipated that further analysis will be available for the March PODC. It was noted that survey participants are those registered on ESR but not subcontractors or agency staff. ISS was given as an example of contracted staff undertaking their own staff engagement survey; it was agreed that consideration should be given to obtaining a summary of such contractors' surveys. The Governors were updated on recruitment of Thomas Simons, Director of HR due to commence in post on 4 March 2019. It was noted that since June/July 2018 compliance with statutory/mandatory training had improved and was above target; sickness and absence was below target and the vacancy /retention rate down to just over 11% in December with preliminary data for January 2019 at 9.95% against a target of 10%. The London benchmark was around 11 – 12%. With regard to nursing, the target was 10% and had been under 9% for the last couple of months due to the focus on recruitment and retention. Agency expenditure had reduced from 7% to 3.5% with a spike in July driven by Cerner implementation. It was noted that the future focus would be on turnover and vacancy rates as it will be hard to maintain the current status. There will be a focus on the Emergency Department with Roger Kline engaged to look at the Trust's data from 2016 – 2018 and review the staff survey data; this would include data on gender. Whilst it was noted the Trust was not very different in this respect to others, the Trust wanted to improve; RK would take the Trust through four phases, the first of which was complete. The significant amount of work undertaken by and achievement of SE's teams was noted particularly with retention of staff being an issue in the NHS. In response to a member of the public SD commented that the time taken to hire staff had been reduced by half which had reduced the need for agency cover. SE explained how the use of bank staff had increased therefore shifts were filled in a more effective way. SD commented on the Health and Wellbeing focus informing the Council that the Executives had re-launched some of the initiatives with a review and consideration of the way forward planned for the March PODC led by Thomas Simons. THH confirmed his concern about burn out of all grades of staff and will report to the Council at the July meeting. Specific examples were raised such as availability of food out of hours for staff and availability of staff accommodation to all staff. In response to DP SE explained that her remit on taking on responsibility for HR was to look at the basics, fix processes and that the department was now moving to address more strategic matters such as Health and Wellbeing and Equality and Diversity. In response to DP it was **noted** that initiatives in place would make a difference to the figures for racial discrimination which appeared high against other Trusts and that RK would also help to make that change. NG commented that the staff balance was good as a representation of the community. SG responded to CM's comment that this appeared to be less so higher up in the organisation, that the Trust recognises this and RK's work will provide appropriate analysis in addition to the on-going talent management programme. Bullying was worse amongst BME staff but there are some positives such as promotion. Bullying and harassment was historically high. NG went on to comment that as he is involved in Freedom to Speak Up he wanted to understand why the issue is raised in the survey and not via the Freedom to Speak Up process. THH commented that the figures included bullying by patients. **Action: Look at potential correlation between workforce and race discrimination.** **Action: Report back to CoG July 2019 on RK's progress.**
1.5	**Draft 2019/20 Annual Plan** SE introduced the presentation noting that it was still in the planning phase with the first draft submitted to NHSI and

the final due to go to Board in April. It was noted that the focus was strategic priorities for the next few years not just the current year. SE commented that with regard to activity it was necessary to set out what was expected to happen regarding patient flow over the next 12 months, and referred to the Table 1 explaining how the figures are calculated. In response to THH SE commented that whilst previously the Executives may not have believed the QIPP levels were achievable there is now a good chance for them to be achieved however non-elective remained a concern due to its dependence on A&E with levels of growth over past years being very high.

In response to MN's query as to whether research and development was to be separated from innovation LW confirmed the Trust has a Director of Research and a Director of Improvement both of which include innovation with strategy under the CMO and funding part of the Charity. THH introduced IE and commented that improvement was about doing things better and innovation about identifying new things however the two initiatives go together.

It was noted that with regard to operational performance the Trust was on plan to achieve all of its constitutional standards at a minimum including cancer.

It was reported that there are five quality priorities and explanation given of the initiative for continuity of care in maternity. It was noted that whilst a lot of work had already been undertaken on sepsis that there was more the Trust wanted achieve.

MN raised concern about medication errors and the need to invest in more placements in pharmacy, to encourage reporting and learn from the incidents.

With regard to the vacancy rate, SE commented that to have too low a vacancy rate would restrict flexibility of demand of services. The areas of focus would be junior doctors training as issues were starting to impact on workforce and retention of other staff groups. There was a known risk with Brexit and staffing with 10 – 12% of the workforce holding European passports. However, there was regular communication with staff emphasing their importance to the Trust, support in making visa applications and legal advice available. The impact on oversees recruitment from Spain, Italy and Ireland has been seen therefore the Trust's focus has changed to recruitment from India and the Philippines.

In response to THH SE confirmed that the Trust has a Brexit committee which meets twice a month looking at four work streams: staffing, medications, procurement and business continuity. The Trust recently undertook a table top exercise with 100 members of staff from across the Trust which showed where business continuity works and where improvements are required. A national group is going through the same process. NG confirmed that the Audit Committee was assured that the Executives are doing as much as possible to meet the challenges of Brexit.

SE commented that the high level plan for the current financial year against that for next year showed a control total surplus of 26.8 million and a deficit for 2019/20 of 11.2 million. SE explained what lay behind the surplus and masked the deficit, specifically non recurrent income. SE also informed the Governors that whilst it is considered a significant amount of money is coming into the NHS, market forces were having a negative effect. Whilst negotiation would be on-going with NHSI, the Trust's Board was aware that the Trust would not achieve its control total. In response to AHP's question as to whether income could be generated from private assets such as land it was noted that such action would only be a short term resolution rather than long term plan. At present the Trust's cash position can support a one year deficit.

SE also informed the Governors of the anticipated capital programme spend with a particular focus on estates and NICU, to complete Cerner and maintenance of medical equipment. In response to AHP SE set out the three phases of Cerner implementation with the final phase anticipated to be in October 2020.

THH commented that he and the Chair of the Finance and Investment Committee (FIC) had consistently said they would not approve a budget that they did not believe could be delivered therefore would not agree a control total that was not realistic. In response to THH's query about STP financial pressures SE commented that they are working together and would also look at how to best bring in sufficient finances to NWL.

The Governors agreed that it would be helpful to have a workshop on finance at the close of the year and to go through the agreed operational plan.

	Action: Workshop for Governors to be scheduled at year end on finance and to go through operational plan
1.6	**Nominations and Remuneration Committee** THH responded to SD that in consideration of the anticipated changes in London over the next year, as there is now a new Director of NHS London and that there is now one Chair appointed for Guy's and St Thomas' and Kings College Hospital, it might not be advisable to continue with the Chairman and non-executive director recruitment process. The Council agreed that it would suspend recruitment of a new Chairman and non-executive directors but ensure the process was in place to avoid any future delay. Discussion took place around the appointment of a joint Chairman with LW commenting that many organisations resist change which itself creates difficulty in driving change, working together and achieving consistency. It was noted that NWL has eight CCGs but this will be reduced to five. **Action: The Council agreed to suspend the recruitment process.**
2.0	**PAPERS FOR INFORMATION**
2.1	***Chairman's Report** In addition to his report, THH advised that he had recently attended a meeting of NHS Chairmen at NHSI where it was clear that no more money would be made available. THH informed the Governors that three of the five largest London Trusts were left with no capital leaving them with very significant issues. Chelsea and Westminster stood out as one of the few that are financially solvent in terms of meeting targets but would not be able to continue to provide the current model of London high quality, sustainable, safe care. The Chairmen were of the view that as a result it would be necessary to consider reconfiguration of services. The Governors' and LW's obligation to deliver sustainability as a Trust was put to Baroness Harding and whilst if LW advised that the Trust needed to help another trust and would do so, the Governors should have a greater understanding of their responsibility. THH commented there was also discussion around the fear of regulation and control totals amongst staff. The Chairmen asked NHSI to be more patient with CEOs and CFOs, to give them a chance to achieve, perhaps with other Chairmen offering to mentor others as Chelsea and Westminster Hospital already does for counterparts in other trusts within NWL. In response to MK's suggestion of non-executive support discussion took place around associate non-executive directors and the knowledge and skills required for such roles. **Action: Review the skills analysis; update the Nominations and Remuneration Committee** **Action: Consider appointment of Associate Non-Executive Directors** The report was noted.
2.1	***Chief Executive Officer's Report** LW introduced her report which was taken as read. THH acknowledged and offered thanks to the LW and her team for the work undertaken and offered thanks to the Governors for their efforts for the Trust at Christmas. The report was noted.
2.2	***Performance and Quality Report, including** **2.2.1 Workforce Performance Report** The report was noted.
2.3	***Governors' Questions** The report was noted.
2.4	**Membership Sub-Committee Report November 2018** LW informed the Governors that open days would alternate between sites this and next year to accommodate the anniversary celebrations at C&W this year and WM next year and confirmed to JB that dates for open days and relevant Christmas dates would be circulated by 15 March. The report was noted.

	Action: Circulate dates by 15 March
2.5	**Quality Sub-Committee Report November 2018** It was noted that the Sub-committee has a new Chairman – Laura Wareing. JH informed the Governors that she is now trained in ward accreditation. Thanks were given to Shan Jones noting her valuable contribution to the Trust and that her replacement would be Lizzie Walman. The report was noted.
3.0	**OTHER BUSINESS**
3.1	**Questions from the public** Counsellor for Holland Park ward confirmed that his question on Brexit and business continuity had been answered by the earlier discussion.
3.2	**Any other business** LW responded to AH that the light weight of the Trust's blankets was not an economy but probably a method of infection control however LW would feedback on this point. **Action: Feedback to Council of Governors on reason for blankets being light weight.**
3.3	**Date of next meeting** – 25 April 2019, 16.00-18.00, Boardroom, Chelsea and Westminster Hospital.

The meeting closed at 18:30pm

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Govenrors – 14 February 2019 Action Log

Meeting Date	Minute number	Action	Current status	Lead
14 Feb 2019	1.1	Chairman/Governor lunches Action: Chairman lunches invitation to be reissued.	Complete.	VD
		Governor/Member engagement Action: THH, SG and DP would discuss member engagement.	An initial meeting has been held to consider how to progress governor/ member engagement prior to making proposals to THH/DP for discussion.	THH/SD/DP
		Action: THH and Company secretary would provide support to SD engaging with other relevant teams such as Comms, CW+ and PALs.	As above.	THH/SMM
		Action: Minutes of 29 November 2018 to be amended to reflect that ND was not present.	Complete.	SMM
	1.4.1	People & OD Committee (PODC) Report to Council of Governors Action: Look at potential correlation between workforce and race discrimination.	Requested from newly appointed Director of HR & OD.	TS
		Action: Report back to CoG July 2019 on RK's progress.	This is on the forward plan for July COG.	SG
	1.5	Draft 2019/20 Annual Plan Action: Workshop for Governors to be scheduled at year end to go through operational plan.	Provisional date 17 May.	SMM/VD
	1.6	Action: The Council agreed to suspend the recruitment process.	Complete.	SMM
	2.1	Chairman's Report Action: Review the skills analysis; update the Nominations and Remuneration Committee.	Undertaken as part of the headhunter remit.	SMM/VD
		Action: Consider appointment of Associate Non-Executive Directors	This will be considered in due course.	SMM

Meeting Date	Minute number	Action	Current status	Lead
	2.4	Membership Sub-Committee Report November 2018 – Open Days/Christmas dates Action: Circulate dates by 15 March.	Complete.	Comms
	3.2	Action: Feedback to Council of Governors on reason for blankets being light weight.	Blankets are standard hospital blankets that meet infection control criteria. There is unlimited supply of blankets and patients can have as many as needed.	LW
29 Nov 2019	2.5	Quality Sub-Committee Report November 2018 Action: JM/VD to circulate material on the various ways Governors can take part in hospital activities.	Work on this will be undertaken in May with a paper presented to the July 2019 Council of Governors meeting.	SMM/VD
		Action: JM/VD to gauge interest in Alzheimer Society training and organise accordingly.	So far no interests expressed from Governors. Action to be closed on 30 April.	SMM/VD
27 Sep 2018	1.3	Minutes of previous meeting held on 26 July 2018 and action log Action: JM to liaise with THH PA to reissue dates for informal lunches with the Chairman.	Complete.	SMM
	1.5.1	Improving Trust Board and Council of Governors' engagement Action: Director of Communications, to bring proposals for membership engagement to the Spring Council meeting.	This is on the forward plan for the July 2019 Council of Governors meeting.	Comms
27 Jul 2018	1.3	Blue Badge holders charges Action: Car parking charges for Blue Badge holders to be added to the appropriate 2019 Council agenda.	This is on the forward plan for the July 2019 Council of Governors meeting.	SMM
		Action: THH/SG to meet staff governors.	Action closed due to lack of interest from staff governors.	SMM
	2.3	Performance and Quality Report Action: Review of non-executive assurance of performance to be considered by Council twice annually.	This is on the forward plan for 27 June and 5 December COG briefing sessions.	SMM

Actions agreed at Council of Governors away day – 15 November 2018

Action	Status	Owner
Director's updates: Schedule a briefing for Council of Governors on the services provided by the Trust in the community.	This is on forward plan for 27 June briefing session.	JM/VD
Directors' updates: Circulate the WRES report discussed at November Public Board to Council of Governors.	Complete.	JM
Test bed case study: Update to be reported to Council of Governors during life cycle of the programme.	This is on forward plan for 31 October Council of Governors.	JM
Test bed case study: Council of Governors' volunteer for working group to be sought.	Complete. Angela Henderson is a governor representative.	RH
Governwell training session: Thought to be given to ensuring 'holding to account' is part of the Annual Members Meeting.	This is on forward plan for 2019 Annual Members Meeting.	JM
Governwell training session: Governors to advise JM/VD if they require assistance in framing questions that seek assurance.	As required.	Governors
Governwell training session: Greater transparency on Governor attendance to be developed, including option for mandatory disclosure when seeking re-election.	a) Rolling log of attendance at Council meetings will be appended to every Council agenda.	JM
	MES has no opinion on it. Our constitution is silent on it. As a part of the election process we can encourage governors to declare their attendance. If the Governors are of the opinion that it should be mandatory, discussion would need to take place with a view to amending the constitution.	SM
Effectiveness session: Development of an issue log.	A proposed iLog model has been appended to this paper.	JM/VD
Effectiveness session: Council of Governors meetings to be held from 4pm – 6pm irrespective of site and with informal	Timing has been adopted for all meetings from 1 January 2019	VD

Governor meeting to be held immediately prior.	onwards. Review impact on attendance scheduled on forward plan for January 2020.	
Effectiveness session: Governors unable to attend informal Governor meeting to provide comments in advance to Lead Governor.	As required.	Governors
Effectiveness session: Dial in details to be provided for informal Governor meetings.	Complete. These will be available at every informal meeting.	VD
Effectiveness session: Lead Governor and Chairman to discuss manner of reporting discussion of informal Governor meeting.	This will be reviewed with newly appointed Company Secretary Sheila Murphy.	THH/SD
Effectiveness session: Executive to consider alternative venues for Council of Governor meetings (ie alternative either Chelsea and Westminster Hospital or West Middlesex Hospital).	Ongoing.	VD
Effectiveness session: New Governors to be offered optional 'buddy'.	Complete. Invitation offered to new Governors.	JM
Effectiveness review: Governors to 'buddy up' to deliver 'Meet a Governor' sessions.	As required.	Governors
Effectiveness review: Governors to reflect on Chairman attendance at biannual informal meeting with Trust non-executive directors.	The decision has been taken that the Chairman attends biannual informal meetings.	SD

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	1.4/April/19
REPORT NAME	Governor iLog
AUTHOR	Sheila Murphy, Interim Company Secretary
LEAD	Chairman
PURPOSE	To advise the Council of Governors on the iLog matters.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	To note the information and comment as necessary.

Governor iLog

Introduction

The Council of Governors at its November 2018 Effectiveness session had suggested an issue log should be developed. The Trust approached NHS Providers and were directed to a foundation trust which uses the iLog methodology to record and action ideas, innovations and issues that get raised to or by the governors. The aim of the iLog is to enable ideas, innovations and issues to be raised and addressed as far as possible. The Council of Governors at its February 2019 meeting supported the idea of adopting the iLog.

Tabled below are ideas, innovations and issues raised with or by Governors since February and are presented in a 'You Said We Did' approach.

iLog number	Date	'You said'	'We did'
1/Feb/19	18.02.19	I wondered if you had considered approaching Moorfields to run and expand the ophthalmic service on the first floor at C&W site. I was an out-patient at Moorfields St George's but was moved to the main Moorfields hospital at City Road a year ago when renovation work took place. Moorfields City Road was vastly oversubscribed and a four hour wait not unusual. That prompted me to move to C&W where the treatment and support are excellent. That said, it feels like a slightly underutilised facility. It occurred to me that the Moorfields 'brand' might be a benefit to the hospital both in terms of revenue and by attracting new patients into the hospital.	We are currently in discussions with Imperial College Healthcare Trust, who run the Western Eye Hospital, in order to see how services can best be provided across the STP. Ophthalmology is one service where ICHT is much larger and better equipped to provide across a wider patch. Conversely, for Dermatology, CWFT is larger and better equipped so the discussions with ICHT are about a range of services that can be provided better for our patients and staff alike.
2/Feb/19	15.02.19	Who is responsible for the catering quality at the C&W site, please? I've eaten there a few times recently and been disappointed by the poor cooking, although the front-line staff are very pleasant. There is also an emphasis on chips rather than more healthy alternatives.	As part of monitoring of catering service for staff and visitors in the restaurant, inspections and audits are carried out to assess compliance against contract specifications which include quality of food served and compliance with CQUIN

		I did noticed on two recent occasions that the single pudding offer had finished by 1.30 and no replacement was automatically forthcoming. Is there a possibility of an anonymous or unannounced check on the quality?	which incorporates provision of healthy options. Following the issue raised, a meeting was held with retail management to ensure menu items are available throughout hours of service and regularly replenished.

Finance and Investment Committee (FIC) - Chairman's Report to Council of Governors, 25 Apr 2019

The purpose of this report is to provide governors with information about the activities and effectiveness of the Finance and Investment Committee (FIC). This report covers the committee's meetings during the period from Apr 2018 to Mar 2019.

About the Committee Chairman

Jeremy was appointed an NED of the Trust in July 2014 and was asked to chair the Finance and Investment Committee (FIC). He was made Vice Chairman and Senior Non-Executive Director when Sir John Baker stepped down on 31 October 2015. Jeremy is due to step down in June 2020 having completed two 3-year terms as an NED.

Committee Background and Terms of Reference

The aim of the FIC is to bring the finances of the hospital under scrutiny on behalf of the main board.

There are three objectives:

1) Oversight of Financial Planning and Performance
    a. Review budgets, annual and medium term targets
    b. Maintain an oversight as to the robustness of the Trusts income streams and contractual safeguards
2) Investment Policy
    a. Approve and keep under review the Trusts investment and treasury policy and ensure compliance by reviewing the Trusts' balance sheet and cash flows.
3) Other
    a. Review proposals for major business cases prior to submission to the board (>£1m in budget >£200k out of budget)
    b. Commercial and Private Patient growth strategy and business cases
    c. All Capital Expenditure and business cases >£1m
    d. Monitor and keep major projects under review.
    e. To consider the performance and effectiveness of Joint Ventures and Joint Operations (change to FIC Terms of Reference this year)

Committee Membership and Attendance (Apr 2018 – Mar 2019)

The current Committees members are Nilkunj Dhodia (NED), Stephen Gill (NED), Lesley Watts (CEO), Rob Hodgkiss (COO) and Sandra Easton (CFO).

Karl Munslow Ong (Deputy CEO) and Liz Shanahan (NED) were also members during the period but moved on in Q4 2018 as Karl left the Trust and Liz moved to the Quality Committee.

The Committee met 9 times during the above period. Proceedings are lively and robust with participation from all members. The committee moves through its large agenda at pace, the attendance record is over 90%.

Significant Items Covered Since Mar 2018

At every meeting, the committee reviews:

- Monthly financial results
- Improvement Programme (including Cost Improvement Programmes- CIP) status
- Business cases as they arise
- Deep dive into aspects of service and/ or divisional performance
- Capital expenditure forecast and plan (In detail at least twice yearly)
- Annual budget and plan preparation
- Long Term Financial Plan (Quarterly)
- Forward diary of the committee's agenda

In the past Year the committee has reviewed the following major items:

- Deep Dives
    - Non- Elective review
    - Procurement
    - Temporary staff
    - Estates
    - Private Patients
    - Clinical Negligence Scheme for Trusts (CNST) review
- Business Cases
    - Catheter Laboratory Post Investment Review
    - Modular Maternity Building – lease vs purchase decision
    - Network and Desktop upgrade
    - ICU/NICU project progress update
    - Ambulatory Care (West Mid and Chelsea sites)
    - Theatre Day Case redevelopment
- Other
    - Electronic Patient Record (EPR) – Gateway Reviews & project monitoring
    - Borrowing capacity and benchmarking
    - Cash forecasting
    - Corporate cost benchmarking
    - Use of resources assessment
    - Reference costs assurance
    - Review of outsourced IT JV (SPHERE)
    - Carter programme status (Benchmarked productivity comparisons)

- Review of financial risk register including Risk Assurance Framework and Business Assurance Framework.
- Business reviews of three main divisions (Women's, Planned, Emergency)
- Update on automated finance processes

Conclusions - What's Working Well, What Needs Improvement

A Committee evaluation process was conducted in June 2018 by the committee members and the overall evaluation was positive. The committee has reduced its meetings to 8 in person and 1 by teleconference per-annum.

The impact of FIC is felt beyond the committee as teams are often asked to attend and present on their given area. FIC members often visit the parts of the hospital affected before the business case is presented. This interaction with the hospital and its staff is working well. The Chair and other members also periodically attend deep dive meetings which are held to review elements of the improvement plan (to avoid duplication at the committee and to increase members understanding of a particular area).

2018/19 sees the extension of the Electronic Patient Record implementation to the Chelsea site (a major project impacting over 1500 staff at the Trust) following success implementation at West Middlesex site which went live in May 2018. FIC oversees the Gateway Reviews conducted by Ernst and Young before they are presented to the board and helps to monitor implementation progress and project costs. One main risk is the changes to processes such as collecting RTT data which staff will need to assimilate and follow.

One of the challenges again facing the committee is how to support the management team in achieving the 2019/20 CIP programme. Whilst the Trust has achieved significant progress in achieving its clinical CIPS in 2018/19, the scale of the CIP challenge for 2019/20 (£25m) is large (6% of addressable costs) and will need another year of substantial management focus to succeed.

Another big financial challenge faced by the Trust (and by most Trusts) continues to be the increasing growth in Non-Elective Services (caused by ageing population, overstretched primary care and reductions in the provision of social care) which costs the Trust £18m more every year than it receives in income. The last year has seen progress in the development of Ambulatory care services at both main acute sites to assist in demand management and winter pressures. This risk remains the single most important to the Trust.

The cost improvement programme (CIPS) also helps to plug the gap created by the increasing growth of Non- Elective work and the annual national efficiency requirement which is passed to Hospitals through a real terms reduction in tariff.

Overall the Trust continues to have an underlying deficit, which given that its cost reference index is one of the lowest in the country, implies that services continue to be priced at unsustainable levels for the given level of services provided. Also in 2018 the Trust's Use of Resources was rated as Outstanding by its financial regulator, NHSI.

Notwithstanding this, there are of course areas where the trust has more to do to reach upper quartile national benchmarks in productivity.

Whilst the CIPs are challenging and the non-elective burden continues, the Trust does have a medium-term plan to ensure that its books are balanced over the coming few years (LTFM – Long Term Financial Model).

Jeremy Jensen
25 Apr 2019

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	1.4.1/Apr/19
REPORT NAME	2019/20 Operational Plan
AUTHOR	Virginia Massaro, Deputy Director of Finance
LEAD	Sandra Easton, Chief Financial Officer
PURPOSE	To note the final operational and financial plan for 2019/20.
SUMMARY OF REPORT	• The final operational plan was submitted on 4th April. • This operational plan outlines the Trust's strategic, activity, workforce, quality and financial plans for 2019/20 and alignment to North West London STP. • The Trust's financial plan is an overall surplus of £21.5m and £16.8m on a control total basis (including PSF and MRET) and therefore the Trust has accepted the control total of the same value. • The capital plan for 2019/20 is £37.1m and 2019/20 closing cash plan is £88.4m.
KEY RISKS ASSOCIATED	• Delivery of significant CIP target of 6% of addressable expenditure • Commissioner affordability • Impact of the EPR roll out on income reporting at the CW site • Continuing increase in demand for loss-making emergency care
FINANCIAL IMPLICATIONS	See above
QUALITY IMPLICATIONS	None noted
EQUALITY & DIVERSITY IMPLICATIONS	None noted
LINK TO OBJECTIVES	• Excel in providing high quality clinical services • Deliver financial sustainability
DECISION/ ACTION	The Council of Governors is asked to: • Note the final financial plan for 2019/20 of £21.5m overall surplus and £16.8m surplus on a control total basis and acceptance of the control total • Note the Operating plan narrative that was submitted to NHS Improvement on 4th April 2019

Chelsea & Westminster Hospital NHS Foundation Trust

Final Operational Plan 2019/20

1. Introduction

This operational plan outlines the Trust's Strategic, Activity, Workforce, Quality and Financial plans for 2019/20 and alignment to North West London STP.

As outlined in the finance section (section 7.2), the Trust has accepted the control total (excluding PSF & MRET funding) of breakeven in 2019/20 or £16.8m surplus (including PSF and MRET). The Trust's financial plan is a £16.8m surplus on a control total basis.

2. Strategic Priorities

The vision for Chelsea Westminster over the next 5 years is to *Extend Clinical Excellence for Our Patients*. We wish to strengthen our position as a major health provider in north-west London (and beyond), our position as a major university teaching hospital, driving internationally recognised research and development; and to establish ourselves as one of the NHS's primary centres for innovation. Alongside this, in the light of the NHS Long Term Plan and the North West London STP, the Trust is also planning on playing a leading role in supporting the development of Integrated Care Systems and improving population health (see section 8).

To achieve the vision of *Extending Clinical Excellence for our Patients* our priorities are proposed as:

1) Extending excellence across **Acute Hospital Services**: We have successfully demonstrated that we have an ability to deliver high quality, low cost, hospital care. The Strategy should look to grow and expand this model.
2) Establish excellent services for **Population Health**: We believe that the NHS Long Term Plan and existing STP (Health and Care Partnership) strategies will incentivise population health management as the setting where we can deliver the best care at lowest cost. The Strategy should look to explore this and the role we should play in the wider health system.
3) Achieving excellence in Clinical, Operational and Financial performance driven by a process of ***Research, Discovery and Innovation:*** We believe that the sentinel features of our organisation are our culture and the values that underpin it; and the capabilities and development of our people. The Strategy should build on this and – in partnership with CW+ - seek to establish the Trust as one of the primary centres for innovation in the NHS.

Strategy	Strategic Themes	Supporting Programmes	Enabling Strategies
Acute Hospital Care	Women's & Children's Services	NWL Healthier Hearts & Lungs (proposals to re-provide RBH cardio-respiratory academic and clinical services)	HR/Workforce & OD Communications & Engagement Innovation Research

	Critical Care (ITU/NICU)	Supporting the critically ill and deteriorating patient	Quality Digital Estate Volunteering Commercial Finance & LTFM
	Redesigning Urgent & Emergency Care	Ambulatory Care Innovate UK Testbed	
	Digital	EPR Global Digital Exemplar	
	Reconfiguration of acute hospital services in NWL	STP/Health & Care strategic initiatives inc Joint Transformation Programme	
Population Health	Population Health	Hounslow Integrated Care Establishing WMUH Health Campus (inc integrated care hub) STP/Health & Care strategic initiatives	
Research Discovery Innovation	Improvement Innovation R&D	Future Care at Lower Cost (Use of Resource/SLR) Improvement Programme CW+ Innovation Programme Commercialising/Franchising (e.g. Sexual Health e-testing, Sensyne, CW Consulting) Building Research Capability	

To support delivery and consistency across all services provided by the Trust we plan to:

- Retain the Trust Strategic Objectives, which are recognised across the organisation and appear in Divisional, Directorate and Ward/ Department plans and in individual objectives:
    - Deliver high quality patient centred care
    - Be the Employer of Choice
    - Deliver Better Care at Lower Cost

Retain our focus and *Grip* on current performance levels across quality, access and finances as well as our forward strategy and *Growth*. The achievement of current goals and the continued provision of excellent services to patients are key to maintaining our credibility and reputation.

3. Activity Planning

3.1. Approach to activity planning

The Trust is developing a realistic and aligned activity plan with North West London (NWL) commissioners and the NWL STP that underpins the 2019/20 contract figures and activity planning. The building blocks of the 2019/20 activity plan are:

- 2018/19 outturn based at month 1-6 freeze data, multiplied by two and then adjusted for seasonality and known non-recurrent items and the full year effect of in-year changes. This includes some corrections to month 1-6 data at the West Middlesex site, to correct data quality issues following the Cerner implementation in May 2018.
- 2019/20 growth rates have been agreed with local CCGs within the STP. For NWL STP there has been a sector-wide agreement to net off growth and QIPP levels, with a shared aim to manage demand collectively and share the risk of demand growth between providers and commissioners. This will require a significant step change in demand management and represents a significant risk to the Trust due to the high levels of growth, particularly in non-elective activity, seen in the last few years.
- Commissioner QIPP schemes have been included based on identified schemes from local CCGs and NHS England and have been agreed with local CCGs within the STP.
- Activity plans have also been adjusted for changes in Sexual Health activity, to align with the 2nd year of the 5 year contract with the London Collaborative Local Authority commissioners, which has a reducing baseline over the 5 year contract period, as activity is expected to transfer to the e-service model.

The Trust and commissioners have agreed the approach to the contract construction overall and within this how material unplanned in-year variations will be managed.

4. Operational Performance

In line with the standards outlined in the Long Term plan, we will aim to maintain our performance against the 95% 4 hour A&E standard. Our strong performance in 2018/19 was, in part, supported by the introduction of Ambulatory Emergency Care (AEC) Units on both of our hospital sites. 2019/20 will see the further development of additional pathways to either reduce admissions or facilitate earlier discharge. The AEC is a key component of our plans to respond to the continued increase in non-elective attendances/admission.

The Trust will strive to continue to deliver the referral-to-treatment standard of 92% of patients at any given time waiting less than 18 weeks. Whilst we are currently meeting this standard as an organisation, we have recovery trajectories in place for key services that are not yet achieving 92% at a specialty level. Over the past 12 months no patient has waited longer than 52 weeks from referral to treatment, and the Trust aims to maintain this record. This is particularly impressive achievement given the replacement PAS at our West Middlesex site and a key challenge for 2019/20 will be the introduction of the replacement PAS in October 2019 across the Chelsea site.

The Trust will aim to continue to deliver on the cancer waiting time standards, all of which are currently being met.

5. Quality Planning

5.1. *Quality Priorities*

Our Trust Quality Priorities for 2019/20 are aligned to the Trust's Quality Strategy and the three quality domains (patient safety, clinical effectiveness and patient experience). As in previous years, they have been informed by:

- Engagement and feedback from our Council of Governors Quality Subcommittee that includes external stakeholders (e.g. commissioners and Healthwatch)
- Engagement and feedback from our Board's Quality Committee
- Divisional review of incident reporting and feedback from complaints

Our ambition for 2019/20 is for teams to continue to develop transferrable and sustainable knowledge and skills in order to carry on the journeys of improvement within the organisation and across wider healthcare. Within that context, we have set the following priorities for 2019/20:

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

Details of each of these priorities, including the actions planned and how we will monitor our progress throughout the year, are presented below. A quarterly report will be provided to the relevant subgroup of the Trust's Quality Committee i.e. Clinical Effectiveness Group, Patient Safety Group or Patient Experience Group and, subsequently, to the Quality Committee itself.

1. Improving sepsis care

Sepsis is recognised as a common cause of serious illness and death. It also has long term impacts on patients' morbidity and quality of life. Timely identification and appropriate antimicrobial therapy has been shown to be effective in reducing transition to septic shock and therefore reducing mortality.

In 2019/20 we will:

- Improve screening of sepsis in our emergency departments and inpatient settings so that at least 90% patients who meet the relevant criteria are screened. Audits conducted between April and November 2018 showed that this was only happening in 84% of cases.
- Improve the timely commencement of appropriate antimicrobial therapy for patients found to have sepsis so that at least 90% of receive IV antibiotics within 1 hour. Audits conducted between April and November 2018 showed that this was only happening in 80% of cases.

2. Reducing hospital acquired E.Coli bloodstream infection

As well as improving safety, reducing avoidable E.coli blood stream infection (BSI) is expected to result in fewer readmissions, shorter length of stays, improved patient experience and reduced antimicrobial prescribing. Our work during 2018/19 reveals a complex picture in terms of the primary focus for hospital onset BSIs, however, there are modifiable risk factors that relate to the use of devices (cannulae and catheters) which increase the risk of infection.

In 2019/20 we will reduce the number of hospital onset E. Coli BSIs by 10% by:

- Reducing our use of devices (cannulae and catheters) which increase the risk of infection

- Improving adherence to best practice with respect to the use of devices; and
- Standardisation around products that are associated with a lower risk of infection

We will also continue to engage with and support our commissioners and community colleagues who are leading on the work to reduce community onset infection, actively contributing to the local BSI steering group.

3. Reducing inpatient falls

Reducing inpatient falls was set as a two year quality priority in 2018/19. Research from NHSI shows that a multifactorial assessment and intervention can reduce falls by around 25%

In 2019/20 we will:

- Increase in the percentage of eligible patients with a fully completed 'Safer Steps' care plan in place from 31% to 70% leading to a reduction in the number of inpatient falls.
- Introduce the NHSI falls underreporting tool. This is a validated tool used to estimate whether the reported falls rate truly reflects the number of patients actually falling on wards. By introducing this tool, we will be able to better understand our data and more accurately assess whether our interventions are having an impact.

The above work will be completed on all adult wards across both sites. However, we recognise that certain wards have a higher number of falls than others. We will therefore also complete more focused work with these wards to reduce the number of falls.

4. *Improving continuity of care within maternity services*

Continuity of care and the relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience. As of January 2019 less than 10% of women who give birth at Chelsea and Westminster were booked onto a continuity of carer pathway. The trust will introduce continuity of care midwifery teams linked to a named consultant and increase the number of women receiving midwifery continuity of carer to 30% by March 2020. As a result, we will improve the experience of mothers and increase the rate recommending the Trust to be at or above the national average.

5.2. *Embedding Quality Improvement*

The Trust's quality priorities are set within an overall improvement framework that will guide our "Journey to outstanding and beyond". Continually improving healthcare is a team effort, where that team includes staff, patients, carers, families and the local communities we serve. Our ambition is for improvement to be an everyday narrative used in all activities, from part of daily huddles on our wards and departments, through to senior management. In addition to formalised education and training, staff will be able to access to support and advice through the development of our 'improvement community' as well as 'improvement hubs' at both hospital sites. We will use the model for improvement to help teams accelerate and embed improvement in our day-to-day work as well as deliver on the specific quality priorities set out above.

6. Workforce Planning

6.1. *Workforce Planning*

The Trust has developed a People and Organisational Development Strategy which sets out what we will do to establish ourselves as an employee of choice. The strategy is underpinned by the following six strategic themes:

- Attraction and on-boarding
- Engagement, culture and leadership
- Health and wellbeing
- Designing a workforce for the future
- Workforce productivity

The above themes play an integral role in our workforce planning to ensure that we have a workforce that meets the needs of our services and that staff are equipped with the necessary skills and resources to deliver excellent patient care now and in the future.

The annual workforce planning process at Chelsea & Westminster forms an integral part of the annual business planning cycle. Each Division is required to provide a detailed workforce plan aligned to finance, activity and quality plans. An assessment of workforce demand is linked to commissioning plans reflecting service changes, developments, CQUINS and cost improvement plans.

Divisional plans are developed by appropriate service leads and clinicians, directed by the Divisional Director, and are subject to Executive Director Panel review prior to submission to Trust Board.

Throughout the course of the year, actual performance against the Operating Plan, including workforce numbers, costs and detailed workforce KPIs are reviewed through the Workforce Development Committee which reports to the People and OD Committee.

.

The impact of changes which may affect the supply of staff from Europe, changes to the NHS nursing and allied health professional entry routes to training and funding sources or any other national drivers are factored into planning and our Workforce Development Committee has a role in regularly reviewing the impact of such changes and ensuring that appropriate plans are put in place if required.

6.2. *Managing agency and locum use*

Our underpinning strategy to manage agency and locum use is focussed on managing both demand and supply. The approach to manage the demand for temporary staffing is to focus on the drivers of demand, which include sickness absence, vacancies and turnover through a range of actions which are reported monthly to Workforce Development committee.

Direct actions to manage demand for agency include increased efficiency and effectiveness of rostering, use of Patchwork, increased numbers on our internal bank and tighter controls in approval processes for agency and locum use.

Actions to manage supply include improving the ratio of bank fill vs. agency by external and internal marketing campaigns, incentive payments and through close collaborative working with PAN London groups to ensure adherence to Local London rates and continue to explore the possibility of a collaborative bank.

Description of workforce challenge	Impact on workforce	Initiatives
Shortage of supply of qualified Nurses	**Increase use of Temporary Staffing, Low Morale**	**There are a number of are in place including;** • **Overseas recruitment** • **Targeted recruitment campaigns**

		• **Guaranteed job scheme for student nurses** • **Capital Nurse Rotation Programme** • **Nursing Associates and Degree Apprenticeship Nurses** **These initiatives have resulted in a significant decrease on our vacancy rate (currently at 8.5%) and will continue in 2019/20**
Reduction in training posts for medical staff in certain specialities	**Gaps in Rotas resulting in increased use of locums**	**Overseas recruitment campaigns now include medical staffing. The Trust is working with a number of Royal Colleges to recruit staff through the MTI scheme.** **In addition a new ways of working group has been established to explore new the introduction of new roles such as physician's assistants and how these could reduce the need for locums.**
Retention of Staff	**Low morale, Lack of Engagement, Increase in recruitment and temporary staffing cost**	**The Trust is working with the NHSI Retention Support programme and has seen a reduction in turnover of 2.6% since it began in Oct 2017. There are four areas of focus as follows:-** • **Improving training & Development opportunities** • **Enhancing Support from Managers** • **Encouraging staff reaching pensionable age to stay in work** • **Improving our benefits** **In addition in 2019/20 the Nursing retention programme will be expanded to cover other staff groups. Unqualified nursing and Allied Health Professionals have been identified as the next focus area. In addition the retention work will be complimented by a refreshed approach to apprenticeship training.**

6.3. *Productivity*

As part of our Improvement programme the Trust is renewing the emphasis on productivity, innovation and transformation, partly driven by the need to manage workforce costs in the context of growth and meeting our financial plan.

As well as local innovation and transformation projects, we will:

- Roll out Healthroster to all staff Groups
- Implement E-Job planning
- Implement Robotic and AI solutions
- Implement a robust Talent management and succession planning process
- Increase the uptake of the Apprenticeship levy

6.4. *Risks*

Workforce and Organisational Development risks are reported on the risk register and are monitored and scrutinised monthly through the People and OD committee. Currently 27 staffing risks are being managed, with no extreme risks identified. The highest scoring risk relating to staffing identified relates to Brexit. A Trust Brexit Committee has been established which meets fortnightly. All staff have been written to by the CEO and sessions have been run by the Trusts solicitors for staff to attend. A Brexit Workforce Plan has been produced which is monitored via the Trust Brexit Committee. The number of EU leavers is being monitored through the Workforce Development Committee.

7. Financial planning

7.1. Financial Plan Summary

The Trust's financial forecast and plan for 2019/20 is built up from the Trust's long term planning model and updated following revised planning guidance and reflect the Trust priorities on quality investments, activity assumptions, workforce changes and service developments.

The Trust is planning an £21.5m overall surplus in 2019/20, with an adjusted position (on a control basis) of £16.8m surplus and the planned risk rating is 1. This will generate an EBITDA of £50.6m (7.4%) from total operating income of £685.9m. The planned closing cash balance for 2019/20 is £88.4m and the capital plan is £37.1m.

Table 1 – 2019/20 Summary Financial Plan

	2018/19 Forecast Outturn	2019/20 Plan
	£m	£m
Operating Revenue	697.7	685.9
Employee Expenses	-361.2	-363.7
Other Operating Expenses	-289.6	-283.9
Non-Operating Income & Expenditure	-15.9	-16.8
Surplus/(Deficit)	**31.0**	**21.5**
Net Surplus %	4.4%	3.1%
Remove capital donations/grants	-4.2	-4.7
Surplus/(deficit) on a Control Total Basis	**26.8**	**16.8**
EBITDA	60.1	50.6
EBITDA Margin %	**8.7%**	**7.4%**
Recurrent EBITDA	6.5	21.4
Recurrent EBITDA Margin %	**0.9%**	**3.1%**
Use of Resources Rating	1	1
Closing Cash Balance	100.2	88.4

7.2. Control Totals

The Trust has accepted the control total (excluding PSF & MRET funding) of breakeven in 2019/20. However, the Trust's financial plan includes a significant CIP target of £25.1m, which is very challenging at c6% of addressable expenditure and therefore represents a significant risk to the Trust's overall plan.

The Trust has planned for the provider sustainability fund (PSF) of £10.5m and the MRET funding of £6.4m.

There are a number of risks to the Trust's financial plan:

- Delivery of significant CIP target of 6% of addressable expenditure
- Commissioner affordability – the plan is dependent on actual activity remaining in line with our planning assumptions and therefore appropriate payment in line with contract mechanisms. 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.
- Continuing increase in demand for loss-making emergency care and impact of the NWL risk share agreement on over and under performance against the 2018/19 baseline.
- Impact of the phase 2 EPR roll out at the Chelsea and Westminster site on data quality and therefore on income reporting.
- Any impact of Brexit.

7.3. Contracting

The Trust has agreed contract values with NWL CCGs and NHS England for 2019/20 and is due to sign contracts by the end of March. The activity planning assumptions have been reviewed and triangulated across the NWL STP to try to ensure alignment between providers and commissioners.

7.4. Efficiency savings for 2019/20

The Trust's CIP programme for 2019/20 is £25.1m, which is c6% of addressable spend and is significantly higher than the CIP requirement in the tariff uplift due to the Trust's underlying deficit position.

The Trust has used a number of benchmarks to identify CIP opportunities within both corporate and clinical services, and is working with the wider North West London STP to identify savings and opportunities.

Corporate directorates have been allocated a higher CIP target than clinical divisions, to continue the Trust's focus to reduce back-office and support services costs and make best use of the Trust's estate. Corporate savings include reductions soft services contract following a tendering process in 2018/19 across the Fulham Road Collaborative, car park efficiencies, restructures in some areas and review of non-pay contracts.

For clinical services, the Trust is focussing on a number of cross divisional themes, as well as local smaller schemes. The Trust-wide themes include theatre productivity, bed productivity, medicines optimisation, outpatient productivity, temporary staffing, diagnostics demand management, increasing commercial and private income and procurement and are all the continuation and further stretch of the 2018/19 themes. Opportunities for further improvement have been identified using

external benchmarking, such as Model Hospital, Carter and GIRFT specialty reviews, as well as internal benchmarking across sites and outputs from the internal specialty deep dives.

The Trust is working in partnership with the North West London STP to identify further savings and opportunities to support the internal opportunities. There are a number of established work-streams, including procurement, corporate/ back-office and outpatient transformation programmes, all of which have already commenced.

The Trust has a mature approach to managing the financial efficiency agenda, with bi-weekly Improvement Board, which are chaired by the Chief Nurse and Chief Financial Officer. The Improvement Programme aligns both financial and quality improvements, with the quadruple aim of:

- Improving the individual experience of care
- Improving the health of populations
- Reducing the cost of healthcare
- Improving the experience of care givers

The Improvement Programme is supported by a Director of Improvement and an improvement team, which includes a PMO structure, as well as a wider matrix team of Clinical Improvement Fellows and Service Improvement and Efficiency teams within clinical divisions.

7.5. Agency Rules

The Trust is forecasting to achieve its agency cap in 2018/19 and is planning to stay within the agency cap in 2019/20. As outlined in the workforce section of this plan, the Trust is continuing with programmes, both local, sector and London-wide to reduce reliance on agency staff.

7.6. Capital planning

The capital plan for 2019/20 is £37.1m, with the breakdown by asset category in the table below. The PDC funding of £1.9m is agreed and in place and external donated income of £5.0m has also been agreed with the Trust's charity CW+ to fund capital developments relating to the NICU and ITU capital scheme.

Table 2 – 2019/20 Capital Programme by Asset Category

Category	2019/20 Capital Plan £m
Estates	26.0
Information Technology	7.9
Medical Equipment	3.0
Non-Medical Equipment	0.2
Grand Total	**37.1**

The capital programme has been developed with the key executive leads and has been signed off by the Trust Board. A process has been 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, key risks and clinical and quality priorities.

Capital schemes include replacement of medical equipment and buildings maintenance, as well as supporting a number of strategic developments which are linked to quality, productivity and efficiency schemes. These include:

- Completion of the roll out of the new Cerner EPR system and continuation of the IT strategy, including the replacement of Lastword at the Chelsea and Westminster site
- NICU and ITU redevelopment
- A series of refurbishments to Emergency & Urgent Care areas (including Resus in ED) which link to service improvement and efficiency; and to longer term redesign of integrated care pathways
- Refurbishment of the Treatment Centre at the Chelsea and Westminster site (year 1 of a wider Theatre Productivity Programme) and:
- Fire safety works.

8. Alignment with Local STP Plan

The STP is rebranding locally as the North West London Health and Care Partnership. As the Long Term Plan indicates as the STP footprints are a key planning and delivery framework, it is vital that our local partnerships function well. The Trust is embedded in these relationships and in governance and decision making. The Chief Executive chairs the NWL Provider Board and the Medical Director and other Directors are key members of other supporting work streams.

Over the last year the refreshed NWL Health and Care Partnership has redeveloped its main ambitions around the triple aim of:

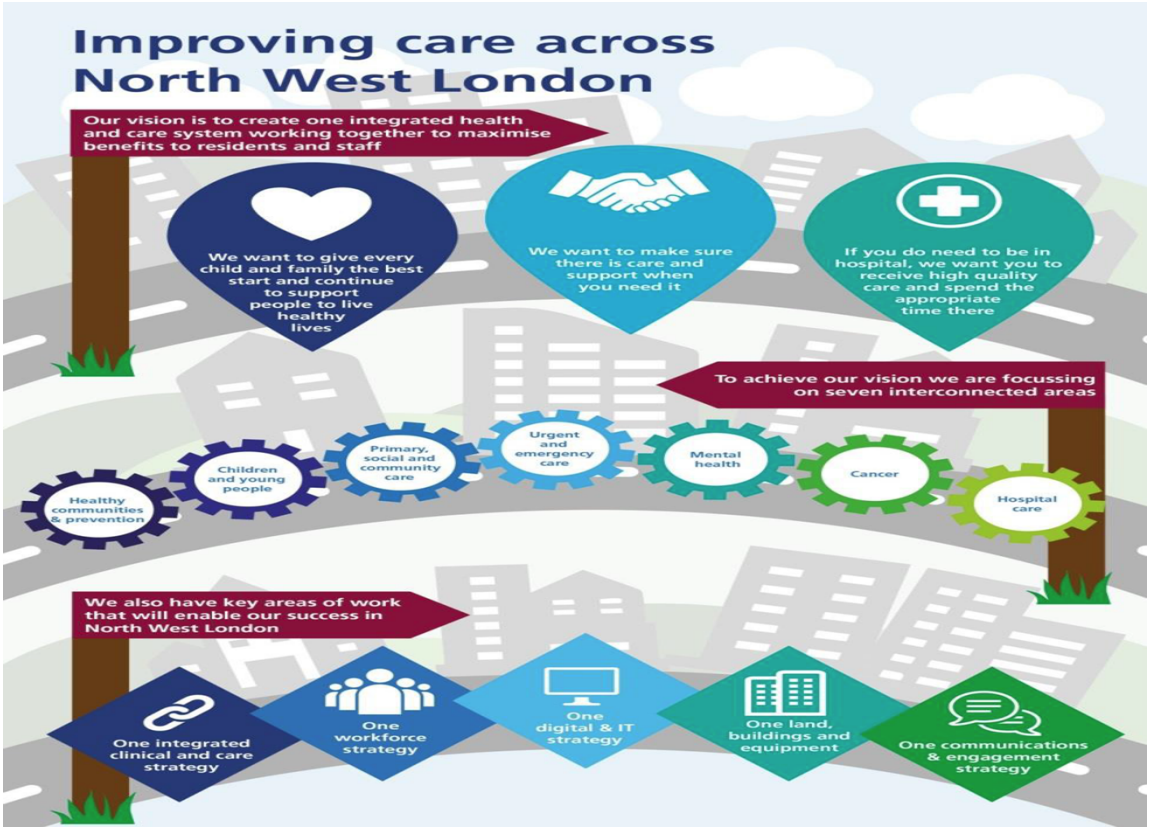
- Giving every child and family the best start and supporting people to live healthy lives
- Ensuring support and care when needed
- If someone needs to be in hospital making sure they spend the appropriate time there

The Trust has been engaged in the NWL priority setting set out in *Developing Our Integrated Care System.*, This was reviewed by Board alongside developmental/relational programmes such as refreshed Clinical Strategy, system wide finance and contracting. The table below aligns initial issues/impact for the Trust against the NWL key programmes:

NWL Programme	Issues/Impact for CWFT
Deliver key landmark programmes of an integrated care system:	
• the next phase of hospital and community estate development NB: SOC1 programme has not been supported by DH through any release of capital and other long term plans are required to support estate deficit in NWL	The Trust recognises that in the short to medium term CWFT Estate development will need to be self-financing.
• integrated diabetes care	Trust is already engaged in both current provision and dialogue on NWL model of care, and reasonably placed to develop

• outpatients transformation • Ambulatory care.	models at both CW and WM sites (and in communities). Supports our operating model of standardisation Trust already engaged in specialty based programmes (e.g. Dermatology) and has further plans to be taken forward in 2019/20 Business Planning Already identified as a Trust priority. Both CW and WM sites have developed estate and workforce capacity. Testbed initiative provides opportunity for Trust to lead way and establish a 'test and scale model'
Develop GP Federated Networks and Primary Care at Scale	CWFT will support and lead development of ICS in NWL. The Board is clear that for optimum leverage for benefits for the NWL population that the planned Primary Care at scale should not be solely aligned with existing CCG/Borough boundaries and that a stated ambition will be to consolidate across NWL. This is in line with the Neighbourhood, Place, System structures envisioned by Long Term Plan In this context local development may be the logical first step and CWFT will: - Work with CCGs, GP Networks and other local stakeholders to lay the foundations for integrated care - Work with CCGs and GP Networks to NWL wide priority programmes to allow provider Trusts to standardise across care for the entire NWL population

The Trust has redeveloped its strategic priorities (section 2) to ensure it takes account of the environment of the Long Term Plan and our local STP; and manages the opportunities this provides. We are planning to use the 7 key 'inter-connected areas' themes identified in NWL wide planning (see picture below) as a checklist to ensure that business planning and engagement/ involvement is proportionate and fit for purpose.



9. Memberships & Elections

Membership and elections

9.1. Governor elections and appointments

The Trust held an election in October/November 2018 to fill a significant number of vacancies on the Council of Governors. There were: 7 patient vacancies; 1 public governor vacancy in the London Borough of Ealing; 1 public governor vacancy in the London Borough of Hammersmith and Fulham; 2 public governor vacancies in the London Borough of Hounslow; 1 public governor vacancy in the London Borough of Wandsworth; and 2 staff governor vacancies. All of the vacancies were contested demonstrating the engagement of our Members. Engagement with the election process was supported by a range of social media messages, including short videos with current Governors explaining the import of the role. Newly elected and re-elected governors started their terms on 1 December 2018.

Further elections will be held in 2019/20 to address vacancies that have arisen due to unexpected resignations and planned end of terms. During 2018/19, the Council also welcomed new appointed Governors from Imperial College and London Borough of Hammersmith and Fulham.

9.2. Governor induction, recruitment and training

New Governors have all been invited to attend an introductory meeting with the Chair and CEO and to induction with the Company Secretary and Board Governance Manager. New Governors are also asked if they wish to have a 'buddy' from the existing Governor cadre as well as being 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 2018/19 and courses will continue to be offered opportunities to governors during 2019/20. In November 2018, the Council held its annual away day which provided time for strategic discussion as well as a period of self-evaluation and reflection. The latter was supported by a bespoke session provided by Governwell on the role of a Governor and how best to deliver the 'holding to account' function. Council was fortunate to be able to invite newly elected Governors to attend the day as observers before their formal term starting.

Looking ahead, and as part of an agreed programme to enhance Board and Governor engagement, quarterly training sessions for Governors will be offered, covering quality, finance, workforce and performance, and a biannual Strategy and Representation Meeting is being established to provide time for more informal discussion on emerging strategic developments. Finally, all Governors are required to undertake common Trust statutory and mandatory training, which equips them with core skills and enables them to take part in activities such as ward accreditation.

1.3 Governor engagement

Governors have engaged with members and the general public in 2018/19 in a variety of ways including an Open Day to celebrate the 70th anniversary of the NHS, the Annual Members' Meeting, annual Christmas events at both hospital sites, 'Your Health' 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. The Membership and Engagement Committee champions the 'Meet a Governor' sessions and will continue to consider how best to reach members during 2019/20. Individual Governors continue to engage with their own local communities and provide valuable feedback from e.g. local Healthwatch or local authority meetings attended.

Membership recruitment continued during 2018/19 via 'Meet a Governor' sessions, at engagement events and through the Trust website. These activities will continue through 2019/20 with a continuing focus on recruiting members in areas where our membership does not reflect the makeup of the local constituency population. Governors will also continue to work closely with the Trust's communications team to make sure engagement with members forms part of the overall Trust communications plan. In addition, Governors serve on a variety of Trust groups, such as the Falls Steering Group, Cancer Board and End of Life Steering Group which provide valuable sources of intelligence on member issues and concerns.

Finally during 2018, the Trust Chairman held 121 discussions with every Governor to help evaluate Council performance, opportunities for improvement, very much structured around the Trust's PROUD values. The anonymised themes from these discussions informed the November Council away day and stimulated discussion about future ways of working which will be implemented during 2019/20.

Council of Governors Meeting, 24 April 2019

AGENDA ITEM NO.	1.5/Apr/19
REPORT NAME	Draft Annual Quality Report 2018-19
AUTHOR	Lizzie Wallman, Divisional Director of Nursing, Emergency & Integrated Care Division
LEAD	Eliza Hermann, Non Executive Director and Chair of Board Quality Committee Pippa Nightingale, Chief Nursing Officer
PURPOSE	To provide the Council of Governors with an opportunity to review and discuss the Trust's Annual Quality Report for 2018-19.
SUMMARY OF REPORT	Enclosed is the latest draft of CWFT's Annual Quality Report for 2018-19.
KEY RISKS ASSOCIATED	Negative impact on patients, as well as negative regulatory, financial and reputational impact and stakeholder loss of confidence if service quality was to deteriorate rather than improve.
FINANCIAL IMPLICATIONS	As above
QUALITY IMPLICATIONS	As above
EQUALITY & DIVERSITY IMPLICATIONS	As above
LINK TO OBJECTIVES	Providing high quality patient centred care is CWFT's number one priority.
DECISION/ ACTION	For information.

QUALITY REPORT

April 2019 reporting on the year of 18/19

TABLE OF CONTENTS

QUALITY REPORT

Part 1: Statement on quality from the Chief Executive

Introduction

The aim of the Quality Report is to review the quality of the care and services that we provide at Chelsea and Westminster Hospital NHS Foundation Trust (the Trust). This document complies with the Trust's statutory duty under the Health Act 2009 and is a formal record of the steps we have taken over the past year and will be taking over the coming year to ensure we maintain a strong focus on improving quality of care across the board.

Welcome by the Chief Executive

I am pleased to introduce our Quality Report for 2018/19 and to share information on the continued positive progress made since the 2015 acquisition of the West Middlesex University hospitals by the Chelsea and Westminster Trust.

It has been an extraordinary busy year, with the Trust seeing an overall increase of 7% of patients through our emergency and urgent care services. In response to this unprecedented increase in demand the Trust has undertaken a number of proactive strategies to mitigate the risk and to ensure patients are supported and provided the best possible care despite the additional pressure on the health system as a whole.

Mitigation plans to counteract the increased demand have included creating additional capacity and reconsidering our patient pathways our winter preparedness to ensure we can sustain quality of care during the busiest months. As part of this plan we also created an increased number of dedicated ambulatory care pathways, and created new environments in the hospital in order to be abel to deliver this in an environment that created a better patient experience. These pathways mean suitable patients can access and receive treatment in an outpatient setting, avoiding the need to be admitted into a hospital bed in order to receive the treatment they need. This new approach means that we are better able to utilise our bed base for the most appropriate patients, meaning unnecessary admission and the safety risks associated with a hospital stay can be avoided for a larger cohort of our patients.

Against this background of increased demand, we have regularly met our national targets and have been one of the top ten best performing Trusts in the country. The dedication of our staff to high quality care has I believe, underpinned our success.

We continue our focus on developing and delivering our Recruitment and Retention Strategy and through a series of local, national and international workstreams over the last 12 months have achieved a 9% reduction in our nursing and midwifery vacancy rates. We now have one of the lowest nursing and midwifery vacancy rates in London. The 2018 NHS National Staff Survey results showed we are in the top 20% for staff feeling able to

contribute to improvements, engagement and for recommending us as a place to work and receive treatment.

Supporting both patients and staff through greater utilisation of our volunteering program has been a key area of focus for us this year. We are committed too and see huge value in increasing this invaluable growing part of our workforce and supporting them to ensure they become a sustainable, routine part of day to day practice.

We have ambitions to grow our volunteer workforce further from 300 to 900 by 2020 and have been fortunate enough to be a Helpforce pilot site. This has provided the Trust with valuable national support and increased local awareness to help achieve this goal and attract Volunteers into the organisation. We have launched our first new volunteering initiative “Bleep volunteers” as part of the overarching strategy which enables any member of staff in our hospital to bleep a volunteer to receive help and support either for their team or department or to provide specific assistance to an individual patient. We have further plans to increase and broaden the scope and roles undertaken by volunteers and this will include increasing support for patients and staff within the maternity team and also we are working towards volunteer contribution programmes to support patients at the end of their life.

I am so proud to report that the hard work and commitment by everyone across the Trust has ensured we do our best to consistently deliver high quality care in our many services. I was delighted to see effort and desire to improve recognised by our latest CQC result. We were inspected in December 2018 and were rated as ‘Good’ overall; receiving a ‘Good’ in both hospitals and in all of the five main domains - safe, effective, caring, responsive and well-led.

NHS Improvement awarded us an ‘Outstanding’ rating for ‘use of resources’, making us the first NHS Foundation Trust to gain ‘Good’ across all categories under the CQC’s new framework and ‘Outstanding’ from NHSI. We are now firmly focused on taking our improvement journey from ‘Good’ to ‘Outstanding’.

In terms of local quality improvement initiatives, we have a number of programs of work that we are very proud of achieving over the last 12 months. Highlights of these would be that we have been successful in fully meeting the national CNST maternity 10 point safety plan and the maternity service on each site has been awarded the UNICEF baby friendly accreditation. Our Palliative Care team have worked hard to ensure the highest quality care is provided to patients and their families at the end stages of their life and we are delighted that 4 of our wards have been accredited by Gold standard framework this year.

We are also now into our second full year of embedding our ‘Ward / Department Accreditation’ quality monitoring and improvement program. The original tool has now been developed and adapted to allow us to provide assurance on all clinical areas and to provide assurance to the Trust Board regarding improvement or areas requiring focus.

We are extremely proud of our progress made in terms of quality of our care we provide and remain committed to achieving further improvements over the following year.

Last year we set 5 quality priorities as per below, our achievement against these measures and the quality improvement work undertake to progress these workstreams is detailed later in the report.

Priority 1: Reduction in falls

Priority 2: National Safety Standards for Invasive Procedures

Priority 3: NHS Resolution 10 point safety plan

Priority 4: Reduction in E coli infections

Priority 5: Complaints Management

As in previous years our Trust Quality Priorities for 2019/20 are aligned to the Trust's Quality Strategy and the three quality domains (patient safety, clinical effectiveness and patient experience). They have been informed by:

- Engagement and feedback from our Council of Governors Quality Subcommittee that includes external stakeholders (e.g. commissioners and Healthwatch)
- Engagement and feedback from our Board's Quality Committee
- Divisional review of incident reporting and feedback from complaints

Our ambition for 2019/20 is for teams to continue to develop transferrable and sustainable knowledge and skills in order to carry on the journeys of improvement within the organisation and across wider healthcare. Within that context, we have set the following priorities for 2019/20:

- Improving sepsis care
- Reducing hospital acquired E.Coli bloodstream infection
- Reducing inpatient falls
- Improving continuity of care within maternity services

We continue with our journey to implement a full electronic patient record in partnership with Imperial College Healthcare and have successfully implemented the first stage our electronic patient record system (CernerEPR) at West Middlesex University Hospital. Implementation on the Chelsea site is scheduled for autumn 2019. This means the organisations will share one digital platform and access to patient records will be seamless, allowing clinical staff to have access to relevant patient information securely and quickly irrespective of where it was received. This will not only improve coordination of patient care but also lead to better and more efficient care for all patients.

Work is now well underway on our new, state of the art adult and neonatal intensive care development at Chelsea and Westminster. Our charity, CW+, has already raised more

than £18 million pounds towards the cost of this programme, which will enable us to provide the very latest and best quality care for more critically ill adults and children each year.

I would like to take this opportunity to thank all of our 6,000 staff who have shown they are proud to care for their patients and colleagues. I know that they will continue to go 'above and beyond' for the patients and communities we serve, and I look forward to the year ahead as the Trust goes from strength to strength.

Core services

Our core services include:

- Full emergency department (A&E) services for medical emergencies, major and minor accidents and trauma on both sites. The departments are supported by separate on-site Urgent Care Centres (UCC) and have a comprehensive Ambulatory Emergency Care (AEC) services.

- Emergency assessment and treatment services including critical care and a Surgical Assessment Unit (SAU). The Trust has designated trauma units and stroke units at each site.

- Acute and elective surgery and medical treatments such as day and inpatient surgery and endoscopy, outpatients, services for older people, acute stroke care and cancer services.

- Comprehensive maternity services including consultant-led care, a midwifery-led natural birth centre, community midwifery support, antenatal care, postnatal care and home births. There is also a specialist neonatal intensive care unit (Chelsea and Westminster Hospital), special care baby unit (West Middlesex University Hospital) and specialist fetal medicine service. We also have a private maternity service at the Chelsea Site.

- Children's services including emergency assessment, 24/7 Paediatric Assessment Unit (PAU), and inpatient and outpatient care.

- HIV and Sexual Health Services.

- Diagnostic services including pathology and imaging services and a cardiac catheterisation laboratory on the West Middlesex site.

- A wide range of therapy services including physiotherapy and occupational therapy.

- Education, training and research.

- Corporate and support services.

Clinical services are also provided in the community and we have a range of visiting specialist clinicians from tertiary centres that provide care locally for our patients. For a number of highly specialised services, patients may have to travel to other trusts.

Key facts and figures for the past three years

	2018/19	2017/18	2016/17
Outpatient attendances	832,214	776,287	767,330
Total A&E attendances	269,157	306,048	282,157
Total urgent care centre attendances	85,588	98,933	87,683
Inpatient admissions	120,654	141,476	136,837
Babies delivered	8,750	10,644	10,682
Patients operated on in our theatres	27,188	36,140	33,683
X-rays, scans and procedures carried out by clinical imaging	394,211	468,154	391,609
Number of staff including our partners (C&W + ISS and Norrland)	6,177+782	5,879+722	5,981+369

Our vision and values

Chelsea and Westminster Foundation Trust is committed to consistently delivering the very highest quality of care and outcomes for our patients. Our ambition is to be one of the leading Foundation Trusts in the country by providing innovative, efficient and fully integrated healthcare pathways. It's our vision to be giving outstanding, accessible, effective and safe care across all our services and for all our patients.

The Board has set the following Strategic Objectives for 2019/20, which are to:

- Deliver high quality patient centred care
- Be the employer of choice
- Deliver better care at lower cost

Our PROUD values underpin everything we do at our Trust, and have helped deliver high quality care as well as unite our staff and services at both our hospitals and our clinics throughout London. They were developed in consultation and engagement with staff, governors, directors and non-executive directors, and have now been fully accepted and embedded within our culture. The values are:

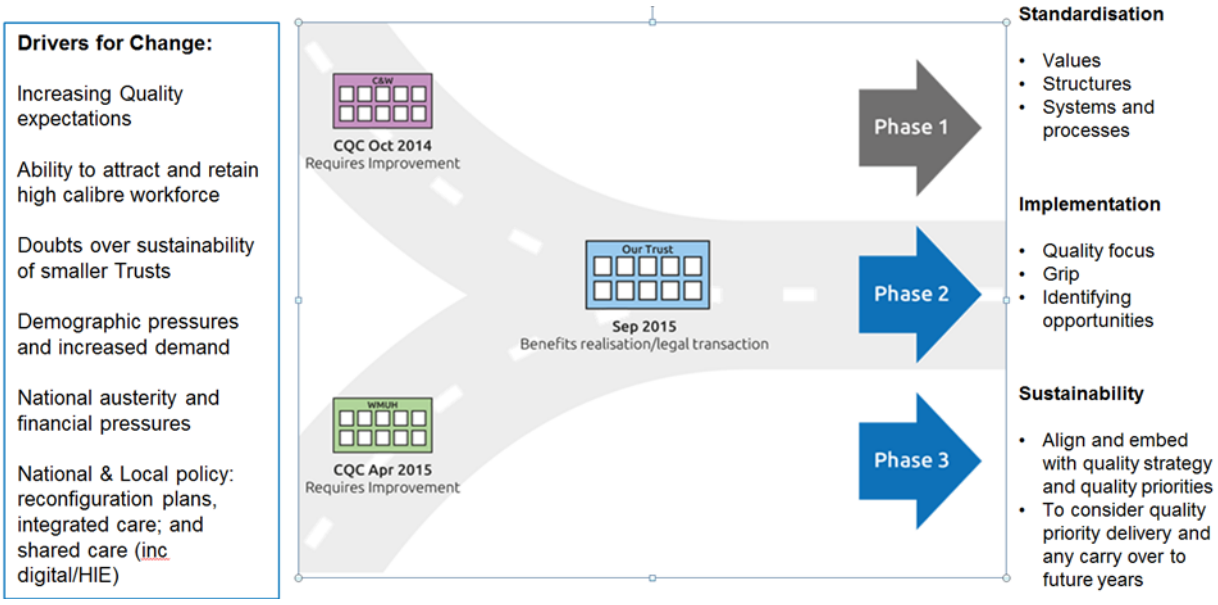
- **P**utting patients first
- **R**esponsive to, and supportive of, patients and staff
- **O**pen, welcoming and honest
- **U**nfailingly kind, treating everyone with respect, compassion and dignity
- **D**etermined to develop our skills and continuously improve the quality of our care

We have considered quality based on the four components:

- Patient and staff experience
- Patient safety
- Clinical effectiveness
- Patient access and operational performance

Under these components, we have set ambitions and supporting priorities as well as governance structures to manage each agenda these all feed into an overarching Quality Committee.

The trust also have an improvement framework which was developed in 2018/2019 and will be further embedded in 2019/2020 with the aim of implementing an improvement culture across the organisation.



Declaration

It is important to note, as in previous years, that there are a number of inherent limitations in the preparation of quality reports which may impact the reliability or accuracy of the data reported.

Data is derived from a large number of different systems and processes. Only some of these are subject to external assurance, or included in internal audit's programme of work each year.

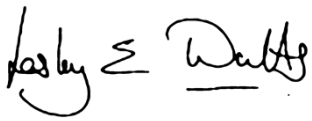
Data is collected by a large number of teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted.

In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably classified a case differently.

National data definitions do not necessarily cover all circumstances, and local interpretations may differ. Where any local interpretations of national data definitions are applied the trust will ensure that variations are taken through appropriate governance to ensure the intent of the definition is achieved.

Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to reanalyse historic data.

Notwithstanding these inherent limitations, to the best of my knowledge the information in this report is accurate.



Lesley Watts
Chief Executive Officer

29/03/2019

Part 2: Our priorities

Priorities for improvement 2018/19

This section of the report reviews how we performed in 2018/19 in relation to the priorities set in our Quality Report 2017/18. Each of the priorities will have an outline of what we set out achieve, what we did during the year to improve our patient care, the results we achieved and what we will do going forward in 2018/19.

Chelsea and Westminster Hospital NHS Foundation Trust set the following priorities for 2018/19:

- **Priority 1: Reduction in Falls**
- **Priority 2: National Safety Standards for Invasive Procedures (NatSSIPs)**
- **Priority 3: NHS Resolution 10 point safety plan (Maternity)**
- **Priority 4: Reduction in E-Coli infections**
- **Priority 5: Complaints Management**

How we did in 2018/19

During 2018/19 a quarterly progress report for all priorities was provided to the Quality Committee, the dashboard below was used to give an overarching view of progress.

3. Quality Priorities progress

Reduction in falls:

The Trust set out to reduce falls which resulted in harm by 30%, in order to be consistent with the national best practice. Unfortunately we as a Trust did not achieve. However reducing falls and mitigating the risks of falls has been and will continue to be a key area of focus and the Trust is proud of the progress it has made over the last 12 months despite not achieving the significant and ambitious reduction.

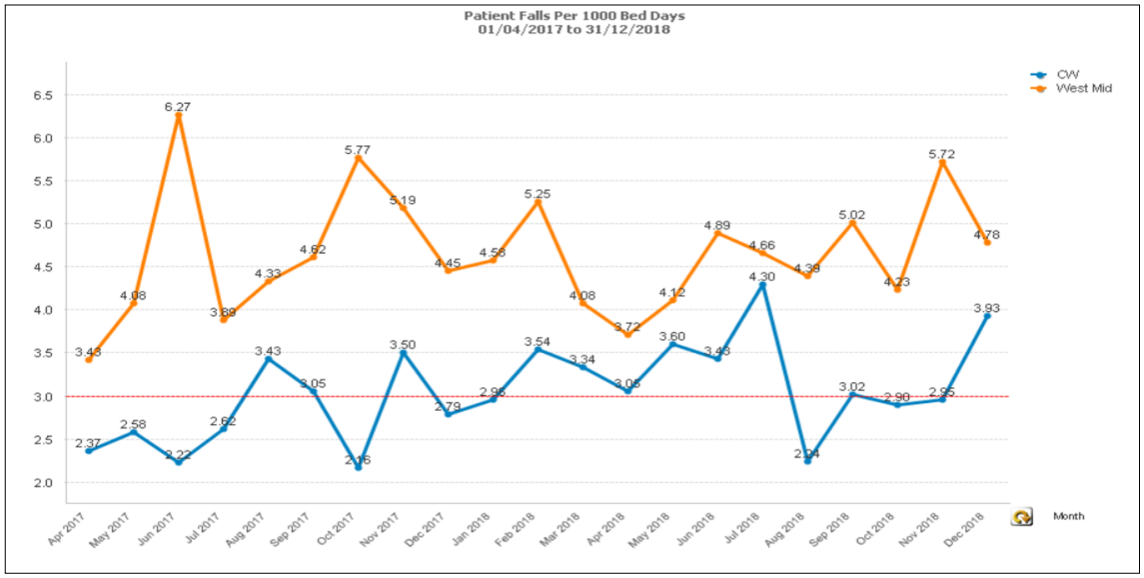
This quality priority will remain a key workstream next year and forms part of a wider quality improvement/service improvement which seeks to improve the care of our older patients. The aim of last year was to standardise documentation and pathways of care such as falls risk assessments. During the year the Trust launch its Safer Steps initiative to raise awareness and education for patients and staff.

During this year the Trust launched new risk assessment documentation and reviewed the training mechanisms for staff in the reduction in falls. There was also a review of safety

equipment used as part of our falls prevention strategy, such as such as bed rails, falls alarms, crash mats and patients non slip socks.

During the year the Trust has delivered numerous promotions and education sessions to staff to increase awareness and to promote and increase the reporting of patient falls through the Trust incident system, this is needed in order to gain a clear understanding of the baseline in the number of falls to measure the improvement against.

The trust will continue to focus on reducing falls with harm in 2019/20.



Implementation in NatSSIPS and LocSIPPS to ensure theatre safety standards are met.

The Trust has implemented local safety Standards for Invasive Procedures (LocSSIPs) across the trust in all areas where invasive procedures are performed. This follows the principle of WHO theatre safety checks undertaken in all theatres, with the aim of reducing Never events relating to theatre processes. The trust had 4 never events in 17/18 relating to theatre processes.

During the year the trust has implemented 42 LocSIPPs in clinical areas, there has been a reduction from 4 theatre related Never Events in 2017/2018 to 1 in 18/19. The trust will continue to monitor the compliance with the LocSIPPs process to drive to a 0 Never event rate.

Achieving the Maternity 10 point plan

This was the first year that NHS resolution set a maternity 10 point plan with the aim to improve safety in maternity care nationally. The 10 standards were:

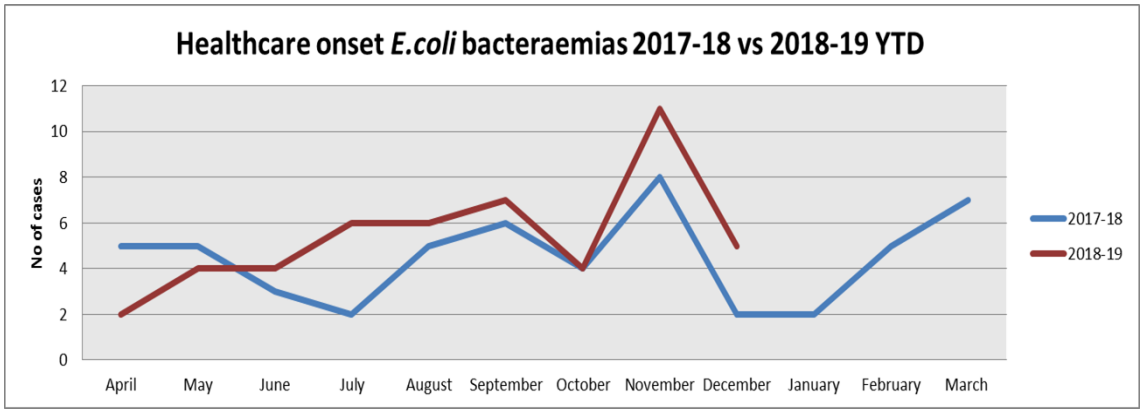
- **Safety action 1:** Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
- **Safety action 2:** Are you submitting data to the Maternity Services Data Set to the required standard?

- **Safety action 3:** Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?
- **Safety action 4:** Can you demonstrate an effective system of medical workforce planning to the required standard?
- **Safety action 5:** Can you demonstrate an effective system of midwifery workforce planning to the required standard?
- **Safety action 6:** Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?
- **Safety action 7:** Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?
- **Safety action 8:** Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?
- **Safety action 9**: Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?
- **Safety action 10:** Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?

The Trust submitted its evidence in meeting all 10 standards in August 2018 and were notified in September 2018 that they had met all 10 safety standards.

Reduction in E-Coli infections

This follows the national quality improvement to reduce the number of patients with an E-Coli infection by 10% by the end of 2020. This was therefore set by the trust as a 2 year quality priority. The Trust recognises the challenges of meeting this target as the majority of E-Coli infections are community acquired however it is committed to ensuring there is a reduction in hospital acquired E-Coli infections. The baseline measure was 15.36% of E-Coli infections.



In year one of the quality priority the Trust undertook an audit with a standardised audit tool across the two sites, and root cause analysis of the 47 cases of E Coli infections to understand the common trend to ensure the improvement measures implemented are effective. This identified two themes of possible improvement which were urinary catheterisation and catheter care and the use of peripheral devices.

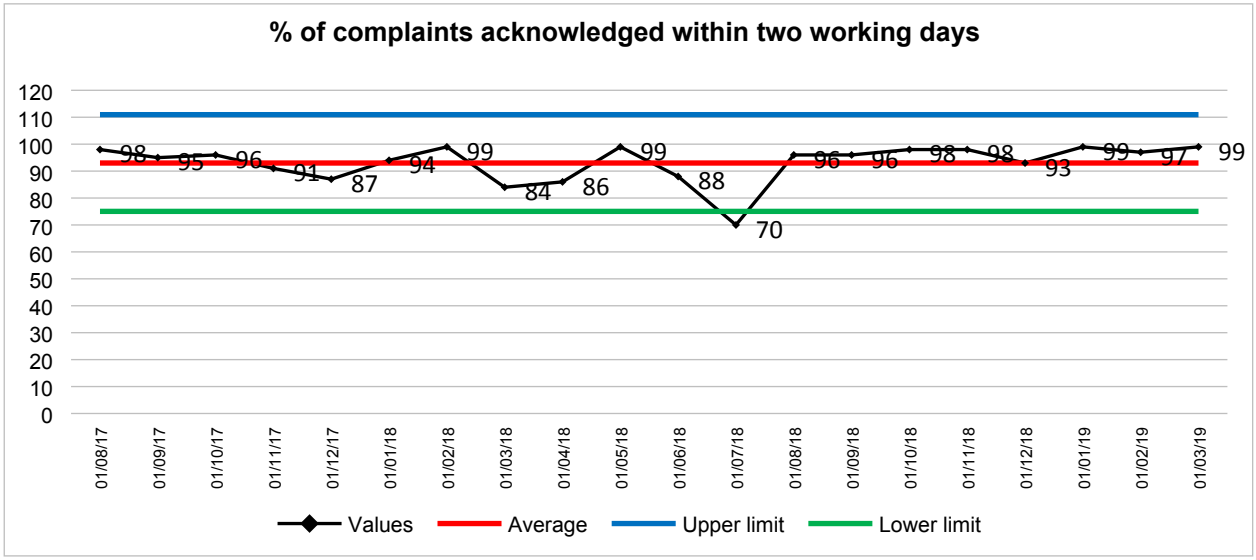
Although the trust have not seen a reduction in E Coli infections in year which follows the national trend, it does understand the themes and baseline data in order to implement the necessary improvement to be implemented and measured in year 2 of the quality priority.

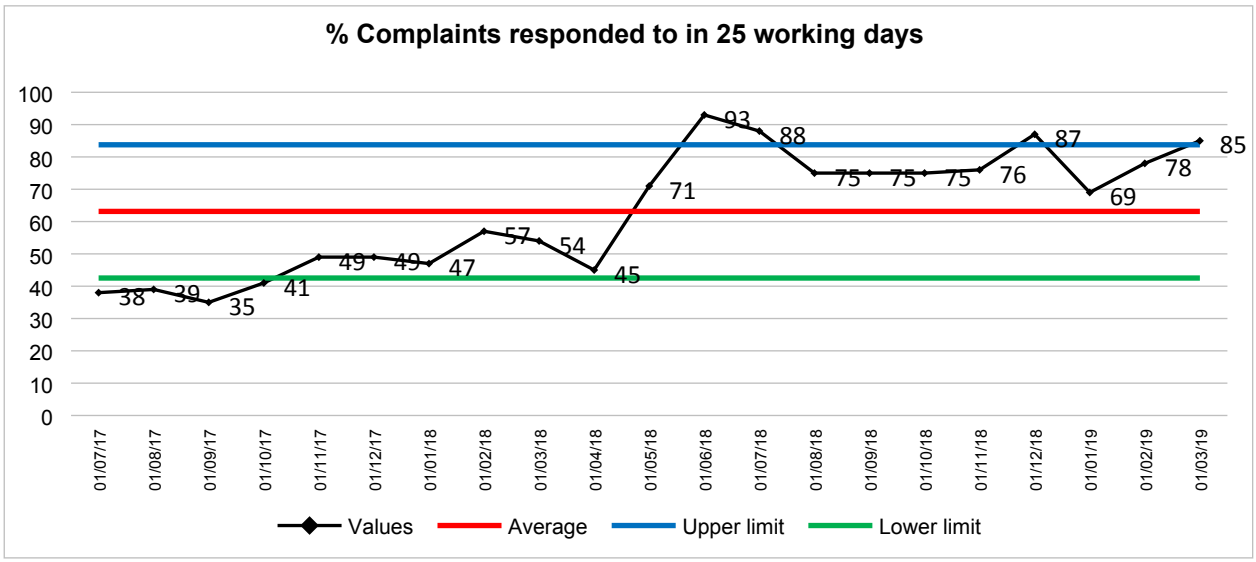
Complaints management

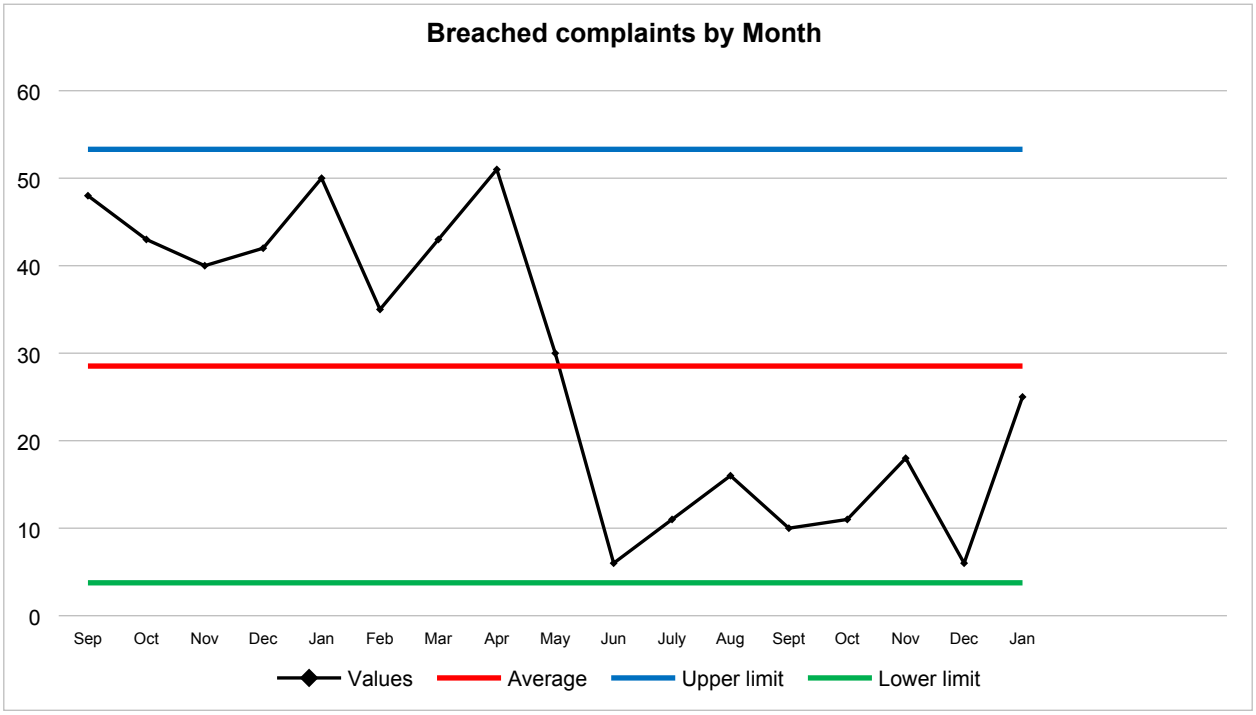
The trust set two standards to demonstrate responsiveness to patient complaints; these were that 90% of patients should have their complaint acknowledged in 2 working days and a response in 25 working days.

To achieve this standard the trust has reviewed its process and monitoring of complaints management, this has resulted in achieving the 2 day acknowledgment standard and improving the response within 25 working days standard from 38% to 87%. The trust will continuing of its close monitoring of this standard and continues to strive to reach the 90% compliance. The trust has also implemented a learning from report from the themes and trends of complaints so that these themes from complaints can inform the quality improvement agenda.

Key performance indicators







Priorities for improvement 2019/20

This section of the report sets out the Trust's quality improvement priorities for 2019/20 which continue to link the quality priorities to the Trust's Quality Strategy. In each case we have aligned the priority to one of the three quality domains (patient safety, clinical effectiveness and patient experience). However, we recognise that in reality each priority is likely to impact on multiple domains—in particular patient experience, which we are focusing on as an overarching objective of our Quality Strategy.

In 2019/20 priorities were, as in previous years, identified through engagement across a number of areas which have endorsed the chosen priorities:

- Engagement and feedback from our Council of Governors Quality Sub Committee that includes external stakeholders (for example, commissioners and Healthwatch)
- Engagement and feedback from our Board's Quality Committee
- Divisional review of incident reporting and feedback from complaints

Our ambition for 2019/20 is for teams to continue to develop transferrable and sustainable knowledge and skills in order to carry on the journeys of improvement within the organisation and across the wider health and care system. Within that context, we have set the following priorities for 2019/20:

- Improving sepsis care
- Reducing hospital acquired E.Coli bloodstream infection
- Reducing inpatient falls
- Improving continuity of care within maternity services

Details of each of these priorities, including the actions planned and how we will monitor our progress throughout the year, are presented below. A quarterly report will be provided to the relevant subgroup of the Trust's Quality Committee i.e. Clinical Effectiveness Group, Patient Safety Group or Patient Experience Group and, subsequently, to the Quality Committee itself.

1. Improving sepsis care

a. Why we have chosen this as a Quality Priority

Sepsis is recognised as a common cause of serious illness and death. It is estimated that there are 123,000 cases in England each year and 46,000 deaths. Sepsis also has long term impacts on patients morbidity and quality of life. In addition to the impact on patients, sepsis is associated with high healthcare costs, the UK Sepsis Trust estimates that improved care could lead to savings to the NHS of £170 million.

Timely identification and appropriate antimicrobial therapy has been shown to be effective in reducing transition to septic shock and therefore reducing mortality.

b. What we aim to achieve during 2019/20

We will:

- Improve screening of sepsis in our emergency departments and inpatient settings so that at least 90% patients who meet the relevant criteria are screened.
- Improve the timely commencement of appropriate antimicrobial therapy for patients found to have sepsis so that at least 90% of receive IV antibiotics within 1 hour.

c. How we will measure our success

- The percentage of patients who met the criteria for sepsis screening and were screened for sepsis (based on monthly audits)
- The percentage of patients who were found to have sepsis and received IV antibiotics within 1 hour (based on monthly audits)

The baselines and targets for these measures are set out in the table below:

	Baseline*	Target**
% of patients screened for sepsis	84%	90%

% of patient receiving IV antibiotics within 1hr	80%	90%

**Average performance across all audits conducted between Q1 and Q3 2018; **National target*

2. Reducing hospital acquired E.Coli bloodstream infection

a. Why we have chosen this as a Quality Priority

Reducing hospital acquired E.Coli bloodstream infection (BSI) was set as a Trust Quality Priority in 2018/19. As well as improving safety, reducing avoidable E.coli BSIs is expected to result in fewer readmissions, shorter length of stays, improved patient experience and reduced antimicrobial prescribing.

Nationally the overall rate of E.coli BSIs (hospital and community acquired) has increased by a fifth in the last 5 years and this trend is set to continue upwards. Locally the rate has increased by c.75% over the same period and now sits above the national average. This has been driven by a doubling in the rate of community acquired infections which account for over 80% of the total (320 in the year to December 2018). The 12 month rolling rate for hospital onset cases at Chelsea and Westminster has remained relatively stable for most of this period. However, the last 6 months has seen a significant increase, mirroring the picture in the community.

Our work during 2018/19 reveals a complex picture in terms of the primary focus for hospital onset BSIs, however, there are clear modifiable risk factors that relate to the use of devices (cannulae and catheters) which increase the risk of infection .

b. What we aim to achieve during 2019/20

We will reduce the number of hospital onset E. Coli BSIs by 10% by:

- Reducing our use of devices (cannulae and catheters) which increase the risk of infection
- Improving adherence to best practice with respect to the use of devices; and
- Standardisation around products that are associated with a lower risk of infection

We will also continue to engage with and support our commissioners and community colleagues who are leading on the work to reduce community onset infection, actively contributing to the local BSI steering group.

c. How we will measure our success

- Number of hospital onset E.Coli BSIs
- Improved urinary catheter management evidenced by audit data

The baselines and targets for these measures are set out in the table below:

	Baseline	Target
Annual cases of hospital onset E.Coli BSIs	57*	≤51
Compliance with best practice urinary catheter management	Baseline and target to be set in Q1 using a revised urinary catheter infection prevention and control (IPC) audit tool	

**Based on a mean rate of 19.3 per 100,000 bed days between August 2018 and January 2019*

3. Reducing inpatient falls

a. Why we have chosen this as a Quality Priority

Reducing inpatient falls was set as a two year quality priority in 2018/19. Research from NHSI shows that a multifactorial assessment and intervention can reduce falls by around 25%. The Trust has begun the process of implementing this multifactorial assessment and care bundle ("Safer Steps") across our two hospital sites and in 2018/19 launched new risk assessment documentation, falls care plans and training for staff in the reduction in falls as well as safety equipment, such as bed rails, crash mats and patients non slip socks. The second year as a quality priority will build on this, embedding it into practice in order to drive a reduction in inpatient falls.

b. What we aim to achieve during 2019/20

We will:

- Increase in the percentage of eligible patients with a fully completed 'Safer Steps' care plans in place to 70% leading to a reduction in the number of inpatient falls. This will be supported through the roll out of a ward based train the trainer model. All adult wards will have a trainer in place by the end of Q1 and at least 70% of adult nursing and HCA staff will be trained by the end of the year.
- Introduce the NHSI falls underreporting tool. This is a validated tool used to estimate whether the reported falls rate truly reflects the number of patients actually falling on wards. Training on the use of this tool will be completed alongside the initial "train the trainers" workshop for Safer Steps. By introducing this tool, we will be able to better understand our data and more accurately assess whether our interventions are having an impact. During Q1 we will use the tool to establish a baseline falls rate that is adjusted for the rate of underreporting.

The above work will be completed on all adult wards across both sites. However, we recognise that certain wards have a higher number of falls than others. We will therefore also complete more focused work with these wards to reduce the number of falls.

c. How we will measure our success

- Falls per 1,000 bed days (adjusted using the NHSI underreporting tool)
- Percentage of eligible patients with a full Safer Steps care plan in place
- Percentage of adult nursing and HCA staff trained on the use of the 'Safer Steps' care plan

The baselines and targets for these measures are set out in the table below:

	Baseline	Target
Falls per 1,000 bed days	Baseline and target to be established during Q1 following deployment of the NHSI underreporting tool	
% of patients with 'Safer Steps' plan	31%*	70%
% of staff trained on use of the 'Safer Steps' care plan	0%	70%

**Audit conducted in March 2019*

4. Improving continuity of care within maternity services

a. Why we have chosen this as a Quality Priority

Chelsea and Westminster provides the fourth busiest maternity service in the UK and our staff will support the delivery of over 10,000 babies in 2019/20.

Better Births, the report of the National Maternity Review, set out a vision for maternity services in England which are safe and personalised; that put the needs of the woman, her baby and family at the heart of care; with staff who are supported to deliver high quality care which is continuously improving.

At the heart of this vision is the idea that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth. This continuity of care and relationship between care giver and receiver has been proven to lead to better outcomes and safety for the woman and baby, as well as offering a more positive and personal experience; and was the single biggest request of women of their services that was heard during the Review.

b. What we aim to achieve during 2019/20

As of January 2019 less than 10% of women who give birth at Chelsea and Westminster were booked onto a continuity of carer pathway. The trust will introduce continuity of care midwifery teams linked to a named consultant and increase the number of women receiving midwifery continuity of carer to 30% by March 2020.

As a result, we will improve the experience of mothers and increase the rate recommending the Trust to be at or above the national average.

Because the evidence base shows a positive impact on still births and unexpected admissions to the neonatal unit we will also monitor whether there is a measurable reduction associated with the implementation of our continuity of carer pathway.

c. How we will measure our success

- Percentage of women booked onto a continuity of care model of care.
- Percentage of mothers in the FFT recommending the Trust

The baselines and targets for these measures are set out in the table below:

	Baseline	Target
% of women on a continuity of care pathway*	9%	30%
% recommending Trust for antenatal care**	92%	95%
% recommending Trust for birth**	95%	97%

**Baseline is performance for February 2019. **Baseline is Trust performance April 2018 –January 2019) and target is England national average over the same period*

Review of services

During 2018/19 the Trust provided and or sub-contracted 87 relevant health services. The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services. The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2018/19.

Participation in clinical audit

During 2018/19, 53 national clinical audits and 7 national confidential enquiries covered relevant health services that the Trust provides. During that period the Trust participated in 90.5% of national clinical audits and 100% of national confidential enquiries that it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible for and participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 1: National clinical audit project participation

National clinical audit title	Trust eligible	Trust participated	% Submitted
BAUS Urology Audit: Cystectomy	No	No	N/A
BAUS Urology Audit: Female Stress Urinary Incontinence Audit	No	No	N/A
BAUS Urology Audit: Nephrectomy audit	Yes	Yes	On-going
BAUS Urology Audit: Percutaneous Nephrolithotomy (PCNL)	Yes	Yes	On-going
BAUS Urology Audit: Radical Prostatectomy Audit	Yes	Yes	On-going
Case Mix Programme (CMP)	Yes	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	Yes	On-going
Falls and Fragility Fractures Audit programme (FFFAP): Fracture Liaison Service Database	No	No	N/A
Falls and Fragility Fractures Audit programme (FFFAP): Inpatient Falls	Yes	Yes	100%
Falls and Fragility Fractures Audit programme (FFFAP): National Hip Fracture Database	Yes	Yes	100%
Feverish Children (care in emergency departments)	Yes	Yes	100%
Inflammatory Bowel Disease (IBD) Registry, Biological Therapies Audit.	Yes	No	N/A
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	Yes	100%
Major Trauma Audit	Yes	Yes	On-going
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Yes	Yes	On-going
National Adult Community Acquired Pneumonia (CAP) Audit	Yes	Yes	On-going
National Adult Non-Invasive Ventilation (NIV) Audit	Yes	Yes	On-going

National clinical audit title	Trust eligible	Trust participated	% Submitted
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Asthma (Adult and paediatric) and COPD Primary care	No	No	N/A
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Adult Asthma Secondary Care	Yes	Yes	On-going
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease (COPD) Secondary Care	Yes	Yes	On-going
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Pulmonary rehabilitation	No	No	N/A
National Audit of Breast Cancer in Older People (NABCOP)	Yes	Yes	100%
National Audit of Cardiac Rehabilitation	No	No	N/A
National Audit of Care at the End of Life (NACEL)	Yes	Yes	100%
National Audit of Dementia (care in general hospitals)	Yes	Yes	100%
National Audit of Intermediate Care (NAIC)	No	No	N/A
National Audit of Pulmonary Hypertension (NAPH)	No	No	N/A
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	Yes	On-going
National Bariatric Surgery Registry (NBSR)	Yes	Yes	100%
National Cardiac Arrest Audit (NCAA)	Yes	Yes	On-going
National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (CRM)	Yes	Yes	On-going

National clinical audit title	Trust eligible	Trust participated	% Submitted
National Cardiac Audit Programme (NCAP): Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	On-going
National Cardiac Audit Programme (NCAP): National Adult Cardiac Surgery Audit	No	No	N/A
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Yes	Yes	On-going
National Cardiac Audit Programme (NCAP): National Heart Failure Audit	Yes	Yes	On-going
National Cardiac Audit Programme (NCAP): National Congenital Heart Disease (CHD)	No	No	N/A
National Clinical Audit of Anxiety and Depression (NCAAD): Core audit	No	No	N/A
National Clinical Audit of Anxiety and Depression (NCAAD): Psychological Therapies Spotlight	No	No	N/A
National Clinical Audit of Psychosis: Core audit	No	No	N/A
National Clinical Audit of Psychosis: EIP spotlight audit	No	No	N/A
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	No	No	N/A
National Comparative Audit of Blood Transfusion programme: Use of Fresh Frozen Plasma and Cryoprecipitate in neonates and children	Yes	Yes	100%
National Comparative Audit of Blood Transfusion programme: Management of massive haemorrhage	Yes	Yes	100%
National Diabetes Audit – Adults: National Diabetes Foot Care Audit	Yes	Yes	On-going

National clinical audit title	Trust eligible	Trust participated	% Submitted
National Diabetes Audit – Adults: National Diabetes Inpatient Audit (NaDIA)	Yes	Yes	100%
National Diabetes Audit – Adults: NaDIA-Harms - reporting on diabetic inpatient harms in England	Yes	No	N/A
National Diabetes Audit – Adults: National Core Diabetes Audit	Yes	Yes	On-going
National Diabetes Audit – Adults: National Pregnancy in Diabetes Audit	Yes	Yes	On-going
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Yes	On-going
National Emergency Laparotomy Audit (NELA)	Yes	Yes	On-going
National GastroIntestinal Cancer Programme: National Oesophago-gastric Cancer (NOGCA)	Yes	Yes	On-going
National Gastrointestinal Cancer Programme: National Bowel Cancer Audit (NBOCA)	Yes	Yes	On-going
National Joint Registry (NJR)	Yes	Yes	On-going
National Lung Cancer Audit (NLCA)	Yes	Yes	On-going
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	>70%
National Mortality Case Record Review Programme	Yes	No	N/A
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	Yes	Yes	On-going
National Ophthalmology Audit (NOD)	Yes	No	N/A
National Paediatric Diabetes Audit (NPDA)	Yes	Yes	On-going
National Prostate Cancer Audit	Yes	Yes	100%
National Vascular Registry	No	No	N/A
Neurosurgical National Audit Programme	No	No	N/A

National clinical audit title	Trust eligible	Trust participated	% Submitted
Paediatric Intensive Care Audit Network (PICANet)	No	No	N/A
Prescribing Observatory for Mental Health (POMH-UK): QIP 19a: Prescribing antidepressants for depression in adults	No	No	N/A
Prescribing Observatory for Mental Health (POMH-UK): Assessment of side effects of depot and LAI antipsychotic medication	No	No	N/A
Prescribing Observatory for Mental Health (POMH-UK): Monitoring of patients prescribed lithium	No	No	N/A
Prescribing Observatory for Mental Health (POMH-UK): Rapid tranquilisation	No	No	N/A
Prescribing Observatory for Mental Health (POMH-UK): Prescribing Clozapine	No	No	N/A
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Antibiotic Consumption	Yes	Yes	On-going
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis): Antimicrobial Stewardship	Yes	Yes	On-going
Sentinel Stroke National Audit programme (SSNAP)	Yes	Yes	90%+
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Yes	100%
Seven Day Hospital Services Self-Assessment Survey England only	Yes	No	N/A
Surgical Site Infection Surveillance Service	Yes	Yes	100%
UK Cystic Fibrosis Registry	No	No	N/A
Vital Signs in Adults (care in emergency departments)	Yes	Yes	100%

National clinical audit title	Trust eligible	Trust participated	% Submitted
VTE risk in lower limb immobilisation (care in emergency departments)	Yes	Yes	57.9%

Table 2: Confidential Enquiries Project Participation

Confidential Enquiry Project Title	Trust eligible	Trust participated	Trust submission
Child Health Clinical Outcome Review Programme: Long-term ventilation in children, young people and young adults	No	No	N/A
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality Surveillance (reports annually)	Yes	Yes	On-going
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal morbidity and mortality confidential enquiries (reports alternate years)	Yes	Yes	On-going
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal Mortality surveillance and mortality confidential enquiries (reports annually)	Yes	Yes	On-going
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal morbidity confidential enquiries (reports annually)	Yes	Yes	On-going
Medical and Surgical Clinical Outcome Review Programme: Perioperative diabetes	Yes	Yes	62.5%
Medical and Surgical Clinical Outcome Review Programme Acute Bowel Obstruction	Yes	Yes	On-going
Mental Health Clinical Outcome Review Programme (NCISH)	No	Not eligible but CWNHSFT reviews NCISH recommendations	

National clinical audit projects reviewed by the Trust

The reports of 32 national clinical audits on each site were reviewed by the provider in 2018/19. Chelsea and Westminster Hospital NHS Foundation Trust intends to take actions to improve the quality of healthcare provided and review the remaining national clinical audits relating to 2018/19 to identify and collate actions to be taken to improve the quality of healthcare provided.

Table 3 provides a summary of some of the actions we intend to take to improve quality, safety and clinical effectiveness arising from participation in national clinical audit. It is not intended to be a comprehensive reflection of the action plans. Actions are on-going and are monitored via Clinical Effectiveness Group.

Table 3: Action planned

National clinical audit	Department leading review	Summary and agreed actions arising from National Clinical Audits
National bowel cancer audit	Cancer	CWNHSFT was notified of their high data submission rate to NBOCAP for the year 2016-17.
National Neonatal Audit Programme (NNAP)	Neonatology	A Peer Review assessed performance in NNAP and an action plan is in place to address areas of lower performance. Nursing and AHP numbers need to be increased and a recruitment plan is in place. There is particular concern about therapy provision to the West Middlesex Hospital SCBU. The Peer Review report has also gone to the Compliance Group. On-going monitoring of improvement should be via the Divisional Quality Board and then to CEG via the quality report.
National Audit of Dementia	Elderly Care	Dementia champion engaged in teaching on all wards. Dementia pathway in operation at the Chelsea & Westminster Hospital site site and similar approach being developed at West Middlesex Hospital.
National Pregnancy in Diabetes audit	Obstetrics	Pre-conception clinic for women with pre-existing diabetes does not meet the minimum standards for an MDT clinic. This is a high priority for the Division, working with colleagues from Emergency & Integrated Care and impacting on targets. A high level action plan has been identified and will be taken back to divisional management. Funding has been sought to use a new app from Sensyne, a healthcare tech company, which would benefit the service and which talks to Cerner.

National clinical audit	Department leading review	Summary and agreed actions arising from National Clinical Audits
NIV checklist audit	Enhanced Care	BTS considers it good practice to use a checklist for NIV and this was implemented in 2017, updated in early 2018. The audit identified significant improvement in use of the checklist between 2017 and 2018, with a 55% increase. While the findings were generally positive, the audit has highlighted that more work is needed to improve coding and also around ensuring appropriate ceilings of care are set. The audit will be annual, with the aim of assessing how well NIV is utilised. This will be included in the Emergency & Integrated Care quality report. The policy will be updated in line with the audit findings.
Inflammatory Bowel Disease registry	Gastroenterology	CWNHSFT does not currently take part in this audit as there is no IBD database in plane to upload data to the national registry. The Clinical Effectiveness Group recommended the clinical lead liaise with his DCIO and take an option analysis to their Divisional Board. Regarding care of patients all IBD patients on biologics are required to have an annual review.
National Diabetes Inpatient Audit	Endocrinology and Diabetes	Fifteen percent of patients at Chelsea and Westminster Hospital and 20% of patients at West Middlesex University Hospital are admitted to these hospitals have diabetes but the majority are not admitted due to their diabetes. The following recommendations have been highlighted – introduction of bed time snacks to be introduced to prevent hypoglycaemia in the early morning. Although there is adequate specialist staffing at West Middlesex University Hospital this is currently under review at Chelsea and Westminster Hospital.

Local clinical audit projects reviewed by the Trust

The reports of a random selection of 12 of 173 local clinical audits were reviewed by the provider in 2018/19. Chelsea and Westminster Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Below are examples from across the Trust that demonstrate some of the on-going actions taken to improve the safety and effectiveness of our services.

Table 4: Local clinical audit summary

Local Clinical Audit Title	Summary and agreed actions arising from local clinical audits

Local Clinical Audit Title	Summary and agreed actions arising from local clinical audits
Lost Income in Colorectal Outpatients - An Analysis of Clinic Outcome Forms	Clinical outcome forms of 538 colorectal patients were reviewed and content compared with clinician letters of these same patients. An analysis of costs associated with both documents found an annual saving of £506, 233.00 when using clinical outcome forms. The audit recommended educating staff on the following: (1)completing new electronic forms on CERNER (2) Financial impact of incorrect completion of forms. The results of these audits were presented at a local surgical meeting and at the Trustwide clinical governance meeting. An oral presentation was scheduled at the Doctors' Academy Conference.
An audit to assess compliance to surgical prophylaxis guidelines for adult patients at West Middlesex Hospital	The audit analysed case records of 43 patients having elective procedures in different surgical specialities during the period of one month. The audit found poor recording of allergies to antibiotics and nature (i.e. penicillin); local guidelines not followed when prescribing antimicrobials; lack of electronic prescribing records to enable review of a larger data set; lack of data to determine how many patients are getting screened for MRSA and lack of allergy testing to determine nature of antimicrobial allergies to target antibiotic use for surgical prophylaxis. The audit recommended local feedback and training for anaesthetic staff on surgical antibiotic prophylaxis guidelines. Improved documentation around timings of surgery, especially start (Knife-to-skin) and end times. A review of the MRSA screening programme. Investigate the role of beta-lactam allergy testing as part of Antimicrobial Stewardship services within the Trust and carry out a re-audit. The results of the audit were disseminated to the local surgical team presented at a local surgical team meeting.
Re-audit of pre-operative fasting in elective surgical patients	This re-audit was carried out to determine any improvement to a previous audit which found a lack of awareness around pre-op starvation guidelines amongst staff. The re-audit found that although 100% of SAL staff surveyed reported knowing fasting guidelines for solids and liquids, compared to 37.5% in the previous audit there was no improvement in fasting times. This was due to a lack of communication between SAL nurses and theatre staff; patients given wrong information and not aware of guidelines; list changes; fluids not discussed at team brief and issues with patients being cancelled if not starved.

Local Clinical Audit Title	Summary and agreed actions arising from local clinical audits
Time to antibiotic dosing in septic patients.	A total of 93 patients were identified as receiving Amikacin for the suspected sepsis during the study period. The time from prescription to administration for patients treated for suspected sepsis as an in-patient was below expectations set by local and national guidance. The 54% observed compliance fell below national standards (90% CQUIN target). The lack of availability of ward stock of amikacin had a significant impact on time to first dose, with wards with stock or where borrowing of other patient stock occurred, resulting in superior time to administration. It was noted that documentation of administration by nursing staff was often completed retrospectively and may not have accurately reflect time of true administration. The audit recommended updating stock availability of antimicrobials to reflect current guidelines and feedback the audit results to Sepsis and Antimicrobial Committees. The audit results were disseminated to the Sepsis Group; Antimicrobial Group and the Patient Safety Group.
Improving Management of Alcohol Withdrawal in the Emergency Department	This re- audit assessed compliance with RCEM recommendations of using the CIWA-Ar score to guide the management of alcohol withdrawal in the Emergency Department after introduction of a departmental guideline. Although compliance with the RCEM standards improved after introduction of the guideline they did not achieve the recommendations which call for all patients with suspected alcohol withdrawal to have a CIWA-Ar score documented and all patients with suspected alcohol withdrawal to have appropriate intervention initiated and documented It should be noted that a proportion of patients received treatment without having a CIWA-Ar score documented. The audit recommended updating the departmental guideline based on staff suggestions to make it easier to use; re-auditing after the roll-out of the new guideline and introducing local education sessions. The audit results were disseminated at the local clinical governance meeting.

Local Clinical Audit Title	Summary and agreed actions arising from local clinical audits
Compliance with NICE guidelines of NSTEMI discharge summaries	All patients with a NSTEMI code discharged within a 3 month period were audited. The audit focused on whether the following were included in the discharge summary: Diagnosis, Advice regarding secondary prevention, Follow up Plan , Investigations including Hb, platelets, creatinine, HBA1c,Lipids, Echocardiogram. Also whether the following medications were prescribed: aspirin, clopidogrel, statins, bisoprolol, ACEI/ARBs, GTN spray. The audit found that Diagnosis and Troponin was documented in 98-99% of the records. >80% records showed appropriate prescription of medication. Echocardiogram was documented in only 57% of records. GTN spray was prescribed for only 33%. The audit recommended incorporating electronic prompting systems in discharge summaries to prompt doctors regarding medications including GTN spray; educating junior doctors on the audit results and undertaking a comparison with other discharge summary audits across the Trust. The audit results were disseminated at a Cardiology Audit Meeting.
An audit on ECG examination: Are ECG's being reviewed and signed by clinicians?"	This retrospective audit was carried out during a 1 week period on 100 patients. ECG results (including abnormal) were analysed for signatures and doctors' notes. The audit found that although 74% of ECG's were signed it was not clear who had signed it. 24% of the records had no signatures and 2% of ECG's were signed clearly with the name of the doctor that signed it. The audit recommended an ECG Stamp be put into place, using CERNER to record ECG results and teaching on ECG to minimise errors when interpreting. The audit results were disseminated to the local A&E team and A&E Consultants Meeting.

Local Clinical Audit Title	Summary and agreed actions arising from local clinical audits
Re-audit of compliance with National Diabetes Inpatient Audit (NADIA)	This re-audit looked specifically at recommendations around the frequency of monitoring of blood glucose, as well as the documentation and management of hypoglycaemic episodes in inpatients on an endocrinology ward. Patients were identified from inpatient lists on a single ward on 1 hospital site with the data compared against the initial audit data. The audit found that ward staff were more effective at monitoring blood glucose levels when compared to the initial audit, with 96% of readings documented as per guidelines. There was improvement in the figures for missed pre-lunch and pre-dinner doses compared with the initial audit. Once again, the re-audit highlighted on-going deficiencies in the documentation of hypos as per the Trust guidelines. Despite this however, there was an 18% rise in the number of hypos correctly treated, which indicated that hypos were being increasingly documented albeit in the wrong section on the clinical app. Lastword. The audit recommended providing 1-to-1 sessions with nursing staff to demonstrate documentation of hypoglycaemic episodes on Lastword. Posters to be placed at strategic locations around the wards to remind healthcare staff how frequently blood sugars should be checked.
Assess unit compliance with NICE Guidance 129 on the management of multiple gestation.	Notes of patients booked in for MCDA and DCDA twin pregnancies within a 11 month period were audited. The audit found that although patients had good access to dating scan and screening, there was a need to check Hb routinely at 20-24 weeks and improvement required to ensure DCDA twins are seen at appropriate gestations. The audit recommended an improved awareness of risk screening for pre-eclampsia as well as an established routine FBC check at anomaly scan. A prospective proforma was advised to enable data collection on twin deliveries. The high LSCS rate would be tackled with a patient information leaflet and counselling. The audit findings were presented at an O&G audit meeting.

Local Clinical Audit Title	Summary and agreed actions arising from local clinical audits
An audit of the Neurosyphilis management pathway	Patients were identified through Kobler Day Care appointments during a one year period. The audit found that 83% of patients had CSF biomarkers performed (standard expected 100%); 78% patients treated for Neurosyphilis (standard expected 100%); 81% patients referred for CT head by GU clinical (standard expected 100%) and 100% patients commenced on treatment completed the full neurosyphilis treatment course The audit recommended teaching session is provided for the GU directorate on NS pathways, logistics, and diagnosis criteria. The protocol for CSF testing to be discussed with lab managers and clear instructions to be made available for junior doctors and a re-audit to be undertaken in 2019. The audit findings were disseminated at the to the local team and findings submitted for poster presentation at BASHH/BHIVA conference
An Audit on the Prescription of Prophylactic Aspirin in Maternity Patients at High-Risk of Hypertensive Disorders of Pregnancy	A retrospective analysis was undertaken on maternity notes on all inpatients on the postnatal ward over 4 week period. The analysis looked specifically at whether gestation was booked; was aspirin prescribed (and gestation commenced/advised to stop)? any high risk or moderate risk factors documents and documentation of other reasons for prescription and complications. The audit found 12 of 17 patients that fulfilled the risk-factor criteria were not prescribed aspirin - 6 with one high risk factor and 6 with one or more moderate risk factors. Four of nine patients that were prescribed aspirin did not fulfil the risk criteria. The audit concluded that the hospital site was not currently compliant with NICE CG107 guidelines at CWH for the prescription of prophylactic aspirin. Also documentation of start date and end date of Aspirin prescription was not always carried out. The audit recommended an Aspirin Risk Factor tool (or sticker) outlining “high” and “moderate” risk factors (similar to VTE tool) be included in antenatal notes to prompt risk factor assessment. A teaching session to given to midwives conducting booking assessment to prompt obstetric referral if risk factors identified. Posters to be displayed in ANC rooms to remind Obstetricians when to offer prophylactic Aspirin and to check at each appointment and a re-audit to be carried out.

Local Clinical Audit Title	Summary and agreed actions arising from local clinical audits
Postnatal contraception	This audit was carried out to gauge patient understanding of postpartum contraception; their use of contraception pre-conception and choices of contraception use postnatally and patient perspective on demand of immediate post-partum contraception. A prospective audit was carried out on 257 women on a postnatal ward. The audit found that a majority of women were not counselled antenatally re: contraception options. There was also no standardised contraception information provided to patients prior to discharge. Additionally 41% had never used contraception in the past and second majority (19%) had only ever used condoms – the majority of women were unsure about what they would like to use. The audit recommended patient information leaflets be provided to all women postnatally. Immediate post-partum contraception is offered and the Trust postpartum contraception guideline be updated.

Commitment to research as a driver for improving the quality of care and patient experience

6000 patients receiving relevant health services provided or sub-contracted by the Trust in 2018/19 were recruited during that period to participate in research approved by a research ethics committee.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff staying abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes.

The Trust was involved in conducting 261 research studies in 2018/19 in A&E, Anaesthesia, Critical Care, Diabetes, ENT, Maternity, Ophthalmology, Surgery, Metabolic and Endocrine, Sexual Health, Genetics, Neurology, Neonatology, Infection, Urology, Cancer, Gastroenterology, Paediatric, Haematology, Respiratory, Cardiology, Rheumatology, Dermatology and Stroke. The improvement in patient health outcomes demonstrates the Trust's commitment to clinical research which leads to better treatments for patients.

116 Trust staff members participated in research as chief investigators and principal investigators for research studies approved by a research ethics committee at the Trust during 2018/19.

In the last three years, 1205 publications have resulted from our involvement in research and audits, which shows our commitment to transparency and our desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

Commissioning for Quality and Innovation (CQUIN) Schemes

The Trust's contracts with principal NHS commissioning organisations include a commitment to invest in and deliver schemes aimed at improving quality in areas that reflect national policy or priorities.

For the 2018/19 contract year, the Trust agreed to 5 schemes with CCGs and 7 schemes with Commissioners of Specialised Services, including Secondary Dental Services and services for Armed Forces personnel.

Each scheme is structured around indicators and milestones designed to drive improvement, directly or indirectly, in aspects of patient safety, patient experience and clinical effectiveness.

A proportion of clinical services income within each contract is linked to these schemes, and actual payments are made based on how well the schemes are delivered according to an assessment by the Commissioner of evidence submitted by the designated leads for each scheme.

The following tables summarise the 2018/19 schemes, the expected level of achievement, and financial benefits from that. The full year forecast is based on the level of achievement up to and including quarter 2, already confirmed by the respective Commissioners, and a projection of full year achievement.

The Trust reached an agreement with local Commissioners that payment would be made based on an assumed 100% achievement for all schemes described in Table 1 (excluding indicators SLA1-4), irrespective of the actual outcome of quarterly assessments, and in expectation that the Trust would deliver the schemes as far as possible, but without investing additional money. Forecast delivery achievement reflects the outcomes that are likely following Commissioner assessment.

Table 1

LOCALLY (CCG) COMMISSIONED SERVICES

2018-19 Contract Value £ 235,044,040 Applicable contract value
2018-19 CQUIN Value £ 5,876,101 2.5% of Applicable Contract Value

Indicator No.	Description of CQUIN Indicator	Quality Priorities		Indicator Weighting (% of CQUIN scheme available)	Expected Financial Value of Scheme Indicator	Forecast Delivery Achievement	Forecast Financial Achievement %	Forecast Financial Achievement £
1a	Improvement of health and wellbeing of NHS staff	Patient Safety, Clinical Effectiveness, Patient Experience	33.33%	0.0833%	£ 195,674	0%	100%	£ 195,674
1b	Healthy food for NHS staff, visitors and patients	Patient Experience	33.33%	0.0833%	£ 195,674	100%	100%	£ 195,674
1c	Improving the uptake of flu vaccinations for front line staff within Providers	Patient Safety, Patient Experience	33.34%	0.0834%	£ 196,262	100%	100%	£ 196,262
2a	Timely identification of sepsis in emergency departments and acute inpatient settings	Patient Safety, Clinical Effectiveness, Patient Experience	25.00%	0.0625%	£ 146,903	60%	100%	£ 146,903
2b	Timely treatment for sepsis in emergency departments and acute inpatient settings	Patient Safety, Clinical Effectiveness, Patient Experience	25.00%	0.0625%	£ 146,903	60%	100%	£ 146,903
2c	Antibiotic review	Patient Safety, Clinical Effectiveness, Patient Experience	25.00%	0.0625%	£ 146,903	100%	100%	£ 146,903
2d - Part 1	Total antibiotic usage (for both in-patients and out-patients) per 1,000 admissions	Patient Safety, Clinical Effectiveness, Patient Experience	8.33%	0.0208%	£ 48,948	100%	100%	£ 48,948
2d - Part 2	Total usage (for both in-patients and out-patients) of carbapenem per 1,000 admissions	Patient Safety, Clinical Effectiveness, Patient Experience	8.33%	0.0208%	£ 48,948	100%	100%	£ 48,948
2d - Part 3	Total usage (for both in-patients and out-patients) of piperacillin-tazobactam per 1,000 admissions	Patient Safety, Clinical Effectiveness, Patient Experience	8.34%	0.0209%	£ 49,007	100%	100%	£ 49,007
4	Improving services for people with mental health needs who present to A&E	Patient Safety, Clinical Effectiveness, Patient Experience	100.00%	0.2500%	£ 587,610	40%	100%	£ 587,610
6	Offering advice and Guidance (A&G)	Clinical Effectiveness, Patient Experience	100.00%	0.2500%	£ 587,610	100%	100%	£ 587,610
9 - Part a	Tobacco screening	Clinical Effectiveness, Patient Experience	5.00%	0.0125%	£ 29,381	17%	100%	£ 29,381
9 - Part b	Tobacco brief advice	Clinical Effectiveness, Patient Experience	20.00%	0.0500%	£ 117,522	17%	100%	£ 117,522
9 - Part c	Tobacco referral and medication offer	Clinical Effectiveness, Patient Experience	25.00%	0.0625%	£ 146,903	17%	100%	£ 146,903
9 - Part d	Alcohol screening	Clinical Effectiveness, Patient Experience	25.00%	0.0625%	£ 146,903	17%	100%	£ 146,903
9 - Part e	Alcohol brief advice or referral	Clinical Effectiveness, Patient Experience	25.00%	0.0625%	£ 146,903	17%	100%	£ 146,903
				1.25%	**£ 2,938,051**			**£ 2,938,051**
SLA 1	Clinical and managerial leadership and engagement in transformation programmes to deliver new models of planned and unplanned care	Patient Exeperience and Financial Effectiveness	25.00%	0.3125%	£ 734,513	100%	100%	£ 734,513
SLA 2	Review progress on implementation of Transformation Programmes	Patient Exeperience and Financial Effectiveness	25.00%	0.3125%	£ 734,513	100%	100%	£ 734,513
SLA 3	Evaluation of progress on the activity levels set out within 18/19 plans and its alignment to working towards models of care that support the OBC - non elective trends for acute Trusts	Patient Exeperience and Financial Effectiveness	25.00%	0.3125%	£ 734,513	100%	100%	£ 734,513
SLA 4	For a review of alignment of CIPs with QIPP projects by month 6	Patient Exeperience and Financial Effectiveness	25.00%	0.3125%	£ 734,513	100%	100%	£ 734,513
				1.25%	**£ 2,938,051**			**£ 2,938,051**

Table 2:

SPECIALISED SERVICES

18-19 Contract Value £ 123,589,000 Total Contract Value
018-19 CQUIN Value £ 1,216,442 2% of *Applicable* Contract Value

Ref.	Description of CQUIN Indicator	Quality Priorities	Indicator Weighting (% of CQUIN scheme available)	Expected Financial Value of Scheme Indicator	Forecast Delivery Achievement	Forecast Financial Achievement £
CA1/IM1	Enhanced Supportive Care	Clinical Effectiveness, Patient Experience	10.00%	£ 121,644	100%	£ 121,644
CA2	Nationally standardised dose banding for Adult Intravenous Anticancer Therapy (SACT)	Clinical Effectiveness, Patient Experience	10.00%	£ 121,644	100%	£ 121,644
CA3	Optimising palliative chemotherpay decision making	Clinical Effectiveness, Patient Experience	10.00%	£ 121,644	100%	£ 121,644
GE3	Hospital medicines optimisation	Clinical Effectiveness	55.00%	£ 669,043	100%	£ 669,043
WC5	Neonatal community outreach	Clinical Effectiveness, Patient Experience	15.00%	£ 182,466	100%	£ 182,466
			100.00%	**£ 1,216,442**		**£ 1,216,442**

Table 3:

SECONDARY DENTAL SERVICES

18-19 Contract Value £ 4,174,289 Total Contract Value
018-19 CQUIN Value £ 62,614 1.5% of *Applicable* Contract Value

Ref.	Description of CQUIN Indicator	Quality Priorities	Indicator Weighting (% of CQUIN scheme available)	Expected Financial Value of Scheme Indicator	Forecast Delivery Achievement	Forecast Financial Achievement £
A	Activity reporting by Referral to Treatment (RTT) for each dental specialty	Patient Safety, Clinical Effectiveness, Patient Experience	33.33%	£ 20,869	100%	£ 20,869
B	Acute Dental Systems Resilience Group	Patient Safety, Clinical Effectiveness, Patient Experience	33.33%	£ 20,869	100%	£ 20,869
C	Use of the acute dental portal	Clinical Effectiveness, Patient Experience	33.33%	£ 20,869	100%	£ 20,869.25
			99.99%	**£ 62,614**		**£ 62,608**

Table 4

ARMED FORCES SERVICES

18-19 Contract Value £ 404,306 Total Contract Value
018-19 CQUIN Value £ 9,962 2.5% of *Applicable* Contract Value

Ref.	Description of CQUIN Indicator	Quality Priorities	Indicator Weighting (% of CQUIN scheme available)	Expected Financial Value of Scheme Indicator	Forecast Delivery Achievement	Forecast Financial Achievement £
A	Enhanced Armed Forces Covenant	Patient Experience	100.00%	£ 9,962	100%	£ 9,962
			100.00%	**£ 9,962**		**£ 9,962**

Registration with the Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. They register, and therefore license, providers of care services if they meet essential standards of quality and safety. They monitor licensed organisations on a regular basis to ensure that they continue to meet these standards.

Chelsea and Westminster Hospital NHS Foundation Trust is required to register with the CQC and its current registration status is 'fully registered'. The Trust has 'no conditions' on registration. The CQC has not taken enforcement action against the Trust during 2018/19. To find out more about the CQC visit www.cqc.org.uk.

The Trust has not participated in any special reviews or investigations by the CQC during 2018/19.

Secondary Uses Service (SUS) information

The Trust submitted 1,426,879 records during Apr 2018–Mar 2019 to the SUS for inclusion in the hospital episode statistics which are included in the latest published data. We are not able to get best/worst figures for NHS number completeness and GMC practice code completeness. We have the national mean, which is the most important reference point.

Valid NHS number

	2018/19 Chelsea and Westminster Hospital NHS Foundation Trust	2017/18 Chelsea and Westminster Hospital NHS Foundation Trust	National Performance Worst	Best	Mean
A&E	97.8%	97.4%	DNP	DNP	96.7%
Outpatients	97.6%	97.2%	DNP	DNP	99.5%
Admitted patient care	96.9%	96.8%	DNP	DNP	99.3%

General medical practice code

	2018/19 Chelsea and Westminster Hospital NHS Foundation Trust	2017/18 Chelsea and Westminster Hospital NHS Foundation Trust	National Performance Worst	Best	Mean
A&E	97.2%	97.1%	DNP	DNP	99.0%
Outpatients	99.7%	99.9%	DNP	DNP	99.8%
Admitted patient care	99.6%	99.4%	DNP	DNP	99.9%

Data Security & Protection Toolkit (DSP Toolkit) attainment levels

Information governance is the way organisations process or handle information. It covers information relating to patients and staff, as well as corporate information, and helps ensure the information is handled appropriately and securely.

The DSP Toolkit replaces the Information Governance Toolkit this year. Like its predecessor it is an online self-assessment tool that enables NHS organisations and their partnering bodies to measure how well they are complying with Department of Health standards on the correct and secure handling of data, and how well they are protecting data from unauthorised access, loss, and damage.

The attainment level assessed within the DSP Toolkit provides an overall measure of the quality of data systems, standards and processes. It aims to demonstrate how we are implementing the ten data security standards, recommended by Dame Fiona Caldicott, the National Data Guardian for Health and Care.

The DSP Toolkit sets out specific criteria that enable performance to be assessed based on submitted evidence and assertions, resulting in three possible outcomes, Standards Met, Standards Not Fully Met (Plan Agreed), Standards Not Met.

For more information about the Data Security & Protection Toolkit please visit https://www.dsptoolkit.nhs.uk/News

Assessment Outcome

For 2018-19 the Trust achieved 'Standards Met'
(Substantive staff IG training compliance was at a record end of year high of 96.4%)

Freedom of Information (FOI)

Compliance with freedom of information has maintained good performance levels. We achieved 91.26% compliance against the 20-day response rate for calendar year 2018 with 745 FOI requests received. The first 2 months of 2019 set new highs with 171 requests received, a 32% increase on 2018.

Information Commissioner's Office (ICO) Audit

In 2017 the ICO carried out a voluntary audit of 3 areas with the findings below. We had no urgent recommendations.

- Training and awareness - Reasonable assurance
- Subject access requests - Limited assurance
- Data sharing - Limited assurance
- Overall rating Limited assurance
- (For context, of the five hospitals with the most recent ICO audits at the time, four also had limited assurance and one had reasonable assurance despite having one urgent recommendation).

In August 2018 the ICO carried out the planned follow up audit to check on progress made against their recommendations.

Their opening sentence was "*We acknowledge and are encouraged by the work the Trust has undertaken in order to meet the recommendations made in our audit report*".

Of the 56 accepted recommendations there were 46 marked as complete, 7 partially complete and 3 not implemented.

The ICO now consider the audit engagement as complete.

General Data Protection Regulation (GDPR)

GDPR came into force on 25 May 2018 along with the UK interpretation of this legislation the Data Protection Act 2018.
As required by law we have appointed a Data Protection Officer and are compliant in the core aspects. Work on the DSP Toolkit has led some of this work as well as various other streams. There is still work to be done to be done to centralise some of the work and we are looking at purchasing an electronic GDPR compliance solution.

Clinical coding error rate

The Chelsea and Westminster Hospital site was not subject to the payment by results clinical coding audit during 2018/19.

The West Middlesex University Hospital site was not subject to the payment by results clinical coding audit during 2018/19.

Data quality

The Trust has been/will be taking the following action to improve data quality:

- Previous audits from KPMG, NHSI and a review from Deloitte. Key themes and actions from these audits are fed in to the data quality steering group for on-going monitoring and oversight and form a key part of the 2019/20 work plan.

- Validation of RTT data is undertaken by the performance team at C&W and the RTT validation team at WMUH.

- Data quality team at WMUH (BAU) and CW (EPR programme) have been established to investigate, fix and re-train all DQ issues.

- Information governance steering group will be reviewing and republishing the updated data quality policy.

- A data quality dashboard is in place to monitor and enforce correct system usage at both sites. Where re-training is required, there is a training programme run by DQ team at WMUH site by which errors gets highlighted to the relevant line manager and DQ team provides training to the staff. This will be the key for the EPR go-live at CW site.

- Known data quality issues have been logged by the data quality team and, for recurring issues, a root cause analysis will be completed to understand the cause. A corrective

action plan will be developed to support the relevant service to improve the quality of data input and reported. Data quality issues that are chronic will be tackled by ad-hoc temporary staff as to not impact operational activities.

Learning from deaths

**further info and update to be added at year end

During [the first three quarters of] 2018/19 917 patients died at the Trust. This comprised the following number of deaths in each quarter of that reporting period:

- 302 in Q1
- 315 in Q2
- 300 in Q3
- Awaiting in Q4

By 22nd February 2019, 544 case record reviews and 10 investigations have been carried out in relation to the 917 deaths.

In 10 cases, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 212 in Q1
- 202 in Q2
- 130 in Q3
- [Awaiting] in Q4

1 representing 0.2% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for Q1
- 1 representing 0.5% for Q2
- 0 representing 0% for Q3
- 0 representing 0% for Q4

These numbers have been estimated following case record review (544 cases) and root cause analysis (10 investigations). The impact of problems in care provision is graded using the classification system initially developed within the Confidential Enquiry into Stillbirth and Deaths in Infancy (CESDI).

CESDI outcome grading system:

- **Grade 0:** Unavoidable death, no suboptimal care
- **Grade 1:** Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome
- **Grade 2:** Suboptimal care, but different care *might* have affected the outcome (possibly avoidable death)
- **Grade 3:** Suboptimal care, different care *would reasonably be expected* to have affected the outcome (probable avoidable death)

One death within this reporting period was categorised as CESDI grade 3.

Excellent clinical care is provided to the majority of patients who die at Chelsea and Westminster Hospital NHS Foundation Trust; however areas for improvement are identified via the case record review process. Key themes for improvement identified via this route include:

- The recognition, escalation and response to deteriorating patients
- The establishment of and ongoing communication with patients and their families regarding ceilings of care
- The timely transportation of patients between Trust sites and other organisations
- Delays undertaking assessment, investigations or diagnosis
- The process for handover between clinical teams

Where case record review or investigation identified potential areas for improvement individual actions plans are developed to support monitor change delivery. Learning from case record review is scrutinised by the organisations Mortality Surveillance Group (MSG). During this reporting period the MSG has initiated the following organisation wide actions to support learning and improve outcomes:

- Development of the Trust's inter and intra hospital transfer arrangements
- Development of the major haemorrhage processes
- Investigated ultrasound competency required to place central lines
- Introduced treatment and escalation plans to support end of life care decision making

The following actions are proposed for 2019/20:

- Introduction of medical examiners and enhancement of the Trust bereavement services offer to provide enhanced learning opportunity and support for patient's families and carers.

The impact of the case record review process and the associated improvement actions can be assessed using the Hospital Standardised Mortality Ratio (HSMR). On 25th February 2019 the relative risk of mortality at the Trust between December 2017 and November 2018 was 74.4 (69.8 – 79.2); this is below the expected range. Ten months of low relative risk, where the upper confidence limit fell below the national benchmark, were experienced during the twelve month period to end of November 2018. This indicates a continuing trend for improving patient outcomes and reducing relative risk of mortality within the Trust.

438 case record reviews and 5 investigations completed after 1 Apr 2018 which related to deaths which took place before the start of the reporting period. 1 case review/investigation (representing 0.01% of total deaths in 2017/18) was judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated following case record review (438 deaths occurring in 2017/18 but had care record reviews completed within 2017/18) and root cases analysis (5 deaths occurring in 2017/18 but root cause analysis investigation completed within 2018/19).

1 death representing 0.08% of the patient deaths (during the previous reporting period) are judged to be more likely than not to have been due to problems in the care provided to the patient.

Reporting against core indicators

The following data outlines the Trust performance on a selected core set of Indicators. Comparative data shown is sourced from the Health and Social Care Information Centre (HSCIC) where available.

Where the data is not available from the HSCIC then other sources, as indicated have been used. Where data has not been published this is indicated as 'data not published' (DNP).

Core indicators

Summary hospital level mortality indicator (SHMI)

**further update needed at year end

	2017/18 Chelsea and Westminster Hospital NHS Foundation Trust	2018/19 Chelsea and Westminster Hospital NHS Foundation Trust	National Performance		
			Worst	Best	Mean
Summary hospital level mortality indicator ("SHMI")	0.8 (better than expected)	0.8 (better than expected)	1.26	0.69	1

(The SHMI reporting period for 2018/19 is October 2017 to September 2018)

The Trust considers that this data is as described for the following reasons:

- The Trust maintains good performance with regards to mortality and has seen a sustained steady improvement in the key national indicators which compares performance with peers—HSMR and SHMI. The outcome indicators encompass both hospital sites and document a step change improvement in outcomes since March 2017.

The Trust intends to take the following actions to improve this indicator, and so the quality of its services, by:

- Mortality surveillance and assurance is provided through scrutiny and analysis of information both from internal mortality reviews and Serious Incidents and from external data and potential alerts from HES, NHS Digital, SHMI and Dr Foster.
- A dedicated bespoke mortality review module has been developed within the DATIX Safety Learning System and feeds information to clinical teams to prompt specialty mortality reviews and learning.
- Learning system—the module supports and provides a single repository for all in-patient deaths providing a platform for the recording and analysis of consultant led-reviews, and any adverse findings trigger further action plans/learning and more in-depth reviews if required.
- Trends or themes identified at the Mortality Surveillance Group are listed for further investigation with input from clinical coding and appropriate clinical teams and informs the development of the Trust Mortality Management Plan.

Percentage of patient deaths with palliative care coded at either diagnosis or specialty level

	2017/18	2018/19	National Performance		
	Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital NHS Foundation Trust	Worst	Best	Mean
Percentage of patient deaths with palliative care coded	32.0%	51.0%	14.2	59.5	33.4

Note: The National Performance is not available via the Clinical Indicator previewer until 14/02/2018

**further info to be added at year end

The Trust considers that this data is as described for the following reasons:

- The Trusts percentage of deaths coded as palliative has increased dramatically in the last year and in comparison to the national average.

- Since the increase in establishment of the specialist palliative care team and the change to a seven day face to face service across both sites, we have been able to support more patients at the end of life. We also now have end of life facilitators on both sites. As a palliative care team we review about 65% of the patients that die in the Trust which is high in comparison with other acute Trusts. We consider that this represents an improvement in quality for this vulnerable patient group.

The Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

- Percentage is probably near optimal but we would aim to maintain at the current level.

Patient-related outcome measures (PROMS)

Oxford Scores ***April 2017 to March 2018, provisional data*** ***Note that this is the only data we could find published and really do not know what to make of it***

Organisation name	Organisation level	Procedure	Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Health Gain	Improved	Unchanged	Worsened	Adjusted average Post-Op Q score	Adjusted average Health Gain	Standard Deviation of adjusted Health Gain
CHELSEA AND WESTMINSTER H	Provider	Total Knee Replacem	52	15.8846	33.0577	17.1731	51 (98.1%)	1 (1.9%)	0(0.0%)	35.2491	16.4422	7.28199
ENGLAND	England	Total Knee Replacem	31566	18.8069	35.7782	16.9713	29,737 (94.2%)	274 (0.9%)	1,555 (4.9%)	35.7782	16.9713	8.65384
CHELSEA AND WESTMINSTER H	Provider	Total Hip Replalcemer	47	17	40.5957	23.5957	44 (93.6%)	3 (6.4%)	0(0.0%)	41.1705	23.6992	8.42662
ENGLAND	England	Total Hip Replalcemer	27948	17.4713	39.6093	22.138	27,094 (96.9%)	139 (0.5%)	715 (2.6%)	39.6093	22.138	8.13834

Patients undergoing elective inpatient surgery for two common elective procedures (hip and knee replacement) funded by the English NHS are asked to complete questionnaires before and after their operations to assess improvement in health as perceived by the patients themselves. PROMS data can be used to inform changes in service delivery. The scores reported are adjusted health gain as per national definition. The national performance is taken from the most recent nationally published data which is for the period Apr 2017 to Sep 2018, national scores have not been published for this period at the time

of writing the report. The data for the trust on these two procedures is favourable against the national average scores in all domains.

Readmission rate (28 days)—0–15 Age

There are no longer published national statistics on readmissions within 28 days, so we have no national comparators to include.

	2017/18	2018/19	National Performance		
	Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital NHS Foundation Trust	Worst	Best	Mean
Readmission (28 days) (0-15) (P00902)	2.3%	2.1%	-	-	-

The Trust considers that this data is as described for the following reasons:

The readmission rate on both sites shows a slight decrease from the previous year and is a relatively low level. The indicators are reviewed as part of standard governance procedures in place within the Trust and any anomalies investigated.

The Trust has taken the following actions to improve this percentage, and so the quality of its services, by:

Both hospital sites have senior paediatric medical cover in line with the RCPCH guidelines from 8am–10pm, 7 days a week, aiding in both the assessment of children presenting for treatment and those who are deemed fit for discharge.

A Paediatric Assessment Unit (PAU) model was introduced at the WMUH site in 2015/16 and this has had a positive impact on the readmission rate. The pathway has since been further refined and the introduction of Paediatric Consultants in Emergency Medicine to the ED Departments has also had a significant positive impact on the acute pathway.

On both sites there are protected rapid access slots in outpatients which enable ongoing care to be accessed quickly, without an inpatient admission.

Readmission rate (28 days)—16+ Age

There are no longer published national statistics on readmissions within 28 days, so we have no national comparators to include.

	2017/18	2018/19	National Performance		
	Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital NHS Foundation Trust	Worst	Best	Mean
Readmission (28 days) (16+) (P00902)	7.2%	7.7%	-	-	-

The indicators are reviewed as part of the bed productivity meeting within the Trust and any anomalies investigated and actions identified to address them.

Patient flow and discharge initiatives

There are a number of initiatives which have been coordinated via the Bed Productivity programme board which have aimed to improve readmission rates and drive down length of stay:

- **Red to Green days:** The initiative is now fully rolled out across our main downstream wards (medical and surgical). It provides daily identification of issues causing delays to care delivery and discharge, allowing action to be taken by the ward Multi Disciplinary Team or to be escalated for support.

- **7-day therapies:** Following successful pilots, 7-day therapies provision for medical rehabilitation teams has commenced on both sites. This enables timelier therapies intervention and discharges across a 7-day period, enabling earlier discharges and reducing the time to be seen by the therapies team.

- **Home First:** The aim of this project is to discharge patients when medically fit allowing for therapies and social care/reablement assessments to take place in the patient's home using a discharge to assess pathway . The benefits are length of stay reduction, and reduction in the care needs once assessed in the patient's own environment. It is hoped that this will impact on readmission rates.

- **Expansion of the discharge team:** This includes the introduction of a two before twelve (2 B4 12) discharge assistant role assigned to wards to support discharge planning and ensure timely discharges.

Responsiveness to personal needs

	2016/17	2017/18
	Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital NHS Foundation Trust
Responsiveness to personal needs (P01779)	65.4%	65.7%

The patient survey results for 2018 were published in February 2019. There are a number of actions underway to improve survey results across the board.

The Trust considers that this data is as described for the following reasons:

- This indicator forms part of the national patient safety survey and is reviewed alongside the Friends and Family Test, complaints and incidents and not in isolation.

The Trust has taken the following actions to improve this indicator, and so the quality of its services, by:

- Patient experience is a priority for the organisation. The 2018 Inpatient survey has shown some improvements from the previous year yet highlights room for

improvements regarding care and treatment, which fits with 'Response to Personal Needs'.

- The patient experience team have been collecting real time feedback alongside the friends and family test. This data is now available to ward and department areas enabling them to have ownership of that data and see real time improvements in based on feedback from their patients. The Trust received positive feedback in terms of responsiveness to personal needs in the 2018 CQC feedback report.

- The patient experience group reviews the survey results along with other key metrics. Divisional leads are responsible for taking forward actions within their areas and reporting back to the Trust Patient Experience Group.

- Divisional patient experience metrics are in place and there is emphasis on staff engagement, to share good practice but also improve on the negative themes from results.

Staff recommending our Trust

	2017 Chelsea and Westminster Hospital NHS Foundation Trust	2018 Chelsea and Westminster Hospital NHS Foundation Trust	National Performance (Acute Trusts)
Staff recommending our Trust as a place to work	69%	73%	63%
Staff recommending our Trust as a place to be treated	78%	81%	71%

In the most recent Staff Survey, the Trust has continued to see sustained improvement in these key people performance indicators. The Trusts overall staff engagement scores also remain above the national average and the third best acute performance in London.

In 2017, there was an increase of 5% for staff who would recommend the Trust as a place to work and an increase 6.5% for staff that would recommend the Trust as a place to be treated. This meant that in 2017 the staff engagement score moved from being below average to above average.

In 2018, the Trust has seen further improvements in both of these scores meaning that 72% of staff would now recommend the organisation as a place to work and 81% of staff would recommend the organisation as a place to be treated. Both scores are 10% points above the national average for acute Trusts.

Venous thromboembolism assessment

2017/18	2018/19	National Performance		
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital NHS Foundation Trust	Worst	Best	Mean

Percentage of admitted patients risk assessed for VTE	86.10%	76.00%			

The Trust considers that this data is as described for the following reasons:

The Trust has taken the following additional actions to improve performance and quality of its services by:

The national target (≥95%) of adult patients with completed VTE risk assessments on admission to hospital was not achieved for 2018/19; however audits demonstrate that patients are receiving appropriate thromboprophylaxis despite lack of evidence or documentation of VTE risk assessment completion on admission.

At WMUH site, VTE risk assessment performance is unlikely to improve due to current IT infrastructure which does not support VTE risk assessment processes. This is likely to change once Cerner, the new electronic prescribing administration system, is introduced. The Trust was named as the second worst organisation in the NHS for compliance to a documented VTE risk assessment on admission, and unfortunately no additional resources to support improvement.

There is monitoring of VTE risk assessment completion rates with circulation of performance reports to divisions to address and target areas to improve performance.

Audits on whether patients at-risk of VTE are prescribed appropriate pharmacological and mechanical thromboprophylaxis (if indicated), unless contraindicated, are performed on a quarterly basis by pharmacy staff. Over 90% of inpatients at risk of VTE are prescribed appropriate thromboprophylaxis. Feedback on appropriate pharmacological and mechanical thromboprophylaxis is disseminated to divisions/clinical leads.

The Trust has taken the following additional actions to improve performance and quality of its services by:

C&W site

- Weekly and monthly monitoring of VTE risk assessment performance, with circulation of reports to divisions, and support to those departments not meeting target

- The VTE steering group explored changes to the VTE risk assessment on RealTime e-system with a full review and options appraisal, however deemed not feasible as resources were allocated to Cerner project

- A dashboard was developed on RealTime to identify patients with outstanding VTE risk assessments by ward, however this was an unsuccessful intervention as staff do not use RealTime e-system

- VTE magnets were introduced for display on ward noticeboards to identify patients requiring VTE risk assessment completion

- VTE risk assessment performance is unlikely to improve until Cerner implementation as the current IT infrastructure does not support VTE risk assessment processes and method of working by medical staff

- Reporting solutions reviewed and corrected to enable reporting on completed VTE risk assessments for WMUH site to assist with feedback to divisions for improvement

VTE effectiveness at both sites

- The Thrombosis and Thromboprophylaxis Group is delivering the local VTE prevention programme across both sites

- At WMUH site, the Ambulatory Emergency Care team involving a multidisciplinary team from various specialities including acute medicine, haematology, cardiology, pharmacy and the anticoagulation clinic achieved the prestigious Anticoagulation Achievement Award 2018 for *'Best comprehensive thrombosis management centre'* presented at the House of Commons. The work involved streamlining atrial fibrillation and VTE pathways with no extra resources or funding, and improving the patient experience, quality of care and outcomes.

- Root cause analysis investigation for reported hospital associated VTE events, with shared learning to prevent recurrence

- Collaboration with Imperial College London and Cerner team to optimise VTE risk assessment function and prescribing of anticoagulant agents

- Harmonisation of cross site anticoagulation/VTE guidelines including bespoke anticoagulation pocket guides covering VTE prevention and treatment

- Introduction, harmonisation and standardisation of VTE pathways in clinical settings

- Using one type of low molecular weight heparin for VTE prevention and treatment in medical, surgical, and maternity patients across both hospital sites

- Anticoagulation incidents are reviewed for both sites with education provided to departments and any changes to practice to prevent future recurrence

- Ongoing VTE awareness and education provided to medical, nursing/midwifery and pharmacy staff

- Introduction of an anticoagulation e-learning module for junior medical staff to complete during induction across both sites

- VTE audits performed to assess clinical practice with feedback to relevant stakeholders/departments, with improvement action plans in place

- Haematology/pharmacy staff continue to collaboratively to standardise VTE services, and deliver the VTE agenda via Thrombosis and Thromboprophylaxis Group

C.difficile occurrence

The nationally published data on *C.difficile* is in terms of absolute number, not in terms of per 100,000 bed days, and so we have no national comparators to include.

	2017/18	2018/19	National Performance		
	Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital NHS Foundation Trust	Worst	Best	Mean
C.difficile occurrence per 100k bed days. (P01792)	1.2	5.03	**161**	**0**	**29.8**

Nationally reported figures for the 12 months to December 2018 only

The Trust considers that this data is as described for the following reasons:

- The numbers of cases of *C.difficile* infection (CDI) and the rate per 100,000 bed days has fallen year-on-year between 2007/08 and 2017/18.

The Trust has taken the following actions to improve this indicator, and the quality of its services, by:

- Harmonising the Trust policy on the management of diarrhoea across both hospital sites
- Proactive antimicrobial stewardship programme
- A medical review carried out on all patients experiencing diarrhoea
- The use of *C.difficile* packs/checklist at both sites to aid early medical review and reduce the number of inappropriate specimens sent
- Patients with suspected infectious diarrhoea to be isolated in a side room within 2 hours of onset of diarrhoeal symptoms
- Healthcare workers to adhere to strict hand washing with soap and water rather than alcohol hand rub, when attending cases of diarrhoea
- Appropriate us of personal protective equipment when attending cases of diarrhoea
- Availability of hand wipes for patients prior to meals along with educating patients, carers and visitors to wash their hands and, in the case of visitors, not to visit their relatives if they have symptoms of diarrhoea and vomiting
- Ongoing training of staff of CDI management
- A root cause analysis (RCA) of each case is undertaken by senior medical and nursing staff caring for the patient, and development of an action plan to address lessons learned which are monitored at the quality and risk meetings
- The outcome of RCAs are reviewed by the Infection Prevention and Control Group

NHS Improvement has not set the CDI case objective for 2019/20. The case objective for 2018/19 was set at 15 and the CDI rate objective 4.9.

The changes to the CDI reporting algorithm for financial year 2019/20 are:

- reducing the number of days to identify hospital onset healthcare associated cases from ≥3 to ≥2 days following admission
- adding a prior healthcare exposure element for community onset cases.

For 2019/20 cases reported to the healthcare associated infection data capture system will be assigned as follows:

- healthcare onset healthcare associated: cases detected three or more days after admission
- community onset healthcare associated: cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous four weeks
- community onset indeterminate association: cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks
- community onset community associated: case detected within two days of admission where the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

Number of patient safety incidents that resulted in severe harm or death

The data for this indicator is taken from the National Reporting and Learning System (NRLS).

The figures for lowest and highest scoring hospitals enable comparison with other acute non-specialist NHS Trusts and demonstrate the wide range of incident reporting across the NHS acute sector.

Number and rate of patient safety incidents		C&WFT	Lowest scoring hospital	Highest scoring hospital
Oct 16–Mar 17	Number	4,507	1,301	14,506
	Rate per 1000 bed days	29.18	23.13	68.97
Apr 17–Sept 17	Number	4,361	1,133	15,228
	Rate per 1000 bed days	29.16	23.47	111.69
Oct 17–Mar 18	Number	4,977	1,311	11,325
	Rate per 1000 bed days	32.14	24.19	124

Number and % of patient safety incidents that result in severe harm or death		C&WFT	Highest scoring hospital	Lowest scoring hospital
Oct 16–Mar 17	Number	19	92	1
	%	0.42	1.1	0.02
Apr 17–Sept 17	Number	7	121	0
	%	0.16	1.97	0
Oct 17–Mar 18	Number	8	99	0
	%	0.1	1.5	0

The Trust considers this data is as described for the following reasons:

- All staff at the Trust are reminded through a number of different channels (for example, induction, safety meetings) that all incidents must be reported on the local incident management system, DATIX
- All incidents reported on DATIX are investigated by the clinical team and then quality checked and reviewed by the Quality and Clinical Governance department prior to upload to the NRLS
- All patient safety incidents are uploaded to NRLS within the required timeframe

The Trust has taken/will be taking the following actions to improve this rate and so the quality of its services by:

- Efforts to embed the DATIX incident reporting system throughout the organisation continue with an on-going programme of training and awareness raising. Clinical governance presence at meetings: this includes senior nursing and midwifery quality rounds, team briefings, divisional away days and quality boards

- Patient safety incidents continue to be reviewed on a daily basis by the Quality and Clinical Governance department who escalate or take appropriate action when necessary

- Serious incidents are investigated and the findings used to inform learning and quality improvement

- Investigation reports continue to be reviewed at both local level through morbidity and mortality meetings or quality meetings and also at Board level via the monthly serious incident report which is also disseminated widely throughout the organisation.

- The divisional quality boards include incident reporting as a standing item on the agenda as part of the on-going work to continually improve reporting rates

- A quarterly incident report summarises incident investigations, pulls out themes and learning and also identifies any trends in incidents. This report is disseminated throughout the organisation

Additional considerations for 2018/19

Seven Day Services

The Trust is implementing the priority clinical standards for seven day hospitals by focusing on delivering best value for patients and the system.

The Trust is currently completing an internal trial of the Board Assurance Framework (February 2019) ahead of the full implementation (March – June 2019).

The current position is being assessed by point of care surveys, internal clinical audits and review of job plans/processes across the clinical Divisions. This will inform a detailed gap analysis.

Key standards:

Standard 2 – first consultant review within 14 hours – the Trust should achieve this standard across all major non-elective specialties and sites.

Standard 5 – access to consultant directed diagnostics – should achieve with some need for increased weekend provision/network arrangements.

Standard 6 – Access to consultant-led interventions – should achieve with formal arrangements with tertiary providers

Standard 8 – Should achieve standard (twice daily review) in High Dependency areas – some focused work will be required to deliver a daily consultant or delegated review in all other clinical ward areas. This will require review of daily board round processes, weekend handover processes and systems for documented delegated review – the work plan will

encompass a comprehensive review of job plans and MDT processes across all Divisions and will require an implementation plan during 2019/20.

Freedom to Speak up

In February 2015 Sir Robert Francis published his report on Freedom to Speak Up, an independent review into creating an open and honest reporting culture in the NHS. This report recommended the establishment of a national network of Freedom to Speak Up Guardians, precipitated by his earlier investigation into the failings at Mid Staffordshire Hospitals. Following this all NHS contracts required that each organisation had at least one Freedom to Speak Up Guardian from October 2016.

The Trust's Freedom to Speak Up Guardian is Vanessa Sloane, Director of Nursing West Middlesex Hospital, supported by 10 champions across our main sites.

Looking at themes from concerns they align with both our complaints / Patient feedback in terms of behaviours, and with our staff survey regarding grievances and staffing concerns. A number of concerns affect just the individual; others affect a larger team but are raised by an individual. On a small number of occasions the concerns have been raised anonymously, in these cases all bar one of the individuals raising concerns did come forwards and identify themselves to the guardian. All concerns have been followed up and feedback is provided to the individual staff members.

Data is submitted quarterly to the National Guardian's Office, numbers fluctuate but are in line with other similar sized organisations.

Rota Gaps

All junior doctor training grades employed by Chelsea Westminster Foundation Trust have been successfully transferred to the New Terms and Conditions implemented in August 2016.

The Trust has ensured that all posts have contractually agreed service requirements, training opportunities including Clinical Governance and Mandatory training. Rota design to ensure Safe Working is compliant for all such posts employed by the Trust.

Rota gaps are a common theme affecting most clinical departments on both sites. The introduction of Zero days as a mechanism to make existing rota's complaint has resulted in a reduction in the total number of doctors in the work place at any time. Rota Gaps continue to be a national problem. It is anticipated that there will be a further reduction of up to 20% as Junior Doctors choose to leave formal training posts in 2018-2020.

Whilst the focus remains on recruiting to posts, the Trust is developing strategies to ensure that clinical care and safe working conditions are maintained by ensuring regular review of anticipated gaps in good time.

6 junior clinical fellow posts have been added across the medical specialties at West Middlesex Hospital this year to try and support the wards. All of these are filled with

appointed doctors having named educational supervisors and actively involved in the appraisal and training pathways.

The exploration of task shifting and formal involvement of Physician Associates within the workplace is also being established. The Clinical divisions have been invited to actively contribute to this process.

All rota gaps are filled with locum doctors recruited through our Bank or agency arrangements in the main.

Overall the Trust on both its sites has had 31 rota gaps

Part 3: Other information

Performance indicators

During 2018/19, the Trust has performed very well against the key regulatory and contractual performance metrics, including quality and workforce KPIs. The start of the financial year was challenging in the delivery of all three regulatory standards but during the year compliance has shown continuous improvement. Of particular note is the Trust's continued strong performance in delivering A&E, RTT and Cancer access standards, despite unprecedented demand during the course of the year. Below is a summary of some of our key performance indicators for 2018/19. However, this should be read in conjunction with the main narrative of the annual report for a better understanding of the context of these performance measures. You can find details of our current performance, updated on a monthly basis, on our website at www.chelwest.nhs.uk.

NHS Improvement risk assurance framework

The table below summarises the performance indicators for the Trust.

	Target 2017/18 Combined C&W and WM	Performance 2018/19— combined year end position
Incidents of Clostridium difficile	16	10
All cancers: 31-day wait from diagnosis to first treatment	96%	97.5%
All cancers: 31-day wait for second or subsequent treatment: surgery	94%	98.8%
All cancers: 31-day wait for second or subsequent treatment: anti-cancer drug treatments	98%	100.0%
All cancers: 62-day (urgent GP referral to treatment) wait for first treatment	85%	89.0%
Cancer: two week wait from referral to date first seen comprising all cancers	93%	93.5%
Referral to treatment waiting times <18 weeks - Incompletes[19]	>92%	92.3%
A&E : Total time in A&E <=4hrs	95%	95.1%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	Yes	Yes

Local quality indicators

The local quality indicators are the same as last year. This provides us with an opportunity to review the key indicators that are important to us and the quality of patient care that our patients receive. The indicators chosen are important not just to Chelsea and Westminster but to North West London as a whole. In determining the indicators, we have focused on where we can embed and sustain improvements and share learning from the wider NHS. In addition, falls and complaints have been reported as a quality priority. Falls and pressure ulcers were linked to the Trust's 'Quality Strategy and Plans for 2015 to 2018'. Having the same local quality indicators allows us to compare performance year on year. The 9 indicators chosen span the domains of patient safety, clinical effectiveness and patient experience with some covering more than one domain.

Patient safety

Pressure ulcers

Prevention of hospital acquired pressure ulcers is crucial to the prevention of harm agenda and has remained a focus for the Trust in 2018/19. The table below provides an overview of the number of incidents reported on the Trust's incident reporting system on both sites during 2018/19 compared to the previous two year's data. This data shows that there has been sustained improvement with a further decrease in the volume of grade 3 and 4 pressure ulcers reported as serious incident 2017/18. The focus in 2019/20 will be to continue to ensure timely accurate reporting. The Trust continues to be engaged in work with NHS Improvement on the prevention and reduction of pressure ulcers across hospital and community.

	2016/17 Chelsea and Westminster Hospital NHS Foundation Trust	2017/18 Chelsea and Westminster Hospital NHS Foundation Trust	2018/19 Chelsea and Westminster Hospital NHS Foundation Trust
Grade 3 & 4 reported as Serious incidents	20	13	6
Pressure ulcers (grade 2,3 & 4)	228	182	167
Pressure ulcers (grade 2,3 & 4 including community acquired)	1082	1052	1109

Falls

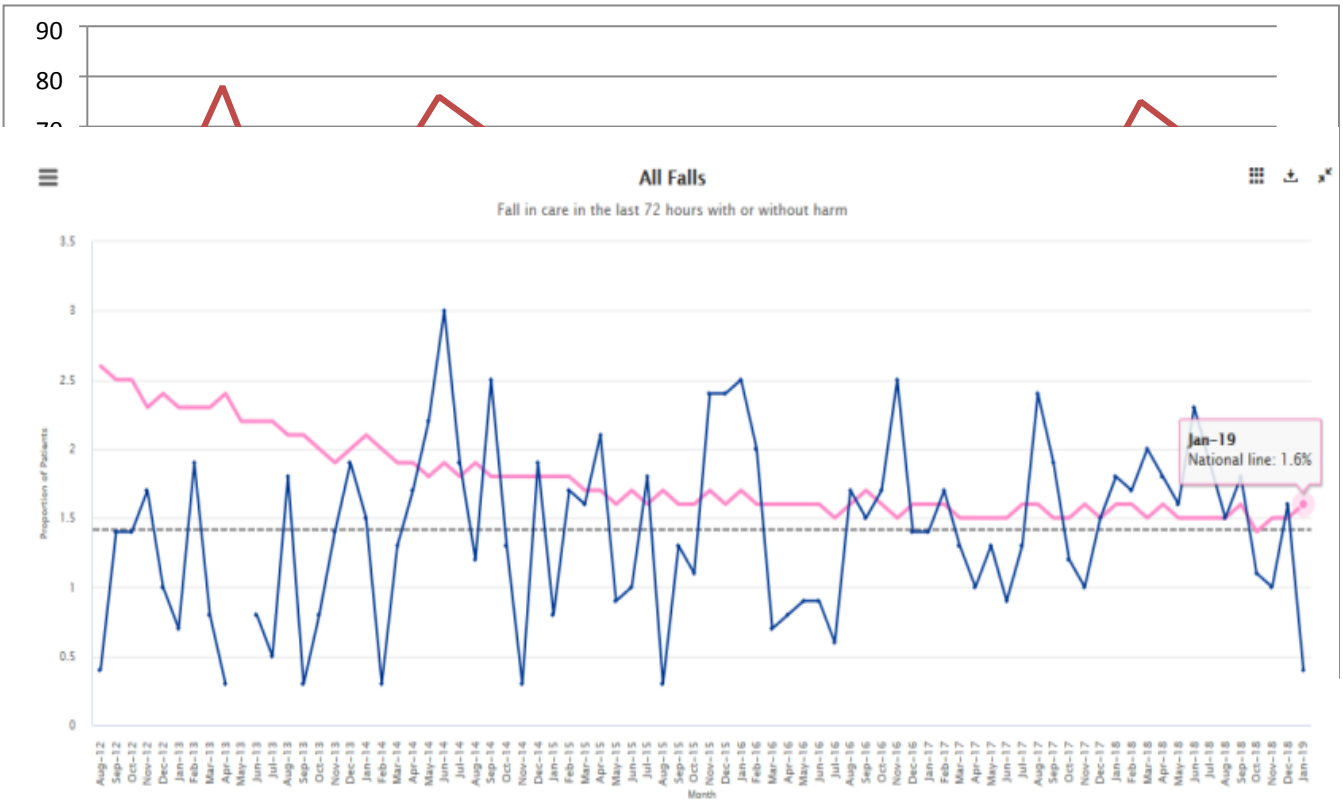
Fall prevention has been a quality priority for the trust since 2017. Significant progress has been made on aligning our two hospital sites, with the creation of a cross-site steering group who meet monthly and act as a standing panel to review and provide Multi-disciplinary scrutiny to all incidents relating to falls that result in harm.

This group has created a falls policy and a falls assessment based on national best practice, to be completed on all admitted adult patients. The work is reported to Improvement Board (identified schemes), the Patient Safety Group, Executive Board, Quality committee and Trust Board.

Graph 1 shows the number of patient falls per month, by hospital site whilst graph 2 shows the proportion of falls at our trusts compared to the national average. Whilst we remain

below the national average, there are still too many preventable falls. The introduction of a CNS for older people aims to align the falls work with dementia and frailty, recognising how intimately linked these are and better utilising training opportunities and support for frontline staff in managing patients at risk of falls.

Graph 1: Number of patient falls, per month, by hospital site



Graph 2: Data from National safety thermometer comparing the proportion of falls at Chelsea and Westminster to the national average.

Clinical effectiveness and patient experience

A&E performance

Performance against the A&E 95% standard has been particularly challenging during the year, most notably during Q3 & Q4 across both sites.

**Further update to be provided at year end….

	2017/18 Chelsea and Westminster Hospital NHS Foundation Trust	2018/19 Chelsea and Westminster Hospital NHS Foundation Trust	National Performance		
			Worst	Best	Mean
A&E/UCC Patient stay in A&E less than 4 hours all types	94.3%	95.1%	68.4%	98.2%	87.2%

Referral To Treatment

**Further update needed at year end

Throughout 2018/19, the RTT performance has been increasing and from Nov 2017, the aggregate performance has been compliant with the national 92% standard. Q4 represented the best performance since the merger of the two sites in Sep 2015 which is significant given the challenges the organisation faced with non-elective demand. During 2017/18, there were no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue into 2018/19.

Our performance in relation to the 62-day cancer GP referrals to first treatment standard has been excellent during the year, with two months being the number one performing Trust in the UK (Nov 2017 and Jan 2018). Our compliance with the 2-week wait standard has also been excellent. Both of our sites have experienced significant growth in demand with increased referrals compared to 2016/17 yet the organisation has responded well to deliver timely care for our patients.

**Further info to be added at year end

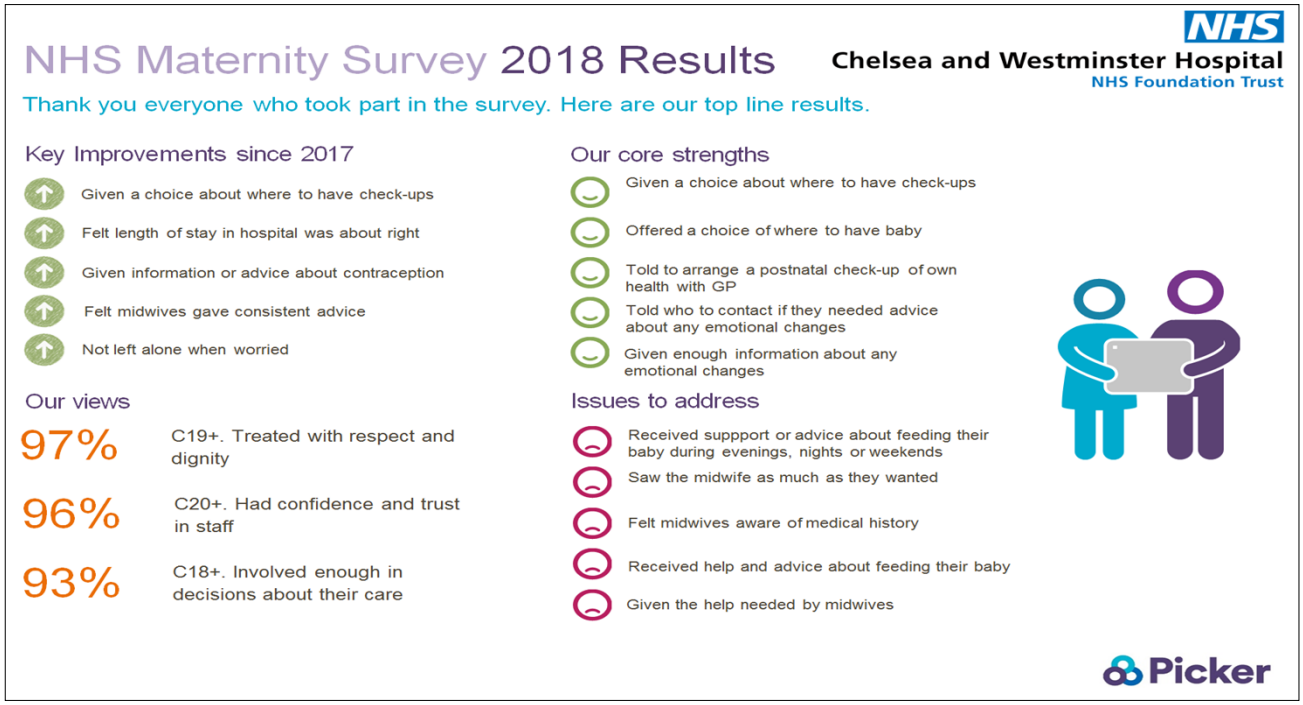
	2017/18 Chelsea and Westminster Hospital NHS Foundation Trust	2018/19 Chelsea and Westminster Hospital NHS Foundation Trust	National Performance		
			Worst	Best	Mean (Q3 YTD)
18 Week RTT	91.5%	92.3%	70.3%	100.0%	87.0%
Cancer 2 week waits	93.8%	93.5%	63.5%	100.0%	91.7%
Cancer 31 days diagnosis to treatment	99.1%	97.5%	79.6%	100.0%	97.0%
Cancer 62 days referral to treatment	89.4%	89.0%	53.1%	96.3%	79.5%

Patient experience CQC survey

In 2018-19 Chelsea and Westminster NHS Foundation Trust participated in the national surveys for inpatients, maternity services and children's services. The results from the children's services survey will be available after April 2019 and therefore are not presented here.

Maternity Survey

The maternity survey saw high levels of satisfaction and overall the service ranked 29th nationally in comparison with other organisations who also chose Picker to administer their survey. The info-graphic below clearly demonstrates the strengths and improvements from the 2017 survey and includes indications of where the service can continue to improve. The maternity services have developed an action plan in relation to this feedback.



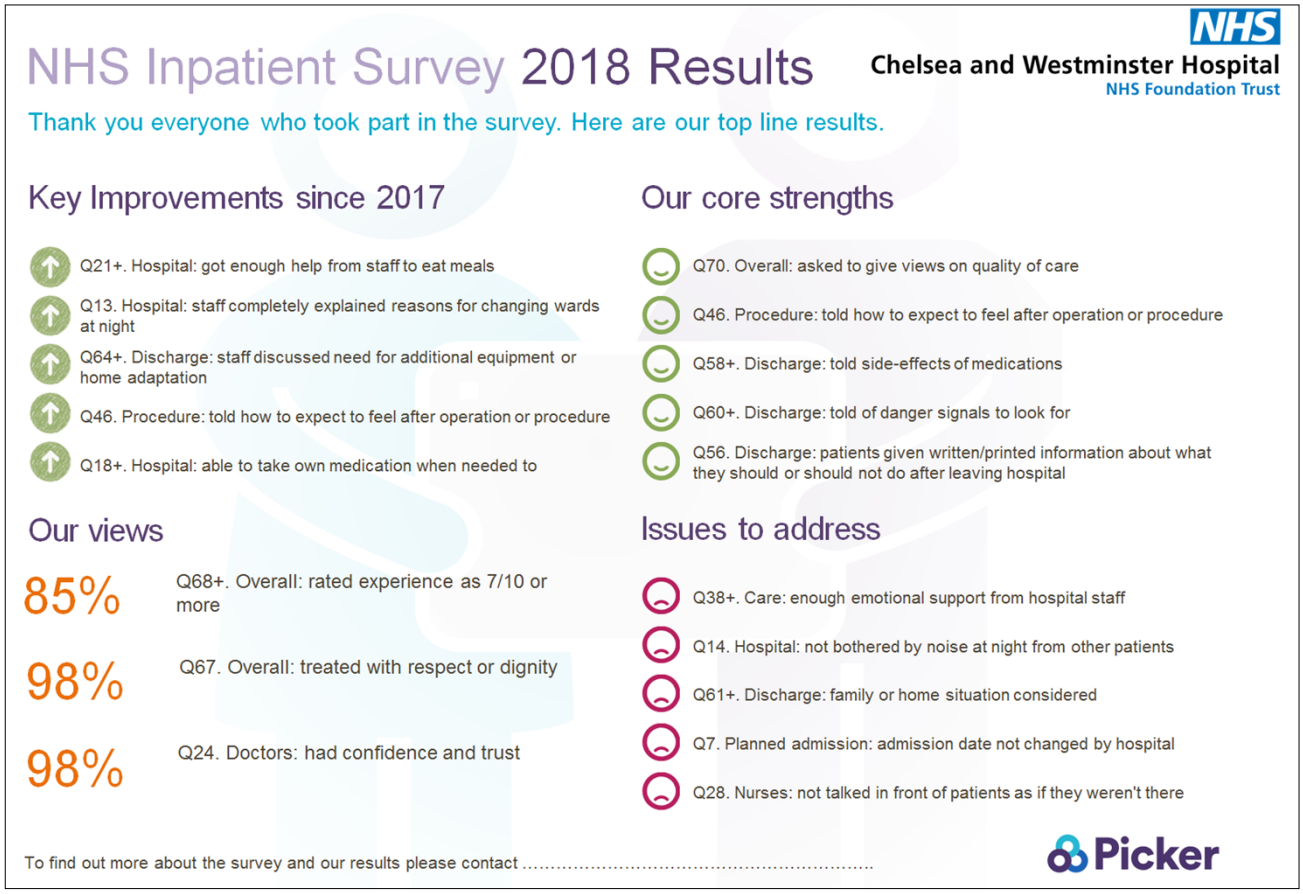
In addition the results have been analysed to ascertain any difference in the experience of care between Black and Asian minority ethnicity (BAME) and non-BAME patients. In many areas of the survey there was little or no difference in the experience of care. The following three areas showed a significant difference in responses which will form part of the maternity services action plan:

Question	Trust Score	Non BAME Respondents	BAME Respondents
B4+ Offered a choice of where to have baby	**92%**	95%	89%
F2+ Had a telephone number for midwives	**94%**	95%	92%
F7 Saw the midwife as much as they wanted	**69%**	71%	62%

Inpatient Survey

The inpatient survey saw high levels of satisfaction and saw the Trust ranked 47th in the country for positive responses compared to other organisations who also elected to use Picker to administer their survey. Of note for the inpatient survey was that the Trust was the 2nd most improved responses in the country. Whilst there is still development required this does demonstrate the range of improvement measures are having an impact on our patients experience of care.

The info-graphic below clearly demonstrates the strengths and improvements from the 2017 survey and includes indications of where the service can continue to improve. The Trust will continue to use the Patient Reported Outcome Measures (PREM's) in conjunction with an action plan to improve the survey responses for 2019.



Work will be undertaken to analyse the survey results in line with selected protected characteristics to identify any areas for improvement for these specific patient groups.

Complaints and safeguarding training

Complaints have been reported on in the Quality Priority section.

In all areas there has been improvement with the response rate for friends and family tests with the inpatient and paediatric areas consistently exceeding the 30% target. Maternity, Emergency Department and GUM services have increased compliance to over 20% response rate but more work is required to meet the 30% target.

All areas within the organisation have improved and now exceed the Trust target of 90% recommendation score.

This year the Trust has moved to an electronic feedback system, giving patients the opportunity to provide their feedback at the point of discharge

Safeguarding training remains a key quality indicator for the Trust. Despite challenges of high turnover Adult Safeguarding Level 1 has achieved 94% compliance; Children's Safeguarding Training Level 1 is currently at 95% both have consistently achieved over 90% this year. Both adult and children's training content and those requiring training is reviewed at least annually to ensure it is relevant, up-to-date and in line with national and pan-London guidance. New guidance has been published & is due to be published for both adults & children's safeguarding. Our policy and training incorporate domestic abuse, child sexual exploitation and modern slavery and exploitation, as well as PREVENT. We plan to undertake a deep dive audit with CCG partners in the first quarter of 2019/20

	2016/17 **Chelsea and Westminster Hospital NHS Foundation Trust**	**2017/18** **Chelsea and Westminster Hospital NHS Foundation Trust**
Complaints responded to within 25 working days	32.0%	70.0%
Maternity Friends and Family Test Response rate Recommendation Score	 19.6% 90.1%	 18.8 91.4
In Patient Friends and Family Test Response rate Recommendation Score	 31.9% 88.4%	 35.7% 89.2%
ED Friends and Family Test Response rate Recommendation Score	 14.8% 88.4%	 16.5% 86.3%
Paediatrics Friends and Family test Response rate Recommendation Score	 7.9% 93.1%	 25.8% 92.9%
GUM Friends and Family test Response rate Recommendation Score	 25.0% 95.3%	 20.3% 94.8%
Safeguarding adults training	87.3%	90%
Safeguarding children's training	90.8%	88%

Other quality improvement indicators

The Care Quality Programme (CQP) is an established a structure for continuous quality improvement process in the Trust. The aim of the programme is to improve quality of care and reduce variation in a sustained manner and to support an improvement culture in the organisation. The work programme involves 6 bespoke improvement tools aiming to improve quality and safety in all clinical areas within our organisations, these are:

- A ward and department accreditation scheme to enable the organisation to peer review clinical areas and award grading's and improvement plans based on set quality standards
- A twice annual peer review process of clinical areas involving external peer reviewers with Trust staff
- Weekly multidisciplinary quality rounds led by clinical and non-clinical staff, with a focus on education and including measurable audit component
- Peer review of out of hours working and the identification and management of deteriorating patients
- Focus groups led by Executives and senior managers to spend time with teams gaining staff views and to establish methods to support staff
- A senior manager link programme into each clinical area with a regular quality review and supportive visit

This is a Trust led and staff owned quality improvement programme. Since commencing our quality improvement journey, the Trust has improved its CQC rating from 'Requires Improvement' to 'Good' with an 'Outstanding' rating for Use of Resources. The CQC report April 2018, noted the value of the ward and department accreditation programme in quality improvement.

The Trust continues with an ambitious quality improvement journey to reach an 'Outstanding' rating. The improvement process is now well embedded based around the Trust PROUD Values and an improvement framework. A quality improvement team has also been embedded in the organisation.

The improvement framework has created a positive competitive culture across all clinicians to drive the improvement of care in their clinical areas. Additionally the assessment process of the Ward and Department Accreditation's applied methodology allows the Executive and Trust Board to be sited objectively on the quality progress of each clinical area. This improvement approach has been positively received within the organisation and has created opportunities for Executive Directors to recognise and celebrate positive achievement.

Quality focus - ward and department accreditation

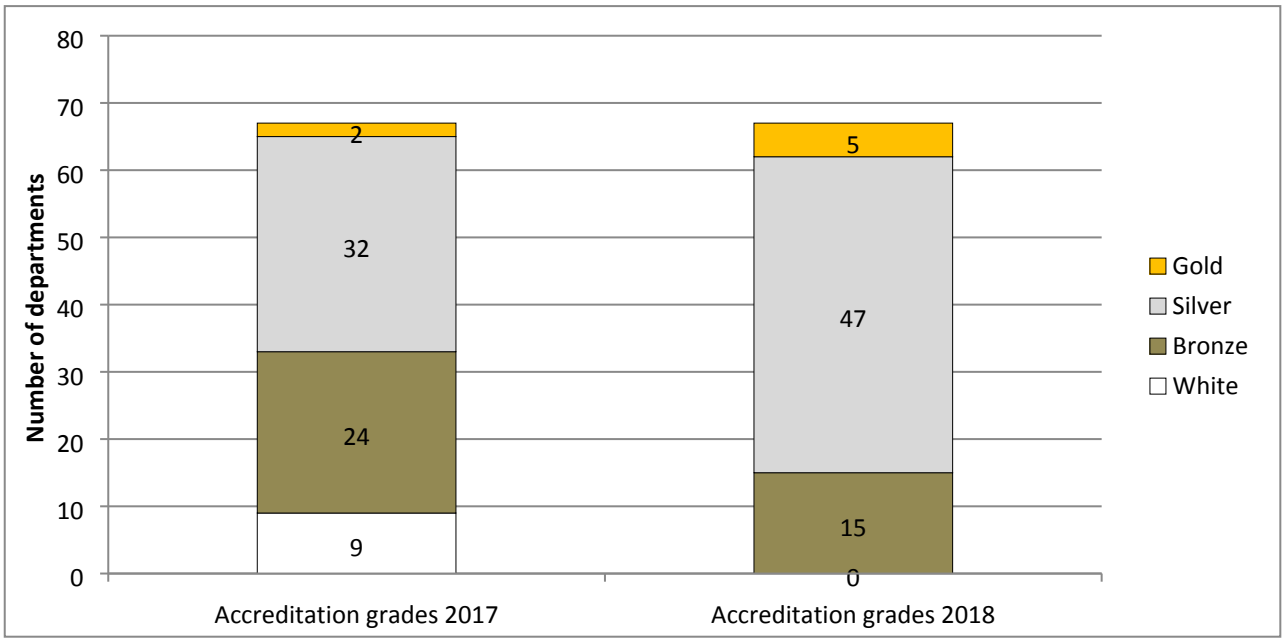
**further refresh needed at year end

The Trust has continued to develop the peer review accreditation process led by the Chief Nurse and the Corporate Nursing Team. The process uses an assessment tool similar to the CQC framework. The grading awarded is visible in each clinical area.

The grading system used by the Trust range from white to gold (outlined in the table below):

Gold	Achieving highest standards with embedded evidence in data
Silver	Achieving minimum standards and above with evidence in improvement data
Bronze	Achieving minimum standards with some improvement work underway
White	Not achieving minimum standards and no evidence of active improvement work

164 accreditations have taken place 2017 to 2018 in 97 clinical areas. 67 areas have been accredited more than once which has demonstrated improvement has been achieved. Comparing the initial and subsequent grades of these 67 areas shows how the standards are improving. The table outlines the change in distribution of grades for the departments that have been accredited on subsequent occasions.



Any actions requiring quality improvement during the accreditation visit are documented into the accreditation report to inform the work programmes of clinical teams. The actions are documented by priority in relation to staff and patient safety. During the year patient representatives from the Council of Governors were included in accreditation visits bringing a valuable patient focus to the process.

Over the 2017/18 year, further clinical areas were added to the accreditation programme. The accreditation tool, gradings structure and the accreditation process has been reviewed to align with the CQC's framework for inspection and the Trust's quality improvement framework.

Care Quality Commission (CQC) ratings

The Care Quality Programme (CQP) workstreams developed during 2017 to address quality improvement and prepare the Trust for the comprehensive CQC inspection following integration has continued through 2018 to maintain quality improvement and to meet the CQC's standards.

The programme improves the quality of care for patients in clinical areas across all sites, aiming to embed a continuous culture of delivering high quality care and works alongside the CQC's domains of safe, caring, responsive, effective and well-led.

The programme work streams are led by specialty leads, patient governors and external and internal stakeholders. Continuous progress is reviewed weekly by a dedicated quality team, with assurance gained by the Executive board twice monthly. A key aim was for quality improvement to be understandable and linked to patient care outcomes. This approach made the process dynamic, with challenging and changing objectives. This new iterative quality approach is regularly adapted to meet change at a fast pace and led by the feedback from staff.

A work stream of Peer Reviews was delivered in 2018 required the Trust to be open and transparent adapting to address unseen challenges, supporting teams through changes that are responsive to patients and staff. Staff has become familiar in the principles of quality improvement and CQC requirements and this gave a challenge to refocus the culture of all clinical and non-clinical groups.

During 2018, 4 cycles of the peer reviews were held across the Trust and the outcomes embedded in current live workstreams. As part of on-going inspection preparations, the Trust has also engaged with NHS Improvement (NHSI) to promote the work of the CQP programme as a model that is transferable to other organisations.

The CQP Senior manager link Programme continues to support staff engagement and provide staff with regular opportunities to talk to senior leaders of the Trust as clinical departments have been assigned a senior leader who visits the teams on a regular basis.

Senior Nurses, Midwives and Allied Health professionals meet weekly together to audit different areas of quality known as 'Quality Rounds'. These offer staff educational sessions from subject matter experts in addition to protected time to review practice in clinical areas.

The CQC continues to meet senior leaders in the Trust on a quarterly basis to discuss a regular agenda of issues relating to the 'safe, effective, caring, responsive and well-led' domains. The Trust also meets NHSI on a regular basis to review quality.

The overall CQC rating remains at 'Good', with the rating of 'Outstanding' for the Trusts use of its resources.

The following ratings awarded during April 2018 remains as in the following tables:

Overall results for Chelsea and Westminster Hospital NHS Foundation Trust

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Chelsea and Westminster Hospital	Good ↑ Mar 2018	Good ↑ Mar 2018	Outstanding ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
West Middlesex Hospital	Requires improvement →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Overall trust	Good ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

Ratings for Chelsea and Westminster Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2018	Good Mar 2018	Outstanding ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Surgery	Good ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Critical care	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Maternity	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Services for children and young people	Good ↑ Mar 2018	Good ↑ Mar 2018	Outstanding ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
End of life care	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018
Outpatients	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018
Diagnostic imaging	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
HIV and Sexual Health Services	Good Jul 2014	Not rated	Outstanding Jul 2014	Outstanding Jul 2014	Outstanding Jul 2014	Outstanding Jul 2014
Overall*	Good ↑ Mar 2018	Good ↑ Mar 2018	Outstanding ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

Ratings for West Middlesex Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2018	Requires improvement Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Requires improvement ↓ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018
Surgery	Requires improvement →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Critical care	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
Maternity	Requires improvement Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
Services for children and young people	Good ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
End of life care	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Outpatients	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018
Diagnostic imaging	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall*	Requires improvement →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018

Additional quality highlights

Staff Awards 2018

Congratulations to all of the nominees and winners at our 2018 Staff Awards, which took place on Thursday 18 October at Rooms on Regents Park. This annual ceremony and dinner is a chance to recognise and celebrate the stars within our organisation who go above and beyond to provide the best possible care for our patients, with nominations from staff, patients and relatives. Awards range from Nurse of the Year, to Team of the Year and Admin/Corporate Employee of the Year, along with special awards from our official charity CW+ and Chief Executive, Lesley Watts.

The winners of our 2018 awards were:

- **Nurse of the year:** Veronica Nuevas, Practice Development Nurse, WMUH
- **Midwife of the year:** Sandra Sealey-Fletcher, Midwife, WMUH
- **Doctor of the year:** Dr Angus Kennedy, Consultant Neurologist, C&WH
- **Clinical support worker of the year:** Clever Muruko, Healthcare Assistant, WMUH

- **Allied health professional of the year:** Emma Murton, Occupational Therapist - Kew Ward, WMUH
- **Pharmacist/healthcare scientist of the year:** Helen Morgan, Deputy Chief Pharmacist, C&WH
- **Admin employee of the year:** Hazel Longergan, Outpatients Receptionist, C&WH
- Support services employee of the year: Alex Martins, ISS Maintenance, C&WH
- **Team of the year:** Palliative Care Team, Cross-Site
- **Volunteer of the year:** Andrea Thiyani, Bleep Volunteer, C&WH
- **Inspiring leadership award:** Melanie Guinan, Lead Nurse for Children, Neonatal and Young People, Cross-Site
- **Lifetime achievement award:** Dharmen Govinden, Lead Nurse, WMUH
- **Quality improvement award:** Emer Bouanem, Clinical Nurse Specialist, C&WH
- **CW+ PROUD to Care annual award:** Paula Campbell, Admin Team Leader, C&WH
- **CW+ special award:** Nicole Mulhall, Ward Manager – Edgar Horne, C&WH
- **Chief Executive's special award:** Critical Care Teams/ICU, Cross-Site
- **Council of Governors special award:** Thewodros Leka, Lead Pharmacist for Surgery, WMUH and Vanessa Marvin, Deputy Chief Pharmacist, C&WH

End of life care

This has been another incredibly active year for the Trust in terms of palliative and end life care:

We have improved our CQC rating from "requires improvement" to "good" on both sites. The CQC commended outstanding areas of care which included;

- "End of life care had a high profile throughout the Hospitals on both sites. There was a focus on improving the experience for patients nearing the end of life and there appeared to be a widespread commitment to achieving this."

- "There was an innovative approach to how clinical and non-clinical staff were trained in all aspects of end of life care; in particular the use of high fidelity simulation scenarios modelled on a patient's journey at the end of life."

- "Butterfly rooms were developed which are rooms reserved for patients identified as having days or hours to live. They included all the necessary equipment and facilities patients and their families needed to remain close to one another until death."

- "There were appropriate and sensitive processes for end of life care for neonates and children and young people."

- "The Specialist Palliative Care team provides face to face care seven days a week on both sites."

We have supported quality improvement through a national CQUIN project which provides early palliative care intervention for cancer patients and we have extended to heart failure patients in the last year. We are on track to achieve 100% of financial targets for the third year which will have retained over £380,000 for the Trust.

We took part in the national audit of care of the dying patient which has confirmed we are providing excellent care, with evidence on the areas where we could be even better. We have presented work at two international conferences to support sharing of best practice.

We put forward four wards (two on each hospital site) for accreditation in the nationally recognised Gold standard framework results all of which were successful in receiving accreditation.

We have developed Band 6 competencies specific to specialist palliative care nursing with the aim to “grow our own” recruit and retain in keeping with the Trusts priority to be the employer of choice.

Our booklet for bereaved relatives has been updated in response to the national 2018 NHS guidance “Learning from deaths”. We have incorporated important recommendations on working with bereaved families and carers with the aim of improving their experience of our service.

A member of the team was elected to the Council of Governors and another was elected as the deputy lead for non-medical prescribers (NMP) within the Trust.

We are working on a pilot developing and supporting volunteers to support End Of Life care patients and their families.

Stroke

The Trust is part of the Pan London Stroke Model and has been since the models’ inception in February 2010. Chelsea and Westminster Hospital has an Acute Stroke Unit (SU) on each site; Nell Gwynne Ward, at Chelsea and Kew ward at West Middlesex (WM). Both units provide care, treatment and rehabilitation to patient’s 72 hours following a Stroke to local patients’ following their admission to one of the designated Hyper Acute Stroke Unit’s (HASU). The majority of Chelsea and WM patient’s attend the HASU at Charing Cross Hospital before being repatriated to their local SU although there are patient’s from other HASU’s such as St Georges.

At our 2018 Stroke peer review led by Professor Tony Rudd, National Clinical Director for Stroke NHS England both sites achieved a Green RAG rating with the report stating there had been a significant improvement from the previous Stroke peer review. The report commended the Trust on its excellent delivery of Stroke services across the two hospital sites stating a significant amount of work had gone into the improvement of both hospital sites.

Ambulatory Emergency Care Service

The Trust has provided significant investment in the development of the Ambulatory Emergency Care Service across both sites with the completion of the building of an enlarged department on the Chelsea site in December 2018 and expansion of the department on the West Middlesex site due for completion this summer.

The underlying principle is that a significant proportion of emergency adult inpatients can be managed safely and appropriately on the same day without admission to a hospital bed. The avoidance of unnecessary overnight stays for emergency patients not only improves the quality of patient care and experience but also reduces occupied bed days in hospitals.

- The benefits of ambulatory care include:
- Improved patient experience and outcomes
- Transformed emergency care processes with improved efficiency
- Released acute care bed days

The units continue to develop shared clinical care pathways to improve access for patients directly from their GP or the Emergency Department whilst also developing pathways to support earlier, safe discharge of inpatients. The purchase of a range of Point-of-Care testing equipment allows for quicker assessment, decision making and care delivery. The care pathways are also supported by the development of a range of specialist 'hot clinics' which allow for rapid assessment by a clinical specialist when needed.

Clinical innovation and improvement - Clinical Fellow Projects 2018/19

Initiatives to improve quality frequently involve frontline staff, including junior doctors.

The Trust, as part of the improvement and transformation programme, has engaged junior doctors by the continuation of the roles of Clinical Innovation and Improvement Fellows introduced in 2016/17.

These unique roles allow the Fellows to bring their clinical knowledge into the managerial arena and to develop their understanding of the inner workings of a hospital.

In addition to supporting the quality priority improvement projects the fellows are working on additional wide range of improvement projects:

Emergency and Integrated Care

Medical Emergency Team at WM is 6 month trial of a senior decision making team available 24/7 to urgently respond to all adult patients with a NEWS ≥7. The project aims to provide a clear pathway for the deteriorating patient and reduce HDU/ICU admissions and ultimately, numbers of cardiac arrests.

Care of the Older Patients this pulls together the golden threads of caring for our older patients well. The work aims to align a number of existing strategies and pathways and puts them under the same leadership, with the introduction of a new Clinical Nurse Specialist. The focus of this team will be to improve dementia care through screening, training, development better provision of equipment and investment into our ward environments. It will also take responsibility for the reducing falls agenda and the frailty pathway, both care and design.

The Alcohol education strategy involves working with the trust's public health consultant to create a comprehensive, cross-site alcohol screening and referral pathway to improve understanding of and coding of alcohol use in our patient population.

Planned Care

Reducing Outpatient DNA Rates
A 3-month trial of behavioural interventions targeted at reducing outpatient DNA rates. Our aim is to standardise the method by which appointment information is communicated to patients, alongside providing easily accessible options for patients to cancel/rearrange their appointment. The changes will initially be trialled in 5 outpatient departments, with the goal of extending further if successful.

Cross-Site Implementation of the RAPID Prostate Pathway
Supporting the implementation of a cross-site RAPID pathway for the timely investigation, diagnosis and treatment of patients referred for suspected prostate cancer, through the streamlining of diagnostics into a one/two stop service.

Improving Quality of Inpatient Care and Reducing Length of Stay after Uni-compartmental Knee Arthroplasty (UKA)
This is a clinician-led, multi-disciplinary team project aiming to ensure that all patients undergoing elective UKA receive high quality care through the standardisation of all stages of the pathway. The ambitious aim is to achieve same day discharge for over 50% of patients.

Women and Children's

Prematurity Bundle is a project to improve the care provided to premature babies born at ChelWest, involving 3 workstreams around antenatal steroids, magenisum and newborn temperature management aimed at reducing rates of cerebral palsy and respiratory distress. The work is being showcased nationally.

Maternity Smoking cessation is a cross-site project to increase the number of smoke free pregnancies. This work aims to improve screening and quit rates of women and partners to benefit the health of the whole family.

Paediatric Hospital at Home is a new service being co-designed with staff and families to provide a responsive, innovative model of care delivery to reduce re-attendances to ED and admissions to the wards, by providing a nurse-led model of care delivery in the home.

Annex 1: Council of Governors statement

Governors' comments on the Quality Report

Annex 2: CWHHE Clinical Commissioning Group (CCG) statement

Annex 3: Healthwatch Hounslow Statement

Annex 4: London Borough of Hounslow Health and Adults Care Scrutiny Panel.

Annex 5: Richmond upon Thames' Health Services Scrutiny Committee

Annex 6: Statement of Directors' Responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance

- the content of the Quality Report is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2018 to May 2019
- papers relating to quality reported to the board over the period April 2018 to May 2019
- feedback from commissioners dated []
- feedback from governors dated []
- feedback from local Healthwatch organisations dated []
- feedback from Overview and Scrutiny Committee dated []
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated []
- the latest national patient survey dated []
- the latest national staff survey dated []
- the Head of Internal Audit's annual opinion of the Trust's control environment dated []
- CQC inspection reports dated []

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered

- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and

- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board:

Sir Thomas Hughes-Hallett
Chairman

?? May 2018

Lesley Watts
Chief Executive Officer

?? May 2018

Annex 6: Independent Auditor's Report to the Council of Governors of Chelsea and Westminster Hospital NHS Foundation Trust on the Quality Report

(once complete)

Epilogue

About the Trust website

The maintenance and integrity of the Trust's website is the responsibility of the directors. The work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Your comments are welcome

We hope that you have found our Quality Report interesting and easy to read. We would like to hear what you thought of it, so please let us have your comments by using the contact details below. Please also let us know if you would like to get involved in helping us to decide our priorities for improving quality.

Would you like to stay in touch with the hospital by becoming a member and receiving our hospital newsletter, *Going Beyond*? If so, please contact us—your details will not be shared with anyone else.

Write to:

Head of Communications
Chelsea and Westminster Hospital NHS Foundation Trust
369 Fulham Road
London
SW10 9NH

E: communications@chelwest.nhs.uk

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	1.5.1/Apr/19
REPORT NAME	Draft Governor's Commentary on the Quality Report 2018-19
AUTHOR	Laura Wareing, Chair of the Council of Governors Quality Sub-Committee
LEAD	Laura Wareing, Chair of the Council of Governors Quality Sub-Committee
PURPOSE	As part of preparing the Quality Report governors and other stakeholders are required to provide formal commentary for inclusion in the final Quality Report.
SUMMARY OF REPORT	A draft Governor's Commentary, which relates to the contents of a draft Quality Report, was prepared by Laura Wareing, Chair of the Council of Governors Quality Sub-Committee and supported by the governors from the Quality Sub-Committee. The Trust's draft Quality Report was shared with the Quality Sub-Committee and the latest draft Quality Report is included in the meeting pack. The Governor's Commentary is attached for endorsement by the full Council of Governors.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	
DECISION/ ACTION	The Council of Governors is asked to endorse the Commentary.

Annex 1: Council of Governors statement

Governors' comments on the Quality Report

The governors have read the Trust Quality Report 2018/19 with great interest. We remain impressed by the continued commitment of the Trust's staff in working towards the progressive improvement to the quality of care across the Trust.

The governors have endorsed falls which will remain a Quality priority for the trust in 2019/20. It was noted that the Trustwide launch of a new falls risk assessment and care plan and the revision of the falls strategy and its monitoring through the falls steering group has seen a decrease in externally reported falls, but there is much work to be done to reduce those of moderate harm and we welcome the maintenance of this quality priority in 2019/20. Meetings are currently underway to ensure the falls steering group is being ambitious in its work with clear performance metrics in place. The key focus being on education around the safer steps care plan as this has been highlighted in several of the recent serious incidents. The Trusts falls strategy aim to reduce falls by 30% to be consistent with national best practice, though we are discussing how realistic this might be since no one has managed this nationally.

The governors fully approved the choice of the Friends and Family Test (FFT) as a priority, since there is still scope for improvement in the number of patients completing these, with inpatients being the only area where the response rate has achieved the 30% target. The FFT is a key measurement of patient satisfaction with the quality of care provided, so the fact that we are continually just under the response rate target continues to disappoint. Although, it is noted that achievement in all areas is around or above the 90% recommendation score, and that there are improvements in the trusts recommendation rates. Governors will be keen to see if the review of the FFT, which is underway, alongside the significant work with volunteers will improve response rates.

The governors are pleased to see the ongoing steady recruitment of volunteers to participate in many helpful roles, their involvement is looking very promising.

The care quality programme (CQP) introduced to establish a structure for continuous quality improvement and to ensure the Trust is prepared for the Care Quality Commission (CQC) inspection has stood the Trust in good stead. The ward accreditation scheme introduced in the summer of 2016 also proved a very successful preparation for the CQC Inspection. The governors were delighted to learn that this system will continue and will be extended to cover up to 70 different areas of Trust business and will be assisted by suitably trained governors.

The governors commend all the hard work carried out across the Trust under the care quality programme, which has resulted in the overall rating provided at the end of the CQC inspections moving up from 'Requires Improvement' to 'Good,' and we welcome the NHS Improvement rating of 'Outstanding' for 'use of resources'.

The governors would also like to thank the Friends charity for their support in the butterfly rooms. Their commitment to a further three rooms across both sites of the Trust is much anticipated and hopefully on schedule before the end of the year.

The governors continue to provide quality awards for innovations which improve the patient experience, or which improve the working procedures or environment of the hospital staff, particularly where an idea which saves money can be rolled out cross-site.

We are continually impressed by the standard of the applications we receive, and these are highlighted in the Quality Report. This year we awarded Thewodros Leka, lead pharmacist for surgery WM and Vanessa Marvin, chief pharmacist for pharmacy CW. Both had innovative initiatives which we hope can be transferred to other departments improving both the quality and care we deliver as a trust.

The new Administration programme has successfully rolled out a text message service across the trust, enabling improved communications with patients. Complaints have been an ongoing issue and the new programme shows clear signs of tackling the issues to hand. The governors are continuing to keep an eye on the number of complaints and look forward to the promised improvements this coming year.

The governors would like to thank the staff of both CW and WM for the hard work and dedication that goes into making us one of the top trusts. We governors are aware that it is only through your continual efforts that we achieve high ratings in many areas. We want staff throughout the Trust to know how appreciated you are.

Thank you all.

Laura-Jane Wareing
Chair of the Council of Governors Quality Sub-Committee
16 April 2019

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	1.7.1/Apr/19
REPORT NAME	COG Membership and Engagement Sub-Committee Terms of Reference
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	David Philips, Chair
PURPOSE	To maintain good governance.
SUMMARY OF REPORT	The Membership and Engagement Sub-Committee Terms of Reference were updated and reviewed by the sub-committee at its January meeting, scheduled as a rolling programme of annual review. The changes include: • Reference made to the relevant section of the Trust's constitution as to the appointment of the sub-committee • Frequency of meetings changed to two meetings per year • Minor administrative improvements The sub-committee proposes the attached terms of reference.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.

Council of Governors' Membership and Engagement Sub-Committee

Terms of Reference

1.0 Authority

1.1 The Council of Governors' Membership and Engagement Sub-Committee is constituted as a Sub-Committee of the Council of Governors under Standing Orders 4 and 5 of Annex 7 to the Trust Constitution. The purpose of the Sub-Committee is to assist the Council of Governors to implement and develop the Trust's Membership Recruitment, Engagement and Communications Strategy and to facilitate communication between the Trust's members and the Council of Governors.

1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

2.0 Role

2.1 The Council of Governors' Membership and Engagement Sub-Committee shall be responsible for providing advice and support on:

a) the production of material to recruit new members for the Trust and to engage members in the work of the Trust;
b) the content of the material on the hospital's website and publicity materials for use across the hospital sites and within the community;
c) the use of the Council of Governors' budget for the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy, membership engagement and communication calendar of events and membership recruitment calendar of events;
d) ensuring that publicity material is written in plain English, free of jargon and unexplained acronyms.

2.2 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

3.0 Membership of the Sub-Committee

3.1 The Sub-Committee shall comprise 9 elected Governors from the public, patient and staff constituencies who are concerned with the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy.

3.2 The following members of the Trust's staff are eligible to attend:

a) The Company Secretary
b) The Director of Communications or suitable deputy
c) The Membership Officer
d) The Equality and Diversity Manager (as required)

e) The Board Governance Manager

g) In addition, the Sub-Committee may invite other people to attend including those from an external organisation

4.0 Quorum

4.1 A quorum shall comprise:

(1) 3 Governors

(2) 2 trust staff: one of either Company Secretary, or Board Governance Manager and Membership Officer.

5.0 Frequency of meetings

5.1 The Sub-Committee shall meet twice per year ~~quarterly~~ and shall report ~~regularly~~ to the Council of Governors after each meeting.

6.0 Attendance requirements

6.1 The Sub-Committee members are expected to attend a minimum one~~three~~ out of two~~five~~ meetings in a year.

7.0 Planning and administration of meetings

7.1 The Sub-Committee shall elect from its membership, a Governor to serve as Chairman to serve for term agreed by the Sub-Committee. The Chairman will be eligible for re-election after the term has expired.

7.2 The Sub-Committee shall elect from its membership, a Governor to serve as a Deputy Chairman who will be appointed at the same time as the Chairman.

7.3 The Board Governance Manager will support the planning of the Sub-Committee.

7.4 The Board Governance Manager will act as secretary to the Sub-Committee.

7.5 The Membership, Engagement and Communications and Recruitment Plans will be agreed by the Sub-Committee and ratified by the Council of Governors.

8.0 Review

8.1 The terms of reference of the Sub-Committee shall be reviewed by the Council of Governors annually.

Revised by the Membership and Engagement Sub-Committee on 20 April 2017
Approved by the Council of Governors at 18 May 2017
Revised by the Membership and Engagement Sub-Committee on 19 April 2018
Approved by the Council of Governors at 17 May 2018
Revised by the Membership and Engagement Sub-Committee on 31 January 2019

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	1.7.2/Apr/19
REPORT NAME	COG Quality Sub-Committee Terms of Reference
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Laura Wareing, Chair
PURPOSE	To maintain good governance.
SUMMARY OF REPORT	The Quality Sub-Committee Terms of Reference were updated and reviewed by the sub-committee at its February meeting, scheduled as a rolling programme of annual review. The changes include: • Clarifying powers of the sub-committee to bring in line with the Trust's constitution • Frequency of meetings changed to four meetings per year • Minor administrative improvements The sub-committee proposes the attached terms of reference.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.

Council of Governors' Quality Sub-Committee
Terms of Reference

1.0 Authority

1.1 The Council of Governors' Quality Sub-Committee is constituted as a Sub-Committee of the Council of Governors under Standing Orders 4 and 5 of Annex7 to the Trust Constitution.

1. 2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

2.0 Aim

2.1 The aim of this Sub-Committee is to monitor and enquire into all aspects of the quality of services provided in the Trust's hospitals, providing key stakeholder input into the development and implementation of the Trust's quality programme, including safety, effectiveness and patient experience.

3.0 Role

3.1 To identify priorities for quality improvement in line with national and local initiatives.

3. 2 To contribute to the structure and content of the Quality Account, within the required framework, to ensure it is clearly and well-presented and can be understood by all stakeholders, including developing agreed metrics.

3.3 To advise on communication of the Quality Account, and quality initiatives, including meeting the needs of a range of patients.

3.4 To identify ways in which stakeholders can be involved in the quality programme e.g. safety walkabouts, advising on leaflets.

3.5 To champion the patient's experience and encourage and advise on patient involvement.

3.6 To identify areas where there is particular added value from stakeholders.

3.7 To encourage the quality of staff performance through the Quality Awards scheme.

3.8 To obtain the lay perspective on assurance of quality.

3.9 To link in to work of the Board's Quality Committee.

3.10 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

4.0 Membership of the Sub-Committee

4.1 The Sub-Committee shall comprise both elected and appointed governors, with representatives from CCGs and Healthwatch in attendance.

4. 2 The following Trust staff shall be members of the Sub-Committee:

a) The Chief Nurse or a suitable deputy

b) The Medical Director or a suitable deputy

c) The Director of Quality Governance

d) The Company Secretary

In attendance:

- Assistant Director of Nursing
- Board Governance Manager
- Membership Officer
- Equality and Diversity Manager
- Head of Clinical Governance
- Other Trust staff maybe be invited to attend

5.0 Quorum

5.1 A quorum shall comprise at least one of the Company Secretary, Medical Director or Chief Nurse and three Governors.

6.0 Frequency of Meetings

6.1 The Sub-Committee shall meet four times per year ~~bi-monthly~~ and shall report to the Council of Governors after each meeting.

7.0 Attendance requirements

7.1 Sub-Committee members are expected to attend two thirds of the meetings in a year.

8.0 Administration of the Meeting

8.1 This will be undertaken by the Board Governance Manager.

9.0 Review

9.1 The terms of reference of the sub-committee shall be reviewed by the Council of Governors at least annually.

Revised by the Quality Sub-Committee on 19 April 2017
Approved by the Council of Governors at 18 May 2017
Revised by the Quality Sub-Committee on 20 April 2018
Approved by the Council of Governors at 17 May 2018
Revised by the Quality Sub-Committee on 1 February 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	2.1/Apr/19
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for Council's information.

Chairman's Report
April 2019

1.0 2017/2018 Outcome

We have now completed a very successful year. I will leave the detail to the CEO's report. The Council of Governors will know of our strong financial performance, the strengthening of our balance sheet, the improvement of quality of care evidenced by our recent CQC report. Good progress being achieved on our people strategy and the successful implementation of a new Cerner system. All of our staff have worked tirelessly to achieve this laudable result against a background of ever-increasing demand and in the absence of financial investment in the centre to enable us.

As the year closes, I am delighted to welcome to our Board, Ian Eaves our new Director of Improvement and Thomas Simons our new Director of People.

2.0 Non-Executive Director Appointments

If Council supports the recommendation of its nominations and remuneration committee, we will move to commence the search for a successor for Liz Shanahan. We are particularly committed to broadening the diversity of our non-executive directors' team to better reflect the diversity of our staff and of our patients. It goes without saying that at the end of the day we must and will appoint the most suitable candidate.

3.0 Governor Inductions and Informal Lunches

I have enjoyed spending time over the last months with our newer Governors. We are fortunate indeed to have been joined such excellent new colleagues. We have organized the annual cycle of informal Chair and Governor lunches and I very much enjoyed the first held last month where governors were particularly keen to stress that the Trust should play a role as a systems leader in the reshaping of North West London.

4.0 The National Picture

The publication of the long-term plan and the appointment of a new leader for the NHS in London, Sir David Sloman, has been followed by the CEO and myself. Further upping our level of engagement with the 'centre'. I am delighted to have been appointed to the new NHS Assembly which will provide oversight and input into the implementation of the long-term plan. As one of two NHS Chairs on the assembly it gives us a further voice in observing and contributing to the evolving new NHS system. I have also had a one on one meeting with Sir David Sloman and the Board will be having a special meeting with him in May to understand better his vision for the NHS in London and to share with him some of our early thoughts about how we can act as a leader in the inevitable system changes.

On Monday 8 April, Lesley and I met with the new Chair of Imperial Health Trust, Paula Vennells. Paula is the former CEO of the Post Office and a NED of Morrisons. It was an excellent first meeting and we discussed our mutual enthusiasm for greater collaboration in the interest of our patients.

5.0 An Apology

Please excuse my absence from this meeting. Juliet and I are celebrating our 40th wedding anniversary in the USA.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	2.2/Apr/19
REPORT NAME	Chief Executive's Report
AUTHOR	Sheila Murphy, Interim Company Secretary
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report
March 2019

1.0 Performance

January again saw continued growth in non-elective demand and increasing numbers of patients coming through our front doors to its highest volume for any single month and 10% higher than the same month last year. While demand continues to be challenging the Trust has delivered a high level of performance in its Urgent Care pathway with 94.2% within the 4 hour standard. Despite this being a slight deterioration in performance from December the Trust continues to be the highest performing in London and one of the top performing Trusts nationally. This is only possible due to the teams continued hard work and dedication to patients requiring urgent care.

The Referral to Treatment (RTT) incomplete target was again achieved with an improving trend along with on-going compliance against all the Cancer standards. Our 6 week wait Diagnostic position remains compliant, so despite challenges across a number of areas this is a fantastic achievement, demonstrating the continued efforts of all of our staff to ensure we give our patients the very best, timely care.

2.0 Flu Vaccination update

The Trust exceeded the NHSE target of 75% with 80% of our staff being vaccinated.

Attached separately to this report is an update on Health Care Workers flu vaccination programme as required by NHS Improvement.

3.0 Divisional updates / staffing updates

I am pleased to say that James Eaton, Director of Performance and Information has now started with us. All the Divisional Medical Directors are now appointed: Simon Barton for Women and Children, HIV, GUM and Dermatology; Julie Hillier for Clinical Support Services; Dilys Lai for Emergency Medicine and Integrated Care and Jason Smith for Planned Care.

Other notable staffing changes include the retirement of Shan Jones, Director of Quality Improvement, and I am pleased to announce that Lizzie Wallman will be taking up this post.

4.0 Staff Achievements and Awards

Our latest CW+ PROUD award winners are:

- **Planned Care**: Jatinder Kaur, Service manager WMUH
- **Emergency and Integrated Care**: Catherine Sands Head of Emergency Preparedness
- **Women and Children**: Paediatric Services at WMUH
- **Corporate**: IT Team Trust-wide

5.0 Communications and Engagement

Team Brief

January's Team Brief included presentations on the ambulatory care project, compliance of information governance and the launch of the new budget holder manual.

Website

The Trust website had 147,000 visits in January 2019 and 124,000 visits in February 2019. Three quarters of visitors were new and one quarter were returning visitors.

The top sections were 56 Dean St, 10 Hammersmith Broadway and John Hunter clinics, travel directions and contact info, and our clinical services. Two-thirds of our visitors use mobile devices.

Three quarters of users visit our website via a search engine and Facebook remains the key driver on social media. The stats are consistent with this period one year ago.

Social Media

Engagement rates across all social media platforms remained consistent throughout this period. Topics included student volunteering week, as well as promotion of National STI Day, World Religion Day, Holocaust Memorial Day and Young Carers' Awareness Day.

January media coverage

Imperial College London Global study of HIV-associated liver cancer news article. Prof. Mark Bower, Director of the National Centre for HIV Malignancy at Chelsea and Westminster co-authored the study.

https://www.imperial.ac.uk/news/189706/imperial-takes-lead-global-study-hiv-associated/

Chelsea and Westminster Hospital NHS Foundation Trust spokesperson quoted in HSJ news article on the impact of tariff change on London trusts.

https://www.hsj.co.uk/finance-and-efficiency/london-trusts-to-lose-300m-after-tariff-change/7024245.article

6.0 Strategic Partnerships Update

North West London Health & Care Partnership

The Health & Care Partnership (previously STP) has taken responsibility for the oversight of NWL Planning & Contracting model and accompanying submission to the centre. All Trusts have used the core planning assumptions (including referral and activity growth) and we have incorporated these into our 'in parallel' Operating Plan submissions.

The HCP has also been tasked with co-coordinating EU exit contingency plans. The Trust has instituted these arrangements locally with the Chief Financial Officer acting as SRO; and our Divisional Director of Operations for Clinical Support Services as day to day lead. The Trust held a Business Continuity simulation event on 6 February with attendance from local CCGs, Boroughs and NHSE and will co-ordinate lessons learned both internally and to partners across HCP.

The Trust is also taking forward the core principle of consolidation to support best care and outcomes for our population with Imperial College Healthcare Trust. The Joint Executive met on 28 January and are developing an outline proposal for collaboration across identified specialities and care groups where we believe we can improve care and improve the sustainability of services. Any final proposals and supporting governance arrangements will be brought back to Executive Management Board and Trust Board.

Integrated Care in Hounslow

The Trust remains engaged in the development of a business case for a first generation Integrated Care System and has signed the Memorandum of Understanding with the GP Federation, Hounslow & Richmond Community Trust, West London Trust, London Borough of Hounslow and the Voluntary sector collaboration. The proposal focuses on four priority areas:

1. Frequent Attenders
2. Urgent and Emergency Care
3. Care at Home
4. The Deteriorating Patient

Alongside the specific benefits analysis and wider business case development the Trust is focussed on aligning our existing priorities in ambulatory care, Innovate UK Testbed and Home First & Discharge planning with these work-streams.

The current timeline for finalising the business case and seeking approval from constituent partners is May 2019.

Healthier Hearts & Minds (NWL Cardio-Respiratory Services)

The programme supporting the NWL business case to retain and provide cardio-respiratory services continues. Key actions in the period prior to our last report to Board have included:

- Representatives from the Trust and the NWL team attended the NHS England hosted 'Hurdle & Evaluation Event' on 25 February. This event included patient representatives, provider, commissioning and academic colleagues from across London (and beyond) and started to develop 'Must Do' (Hurdle) and 'Should Do' (Evaluation) criteria for the assessment of any options. Once finalised NWL would expect to formally address these criteria in any business case submission.
- Three clinical working groups have been established (Adults, Paediatrics, Cystic Fibrosis) to ensure a clinical quality and benefits focus to our proposals and to add the required detail to our initial vision document (November 2018).
- The Chief Executive has met the incoming CEO for NHSE England (London)

Senior Medical Leadership Forum

The CEO and Medical Director have re-instituted the quarterly forums between the Executive and the senior clinical leadership of the Trust. I met with service leads over all our directorates on 26 February to cover issues from the NHS Long Term Plan, the NWL Health & Care Partnership (STP) and our own strategy and Operating Plan; and the leadership role I expect of them to lead and support our staff. This was a really

positive event and I have received feedback that colleagues enjoyed both the content and the opportunity to network with peers. Our next event is to be scheduled in early/mid June.

7.0 EU Exit (Brexit) planning

Whilst the Government continues to work to secure an EU Exit deal, actions need to be taken now to ensure effective contingency arrangements. In line with the key requirements, set out by the Department of Health and Social Care (DHSC), the trust will take a business continuity approach to preparing for a worst case 'no deal' scenario.

The greatest media interest is around medicines. Key areas e.g. pharmacy and procurement have been in planning for some time. We already have command and control structures and escalation triggers in place; we are ensuring that our Business Continuity Planning (BCP) in each area is robust and that there are accepted and agreed plans in the event of any disruption to service not just in consideration of EU Exit impact.

It is important that we are prepared to respond to any impact e.g. supply disruption incidents that may arise in event of EU Exit with no deal.

National contingency planning has focussed on 9 work streams and the Trust EU Exit Tactical team are preparing an EU Exit Risk Assessment Document in line with these work streams:

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

On-going Communication & Engagement by the Trust is as follows:

- Team Brief 6th March 2019 - Trust response to EU Exit
- Operational Plan – with action cards being finalised
- Dedicated EU Exit email account for staff to pose questions and escalate issues
- Dedicated Intranet page being launched 6th March 2018
- Asking for nominated leads from each area as EU Exit champions to link with the EU Exit Tactical Team

8.0 Finance

The Trust is reporting a year to date surplus of £22m at for January (month 10) which is £0.4m favourable to plan. This is after receipt of additional Provider Sustainability Funding (PSF) in relation to an increase in the Trusts planned surplus agreed at month 6 with NHSI.

However, it must be noted that although the Trust is forecasting a year end surplus of £26.8m this includes a number of non-recurrent transactions and without those the Trust would be forecasting a £28.9m deficit. This means the Trust will need to continue to seek efficiencies for 2019/20 as these funding sources will not be repeated in the next financial year.

Lesley Watts
Chief Executive Officer
March 2019

Health Care Workers Flu Vaccination Update

Introduction

This paper provides an update of the flu vaccination programme for front line health care workers as required by NHS Improvement. In April the Trust will publish a comprehensive review of the current flu campaign, including lessons learned and an action plan in preparation for the 2019-20 Flu campaign.

Background

The ambition for the 2018-19 flu season was to achieve 100% compliance of vaccination in front line health care workers. In addition the Trust had a CQUIN target of 75% vaccination for front line staff. The Trust achieved 80% compliance with vaccination which exceeded the CQUIN target.

Total Vaccination Uptake (front line staff)

	Total numbers	Rates
Number of frontline Healthcare Workers	4395	100%
Uptake of vaccine by frontline Health Care Workers	3499	80%
Opt-out of vaccine by frontline Health Care Workers	202	5%

Vaccination in High Risk Areas

NHSI identify a range of high risk areas, in which vaccination rates are required to be reported separately. Of the areas identified as high risk the Trust provide HIV / Oncology / Haematology, NICU and SCBU. The Trust has identified additional high risk areas which are those identified as red in the table below:

Area name	Total number of frontline staff	Number who have had vaccine	% Vaccinated	Number who have opted-out	Staff redeployed? Y/N
HIV / Oncology / Haematology	31	26	84%	1	N
NICU	136	86	63%	5	N
SCBU	38	27	71%	2	N
ED	340	266	78%	10	N
ITU	130	103	79%	4	N
Paediatrics	436	294	67%	8	N

Actions taken to achieve the 100% uptake ambition

The flu vaccination campaign this year has used a multi-faceted approach to achieve the 100% vaccination ambition. This has included:

Occupational Health flu clinics

- Daily and weekend walk round visits to all wards and departments
- Early morning clinics in the Atrium
- Lunchtime clinics in or near the restaurant
- Attending Trust meetings to immunise all present
- Attendance at induction
- Attendance at Christmas fair
- Routine vaccination offer for all staff attending OH for other appointments

Peer vaccinator programme

- Occupational health trained over 150 peer vaccinators in the local clinical areas
- Monthly prize draw for 2 vaccinators and 2 people who had received the vaccine
- Monthly 'flu trolley' offering tea and treats to those who had a vaccination that day

Communications

- Flu myth buster campaign
- Regular tweets and updates as staff were vaccinated
- Early planning and preparation
- Strong CEO and executive team leadership

Opt out Reasons

Reason	Number
I don't like needles	2
I don't think I'll get flu	8
I don't believe the evidence that being vaccinated is beneficial	35
I'm concerned about possible side effects	8
I don't know how or where to get vaccinated	0
It was too inconvenient to get to a place where I could get the vaccine	0
The times when the vaccination is available are not convenient	0
Other reasons:	
Had a bad experience/side effects/reaction	93
Personal Choice	16
Allergies	23
Autoimmune/Health condition	16
Vegan option required	1

Action – The contents of this interim report should be noted and will be updated with the comprehensive review in April.

All staff briefing

January 2019

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

We want to start by saying a huge **thank you** to all of you who worked over the festive period and wish everyone a happy 2019! Going forward, we will now include an update from each of the divisions in this briefing:

Emergency and Integrated Care

December was a busy month for the Division with record numbers of patients attending our A&E departments. Despite this, we remain one of the top performing Trusts in the country on the 4hr wait target and improved on our performance in December 2017 to secure our Sustainability and Transformation Funding for Quarter 3. This is a reflection of the hard work of all teams in enabling patient flow. To help manage this increasing demand on our services, December also saw the opening of our expanded Ambulatory Emergency Care service at the Chelsea site. Our AEC will now provide a 7 day service with extended opening hours and medical cover Monday – Saturday. This will ensure that patients won't have to wait unnecessarily or for longer than needed in our emergency department, when they can receive their care in AEC and return home on the same day. An expanded AEC at West Mid opens in early 2019. Please contact Project Manager Adele Testa if you have any questions (adele.testa@chelwest.nhs.uk).

Planned Care

Tara Argent joined the Senior Ops Management Team in December 2018 as Divisional Director for Clinical Support Services, acquiring from Planned Care Division the overall management of the Patient Access, Imaging, and Pharmacy Teams. For the remaining directorates within Planned Care (Surgery, Theatres, Critical Care and Anaesthesia), the focus remains on continuing to reduce the number of patients waiting for surgery, thus making us compliant with Referral to Treatment national standards. Although the Trust aggregate position is above the required 92% target, the division has, and continues to require improving its performance. The division is currently reporting 90.2% with action plans in place for compliance within the target by March 2019. We are also presently working on improving theatre utilisation. Will Reynolds, Service Improvement and Efficiency Manager is currently leading a project involving clinical and non-clinical teams to ensure the right patients are being scheduled. The project is also aiming to identify and reduce problems that normally affect start times in theatre and turnaround times between patients.

Women's, Children's and HIV/GUM

As 2018 came to an end, we'd like to take stock of all the things that have been happening across the division. We've opened a new Early Pregnancy Unit on the West Mid site (2nd floor opposite the executive management offices), helping to provide an enhanced experience for our patients. Estates work has commenced on our Labour Ward and Obstetric Theatres at Chelsea to improve the ventilation systems. A room of four chairs has been opened on Starlight/PSSU at West Mid to help support patient flow from A&E during the busy winter months. We have been able to expand our Paediatric Ambulatory Care (PAC) unit at Chelsea by using Saturn Stage 2 space – later this year we will be moving the PAC unit into a new home next to paediatric outpatients. The e-services project for sexual health services in London – supporting patients to not have to travel in to hospital to have standard tests – is progressing really well and the take up is ahead of plan. We've launched a tele-dermatology service at Chelsea which will hopefully support us to meet the increasing demand and referrals we are receiving.

Latest CW+ PROUD award winners

Well done to our latest winners who have all demonstrated how they are living our PROUD values:

- Planned Care: **Jellica Horvatic**, Phlebotomist
- Emergency and Integrated Care: **Maria Mercer**, Lead Clinical Nurse Specialist, TB/Respiratory
- Women and Children: **Alice Green**, Antenatal Teacher
- Corporate: **Paolino Buttaci**, Information Governance Officer

Visit the intranet to nominate a team or individual.

Mandatory and statutory training

The Trust has achieved 93% compliance for the 4th reporting period with all divisions now reaching 93% or above. Current compliance figures (at 31 December) are as follows:

Division	Compliance
Corporate	**96%**
Emergency and Integrated Care	**93%**
Planned Care	**93%**
Women, Neonatal, Children, Young People, HIV/Sexual Health	**93%**
Overall compliance	**93%**

Information Governance compliance is at 94%, the highest ever for the Trust, but is still slightly short of the national 95% target. If you receive an email reminder from the system this means you have 3 months to complete the course. Please ensure you plan ahead to meet the deadline.

Patient Handling is at its highest level since the requirements were aligned across both sites and now stands at 90% due to extra sessions being run at both sites. There are two new topics on Learning Chelwest required for some clinical roles. These are the Workshop to Raise Awareness of Prevent (WRAP) - a government initiative to prevent radicalisation - and the Basic Life Support theory courses for Adults and Paediatrics.

Website updates

The website is a key source of information for our patients and members of the public who want to find out more about our Trust and the services we provide. Departments are responsible for their own content so if you are a lead then please review the information on your pages at www.chelwest.nhs.uk/services and email any updates to communications@chelwest.nhs.uk

February *All Staff Briefing*:

- Tue 5 Feb, 09:30–10:30am—Harbour Yard
- Wed 6 Feb, 12:00–1:00pm—C&WH
- Wed 6 Feb, 14:00–15:00pm—WMUH

All staff briefing

February 2019

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

Emergency and Integrated Care

Our Division is at the forefront of the current winter pressures, with record numbers of patients being seen at both A&E departments. Despite this pressure, both hospitals are performing really well due to the excellent efforts of all our staff – so please keep up the hard work. Lots of recent quality improvements are also helping: Ambulatory Care expansion the Medical Emergency team at West Mid, rapid flu testing and a better, closer liaison with our community colleagues – all helping to achieve safer and quicker discharges to get our patients home. An important focus is this year's Cerner go live at the Chelsea site. Look out for Cerner training events to attend. You can also drop in on 14 February to the 'Road to Cerner' event in the restaurant. Finally, we'd also like to congratulate all of our recent PROUD award winners, our therapy colleagues for their successful strategy launch/dragons den and our stroke teams for their excellent national peer reviews.

Planned Care

Plans discussed and agreed as part of Winter Planning readiness are allowing us to maintain our elective programme. Despite few patient cancellations as a result of needing to operate on surgical and orthopaedic emergency cases, January 2019 has been one of our busiest months for elective surgery. Thank you to all clinical and non-clinical colleagues in Planned Care division for their on-going commitment to improving patient care and access to treatment. We hope you have your winter garments ready as the cold snap is likely to remain. Please make sure you provide patients with extra blankets and do everything possible to keep them ward on our wards.

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

As we ramp up to Cerner implementation at the Chelsea site, it is especially important that all clinicians are actively involved in this. Our Division is working on recruiting an additional two Paediatric Emergency Medicine consultants at West Mid and are working closely with Imperial to repatriate inpatient HIV patients to Chelsea. Our CQC maternal survey was published recently and we have the highest score in NWL with all areas the same or above the national average. Although January is a challenging month, teams across the division have been working fantastically to help deliver the ED, RTT and cancer targets. We have been interviewing for new Service Directors in Paediatrics and have received lots of positive feedback following the recent Hammersmith & Fulham Special Educational Needs and/or Disabilities (SEND) inspection for community paediatrics. Well done to all teams involved.

Clinical Support Services

As we begin 2019, we are developing our business plans, identifying opportunities and recognising that there are exciting times ahead for the new division. Our main focus is building the new team and getting to know each other whilst recruiting two new General Managers, one of which will replace Alan Kaye who sadly retires at the end of March. We will arrange a suitable send off for him.

Latest CW+ PROUD award winners

Well done to our latest winners who have all demonstrated how they are living our PROUD values:

- Planned Care: **Ophthalmology Department**, Chelsea
- Emergency and Integrated Care: **Emergency Department Nurses**, Chelsea
- Women and Children**: Fokru Miah**, Community Paediatrics Coordinator, Chelsea
- Corporate: **Dhivya Kesavan**, Quality Improvement Manager, Chelsea

Visit the intranet to nominate a team or individual.

Mandatory and statutory training

The Trust has achieved 93% compliance for the 5th reporting period with all divisions now reaching 93% or above. Current compliance figures (at 31 January) are as follows:

Division	Compliance
Corporate	**96%**
Emergency and Integrated Care	**93%**
Planned Care	**93%**
Women, Neonatal, Children, Young People, HIV/Sexual Health	**94%**
Overall compliance	**93%**

Information Governance is due to submit the Trust compliance level at the end of March as part of its national annual submission. Please ensure if you've already lapsed or are due to lapse soon that you've schedule in time to complete the online training. The Trust is aiming for at least 95% compliance on this topic.

Cerner EPR

By the end of the year our Chelsea site will be live on Cerner, which will bring the whole Trust onto the same system for the first time. Preparations are well underway and we'll be holding a drop-in event from 10am-4pm in the restaurant at Chelsea on 14 Feb: 'The Road to Cerner EPR.'

Recruitment and retention

The Trust is now reporting a vacancy rate of 8.7% in Nursing and Midwifery, a 6% reduction since October 2017 and one of the lowest in London. We also recently visited the Philippines and India, offering 163 posts to overseas nurses. More close to home, we've recently attended recruitment events at Bournemouth, Bristol, Leicester and London and have further local, national and university recruitment fairs scheduled in the coming months. Our voluntary turnover rates in Nursing and Midwifery are 15.3%, down by 2.6% since the Trust launched our retention action plan in October 2017. We've also recently launched a stay questionnaire to further explore how we can encourage staff to stay at the Trust.

March *All Staff Briefing*:

- Tue 5 Mar, 09:30–10:30am—Harbour Yard
- Wed 6 Mar, 12:00–1:00pm—C&WH
- Wed 6 Mar, 14:00–15:00pm—WMUH

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	2.3/Apr/19
REPORT NAME	Integrated Performance Report – January 2019
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for January 2019 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The Integrated Performance Report shows the Trust performance for January 2019. **Regulatory performance** – The A&E Waiting Time figure for January is showing 94.23% against the 95% standard. This has raised us to be the 4th highest performing Trust nationally and the top performing trust in London against this target, even though there was a 0.69% drop in performance against December. The RTT incomplete target was for the Trust in January currently stands at 92.66% (pre-sign off). This maintains the performance against this metric, which has passed each month but one in the last 12 months. There continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue. Delivery of the 62 Day standard is currently meeting the target in January. Each month in 2018/19 to date has exceeded the national target. All other reportable Cancer metrics exceeded the target. There was 1 reported C Diff infection reported at West Middlesex in January. **Access –** The Diagnostic wait metric returned 99.27%. This maintains the trust performance, which has passed each month but one in the last 6 months.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times while cancer 2 week, 31 and 62 day waits remains a high priority. The Trust will continue to focus on any Diagnostic Waiting time issues in the weeks to come.
FINANCIAL IMPLICATIONS	The Trust is reporting a YTD surplus of £21.985m which is £10.49m favourable against the internal plan (£000s) – excluding impairment adjustments.

QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
DECISION/ ACTION	For noting.

TRUST PERFORMANCE & QUALITY REPORT

January 2019

NHSI Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019 Q4	2018-2019	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	95.1%	95.0%	94.3%	95.4%	92.7%	94.8%	94.1%	94.6%	93.8%	94.9%	94.2%	94.2%	95.0%		!
RTT	18 weeks RTT - Admitted (Target: >90%)	79.6%	84.3%	80.4%	76.8%	75.4%	72.7%	70.6%	77.1%	77.5%	79.3%	76.5%	76.5%	77.0%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	93.6%	94.6%	94.9%	94.2%	83.4%	82.8%	84.0%	85.8%	89.4%	89.8%	90.4%	90.4%	91.0%		!
	18 weeks RTT - Incomplete (Target: >92%)	93.1%	94.1%	93.9%	92.3%	91.6%	91.1%	91.7%	92.5%	92.5%	92.9%	92.8%	92.8%	92.4%		!
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jan-19) in this report	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	98.6%	98.2%	96.8%	96.9%	95.0%	96.1%	92.3%	91.3%	96.6%	96.9%	94.0%	94.0%	93.6%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	96.3%	96.7%	94.9%	91.9%	96.3%	96.7%	94.9%	94.9%	91.9%		-
	31 days diagnosis to first treatment (Target: >96%)	96.9%	95.3%	96.9%	95.7%	98.3%	98.3%	97.5%	98.8%	97.8%	97.1%	97.2%	97.2%	97.5%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	100%	96.3%	100%	100%	100%	100%	100%	100%	100%	100%	98.9%		-
	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%)	100.0%	92.7%	85.7%	87.9%	88.9%	91.2%	93.6%	90.1%	92.1%	91.8%	89.9%	89.9%	89.2%		-
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	71.4%	100%	100%	91.4%	71.4%	100%	100%	100%	91.4%		-
Patient Safety	Clostridium difficile infections (Year End Target: 15)	1	0	0	7	0	0	1	7	1	0	1	1	14		-
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant		-
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-

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

Trust commentary

A&E waiting times – Types 1 & 3 Depts

The A&E 4hr target was narrowly missed in January with a performance of 94.2%. This raised us to be the 4th highest performing trust nationally and the 1st in London again this target. The increase in attendances to our Emergency Departments continues with growth of 10.6% in comparison to January 2018; over 90 additional patients per day.

Cancer

All cancer indicators were compliant for December apart from 31days diagnosis to first treatment; this was due to 2 treatment breaches.

Clostridium Difficile infections

There was one case of healthcare associated Clostridium Difficile in January 2019 at the West Middlesex site. There have been 14 cases year to date against a target of 15.

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

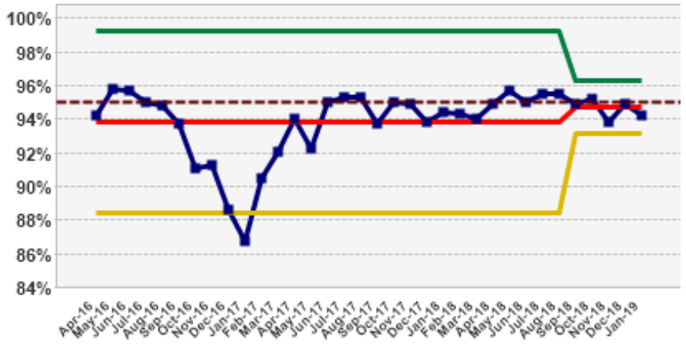
Both sites continue to remain complaint against this indicator.

SELECTED BOARD REPORT NHSI INDICATORS

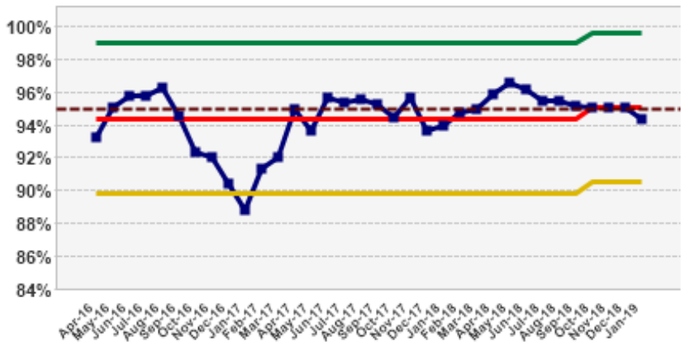
Statistical Process Control Charts for the 34 months April 2016 to January 2019

A&E 4 hours waiting time

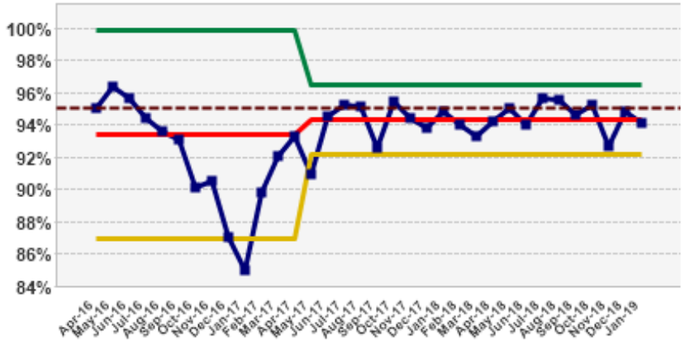
Trust Total



Chelsea and Westminster

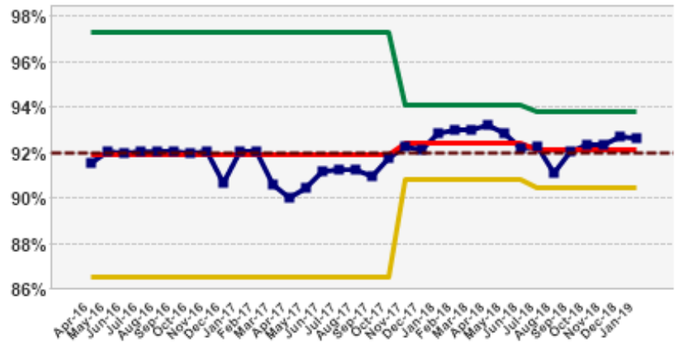


West Middlesex

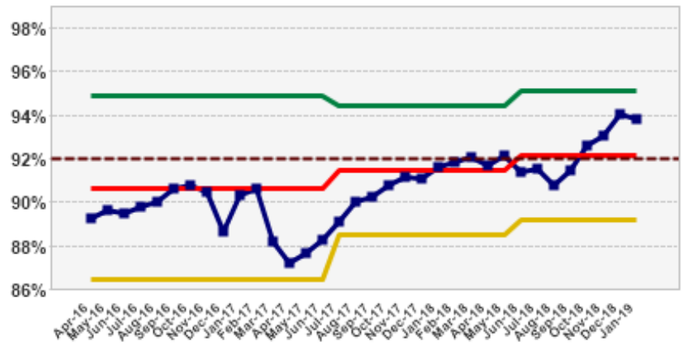


RTT Incomplete pathways

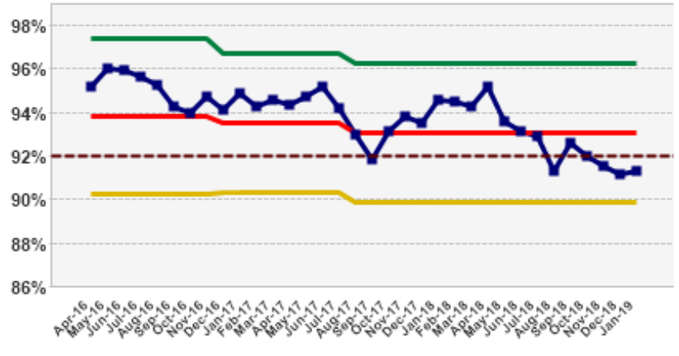
Trust Total



Chelsea and Westminster

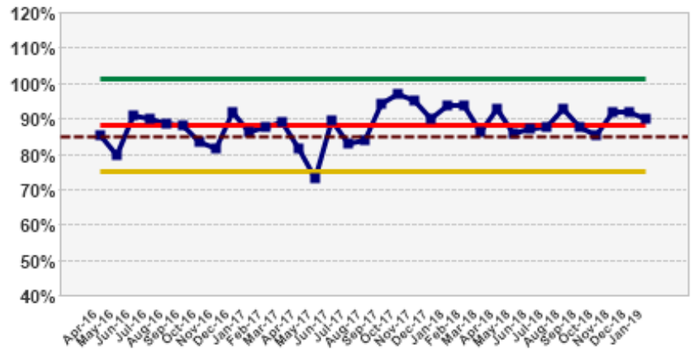


West Middlesex

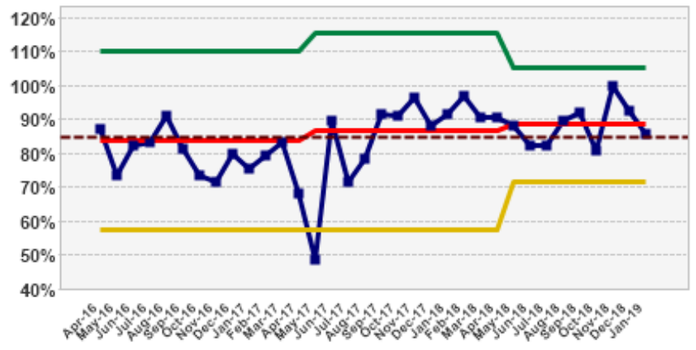


Cancer: 62 day standard

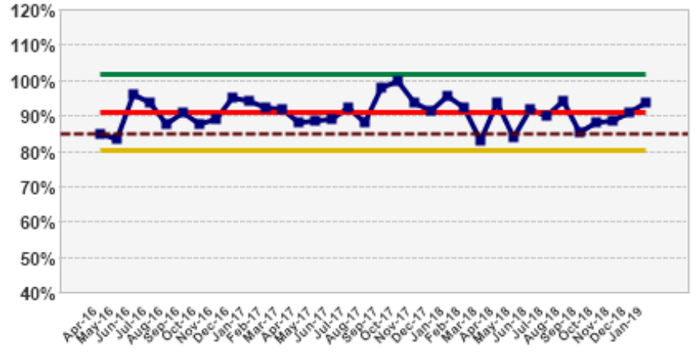
Trust Total



Chelsea and Westminster



West Middlesex



Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019 Q4	2018-2019	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	0	0	1	2	0	0	1	1	3		-
	Hand hygiene compliance (Target: >90%)	96.5%	96.6%	96.1%	96.5%	80.7%	89.8%	96.7%	90.3%	92.3%	94.9%	96.3%	96.3%	94.6%		-
Incidents	Number of serious incidents	4	4	5	24	3	7	3	39	7	11	8	8	63		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.5	8.5	8.3	8.2	8.1	8.5	8.4	9.0	7.8	8.5	8.4	8.4	8.6		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.01	0.02	0.03	0.02	0.03	0.04	0.03	0.02	0.02	0.03	0.03	0.03	0.02		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	416.21	541.73	426.88	494.31	286.99	145.91	195.55	243.68	354.43	336.56	314.14	314.14	371.12		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	17.5%	7.2%	14.5%	13.3%	25.0%	0.0%	25.9%	13.7%	20.4%	5.6%	18.0%	18.0%	13.4%		-
	Never Events (Target: 0)	0	0	0	1	0	1	0	1	0	1	0	0	2		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	98.6%	95.4%	96.7%	96.1%	95.4%	96.8%	97.5%	95.2%	96.8%	96.3%	97.2%	97.2%	95.6%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	2	0	0	0	4	0	0	0	0	6		-
	NEWS compliance %	98.3%	96.5%	98.2%	97.5%	100.0%	99.3%	99.1%	98.2%	99.0%	97.4%	98.7%	98.7%	97.8%		-
	Safeguarding adults - number of referrals	26	24	41	247	12	14	28	138	38	38	69	69	385		-
	Safeguarding children - number of referrals	27	9	24	287	117	71	86	673	144	80	110	110	960		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80		-
	Number of hospital deaths - Adult	30	29	41	324	43	56	54	518	73	85	95	95	842		-
	Number of hospital deaths - Paediatric	0	2	0	7	0	0	0	0	0	2	0	0	7		-
	Number of hospital deaths - Neonatal	1	1	2	18	0	2	0	5	1	3	2	2	23		-
	Number of deaths in A&E - Adult	1	1	1	16	7	6	9	59	8	7	10	10	75		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	1	0	3	0	1	0	0	3		-
	Number of deaths in A&E - Neonatal	0	0	0	1	0	0	0	0	0	0	0	0	1		-

Trust commentary

MRSA Bacteraemia

There was one case of hospital acquired MRSA Bacteraemia in January at the West Middlesex site. This takes the yearly total to three.

Hand hygiene compliance

Hand hygiene compliance was achieved at both sites in January and the trust performance has increased to 94.6%. Hand hygiene audit completion was 100%.

Number of serious incidents

8 serious incidents were reported in January 2019 compared to 11 in December 2018. 5 serious incidents occurred on the Chelsea & Westminster site (2 patient falls, 2 treatment delays and 1 maternity incident) and 3 occurred on the West Middlesex site (1 patient fall and 2 maternity incidents). The serious incident report prepared for the board reflects further detail including learning from completed investigations.

Incident reporting rate per 100 admissions

Overall performance in January 2019 decreased to a rate of 8.3 compared to 8.5 from the previous month. Both sites fell below the expected target and overall trust performance stands at 8.3. The 2018/2019 year to date position is above the expected target range and is currently 8.6. We continue to encourage reporting across all staff groups, with a focus on the reporting of no harm or near miss incidents.

Trust Commentary (continued)

Rate of patient safety incidents resulting in severe harm or death per 100 admissions

There were 2 incidents resulting in severe harm. These were both reported on the West Middlesex site (1 failed discharge and 1 patient fall incident). There was 1 incident reported resulting in death. This was an unexpected death linked to a hospital-associated VTE that occurred on the West Middlesex site and is being investigated as an internal serious incident. The patient had multiple admissions for episodic painful spasms and was treated for Pregabalin withdrawal-associated symptoms. The patient refused 6 of her prophylactic injections and post-mortem confirmed that she died of pulmonary embolism and deep vein thrombosis. The case is still awaiting its specialty mortality review.

Medication-related safety incidents

82 medication-related incidents were reported at Chelsea & Westminster site compared to 36 at the West Middlesex site. There was also 1 medication related incident reported in the community/nursing clinics (provided by the trust). The Medication Safety Group is working to increase the reporting of medication-related incidents at West Middlesex, particularly around no harm and near miss incidents. During the Medication Safety Awareness week, incident reporting was featured on the stand on both sites to further encourage the reporting of medication-related incidents.

Never events

There were no Never Events reported in January 2019.

Medication-related (reported) safety incidents per 100,000 FCE bed days

The Trust has achieved an overall reporting rate of medication-related incidents involving patients (NRLS reportable) of 314/100,000 FCE bed days in January 2019. This is higher than the Trust target of 280/100,000. There were 434 and 188 medication-related incidents per 100,000 FCE bed days at CW and WM sites respectively.

Compared to December, there has been a 23% decrease in the reporting of medication incidents at CW site and a 29% increase in reporting of medication incidents at WM site. A Trust wide Medication Safety Awareness Week took place in the first week of February; its main focus was to drive medication-related incident reporting across the Trust.

Medication-related (reported) safety incidents % with harm

The Trust had 18% of medication-related safety incidents with harm in January 2019. This figure is higher than the previous month and above the Carter Dashboard National Benchmark (10.3%). The year to date figure is 13%. WM site rate for medication-related incidents with harm in January 2019 is 27%. This has increased from 0% in December, which may have been due to the previously low overall incident reporting rate at WM site. All 7 incidents reported at WM site in January 2019 have been of low harm.

There were 9 incidents that caused harm at CW site; 7 with low harm and 2 with moderate harm. Moderate harm incidents (i) missed doses of two oral antibiotics in a patient with infected diabetic foot ulcer and osteomyelitis resulting in raised inflammatory markers and wound deterioration; and (ii) tissued cannula resulting in the infiltration of Parenteral Nutrition to the tissue and subsequent 2nd degree tissue loss.

The common theme for low harm incidents (8/14) at both sites was missed doses, due to missed prescribing, missed administration and supply issues. The Senior Nurse and Midwifery Quality Round 08/02/2019 focussed on teaching regarding the importance of administering “critical medicines” within the prescribed time window, followed by an audit of practice to be reported back to the Medication Safety Group.

NEWS Compliance %

NEWS compliance has improved on both sites this month. We continue our monthly audit to highlight and address any areas of concern.

Safeguarding Adults – number of referrals

Pattern of safeguarding alerts remain consistent with previous reports.

Safeguarding children – number of referrals

Currently working on reviewing social services referrals/notifications to ensure parity cross site.

Summary Hospital Mortality Indicator (SHMI)

The trust is currently showing updated SHMI figures for the reporting period October 2017 – September 2018. The 0.80 performance figure relates to 1666 observed deaths / 2077 expected deaths.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019 Q4	2018-2019	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	94.6%	93.2%	94.5%	92.4%	92.9%	95.6%	95.1%	92.1%	93.4%	94.8%	94.8%	94.8%	92.2%		-
	FFT: Inpatient not recommend % (Target: <10%)	2.6%	3.4%	2.3%	3.7%	2.9%	0.8%	0.7%	3.2%	2.8%	1.7%	1.3%	1.3%	3.4%		-
	FFT: Inpatient response rate (Target: >30%)	32.9%	14.8%	25.3%	37.5%	37.1%	16.5%	24.6%	36.3%	35.7%	15.9%	24.9%	24.9%	36.7%		-
	FFT: A&E recommend % (Target: >90%)	91.4%	91.2%	89.5%	90.5%	90.8%	89.7%	92.5%	89.5%	91.2%	90.9%	90.6%	90.6%	90.3%		-
	FFT: A&E not recommend % (Target: <10%)	5.1%	5.6%	6.7%	5.9%	4.7%	6.6%	4.4%	5.9%	5.0%	5.8%	5.9%	5.9%	5.9%		-
	FFT: A&E response rate (Target: >30%)	21.2%	19.5%	20.7%	21.0%	26.0%	19.9%	45.5%	22.6%	22.2%	19.6%	25.9%	25.9%	21.3%		!
	FFT: Maternity recommend % (Target: >90%)	91.6%	91.8%	93.0%	91.5%	96.8%	92.8%	93.1%	95.1%	92.2%	91.9%	93.0%	93.0%	92.0%		-
	FFT: Maternity not recommend % (Target: <10%)	5.6%	5.0%	4.3%	5.2%	3.2%	4.3%	5.6%	2.8%	5.4%	4.9%	4.5%	4.5%	4.9%		-
	FFT: Maternity response rate (Target: >30%)	20.2%	19.9%	22.0%	22.0%	21.1%	17.7%	19.1%	23.1%	20.3%	19.6%	21.7%	21.7%	22.1%		!
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	51	41	59	424	24	22	34	301	75	63	93	93	725		-
	Complaints formal: Number responded to < 25 days	36	29	36	312	18	13	18	205	54	42	54	54	517		-
	Complaints (informal) through PALS	164	121	185	1423	36	28	50	590	200	149	235	235	2013		-
	Complaints sent through to the Ombudsman	0	0	0	5	0	1	3	4	0	1	3	3	9		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1		-

Trust commentary

Friends and family test

Inpatients - The trust continues to exceed the 90% target and almost achieved 95% this month. The response rate has improved but is yet to fully recover above the 30% target after issues with paper forms uploading last month.

Accident & Emergency - The response rate for ED has continued to improve and an excellent response rate of 45% was achieved in month at the WM site. ED continues to perform above the 90% target.

Maternity - The response rate for maternity services continues to improve and the recommendation score for both services has exceeded 95%.

Breach of same sex accommodation

There have been no same sex accommodation breaches.

Complaints

The number of complaints received this month have increased and compliance with 25 day response has been reduced to 69%. This is being addressed with the divisional teams concerned.

PHSO

There are not new outcomes reported from complaints currently being reviewed by the PHSO.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019 Q4	2018-2019	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.36	3.49	4.34	3.93	2.81	3.78	3.84	3.03	3.23	3.55	4.23	4.23	3.72		-
	Average length of stay - non-elective (Target: <3.95)	4.16	3.70	3.98	3.92	2.99	3.28	3.06	3.09	3.50	3.45	3.44	3.44	3.44		-
	Emergency care pathway - average LoS (Target: <4.5)	4.74	4.34	4.71	4.47	3.40	3.81	3.34	3.52	3.90	3.99	3.83	3.83	3.86		-
	Emergency care pathway - discharges	226	214	244	2200	381	403	430	3917	607	618	674	674	6118		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	3.66%	4.07%	4.05%	3.85%	8.83%	10.62%	10.40%	10.27%	6.12%	7.27%	7.05%	7.05%	6.91%		!
	Non-elective long-stayers	436	408	438	4219	379	391	394	3801	815	799	832	832	8020		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	83.1%	85.7%	87.2%	84.1%	83.8%	84.5%	87.0%	86.2%	83.3%	85.3%	87.2%	87.2%	84.9%		-
	Operations canc on the day for non-clinical reasons: actuals	9	3	18	106	16	18	20	128	25	21	38	38	234		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.29%	0.12%	0.58%	0.38%	0.99%	1.66%	1.57%	0.98%	0.53%	0.59%	0.87%	0.87%	0.57%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	2	10	0	2	0	8	0	2	2	2	18		-
	Theatre active time (Target: >70%)	70.9%	71.2%	71.3%	72.3%	75.7%	71.9%	73.5%	76.0%	72.5%	71.5%	72.0%	72.0%	73.5%		!
	Theatre booking conversion rates (Target: >80%)	86.4%	86.7%	84.0%	85.5%	92.6%	91.7%	90.8%	91.1%	88.8%	88.5%	86.3%	86.3%	87.5%		-
Outpatients	First to follow-up ratio (Target: <1.5)	1.54	1.63	1.53	1.51	1.50	1.39	1.45	1.42	1.51	1.45	1.47	1.47	1.45		!
	Average wait to first outpatient attendance (Target: <6 wks)	6.9	6.5	7.1	6.8	6.0	5.9	7.1	6.2	6.5	6.2	7.1	7.1	6.6		!
	DNA rate: first appointment	11.4%	12.4%	11.6%	12.0%	11.9%	11.5%	13.0%	12.3%	11.6%	12.0%	12.2%	12.2%	12.2%		-
	DNA rate: follow-up appointment	10.7%	10.7%	10.0%	11.0%	11.0%	11.1%	11.8%	11.9%	10.8%	10.8%	10.6%	10.6%	11.3%		-

Trust commentary

Average length of stay – elective

An issue was identified at the Chelsea & Westminster site whereby patients from the Emergency Department were being admitted as elective. This has resulted in a much higher length of stay compared to the 3.1 days when you exclude these patients.

Daycase rate (basket of 25 procedures)

On the Chelsea & Westminster site, the number of day case procedures continues to increase following some specialty theatre lists moving from PM to AM sessions and allowing patients to recover for longer before going home the same day. Innovations in Trauma & Orthopaedics around partial knee replacements are being done a day case procedures.

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

On the Chelsea & Westminster site, there has been an increase in the number which sees 38 patients cancelled on the day for non-clinical reasons. Of these, 3 were due to no ITU/HDU bed being available, 9 were due to clinical sickness, 10 patients declined the procedure and 9 were due to over-running theatres.

First to follow-up ratio

The Trust maintained an overall compliance for first to follow-up ratio's with an improvement on the Chelsea & Westminster site.

Average wait to first outpatient attendance

The Trust is non-compliant on the waiting time for the first attendances standard. The Trust is assessing the impact of the increase in two week wait referrals on both sites.

DNA rate

The DNA rate on the Chelsea & Westminster site has reduced by comparison to previous months. This is the result of the text reminder service working consistently. At the West Middlesex site, there have been technical issues with the text service which has now been rectified and daily checks are taking place.

Clinical Effectiveness Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019 Q4	2018-2019	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	93.2%	89.0%	83.5%	87.1%	91.7%	92.5%	90.2%	88.0%	92.6%	90.3%	86.1%	86.1%	87.4%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	81.8%	86.7%	93.8%	93.5%	88.9%	88.9%	90.5%	89.6%	86.2%	87.9%	91.9%	91.9%	91.5%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	90.0%	100.0%	96.4%	100.0%	91.7%	90.0%	95.4%	100.0%	90.6%	95.5%	95.5%	95.9%		-
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0		-
	VTE risk assessment (Target: >95%)	94.2%	93.0%	92.7%	93.8%	50.3%	43.3%	44.5%	54.6%	75.7%	71.7%	72.9%	72.9%	76.0%		!
TB Care	TB: Number of active cases identified and notified	4	0	3	27	8	4	9	55	12	4	12	12	82		-
	TB: % of treatments completed within 12 months (Target: >85%)															-

Trust commentary

Dementia screening case finding

Chelsea & Westminster: Work continues on improving dementia screening, including volunteers collecting data and producing ward specific lists to be reviewed at board rounds.

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

Chelsea & Westminster: Only one patient was delayed by more than 36 hours going to surgery in January and this was due to theatre capacity.

West Middlesex: Of the 22 #NOF patients, only one did not achieve the 36 hour target and this was due to the priority of other cases.

VTE Hospital-acquired

Chelsea & Westminster: Interim process in place to address the backlog of identification of hospital associated VTE events. Clinicians are encouraged to report hospital associated VTE events via Datix.

West Middlesex: Potential hospital associated VTE events identified and reported on Datix by responsible teams.

VTE risk assessment

Chelsea & Westminster: Performance has declined compared to previous months. Weekly and monthly VTE performance reports continue to be circulated to all divisions for dissemination and action, with inclusion in divisional quality reports. Lists of patients will outstanding assessments are circulated to medical teams for action.

West Middlesex: Target not achieved as lack of documented VTE risk assessments on RealTime e-system which is not used by medical staff until the point of discharge. The target is unlikely to be achieved due to current IT infrastructure and lack of resources which do not support VTE risk assessment processes. Work is under way to improve the overall compliance with VTE Risk Assessment by using a PDSA cycle to complete a manual assessment. In parallel, we are exploring the use of the CTE risk assessment form in Cerner with the view that it is brought forward and used at West Middlesex. This solution will provide long term improvement and stability for the risk assessment occurrence and completion. This improvement cycle is expected to take 6-8 weeks from 1st February 2019.

TB: Number of active cases identified and notified

There were three cases notified. This is for Chelsea & Westminster only as per the London TB Register. Chelsea & Westminster TB Service also manage TB cases at the Royal Brompton.

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019 Q4	2018-2019	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.16%	99.30%	98.61%	98.92%	99.49%	99.53%	99.76%	98.94%	99.38%	99.44%	99.27%	99.27%	98.93%		-
	Diagnostic waiting times >6 weeks: breach actuals	18	22	49	291	22	23	11	496	40	45	60	60	787		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.2%	9.5%	9.1%	9.0%	8.2%	7.8%	8.5%	8.2%	8.8%	8.9%	8.9%	8.9%	8.8%		!
	A&E time to treatment - Median (Target: <60')	01:11	01:04	01:14	01:07	00:51	00:48	00:55	00:49	01:04	00:59	01:08	01:08	01:02		!
	London Ambulance Service - patient handover 30' breaches	23	39	29	168	48	25	34	465	71	64	63	63	633		-
	London Ambulance Service - patient handover 60' breaches	0	3	1	6	0	0	0	4	0	3	1	1	10		-
Choose and Book (available to Nov-18 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	2371	2962	3661	2209	0	0	0	0	2371	2962	3661	3661	2209		-
	Choose and book: capacity issue rate (ASI)															-
	Choose and book: system issue rate	140	145	154	134											-

Trust commentary

RTT Incompletes 52 week Patients at month end

The trust continues to report zero 52 week breaches at either site in 2018/19.

Diagnostic waiting times <6 weeks: %

The combined trust has achieved the diagnostic waiting time standard of 99% tests completed within 6 weeks of referral for the fourth consecutive month. This follows an entirely compliant Q3 and improves the year-to-date position to a marginally non-compliant 98.93%.

For January 2019:
Chelsea site reported 98.61%
West Middlesex site reported 99.79%
The combined trust performance for January 2019 is reported as 99.28%

Diagnostic waiting times >6 weeks: breach actuals

Across both Trust sites, 59 breaches were reported which is slightly higher than recent months.

The CW site was responsible for 49 breaches, the bulk of these were in Endoscopy and Urology who contributed a total of 37 breaches. The remainder were spread fairly evenly across CT scanning, MRI scanning (Imaging), Neuro-Physiology and Paediatric Urology.

The WM site reported 10 breaches; 7 from Endoscopy and 3 from Non-Obstetric Ultrasound.

A lack of consultant capacity is cited as the main cause in Endoscopy; the team has identified the required actions to resolve the situation.

London Ambulance Service – patient handover 30 / 60 minute breaches

The Trust continues to be one of the highest performing in London on ambulance handover times, despite increasing A&E activity and ambulance conveyances.

There was one 60 minute ambulance breach at the Chelsea & Westminster site in January, at a time when there were no free cubicles in the department. This breach has been investigated as an incident and the department's escalation process for managing ambulance handover has been reviewed to ensure appropriate escalation and action to avoid such breaches in future.

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019	Nov-18	Dec-18	Jan-19	2018-2019 Q4	2018-2019	Trend charts	
Birth indicators	Total number of NHS births	478	501	485	4873	364	399	383	3877	842	900	868	868	8750		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	30.3%	33.7%	35.7%	34.2%	31.9%	30.6%	28.2%	29.5%	31.0%	32.3%	32.4%	32.4%	32.1%		!
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30		-
	Maternity 1:1 care in established labour (Target: >95%)	99.5%	99.5%	94.1%	97.1%	97.4%	96.8%	96.6%	97.4%	98.6%	98.2%	95.2%	95.2%	97.2%		-
Safety	Admissions of full-term babies to NICU	7	12	10	145	n/a	n/a	n/a	n/a	7	12	10	10	145		-

Trust commentary

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	Nov-18	Dec-18	Jan-19	2018-2019	YTD breaches	Nov-18	Dec-18	Jan-19	2018-2019	YTD breaches	Nov-18	Dec-18	Jan-19	2018-2019 Q4	2018-2019	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		88.9%	100%	100%	98.9%	1	88.9%	100%	100%	100%	98.9%	1		-
	Colorectal / Lower GI	100%	50.0%	100%	93.1%	2	100%	50.0%	75.0%	89.3%	4	100%	50.0%	88.2%	88.2%	91.0%	6		-
	Gynaecological	n/a	100%	100%	89.3%	1.5	100%	n/a	100%	86.7%	2	100%	100%	100%	100%	87.9%	3.5		-
	Haematological	100%	100%	n/a	100%	0	100%	100%	100%	87.0%	3	100%	100%	100%	100%	90.3%	3		-
	Head and neck	100%	100%	n/a	91.7%	0.5	33.3%	100%	100%	70.8%	3.5	60.0%	100%	100%	100%	77.8%	4		-
	Lung	n/a	100%	100%	76.9%	1.5	n/a	100%	n/a	79.2%	2.5	n/a	100%	100%	100%	78.4%	4		-
	Sarcoma	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a		n/a	n/a	n/a	n/a	100%	0		-
	Skin	100%	100%	100%	97.0%	2	100%	100%	100%	98.7%	0.5	100%	100%	100%	100%	97.7%	2.5		-
	Upper gastrointestinal	100%	100%	0.0%	82.8%	2.5	100%	100%	100%	95.5%	0.5	100%	100%	50.0%	50.0%	88.2%	3		-
	Urological	100%	88.2%	66.7%	75.9%	16	84.4%	81.8%	88.9%	82.7%	18	88.1%	84.0%	75.0%	75.0%	80.1%	34		-
	Urological (Testicular)	100%	100%	n/a	100%	0	n/a	n/a	n/a	100%	0	100%	100%	n/a	n/a	100%	0		-
	Site not stated	n/a	100%	n/a	66.7%	0.5	n/a	n/a	n/a	100%	0	n/a	100%	n/a	n/a	87.5%	0.5		-

Trust commentary

There were 4.5 breaches of the standard: 3 at Chelsea with 1.5 at West Middlesex.

Split by Tumour site the breaches were as follows:

Tumour Site	Chelsea Site		West Middlesex Site	
	Breaches	Treatments	Breaches	Treatments
Breast	-	-	0	6
Colorectal / Lower GI	0	4.5	1	4
Gynaecological	0	1	0	1.5
Haematological	-	-	0	3
Head and Neck	-	-	0	0.5
Lung	0	1.5	-	-
other/not stated	-	-	-	-
Sarcoma	-	-	-	-
Skin	0	6	0	3.5
Upper Gastrointestinal	0.5	0.5	0	0.5
Urological	2.5	7.5	0.5	4.5

CQUIN Dashboard

January 2019

National CQUINs (CCG commissioning)

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
A.1	Improvement of health and wellbeing of NHS staff	Chief Financial Officer	
A.2	Healthy food for NHS staff, visitors and patients	Deputy Chief Executive	
A.3	Improving the uptake of flu vaccinations for front line staff within Providers	Chief Financial Officer	
B.1	Sepsis (screening) - ED & Inpatient	Medical Director	
B.2	Sepsis (antibiotic administration and review) - ED & Inpatient	Medical Director	
B.3	Anti-microbial Resistance - review	Medical Director	
B.4	Anti-microbial Resistance - reduction in antibiotic consumption	Medical Director	
C.1	Improving services for people with mental health needs who present to A&E	Chief Operating Officer	
D.1	Offering Advice and guidance for GPs	Chief Operating Officer	
E.1	Preventing ill health through harmful behaviours - alcohol and tobacco consumption	Deputy Chief Executive	
F.1	STP Local Engagement	Chief Financial Officer	

National CQUINs (NHSE Specialised Services commissioning)

No.	Description of goal	Responsible Executive (role)	Forecast RAG Rating
N1.1	Enhanced Supportive Care	Medical Director	
N1.2	Nationally standardised Dose banding for Adult Intravenous Anticancer Therapy	Medical Director	
N1.3	Optimising Palliative Chemotherapy Decision Making	Medical Director	
N1.4	Hospital Medicines Optimisation	Medical Director	
N1.5	Neonatal Community Outreach	Chief Operating Officer	
N1.6	Dental Schemes - recording of data, participation in referral management & participation in networks	Chief Operating Officer	
N1.7	Armed Forces Covenant	Chief Operating Officer	

2018/19 CQUIN Scheme Overview

The Trust has agreed 12 CQUIN schemes (5 national schemes for CCGs, 7 national schemes for NHS England) for 2018/19. Relative to 17/18, there is a new 1 year CCG scheme replacing a previous 1 year scheme, and the withdrawal of a further CCG scheme was confirmed in the 18/19 Planning Guidance.

2018/19 National and Local Schemes (CCG commissioning)

Payments for Q1 and Q2 were made at 100% in accordance with the agreement reached with Commissioners. Evidence for Q3 has now been submitted. Scheme leads will aim to meet the requirements set out for those schemes within existing resources, but will otherwise prioritise which aspects to work on in line with the agreement with Commissioners to deliver through 'reasonable endeavours'. The forecast RAG rating for each scheme relates only to expected delivery of the specified milestones, not financial performance. The requirements of the Local Scheme relating to Trust engagement with STP planning and development work are expected to be met in full. With regard to 'Improvement of health and wellbeing of NHS staff', the targets for improving scores for key survey questions have so far proven to be challenging for most providers, and the Trust didn't achieve the 17/18 target.

2018/19 National Schemes (NHSE Specialised Services commissioning)

The Q1 and Q2 results, based on assessment by Specialised Commissioning, were confirmed as 100%. Evidence for Q3 has now been submitted. The Trust continues to expect good overall results for the full year, and in line with last year's achievement in the case of the 2 year schemes. The Neonatal Community Outreach scheme is now being implemented in line with the approach agreed with the Commissioner and approved by the Executive board. The forecast RAG rating for each scheme reflects both expected delivery of the milestones and the associated financial performance.

Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	97.4%	98.0%	102.6%	94.6%	8.6	3.5	12.1	7 – 17.5
Annie Zunz	98.6%	84.6%	98.4%	96.8%	5.6	2.3	7.9	6.5 - 8
Apollo	91.2%	87.1%	91.3%	25.8%	18.1	2.2	20.4	
Jupiter	124.9%	67.4%	121.2%	-	10.3	1.8	12.0	8.5 – 13.5
Mercury	87.3%	97.8%	83.3%	58.0%	7.2	1.0	8.2	8.5 – 13.5
Neptune	97.1%	84.8%	99.2%	0.0%	9.5	0.9	10.4	8.5 – 13.5
NICU	101.8%	-	98.9%	-	12.0	0.0	12.0	
AAU	103.8%	71.7%	99.8%	100.4%	9.7	2.1	11.8	7 - 9
Nell Gwynn	96.4%	84.9%	107.5%	111.8%	3.9	3.7	7.5	6 – 8
David Erskine	93.3%	91.3%	102.2%	108.2%	3.2	3.0	6.2	6 – 7.5
Edgar Horne	99.2%	96.8%	97.8%	106.5%	3.2	3.5	6.8	6 – 7.5
Lord Wigram	90.8%	91.3%	97.7%	103.1%	3.6	2.5	6.2	6.5 – 7.5
St Mary Abbots	100.6%	91.4%	102.6%	98.1%	4.3	2.6	6.9	6 – 7.5
David Evans	90.4%	83.8%	100.0%	125.9%	5.5	2.2	7.6	6 – 7.5
Chelsea Wing	82.8%	84.9%	100.0%	92.0%	9.7	6.0	15.7	
Burns Unit	104.8%	90.2%	109.5%	90.9%	15.7	2.9	18.6	
Ron Johnson	94.6%	109.7%	96.9%	119.3%	4.6	2.9	7.5	6 – 7.5
ICU	98.1%	-	100.3%	-	25.5	0.0	25.5	17.5 - 25
Rainsford Mowlem	98.0%	92.0%	108.1%	105.5%	3.3	3.0	6.3	6 - 8

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night					
	Reg Nurses	Care staff	Reg Nurses	Care staff	Reg	HCA	Total	
Maternity	95.2%	95.6%	92.5%	95.8%	6.9	1.8	8.7	7 – 17.5
Lampton	101.0%	100.2%	102.2%	100.0%	2.9	2.4	5.4	6 – 7.5
Richmond	116.2%	113.1%	126.6%	111.5%	5.2	2.7	7.9	6 – 7.5
Syon 1	94.8%	115.7%	98.5%	148.4%	3.6	2.7	6.3	6 – 7.5
Syon 2	97.9%	111.8%	101.4%	140.5%	3.6	2.6	6.2	6 – 7.5
Starlight	95.7%	131.3%	102.0%	-	9.6	0.5	10.1	8.5 – 13.5
Kew	77.2%	117.1%	100.0%	201.6%	2.9	4.2	7.1	6 - 8
Crane	100.0%	117.9%	100.0%	148.4%	3.1	3.2	6.3	6 – 7.5
Osterley 1	111.5%	124.0%	106.4%	103.0%	3.6	2.7	6.4	6 – 7.5
Osterley 2	107.5%	98.1%	108.0%	99.2%	3.8	3.1	6.9	6 – 7.5
MAU	96.6%	88.4%	90.9%	90.3%	6.0	2.6	8.6	43715
CCU	99.2%	96.9%	100.4%	-	5.3	0.7	6.0	6.5 - 10
Special Care Baby Unit	80.7%	100.0%	78.7%	95.2%	6.0	2.8	8.7	
Marble Hill 1	110.9%	93.1%	123.8%	93.4%	3.9	2.7	6.6	6 - 8
Marble Hill 2	103.5%	122.8%	103.4%	127.4%	3.3	3.2	6.5	5.5 - 7
ITU	112.8%		109.0%	-	24.7	0.0	24.7	17.5 - 25

Summary for January 2019

Increased fill rate for Registered Nurses on Jupiter due to amount of children requiring RMN's. Skill mix reviewed in light of this and number of HCA's reduced.

High fill rates of HCA's on Syons, Kew and Marble Hill 2 due to confused mobile patients at risk of falling and absconding.

Low fill rate for Registered Nurses on Kew due to roster template still being set up for earliest and latest when long days are being used.

Increased number of HCA's booked for Starlight to cover PSSU.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard

Month 10 2018-19 Integrated Position

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	563,115	577,003	13,888
Expenditure			
Pay	(291,947)	(302,491)	(10,544)
Non-Pay	(230,542)	(226,985)	3,557
EBITDA	40,626	47,527	6,901
EBITDA %	7.21%	8.24%	1.02%
Depreciation	(15,533)	(14,975)	558
Non-Operational Exp-Inc	(13,600)	(41,415)	(27,815)
Surplus/Deficit	11,492	(8,863)	(20,355)
Control total Adj - Donated asset, Impairment & Other		30,848	30,848
Surplus/Deficit on Control Total basis	11,492	21,985	10,493

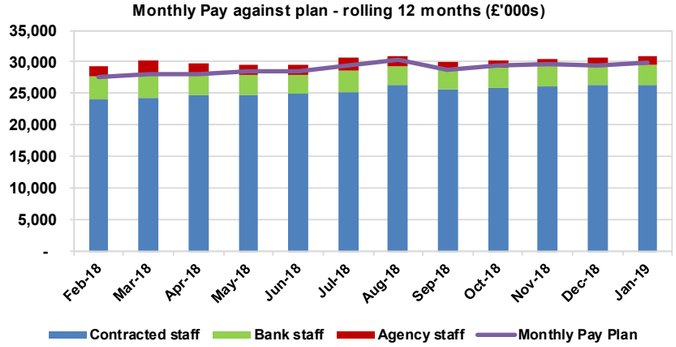
Comments

The Trust is reporting a YTD surplus of £21,985 on a control total basis. The favourable position forms part of a revised plan submitted to NHSI in M7. It should be noted the YTD deficit recorded above £8.86m is due to an impairment charge the Trust incurred based on the revaluation of the Trust's estate. Although this forms part of the operating costs, it does not form part of the control total which is used to measure the Trusts performance.

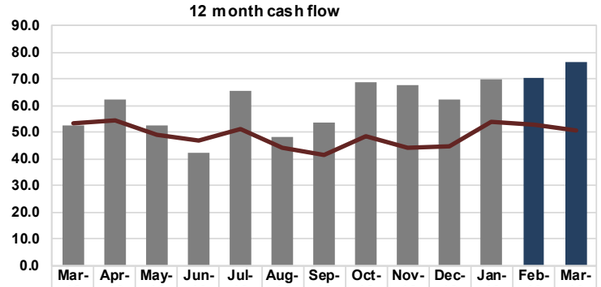
Income: January saw the highest levels of A&E activity in history, which in turn led to increased emergency admissions. Adult Critical Care, Paediatrics HDU and Outpatient first attendances were the other drivers of the in-month over performance.

Pay is adverse by £10,544k YTD. The Trust continues to use bank and agency staff to cover vacancies, sickness and additional activity. There has also been supernumery staffing to cover new medical starter post rotation. The largest contributor to this position has been under achievement against CIP targets.

Monthly Pay against plan - rolling 12 months (£'000s)



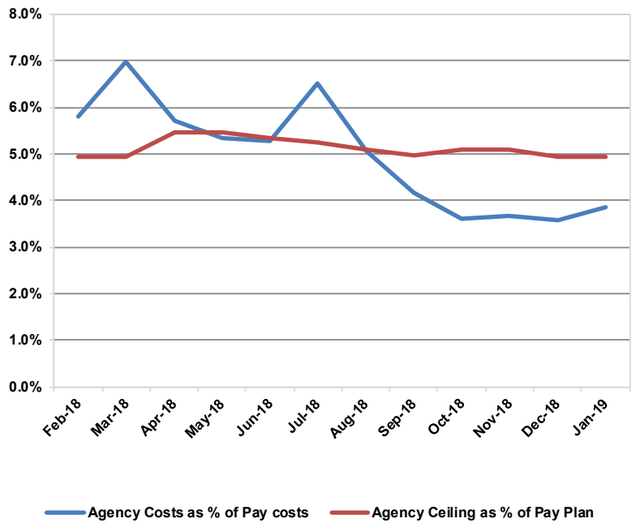
12 month cash flow



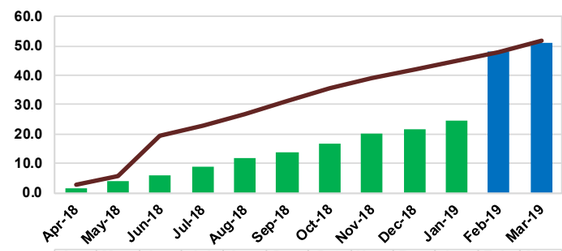
	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Forecast												70.6	76.4
Actual	52.6	62.5	52.4	42.4	65.8	48.2	53.6	68.9	67.8	62.5	69.8		
Plan	53.2	54.2	49.2	46.7	51.3	44.2	41.7	48.3	44.2	44.8	53.8	52.6	50.5

Comment: The higher cash balance (compared to plan) in M10 of £15.9m is mainly additional receipts for PSF, non recurent funding, higher VAT claims and also higher than planned cash settlement of invoiced debt totalling £59.4m. This has been offset in part by higher creditor payments and lower NICU donations totalling £43.5m

Agency Monthly % of Pay Costs (rollling 12 months)

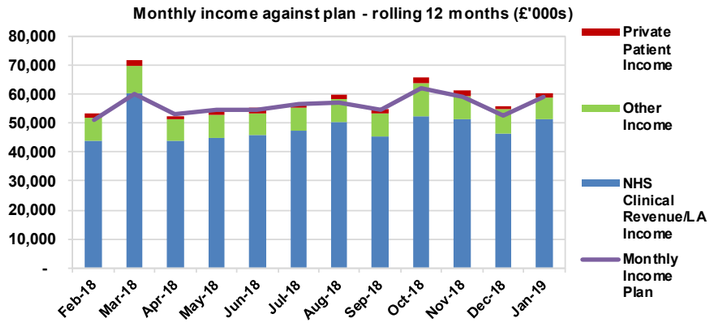


Captial expenditure against plan

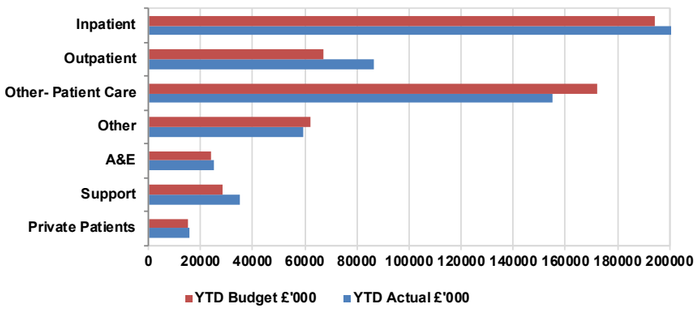


	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Actual	1.7	4.1	6.0	9.0	11.6	13.9	16.7	20.1	21.5	24.4		
Forecast											48.1	51.30
Plan	2.7	5.6	19.4	23.1	26.9	31	36	39	42	45	48	51.90

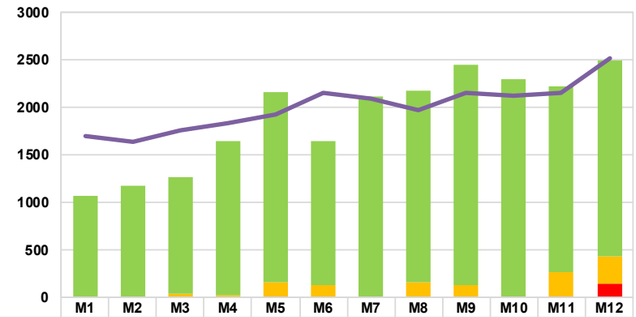
Monthly income against plan - rolling 12 months (£'000s)



YTD Income plan against actual by type



CIP Trustwide Forecast vs Target



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Green	1061	1159	1238	1615	1996	1506	2105	2014	2316	2302	1946	2070
Amber	17	17	38	30	155	137	10	168	132	0	264	281
Red	0	0	0	0	8	0	0	0	0	0	8	153
Target	1700	1636	1759	1840	1926	2164	2090	1976	2164	2131	2159	2516

Comment: Month 10 year to date capital spend was £24.43m (month 9 £21.49m) against planned year to date expenditure of £45.02m (month 9 £41.91m), with a resulting underspend of £20.59m (month 9 underspend £20.42m). Although the Trust's current spend is below planned spend the Trust is forecasting, overall, to meet its revised capital programme of £51.3m for the year.

BPPC % of bills paid within target

Year to Date	Current Month %	Previous Month %	Movement %
By number	90.2%	90.2%	0.1%
By value	83.7%	83.3%	0.3%
Creditor days	101	99	2
Debtor Days	50	50	0

Date Time of Production: 22/02/2019 09:08

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting, 25 April 2019

AGENDA ITEM NO.	2.3.1/Apr/19
REPORT NAME	Workforce Performance Report
AUTHOR	Natasha Elvidge, Associate Director of HR; Resourcing
LEAD	Sandra Easton, Chief Financial Officer
PURPOSE	The People and OD Committee KPI Dashboard highlights current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	The dashboard to provide assurance of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance
KEY RISKS ASSOCIATED	The need to reduce turnover rates.
FINANCIAL IMPLICATIONS	Costs associated with high turnover rates and reliance on temporary workers.
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
LINK TO OBJECTIVES	• Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	For noting.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Performance Report
to the People and Organisational Development Committee

Month 10 – January 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

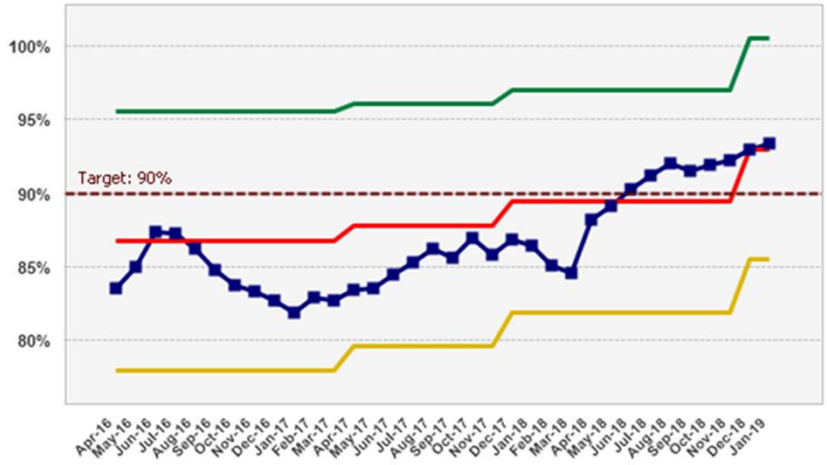
Statistical Process Control – April 2016 to Jan 2019

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

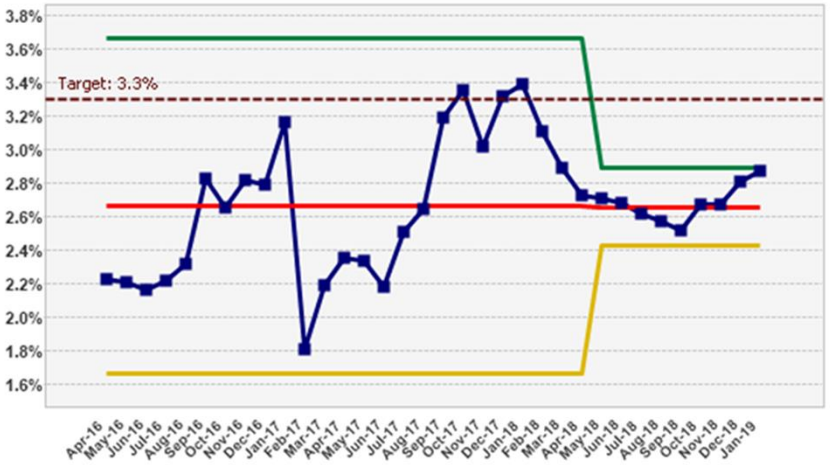
WORKFORCE INDICATORS

Statistical Process Control Charts for the 34 months April 2016 to January 2019

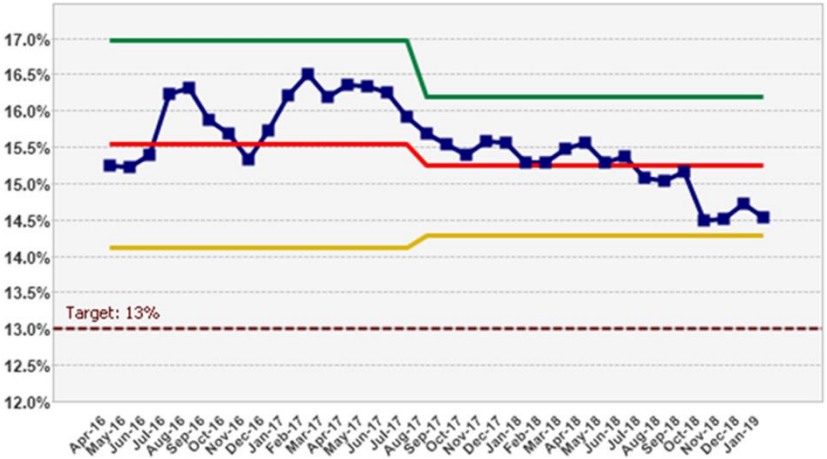
Mandatory Training compliance



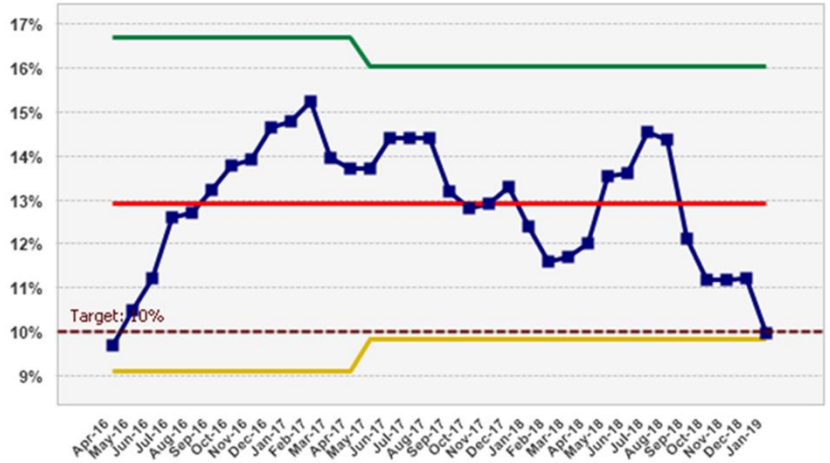
Sickness absence



Staff turnover rate



Vacancy rate



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

Chelsea and Westminster Hospital NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Target	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.	6112.74	6,284.69	6,226.51					↓
1.2 Whole time equivalent	No.	5354.60	5580.55	5611.73					↑
1.3 Headcount	No.	5826	6062	6115					↑
1.4 Overpayments	No.								↔
2. HR Indicators									
2.1 Sickness absence	%	1.80%	2.84%	2.87%	<3.3%				↑
2.2 Long Term Sickness absence	%		1.25%	1.17%					↓
2.3 Short Term Sickness absence	%		1.60%	1.70%					↑
2.4 Gross Turnover	%	19.23%	19.28%	19.00%	<17%				↓
2.5 Voluntary Turnover	%	15.28%	14.74%	14.55%	<13%				↓
3. Employee Relations									
3.1 Live Employment Relations Cases	No.		118	177					↑
3.2 Formal Warnings	No.		3	1					↓
3.3 Dismissals	No.		1	4					↑
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.		13260	14775					↑
4.2 Bank Shifts Filled	No.		11243	12593					↑
4.3 Agency Shifts Filled	No.		2017	2182					↑
5. Vacancy									
5.1 Trust Vacancy Rate	%	12.40%	11.20%	9.87%	<10%				↓
5.2 Corporate	%	9.66%	9.64%	9.07%	<10%				↓
5.3 Emergency & Integrated Care	%	15.04%	10.15%	8.85%	<10%				↓
5.4 Planned Care	%	11.97%	14.09%	12.63%	<10%				↓
5.5 Women's, Children and Sexual Health	%	11.36%	9.50%	8.00%	<10%				↓
6. Recruitment (Non-medical)									
6.1 Offers Made	No.		113	104					↓
6.2 Pre-employment checks (days)	No.		20.6	30.4	<20				↑
6.3 Time to recruit (weeks)	No.		8.32	10.76	<9				↑
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	76.85%	83.32%	85.20%	≥90%				↑
7.2 Corporate	%		75.31%	70.78%	≥90%				↓
7.3 Emergency & Integrated Care	%		86.18%	89.88%	≥90%				↑
7.4 Planned Care	%		85.85%	85.74%	≥90%				↓
7.5 Women's, Children and Sexual Health	%		81.08%	85.93%	≥90%				↑
8. Mandatory Training									
8.1 See Appendix 1 for details on Mandatory Training									

Chelsea and Westminster Hospital NHS Foundation Trust

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

Chelsea and Westminster Hospital NHS Foundation Trust

December 18 SICKNESS

Division	Sickness Abs.	RAG Status Target <4%	Available FTE	Abs. FTE	Episodes	Long Term (FTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	1.24%		16210.20	200.64	64	53.84	0.33%	2.14%	-0.90%
Emergency & Integrated Care	2.52%		49018.06	1233.08	304	401.00	0.82%	2.37%	0.15%
Planned Care	3.08%		55821.60	1720.59	369	689.98	1.24%	3.10%	-0.02%
Women's, Children and Sexual Health	3.47%		52691.08	1829.88	377	887.46	1.68%	3.22%	0.25%
Trust	2.87%		173740.95	4984.18	1114	2032.28	1.17%	2.84%	0.03%

January 19 Mandatory Training

Course	Last Month	This Month	Target	RAG Status	Trend
Basic Life Support	87%	86%	<90%		↓
Conflict Resolution	95%	96%	<90%		↑
Equality, Diversity and Human Rights	93%	94%	<90%		↑
Fire	92%	92%	<90%		↔
Health & Safety	96%	96%	<90%		↔
Infection Control (Hand Hygiene)	94%	94%	<90%		↔
Information Governance	94%	95%	<95%		↑
Moving & Handling - Inanimate Loads	92%	93%	<90%		↑
Patient Handling (M&H L2)	90%	89%	<90%		↓
Safeguarding Adults Level 1	94%	95%	<90%		↑
Safeguarding Children Level 1	95%	95%	<90%		↔
Safeguarding Children Level 2	92%	92%	<90%		↔
Safeguarding Children Level 3	84%	86%	<90%		↑

January 19 Vacancy / Bank and Agency Ratio on "Fill Rate"

Division	Budgeted FTE	Staff in Post (FTE)	Vacancy (FTE)	Bank Usage (FTE)	Agency Usage (FTE)	Total FTE Used	Budget minus Used FTE	RAG Status
Corporate	575.89	523.66	52.23	26.67	12.62	562.95	12.94	
Emergency & Integrated Care	1742.68	1588.40	154.28	313.75	79.87	1982.02	-239.34	
Planned Care	2064.78	1804.00	260.78	272.13	78.81	2154.94	-90.16	
Women's, Children and Sexual Health	1843.16	1695.67	147.49	209.50	36.88	1942.05	-98.89	
TRUST	6226.51	5611.73	614.78	822.05	208.18	6641.96	-415.45	

January 19 Voluntary Turnover

Division	Turnover	Prev Month	% +/ -
Corporate	16.66%	17.16%	-0.50%
Emergency & Integrated Care	14.96%	15.54%	-0.58%
Planned Care	12.83%	12.72%	0.11%
Women's, Children and Sexual Health	15.31%	15.36%	-0.05%
TRUST	14.55%	14.74%	-0.2%

Key to Sickness Figures
Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months
Episodes = number of incidences of reported sickness
A Long Term Episode is greater than 27 days

Chelsea and Westminster Hospital NHS Foundation Trust

People and Organisation Development Workforce Performance Report
January 2019

Mandatory Training Compliance :

Our compliance rate stands at 93% against our target of 90%. Compliance has remained above the Trust target of 90% for the previous 7 months. Moving and Handling has reached the Trust target for the first time since the requirements across both sites were aligned in April 2018. The Moving and Handling have created more ad hoc events to be delivered in addition to the planned programmes.
Information Governance is at its highest level of 95%. Q4 has a large number of employees due to lapse on the topic, so the IG team have increased communications re: updates across the Trust.
Planned changes – Starting in April Adult Basic Life Support reporting will be split into Theory and Practical reporting elements to reflect the increased use of eLearning in the new policy and Infection Control reporting will be split into Levels 1 and 2.

Staff Turnover Rate:

The voluntary turnover rate is currently 14.55% a decrease of 0.19% lower than last month. The voluntary turnover rate suggests that approximately 1 in 6 members of staff have left the trust over the past 12 months. The turnover rates are consistent with the London region and are above our trust target of 13%.

This month last year, the voluntary turnover rate (15.28%) which represents a 0.73% decrease year on year. This due to increased productivity and reduction of time to recruit by the recruitment team. Divisional HR Business Partners are working within divisions to improve turnover and we continue to monitor turnover and reasons for leaving and joining via our joiners and leavers surveys.

Sickness Absence: (December)

The trust's sickness rate is currently 2.87%. Our sickness target (3.3%) has not been breeched during the last ten months (this financial year); peaking at 2.89% in April 2018.

The staff group consistently reporting the highest level of sickness over the last seven months is unqualified nursing and midwifery staff whilst medical and dental staff are consistently reporting the lowest level of sickness.

The Women's, Children & Sexual Health Division had the highest sickness rate in December at 3.47% and Emergency & Integrated Care had the lowest sickness rate 2.52% of the clinical divisions.

Vacancy Rate:

The trust has achieved its KPI target with a 9.95% vacancy rate in January 2019. The vacancy rate has decreased (1.25%) as related to the month prior and we continue to maintain a downward trend for over the last 12 months. Our vacancy rate has improved due to increased activity within the recruitment team and robust monitoring and maintenance of the establishment. There has been an increase in establishment over the past 12 months 110.32wte, a gain of 1.76%.

The vacancy rate at West Middlesex is 11.03% and 9.38% at Chelsea and Westminster. The Nursing and Midwifery qualified staff group vacancy rate 7.90% which means we have achieved and maintained our target vacancy for nursing over the past three months.

Our Nursing and Midwifery Qualified staff vacancy continues to be the best in London.

People and Organisation Development Workforce Performance Report
January 2019

PDR's Completed Since 1st April 2018 (18/19 Financial Year)					
Division	**Band Group**	**%**	**Division**	**Band Group**	**%**
COR	Band 2-5	61.42%	**PDC**	Band 2-5	77.76%
	Band 6-8a	68.81%		Band 6-8a	90.82%
	Band 8b +	82.35%		Band 8b +	100.00%
Corporate		**68.77%**	**PDC Planned Care**		**82.90%**
EIC	Band 2-5	87.84%	**WCH**	Band 2-5	79.27%
	Band 6-8a	85.99%		Band 6-8a	85.52%
	Band 8b +	95.00%		Band 8b +	100.00%
EIC Emergency & Integrated Care		**87.16%**	**WCH Women's, Children's & SH**		**83.04%**

Band 2-5	Band 6-8a	Band 8b +		
79.68%	84.91%	90.58%	**Trust Total**	**82.47%**

PDRs:

During the previous financial year we achieved our target of appraisals completed (90%).

At Month 10 / January, we are marginally behind target for the completion of PDRs by our banding windows. The divisions have produced plans to achieve their PDR targets and greater focus and attention to the completion of PDRs within the banding windows have resulted in a 19% increase over the last two months. This PDR target and progress against divisional plans is continues to be monitored at the Workforce Development Committee meeting.