

Chelsea & Westminster Hospital NHS Foundation Trust

Board of Directors

Board of Directors Meeting PUBLIC SESSION 24 September
2015

Hospital Boardroom

24 September 2015 16:00



Board of Directors Meeting (PUBLIC SESSION)

Location: Hospital Boardroom

Date: Thursday, 24 September 2015 Time: 16.00 – 18.00

Agenda

GENERAL BUSINESS				
16.00	1.	Welcome & Apologies for Absence	Verbal	Chairman
16.02	2.	Declarations of Interest	Verbal	Chairman
16.03	3.	Minutes of the Previous Meeting held on 27 July 2015	Report	Chairman
16.05	4.	Matters Arising & Board Action Log	Report	Chairman
16.10	5.	Chairman's Report	Verbal	Chairman
16.20	6.	Chief Executive's Report	Report	Chief Executive Officer
16.35	7.	Patient Experience Case Study	Verbal	Chief Nurse
QUALITY & TRUST PERFORMANCE				
17.00	8.	Integrated Performance Report	Report	Executive Directors
ITEMS FOR INFORMATION				
17.40	9.	Questions from Members of the Public		Chairman/ Executive Directors
17.50	10.	Any Other Business		
18.00	11.	Date of Next Meeting – 29 October 2015		



**Minutes of the Board of Directors (Public Session)
Held at 16.00 on 27 July 2015 in the Boardroom, Chelsea & Westminster Hospital**

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Sir John Baker	Non-Executive Director	(JB)
	Jeremy Loyd	Non-Executive Director	(JL)
	Andrew Jones	Non-Executive Director	(AJ)
	Eliza Hermann	Non-Executive Director	(EH)
	Liz Shanahan	Non-Executive Director	(LS)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Elizabeth McManus	Chief Executive	(EM)
	Lorraine Bewes	Chief Financial Officer	(LB)
	Zoe Penn	Medical Director	(ZP)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Dominic Conlin	Director of Strategy & Integration	(DC)
	Susan Young	Chief People Officer & Director of Corporate Affairs	(SY)
	Vanessa Sloane	Director of Nursing	(VS)
	Thomas Lafferty	Company Secretary	(TL)

In Attendance:	Jennifer Nethercott	Student Nurse	(JN)
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1.	Welcome and Apologies for Absence	
a.	The Chair welcomed all present to the meeting.	
b.	It was noted that Jeremy Jensen (JJ), Non-Executive Director, had given his apologies for the meeting.	
c.	The Chairman noted that, earlier in the day, the Board had participated in Health & Safety training and had also received a presentation from KMO in relation to the new Integrated Performance Report which incorporated West Middlesex University Hospital NHS Trust (WMUH) performance into the Trust's main performance dashboard.	
2.	Declarations of Interest	
a.	Nil.	
3.	Minutes & Actions from Previous Meeting: 26 June 2015	
a.	The minutes from the previous meeting were agreed as a true and accurate record, subject to an amendment being made to minute 9k which should have referred to ' <i>perverse incentives</i> '.	
4.	Matters Arising & Board Action Log	
a.	The Board considered the Matters Arising from the last set of Minutes and the corresponding Board Action Log.	

<p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>	<p>EM noted minute 8 which confirmed that the Board at its last meeting had approved the Trust Quality Strategy. She noted that there would be a significant challenge in bringing the Strategy 'to life' and ensuring full implementation of the Quality Plans therein in order to improve levels of patient safety, patient experience and clinical effectiveness. EH noted that an action arising from the Integrated Performance Report earlier in the day was to track the implementation of each of the Quality Strategy objectives on the front page of the new dashboard, as per minute 8c of the previous meeting.</p> <p>In relation to minute 9d, SY confirmed that a review had been undertaken of the mandatory training which Non-Executive Directors needed to participate in. This included Health & Safety, Fire, Information Governance, Safeguarding (Adults & Children), Hand Hygiene and Equality & Diversity. Where individual Non-Executive Directors were 'overdue' training in these areas, they would be directly contacted by the Learning & Development Department.</p> <p>In relation to minute 9j, the Trust's rate of Ecoli bloodstreams, ZP advised that the '10' cases reported within the prior month's Performance & Quality Report has been an error and that the correct number was '3' on account of the fact that the Trust was only required to report hospital-acquired (as opposed to community) infections. The data error was being followed up with the Information and Infection Control teams.</p> <p>In relation to minute 11a, EM confirmed that she would be discussing options with regard to regular staff briefings with the incoming substantive Chief Executive, Lesley Watts (LW).</p>	
<p>5.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p>	<p>Chairman's Report</p> <p>In commencing his report, the Chairman noted that the present meeting represented SY's last as a Director of the Board. On behalf of the Board, he thanked SY for her hard work and dedication to the Trust during her tenure.</p> <p>Secondly, the Chairman advised that Jenny Higham (JH), the Imperial College Appointed Governor on the Trust Council of Governors, had been appointed as the Dean of St George's Medical School. He congratulated JH on her appointment and noted that this would, by necessity, bring about her resignation from the Council. As a result, he would be meeting with the new President, Vice President and Dean at Imperial College with a view to the identification of a new College-appointed Governor on the Council.</p> <p>Thirdly, the Chairman noted that he had received a letter from the Secretary of State for Health with regard to the 'Who Will Care?' Commission which looked to review the role of local communities, volunteers and carers in the provision of healthcare. The letter afforded the Trust the opportunity to take a leading role in the progression of the national initiative. He added that he had received a similar approach from the Cabinet Office in his role as Chairman of the Marshall Institute for Philanthropy and Social Entrepreneurship.</p> <p>Fourthly, the Chairman noted that he had recently attended a dinner hosted by the King's Fund with regard to 'Right Touch Regulation'. The dinner had been attended by two of the members of the new 'NHS Improvement' Board which would, in due course, replace the current regulatory functions undertaken by Monitor and the Trust Development Authority.</p> <p>Fifthly, the Chairman noted that he had recently met with members of the Board at the Royal Free London NHS Foundation Trust and King's College Hospital NHS Foundation Trust in order to 'learn lessons' which both organisations had realised having completed acquisitions in the preceding months. These learning points had been shared in full at the Private Board meeting held earlier in the day.</p> <p>Sixthly, the Chairman noted that the Trust continued to support the 'Facing the World' charity which involved some of the Trust's craniofacial surgeons. The charity aimed to help</p>	

	<p>children in third world countries have access to facial transformation surgery in order to correct birth defects. He noted that TL was currently involved in the refreshing of the Memorandum of Understanding (MOU) relating to the Trust’s arrangement with the charity.</p> <p>g. Seventhly, the Chairman noted that he, JL and TL were currently discussing the process relating to the transfer of the WMUH charitable funds to the Trust at the point of the acquisition. In particular, consideration was being given to whether the Trust would continue to retain the funds under a ‘corporate Trustee’ model or whether the funds would be transferred to CW+, the Trust’s independent charity. He noted that under either proposal, funds donated for the support of WMUH services would still need to be expended in such a way.</p> <p>h. Eighthly, the Chairman noted that he would soon be calling a meeting of the Non-Executive Director Nominations & Remuneration Committee in order to commence a Non-Executive Director recruitment process. The Trust was looking to recruit to two Non-Executive positions post-WMUH acquisition in order to replace JB and JL who would be stepping down from the Board in year. He added that local knowledge of the WMUH area would be one of the key requirements within the Person Specification for the roles.</p> <p>i. The Chairman concluded his report by noting the potential opportunities for the Trust relating to the benevolent donations of private business, noting that Marks & Spencer had recently donated 70 fans to the Trust at zero cost to assist the Trust’s efforts to keep ward areas feeling cool and comfortable during spells of hot weather.</p>	
<p>6.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>	<p>Chief Executive’s Report</p> <p>In relation to Staff, EM noted that she continued to welcome new Trust employees through the Trust’s induction programme and had also recently started to meet with employees who had spent six months’ working at the Trust to gauge levels of staff satisfaction and to continue senior management engagement with staff at all levels of the organisation. On this theme, EM noted that LW was now regularly visiting staff on wards and within Departments as part of her orientation of the Trust.</p> <p>In terms of ‘grip’, EM noted that the Trust continued to perform well against its 2015/16 financial plan, remaining ahead of its I&E and CIP trajectories. Furthermore, the Trust continued to achieve the majority of nationally-mandated operational KPIs, with the exception of the Learning Disabilities indicator which the Trust was committed to addressing.</p> <p>In relation to ‘growth’, EM noted that the Communications Department had recently produced an excellent video which explained the key clinical benefits underpinning the WMUH acquisition. This video would be uploaded on to the Trust website and used at a number of meetings around the Trust, including at the next Council of Governors’ meeting.</p> <p>In terms of the transactional aspects of the acquisition workplan, EM noted that the Board had, earlier in the day, self-certified against the Working Capital position projected within the Long Term Financial Model (LTFM) associated with the acquisition Full Business Case. This followed the previous self-certifications approved by the Board in relation to the Trust’s Quality Governance arrangements, Financial Reporting arrangements and the Post-Transaction Integration Plan. She reminded the Board that Monitor would now issue the Trust with its Transaction Risk Rating on 7 August and this would duly inform the decisions to be taken by the Board and the Council of Governors on 11 August on the question of whether to proceed with the acquisition.</p> <p>EM advised that a key learning point from the acquisition workplan had been the need to improve external engagement/communication with key stakeholders such as Local</p>	

f.	<p>Authorities, commissioners and local Healthwatch organisations</p> <p>EM confirmed that the Maternity Unit at Ealing Hospital had closed as of 1 July and that both the Trust and WMUH had responded to this through the successful recruitment of additional midwives to both organisations.</p>	
7.	<p>‘Why Become a Nurse?’ Presentation</p> <p>a. The Board received a presentation from JN with regard to her key motivations for becoming a nurse.</p> <p>b. JN noted that there were a variety of different drivers as to why individuals became nurses and that nurses typically came into the profession from a diverse range of educational, cultural and experiential backgrounds. JN noted the adverse publicity received by the NHS in recent years and identified that a significant proportion of this was levelled against nurses. She noted that, on a daily basis, she saw examples that ran contrary to this with care being provided by dedicated, caring and compassionate nurses.</p> <p>c. The Chairman noted that one of the Trust’s key risks related to the ability to retain high quality staff and asked whether there were any steps the Trust could take to retain high calibre student nurses. JN noted that exposure to mentors and clinical leaders was an important part of a nurse’s development and that nurses also needed protected teaching time and preceptorship opportunities. She noted that some Trusts also engaged with Student nurses through a bespoke Student Nurses’ Council.</p> <p>d. The Board thanked JN for her excellent presentation.</p>	
8.	<p>Performance & Quality Report</p> <p>a. With regard to financial performance, LB advised that the Trust had recorded a £0.5m deficit position in June which was £0.2m ahead of the planned deficit position. The Trust also continued to perform well in terms of CIP attainment and in relation to its cash position. The two main areas of concern related to the Trust’s level of aged debt and with regard to an under-performance on Private Patient income. The Chairman congratulated the Executive team on the Quarter 1 financial performance.</p> <p>b. In relation to workforce performance, SY advised that the external review of the Trust’s mandatory training provision had now concluded and this had helped to redefine expectations regarding the level of training each employee was expected to receive. Overall, the Trust was 4% above the London average in terms of compliance with mandatory training with a performance of 81%, close to the 85% target set by the Board earlier in the year. She added that the People & OD Committee continued to scrutinise performance in this area at each meeting.</p> <p>c. SY advised that the Trust had also improved its WTE position, generating a net increase in substantive staff due to a series of successful clinical recruitment campaigns.</p> <p>d. With regard to quality performance, ZP noted that there had been no cases of hospital-acquired CDiff in month and that the Trust’s ‘harm free’ scores remained good. In addition, the Trust continued to perform significantly better than the national average with regard to the nationally-recognised mortality indicators. In terms of areas of improvement, ZP said that she would seek to understand the reasons behind the increase in the number of medication-related safety incidents. In addition, the Trust continued to under-perform against the 12 hour Consultant assessment indicator; however this represented a reporting issue as opposed to reflecting a genuine clinical risk. EM added that it had been more than</p>	<p>ZP</p>

<p>e.</p> <p>f.</p> <p>g.</p> <p>h.</p>	<p>400 days since a patient at the Trust had contracted a hospital-acquired MRSA bacteraemia.</p> <p>VS advised that nutritional screening remained a quality priority for the Trust, noting that the organisation was currently behind the 90% target for assessing patients on admission, although the Trust was achieving the target as it related to the rescreening of patients.</p> <p>VS advised that 150 Band 5 nurses had been recruited and were due to commence in post as of September 2015. There would be further overseas recruitment campaigns held for general nurses in Italy and specialist nurses in Australia. The Trust's nursing leadership was supplementing the recruitment efforts with new incentives to retain high quality staff, as had been discussed earlier in the meeting.</p> <p>In relation to operational performance, KMO advised that the Trust continued to achieve all of the national operational performance indicators (A&E 4 hour target, RTT etc.). However, in relation to the RTT KPI, he noted that the Trust would be undertaking a 12 week data quality validation exercise in order to address concerns which had previously been raised by the Trust's external auditors with regard to the accuracy of the Trust's reporting in this area. The Board noted the complexities of the calculation of the RTT targets and that a number of Trusts was experiencing difficulties in this area with some choosing not to report due to data quality concerns. KMO agreed to report back to the Board with the outcomes of the 12 week exercise.</p> <p>EH asked why the Trust's performance against the 'length of stay' indicator had deteriorated in month to a 'red' status. KMO said that this performance in this area was driven by a number of factors and that the standard did not take into account patient case mix and an individual patient's particular scenario, including whether they were awaiting discharge to a community/social care facility. JL acknowledged this but said that it was vital that the Trust did not just view patient waiting times/clinical delays as 'compliance' matters, but truly understood the impact upon the patient, noting the link between an individual patient's stress/anxiety caused by waiting. The Board discussed the process relating to notifying patients of expected waiting times, including awaiting test results. KMO noted the high standard currently provided by the Dean Street Sexual Health service which contacted patients with their test results within 4 hours of the initial testing.</p>	<p>KMO</p>
<p>9.</p> <p>a.</p> <p>b.</p> <p>c.</p>	<p>Monitor Q1 Submission</p> <p>In presenting the report, LB confirmed that the Trust had maintained a COSRR of '3' during Quarter 1 2015/16 in accordance with plan. However, she noted that the proposed submission to Monitor highlighted a non-compliance with regard to the Trust's ability to remain a '3' rating throughout the year as a standalone organisation, noting the forecast £7.5m end of year deficit planned. JL queried this assessment on the basis of the positive Quarter 1 outturn. LB acknowledged this but noted that it was too early in the year to consider a favourable reforecast of the Trust's projected end of year position.</p> <p>LB further highlighted that, notwithstanding the Trust's strong performance in a number of the key operational performance areas, the Trust would similarly have to declare non-compliance with regard to being able to meet all of the Risk Assessment Framework standards due to the Trust's ongoing breach of the requirements relating to Learning Disabilities.</p> <p>The Board APPROVED the submission of the statements to Monitor.</p>	
<p>10.</p> <p>a.</p>	<p>Register of Seal Report- Q1</p> <p>The report was received and noted.</p>	

11.	<p>Medical Revalidation</p> <p>a. In presenting the report, ZP advised that the paper aimed to provide an overview of the Trust's compliance with the Responsible Officer (RO) Regulations.</p> <p>b. The Chairman expressed concern that the frontsheet to the paper seemed to suggest that only 65% of the Trust's medical staff had received positive revalidation recommendations. ZP clarified that none of the Trust's staff subjected to revalidation had, in fact, 'failed' the assessment. The reference in the frontsheet should have explained that not all of the Trust's medical staff had yet been subjected to revalidation, which explained the 65% figure. The Board agreed that it would be necessary to amend the paper uploaded to the Trust website to this extent in order to avoid any confusion.</p> <p>c. The Board otherwise noted the report.</p>	ZP/TL
12.	<p>Questions from Members of the Public</p> <p>a. Susan Maxwell, Patient Governor, asked whether there was any noticeable correlation between the number of staff who contracted flu over the last winter period and the number of staff who had flu vaccinations. VS advised that this data was not available; however, she noted that the Trust's commissioners had asked the Trust to consider making flu vaccinations compulsory for staff. The Trust would continue to encourage staff to have flu vaccinations over the 2015 winter period.</p>	
13.	<p>Any Other Business</p> <p>a. The Chairman advised that he had been contacted by one of the Trust's Appointed Governors with regard to concerns which she had in respect of the renewal of the lease relating to the Post Office, a lease currently held by CW+. The Chairman asked EM to ensure that there was a clear Trust position on the issue.</p> <p>b. EH advised that, at last Quality Committee meeting, the Assistant Chief Nurse had delivered a presentation on the steps that the Trust was taking to improve its End of Life Care provision to patients. The Committee has supported the attempts being made to achieve 'Gold Standard' accreditation in this area and had noted the improvements that had been made since the 2014 CQC inspection. EH added that the Director of Infection Prevention & Control had presented the Annual Infection Prevention & Control Report to the meeting and the Committee had welcomed the excellent performance evidenced in this area when compared to the Trust's peer group.</p>	EM
14.	<p>Date of Next Meeting: 24 September 2015</p>	

The meeting was closed at 17.51.



Board of Directors PUBLIC SESSION – 27 July 2015

Meeting	Minute Number	Agreed Action	Current Status	Lead
July 15		ZP to report back on the reasons behind the increase in the number of medication-related safety incidents.	Verbal update at meeting.	ZP
	8g.	KMO to report back to the Board (in November) with the outcomes of the 12 week RTT data validation exercise.	Scheduled for November Board meeting.	KMO/TL
	11b.	ZP/TL to redraft Medical Revalidation paper to ensure clarity re: percentage of doctors having been subjected to medical revalidation.	Chelsea and Westminster Hospital NHS Foundation Trust has 314 doctors with a prescribed connection. Of these, 65% have received medical revalidation year-to-date and the Trust remains on schedule to complete this exercise for the entirety of its medical workforce by 2017. In addition, 256/314 doctors have had appraisals year-to-date.	ZP/TL
	13a.	EM to clarify Trust position on post office lease issue.	Verbal update at meeting.	EM



Board of Directors Meeting, 24 September 2015

PUBLIC

AGENDA ITEM NO.	6/Sep/15
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

**Chief Executive's Report
September 2015**

1.0 Introduction

Today's Board meeting marks the end of my second full week at the Trust as Chief Executive. With the Trust having completed the acquisition of West Middlesex University Hospital NHS Trust on 1 September, the first few days have been particularly exciting and I have been inspired by the enthusiasm, energy and ideas from the staff that I have met on the Trust sites that I have been able to visit during this short time.

I particularly enjoyed hearing about the Open Day which was held at West Middlesex University Hospital on 12 September. The event provided the enlarged Trust with an excellent opportunity to engage with its new local constituents and it was fantastic that so many members of staff and Trust Governors were able to attend this celebratory event. I have already received very positive feedback from patients, staff and the public who really appreciated the opportunity both to hear about the current services in the hospital but also the potential for improved and enhanced services in the future.

With regard to external stakeholder engagement, I am now in the midst of a series of introductory meetings with the Trust's lead commissioners, local authorities and neighbouring Acute Trust Chief Executive Officers.

Of course, with the transaction now having completed, the focus of the Board and senior management team must quickly switch to the integration and transformation agenda and, whilst a considerable amount of work has already been undertaken in these areas, I am clear that there is much to be done in order to truly realise all of the projected clinical, financial and operational benefits associated with the bringing together of the two organisations. The Board will continue to be kept updated as to the integration and transformation workstreams via the Integration & Transformation Steering Committee.

In commenting on the completed acquisition and the journey that lies ahead, it is of course vital that I formally recognise the excellent leadership shown by Elizabeth McManus during her tenure as Chief Executive of the Trust. There is little doubt that the completion of the transaction is a substantial achievement for the Executive Team. I am very much looking forward to working with her as she returns to her role as Chief Nurse of the Trust.

2.0 Grip: Our Performance

The Trust's operational performance for the month of August has highlighted a key compliance concern, with the Trust breaching the following national indicators:

- Referral-to-Treatment (RTT) Incomplete Pathway- As previously highlighted to the Board, performance in this area has deteriorated due to the ongoing data revalidation exercise and backlog clearance;
- Cancer 62-Day Target;
- Learning Disabilities- The Trust has a plan in place to achieve compliance in this area by the end of Quarter 3 2015/16.

These breaches for Month 5 represent key operational risks for the Trust. As per the below, the Trust is already under 'enhanced monitoring' arrangements due to the Amber Risk Rating associated with the West Middlesex University Hospital NHS Trust acquisition. The Executive Team will need to quickly grasp these operational performance issues and I will personally be scrutinising our remedial plans through the Executive Board.

The Trust is continuing to perform well in relation to the majority of key clinical performance indicators, particularly in respect of the Standard Hospital Mortality Index (SHMI) and with regard to infection control.

At the time of writing, the confirmed Month 5 financial performance information for the combined Trust is not available. The Chief Finance Officer will provide the Board with an update on this at the Board meeting.

3.0 Enhanced Monitoring

The Board is aware that Monitor, the Foundation Trust Regulator, previously allocated the West Middlesex transaction an Amber Risk Rating. Whilst this allowed the acquisition to proceed, it also means that the combined Trust is now operating under 'enhanced monitoring' arrangements entailing the following:

- Monthly reporting by the enlarged Trust on its financial and operational performance to Monitor;
- Quarterly reporting by the Trust to Monitor on the design and implementation of the new management structure;
- Reviews of integration progress and financial performance to be undertaken by Monitor six and twelve months after the Transaction;
- The submission of an enhanced standalone financial plan for the Trust for 2015/16.

It is likely that these requirements will be overseen by the establishment of regular meetings with Monitor and local commissioners. The Trust is currently in the process of clarifying the detail of these proposed monitoring meetings.

The Trust continues to implement the other recommendations arising from Monitor's review of the West Middlesex transaction, as well as those proposed by the Reporting Accountant.

4.0 Dean Street Serious Incident

On 1 September, an email was sent to patients who participate in the Option E service provided by the Trust's Dean Street Clinic. Unfortunately, the email addresses of the recipients were accidentally shared as part of the e-mail distribution. The patients affected by this incident have each been contacted directly for the purposes of an apology and to offer individual support where required.

The Trust reported this incident to the Information Commissioner's Office (ICO) as a Level 2 Information Governance Serious Incident and has also briefed all other key external stakeholders.

The Trust has now established a Serious Incident Investigation Panel which will review the incident in depth and seek to identify key learning points from the event which can be acted upon to ensure that such circumstances do not recur. In particular, it is vital that we review our systems of external communication to patients to ensure that these systems are fit for purpose and have appropriate information security controls in place.

The Panel will be chaired by Karl Munslow-Ong, Chief Operating Officer and supported by Liz Shanahan, Non-Executive Director. The Lead Investigator in relation to the matter will be Dr Roger Chinn, Site Medical Director for West Middlesex University Hospital.

I will continue to keep the Board apprised of the progress of the Trust's internal investigation, as well as any developments with regard to the approach to be taken by the Trust's regulators in this regard.

5.0 Membership Recruitment

In accordance with the terms of the new Trust Constitution, the Trust will be commencing the process relating to the election of new Governors to its Council of Governors over the coming weeks. The Governor positions that are subject to these fresh elections are as follows:

- All Patient Governor positions;
- All Staff Governor positions;
- All Public Governor positions relating to the newly acquired constituencies of the London Boroughs of Hounslow, Richmond and Ealing.

With regard to the Public Governor elections relating to the 'West Middlesex' areas; over the past few weeks, the Trust's existing Governors have helped to lead a highly successful membership recruitment campaign. As a result of

this campaign, the Trust is now in a position where it has a viable electorate in each of the three new public constituency areas. This is a significant accomplishment and has allowed the enlarged Trust to start on the 'front foot' with regard to patient and public involvement in these areas.

A detailed update on the election process will be provided at the 22 October Council of Governors/Annual Members' Meeting.

Lesley Watts
Chief Executive Officer
September 2015



Board of Directors Meeting, 24 September 2015

PUBLIC

AGENDA ITEM NO.	8/Sep/15
REPORT NAME	Integrated Performance Report – August 2015
AUTHOR	Robert Crooks, Information Project Manager
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for August 2015 for both Chelsea and Westminster and West Middlesex, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	<p>The integrated performance report shows the West Middlesex and Chelsea and Westminster performance for August and will be the combined report for the new organisation.</p> <p>Regulatory performance – the RTT incomplete target was not achieved by CW in August, following on from initial symptoms noted in July. There is an RTT remedial action plan in place which includes a 12 week data validation/cleansing programme which commenced in September.</p> <p>Although August's validated performance for Cancer will not be reported until October for both sites, it is anticipated that the 62 day target will not be met in the month for either site. The root causes of delay are being investigated</p> <p>Both Trusts have achieved all other regulatory performance indicators, with the exception of access to patients with learning difficulties.</p> <ul style="list-style-type: none">- Both Trusts are currently not fully compliant with all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16, in line with our CQC Action Plan.- Quality and Patient Experience: Following concerted efforts by the patient experience team the inpatient friends and family response rate has increased above the required 30% at CW, with improvements also seen at the WM site. Both sites continue to have good performance on hand hygiene compliance and mortality indicators.- Efficiency: Theatre utilisation rates at CW have deteriorated in August, and DNA rates have increased at both sites, which is due to the holiday period.- Workforce: Unplanned staff turnover rates and vacancy rates remain high for CW and a senior nurse has been employed full time to focus on

	recruitment and retention issues for nursing staff.
KEY RISKS ASSOCIATED:	There is a risk to achievement of the challenging C. Diff target in 2015/16 for the combined Trust, due to the tough targets, however the combined Trust is compliant for the year to date.
FINANCIAL IMPLICATIONS	The combined Trusts reported a £0.1m deficit in July and £6.0m deficit for the year to date, which was £0.6m ahead of plan year to date.
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	The Board is asked to note the performance for August 2015.



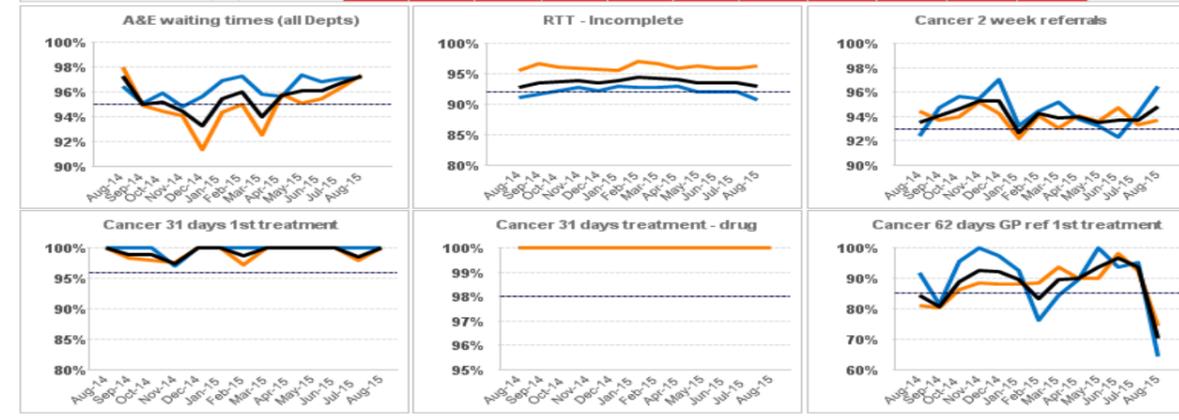
TRUST PERFORMANCE REPORT

August 2015

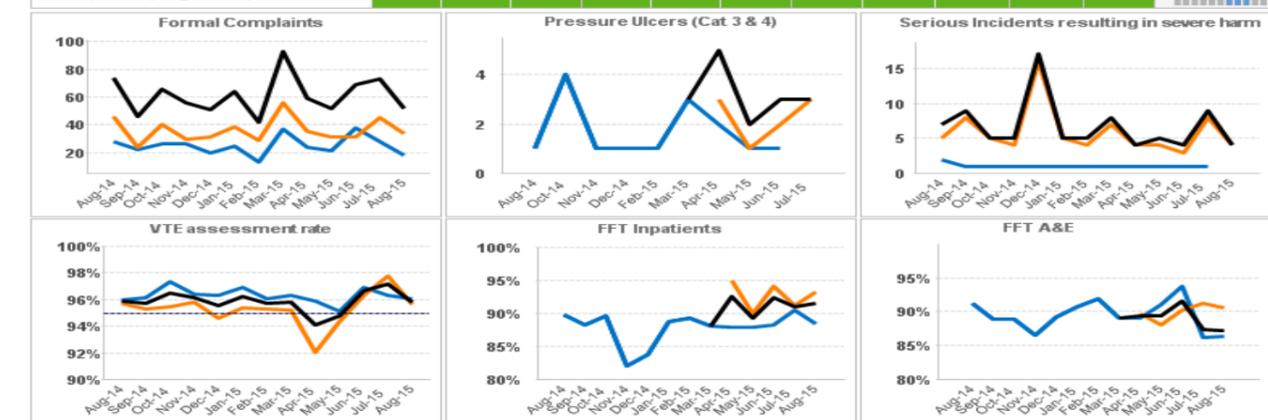
Incorporating West Middlesex University Hospital data

August 2015 Performance Dashboard

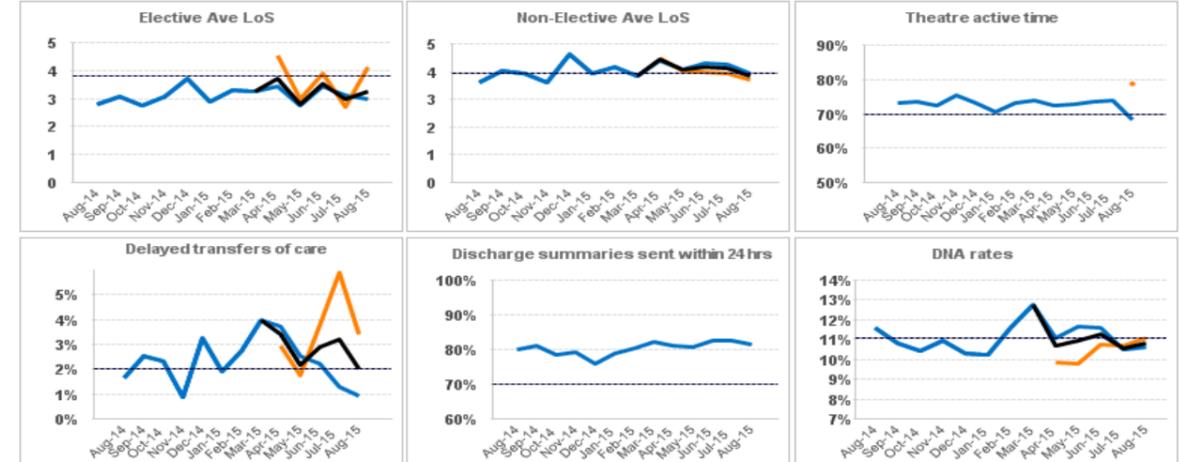
Regulatory Compliance												
Hospital Site	CWFT			WUMH			Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Quarter	YTD	Trend
A&E waiting times - all Depts (Target: >=95%)	96.8	97.1	97.1	95.4	96.4	97.4	96.0	96.7	97.3	97.0	96.4	
RTT - Incomplete (Target: >=92%)	92.1	92.0	90.7	95.9	95.9	96.2	93.5	93.5	92.9	93.2	93.5	
Cancer 2 week urgent referrals (Target: >=93%)	92.3	94.3	96.5	94.7	93.3	93.7	93.7	93.7	94.8	94.2	93.9	
Cancer 31 days first treatment (Target: >=96%)	100	100	100	100	98.0	100	100	98.5	100	99.1	99.7	
Cancer 31 days treatment - Drug (Target: >=98%)	n/a	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >=94%)	n/a	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >=94%)	n/a	n/a	n/a	n/a	n/a							
Cancer 62 days GP ref to treatment (Target: >=85%)	93.8	95.1	64.5	98.3	92.8	74.5	96.7	93.6	70.5	84.0	89.1	
Cancer 62 days NHS screening (Target: >=90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	84.6	
Clostridium difficile infections (Targets: CWV: 7; WVM: 9; Combined: 16)	0	0	0	0	2	2	0	2	2	4	6	
Self-certification against compliance for access to healthcare for people with LD	N/A	N/A	N/A	N/A	N/A							



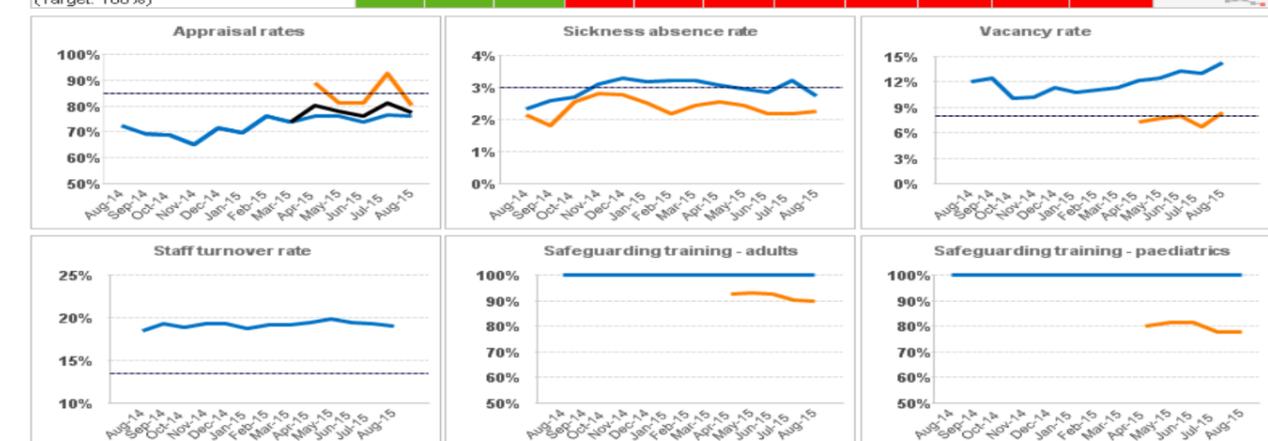
Quality												
Hospital Site	CWFT			WUMH			Combined: latest Quarter, YTD & 13m trend					
Indicator	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Quarter	YTD	Trend
Hand Hygiene (Target: >=98%)	97.6	98.3	97.4	99.0	99.6	99.4	98.2	98.9	98.3	98.6	98.2	
Pressure Ulcers (Cat 3 & 4)	1	0	0	2	3	0	3	3	0	3	13	
VTE assessment % (Target: >=95%)	96.9	96.3	96.0	96.3	97.7	95.6	96.6	97.2	95.8	96.5	95.8	
Formal complaints number received	38	28	18	31	45	34	69	73	52	125	305	
Formal complaints responded to <25days	28	16	5	27	36		55	52	5	57	194	
Serious Incidents resulting in severe harm	1	1	0	3	8	4	4	9	4	13	26	
Never Events	1	0	0	0	0	0	1	0	0	0	1	
FFT - Inpatients Recommend % (Target: >=90%)	88.3	90.6	88.4	94.2	91.1	93.2	92.4	91.0	91.6	91.3	91.4	
FFT - A&E Recommend % (Target: >=90%)	93.7	86.2	86.4	90.3	91.3	90.5	91.6	87.4	87.2	87.3	88.3	
Falls causing serious harm	0	1	0				0	1	0	1	1	
Mortality SHMI (Target <100)	81.1	80.3	80.3	99.6	88.7	88.7	94.6	85.3	85.3	85.3	85.3	



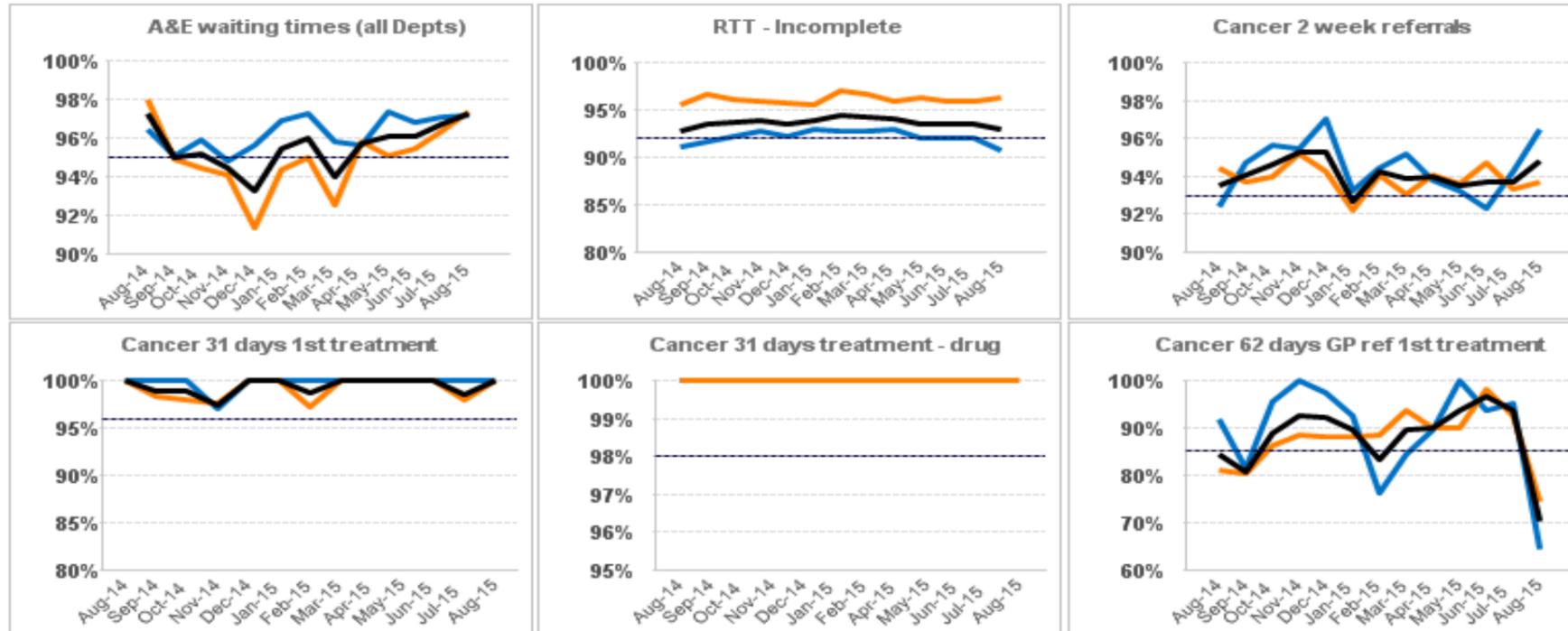
Efficiency												
Hospital Site	CWFT			WUMH			Combined: latest Quarter, YTD & 13m trend					
Indicator	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.4	3.1	3.0	3.9	2.7	4.1	3.5	3.0	3.3	3.1	3.3	
Non-Elective average LoS (Target: 3.95)	4.3	4.2	3.9	4.0	3.9	3.7	4.2	4.1	3.8	4.0	4.1	
Theatre active time (Target: >70%)	73.6	73.9	68.5	n/a	n/a	78.8	73.6	73.9	68.6	71.6	72.5	
Delayed transfers of care (Target: <2%)	2.22	1.30	0.93	3.80	5.92	3.43	2.90	3.19	2.00	2.61	2.74	
Discharge summaries sent within 24 hours (Target: >70%)	82.7	82.4	81.6	dev	dev	dev	82.7	82.4	81.6	82.1	81.7	
Outpatient DNA rates (Target: <11.1%)	11.6	10.5	10.6	10.8	10.7	11.1	11.3	10.6	10.8	10.7	10.9	
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	1	0	0	0	0	0	1	0	1	12	

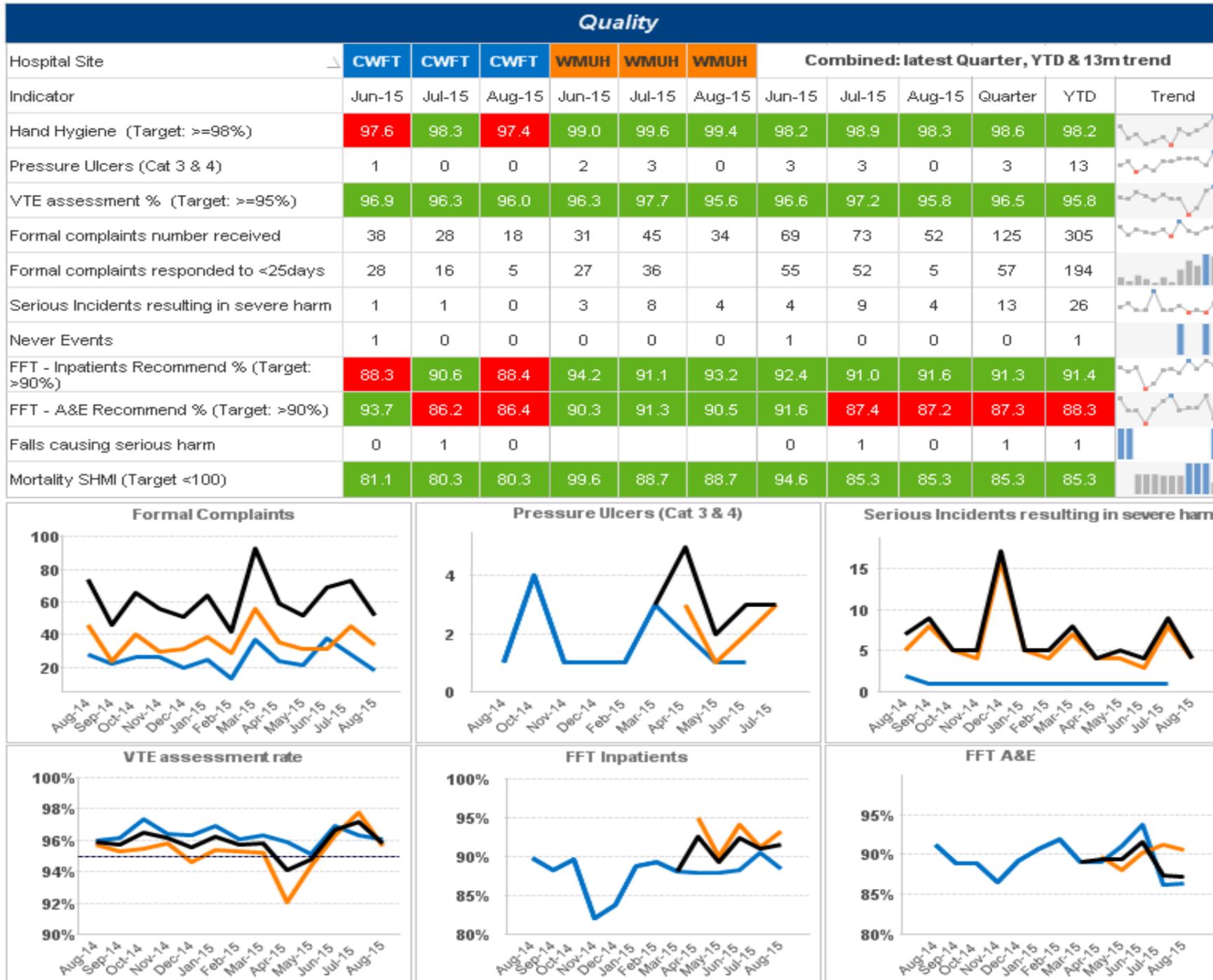


Workforce												
Hospital Site	CWFT			WUMH			Combined: latest Quarter, YTD & 13m trend					
Indicator	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Quarter	YTD	Trend
Appraisal rate (C&W Target: >85%; WVM Target: >91%)	74.0	76.6	76.1	81.3	92.5	80.3	76.4	81.1	77.4	79.2	78.6	
Sickness absence rate (C&W Target: <3%; WVM Target: <2.7%)	2.84	3.22	2.73	2.20	2.20	2.26						
Vacancy rate (Target: <8%)	13.3	13.1	14.4	8.02	6.71	8.43						
Staff turnover rate (Target: <18.3%)	19.5	19.3	19.0	9.4	10.1	9.8						
Mandatory training (C&W Target: >95%; WVM Target: >91%)	78.1	79.9	82.0	92.0	88.6	88.5	88.0	86.1	86.7	86.4	87.2	
Bank and Agency spend (£kcs)	£2,199	£2,329	£2,802	£1,619	£1,898	£1,619	£3,818	£4,227	£4,421	£8,647	£19,897	
WTE Midwife Births ratio (Target: <1:30)	35.5	36.4	36.6	32.3	32.3	32.3						
Safeguarding training - adults (Target: 100%)	100	100	100	92.8	90.1	89.7	97.2	96.2	96	96.1	96.8	
Safeguarding training - paediatrics (Target: 100%)	100	100	100	81.6	77.9	77.7	90.1	88.4	88	88.2	89.1	

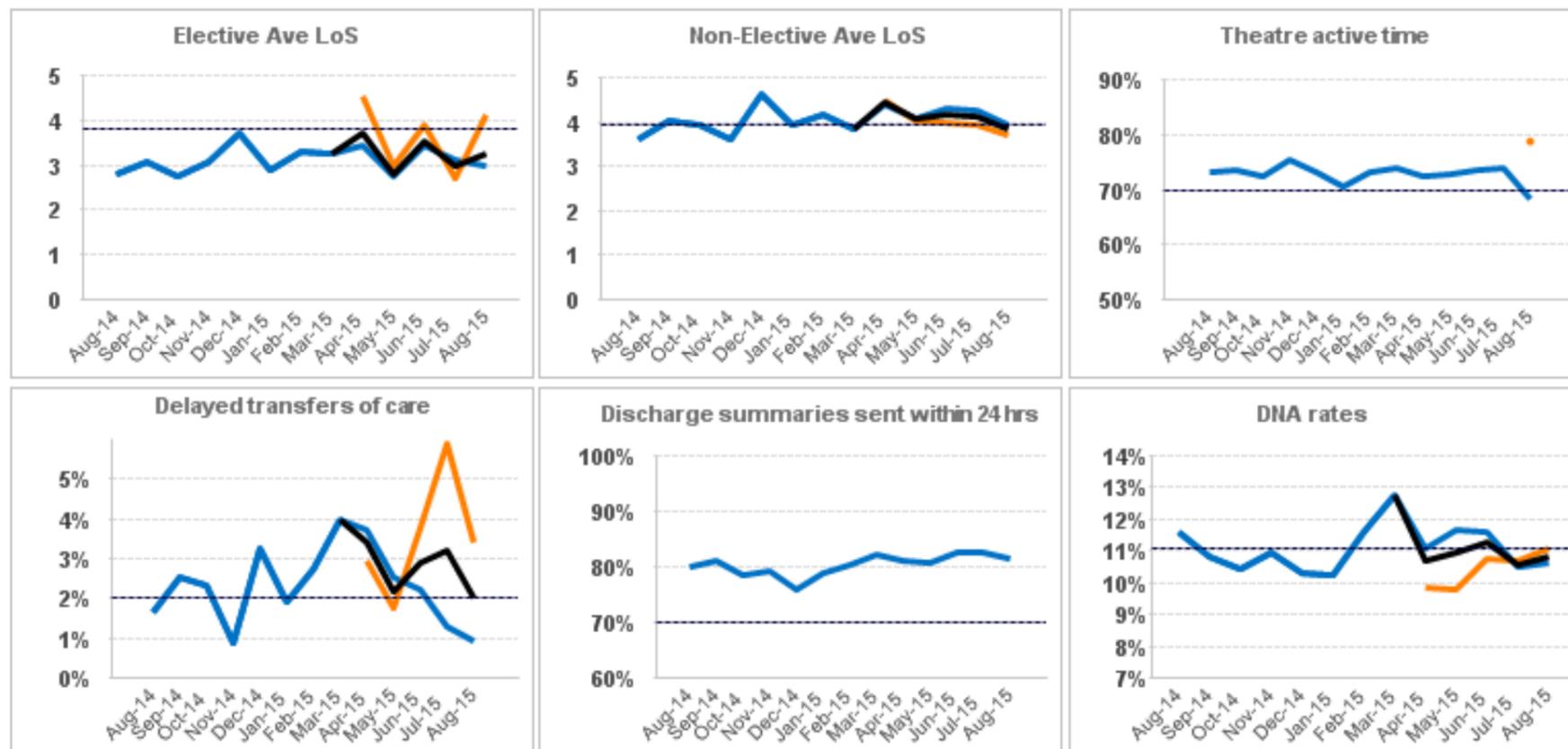


Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Quarter	YTD	Trend
A&E waiting times - all Depts (Target: >95%)	96.8	97.1	97.1	95.4	96.4	97.4	96.0	96.7	97.3	97.0	96.4	
RTT - Incomplete (Target: >92%)	92.1	92.0	90.7	95.9	95.9	96.2	93.5	93.5	92.9	93.2	93.5	
Cancer 2 week urgent referrals (Target: >93%)	92.3	94.3	96.5	94.7	93.3	93.7	93.7	93.7	94.8	94.2	93.9	
Cancer 31 days first treatment (Target: >96%)	100	100	100	100	98.0	100	100	98.5	100	99.1	99.7	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	n/a	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a							
Cancer 62 days GP ref to treatment (Target: >85%)	93.8	95.1	64.5	98.3	92.8	74.5	96.7	93.6	70.5	84.0	89.1	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	84.6	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	2	2	0	2	2	4	6	
Self-certification against compliance for access to healthcare for people with LD	N/C	N/C	N/C	N/C	N/C							

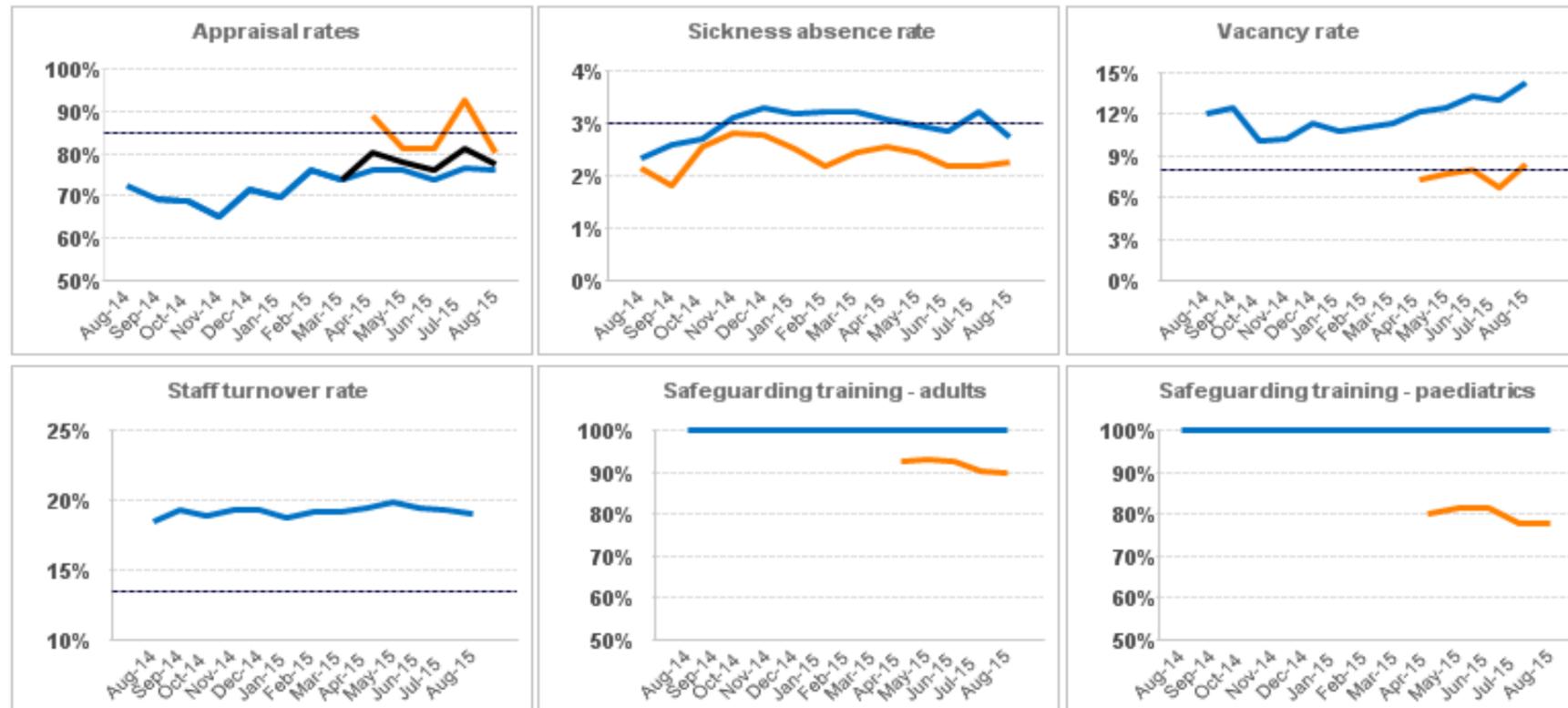




Efficiency													
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend						
Indicator	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Quarter	YTD	Trend	
Elective average LoS (Target: <3.8)	3.4	3.1	3.0	3.9	2.7	4.1	3.5	3.0	3.3	3.1	3.3		
Non-Elective average LoS (Target: 3.95)	4.3	4.2	3.9	4.0	3.9	3.7	4.2	4.1	3.8	4.0	4.1		
Theatre active time (Target: >70%)	73.6	73.9	68.5	n/a	n/a	78.8	73.6	73.9	68.6	71.6	72.5		
Delayed transfers of care (Target: <2%)	2.22	1.30	0.93	3.80	5.92	3.43	2.90	3.19	2.00	2.61	2.74		
Discharge summaries sent within 24 hours (Target: >70%)	82.7	82.4	81.6	dev	dev	dev	82.7	82.4	81.6	82.1	81.7		
Outpatient DNA rates (Target: <11.1%)	11.6	10.5	10.6	10.8	10.7	11.1	11.3	10.6	10.8	10.7	10.9		
On the day cancelled operations not re-booked within 28 days (Target: 0)	0	1	0	0	0	0	0	1	0	1	12		



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Jun-15	Jul-15	Aug-15	Quarter	YTD	Trend
Appraisal rate (C&W Target: >85%; WVM Target: >91%)	74.0	76.6	76.1	81.3	92.5	80.3	76.4	81.1	77.4	79.2	78.6	
Sickness absence rate (C&W Target: <3%; WVM Target: <2.7%)	2.84	3.22	2.73	2.20	2.20	2.26						
Vacancy rate (Target: <8%)	13.3	13.1	14.4	8.02	6.71	8.43						
Staff turnover rate (Target: <18.3%)	19.5	19.3	19.0	9.4	10.1	9.8						
Mandatory training (C&W Target: >95%; WVM Target: >91%)	78.1	79.9	82.0	92.0	88.6	88.5	88.0	86.1	86.7	86.4	87.2	
Bank and Agency spend (£ks)	£2,199	£2,329	£2,802	£1,619	£1,898	£1,619	£3,818	£4,227	£4,421	£8,647	£19,897	
WTE Midwife:Births ratio (Target: <1:30)	35.5	36.4	36.6	32.3	32.3	32.3						
Safeguarding training - adults (Target: 100%)	100	100	100	92.8	90.1	89.7	97.2	96.2	96	96.1	96.8	
Safeguarding training - paediatrics (Target: 100%)	100	100	100	81.6	77.9	77.7	90.1	88.4	88	88.2	89.1	





Monitor Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016 Q2	2015-2016	Trend charts
A&E	A&E Waiting Times - Types 1 & 3 Depts (Target: >95%)	96.8%	97.1%	97.1%	96.8%	95.4%	96.4%	97.4%	96.0%	96.0%	96.7%	97.3%	97.0%	96.4%	
RTT	18 weeks RTT - Admitted (Target: >90%)	90.0%	90.1%	90.0%	90.3%	95.3%	95.0%	93.3%	95.1%	92.4%	92.4%	91.8%	92.1%	92.7%	
	18 weeks RTT - Non-Admitted (Target: >95%)	95.0%	95.1%	95.0%	95.2%	96.4%	97.1%	96.5%	97.0%	95.5%	95.8%	95.6%	95.7%	95.8%	
	18 weeks RTT - Incomplete (Target: >92%)	92.1%	92.0%	90.7%	92.0%	95.9%	95.9%	96.2%	96.0%	93.5%	93.5%	92.9%	93.2%	93.5%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	92.3%	94.3%	96.5%	93.9%	94.7%	93.3%	93.7%	93.9%	93.7%	93.7%	94.8%	94.2%	93.9%	
	31 days diagnosis to first treatment (Target: >96%)	100%	100%	100%	100%	100%	98.0%	100%	99.5%	100%	98.5%	100%	99.1%	99.7%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	93.8%	95.1%	64.5%	88.0%	98.3%	92.8%	74.5%	89.7%	96.7%	93.6%	70.5%	84.0%	89.1%	
	62 days NHS screening service referral to first treatment (Target: 90%)	n/a	n/a	n/a	n/a	100%	100%	100%	84.6%	100%	100%	100%	100%	84.6%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	2	2	5	0	2	2	4	6	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	
	Governance Rating	Green	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 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.

Chelsea and Westminster Commentary

A&E: Performance remained well above target in August

RTT: Previously identified risks around the Trust's RTT position have negatively impacted in August, following on from initial symptoms noted in July. The RTT waiting time standard for incomplete pathways was not met. As noted last month, analysis of RTT waiting lists performed in May and June highlighted a number of longer waiting patients and the strategy to focus on treating these patients without further delay during the last two months has impacted significantly upon performance. The RTT issues around data quality, backlog growth and pathway management have been previously articulated in narrative summaries to the Board of Directors. There is an RTT remedial action plan in place which includes a 12 week data validation/cleansing programme which commenced in August. The Admitted and Non Admitted national RTT standards are planned to be abolished soon with just Incompletes to be reported.

Cancer: Although August's validated performance will not be reported until October, it is anticipated that the 62 day target will not be met in the month. The urology pathway is the key area of concern with issues resulting from both patient choice and capacity in some elements of the pathway

Clostridium Difficile infections: Chelsea and Westminster is currently on track to be below the target of seven cases for the year to 31 March 2016 with only one case shown year to date. Actions are in place to mitigate against further cases.

Self-certification against compliance with requirements regarding access to healthcare for people with learning difficulties:

The Trust is currently not fully compliant with all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16. This is also part of our CQC Action Plan. The main actions to achieve compliance are:

- Launch of a new LD flag. Until then, the CSI log is being used. - The LD flag was launched in May & is now in use to identify patients with LD.
- Development of easy read information for patients - ongoing, using national leaflets where appropriate.
- LD training program for staff is in place. To be expanded to include obstetric staff and improve training at Clinical Trust Induction – now part of the Trust clinical induction
- Improvement of protocols to regularly audit its practices for patients with learning disabilities and to demonstrate the findings, as currently our only audits are of the use of CSI log for LD. Plan to report bi-annually to the Quality committee/CQG.

West Middlesex Commentary

A&E 4 Hours waiting time - Continued achievement of All Types performance indicator

18 Weeks RTT - West Middlesex site has sustained performance well above the target level across all 3 RTT indicators.

Cancer - 62 days GP referral to first treatment - Unvalidated performance for August failed the standard for the first month since Sept '14. Five breaches on Urology pathways in month. All cases had some element of patient choice, or patient being unwell during diagnostic work up, but had opportunities to progress more quickly on their pathway. Root causes of delay are being investigated

62 days NHS screening service referral to first treatment - Standard achieved in month

Clostridium Difficile infections - There were two C. difficile infections in August 2015, bringing the total to five cases, one above the trajectory of four set to the end of August. The target for the year to 31 March 2016 is a maximum of nine cases. All five cases have occurred on different wards and are of different ribotypes. Of the two cases in August, there were no lapses in care contributing to one, but there were lapses in care contributing to the other (this has yet to be agreed with the commissioners). Actions are in place to mitigate against further cases.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016 Q2	2015-2016	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Hand hygiene compliance (Target: >90%)	97.6%	98.3%	97.4%	97.4%	99.0%	99.6%	99.4%	99.1%	98.2%	98.9%	98.3%	98.6%	98.2%	
Incidents	Number of serious incidents resulting in severe harm	1	1	0	3	3	8	4	23	4	9	4	13	26	
	Incident reporting rate per 100 Admissions (Target: >8.5)	8.0	7.1	6.0	7.6	8.4	7.8	8.0	7.9	8.2	7.4	6.9	7.2	7.8	
	Rate of patient safety incidents resulting in severe harm/death per 100 admissions (Target: 0)	0.02	0.02	0.00	0.01					0.02	0.02	0.00	0.01	0.01	
	Number of medication-related safety incidents	61	37	24	239	49	28	26	128	110	65	50	115	367	
	Never Events (Target: 0)	1	0	0	1	0	0	0	0	1	0	0	0	1	
Harm	Safety Thermometer - Harm Score (Target: >90%)	95.9%	90.5%	94.6%	93.6%	98.8%	98.1%	96.9%	97.8%	96.5%	92.1%	95.2%	93.5%	94.5%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	0	4	2	3	0	9	3	3	0	3	13	
	NEWS compliance %	59.4%	86.7%	100.0%	70.5%					59.4%	86.7%	100.0%	92.6%	70.5%	
	Safeguarding adults - number of referrals	14	22	25	88	3	1	2	10	17	23	27	50	98	
	Safeguarding children - number of referrals	28	17	15	101	49	61	62	250	77	78	77	155	351	
Mortality	Hospital Standardised Mortality Rate (HSMR)														
	Hospital Standardised Mortality Rate (HSMR) weekdays														
	Hospital Standardised Mortality Rate (HSMR) weekends														
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	81.1	80.3	80.3	80.3	99.6	88.7	88.7	88.7	94.6	85.3	85.3	85.3	85.3	
	Number of hospital deaths - Adult	26	39	44	174	61	46	59	166	87	85	103	188	340	
	Number of hospital deaths - Paediatric	0	1	0	1	2	4	1	8	2	5	1	6	9	
	Number of hospital deaths - Neonatal	5	4	4	26	0	1	1	2	5	5	5	10	28	
Number of deaths in low risk groups															

Please note the following blank cell An empty cell denotes those indicators currently under development

Chelsea and Westminster Commentary

Incident reporting rate per 100 Admissions and Rate of patient safety incidents resulting in severe harm/death per 100 Admissions:

During the month of August 2015 there was pressure on permanent staff capacity due to new starters being mainly new graduates who are unavailable to commence employment until late September. These staffing pressures lead to a negative impact on the proportion of reported incidents for the month.

HSMR & Deaths in Low Risk Groups will appear in the October Board report reflecting data to September as published. This applies to both sites.

West Middlesex Commentary

Incidence of newly acquired category 3 & 4 pressure ulcers - The data for Grade 3/4 pressure ulcers is unvalidated at this time due to the timescales.

Number of Hospital Deaths - Adults - Crude mortality figures have been routinely reported in terms of deaths per 100 patients which accounts effectively for any acute non- elective activity surge. There was a slight elevation in August compared to July but this is within expected variance.

Number of Hospital Deaths - Paeds - No thematic concerns have been highlighted with regard to paediatric deaths. Each paediatric death is subject to a review process which is reported through departmental and divisional review into site's mortality review group.

Number of Hospital Deaths - Neonatal - There is rigorous oversight of neonatal deaths. Each death is subject to a review process which is reported through departmental and divisional review into site's mortality review group. No concerns have been highlighted in recent months.

Number of deaths in low risk groups - No thematic concerns have been highlighted with regard to low risk groups. Each In-hospital death is subject to a review process which is reported through departmental and divisional review into site's mortality review group.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016 Q2	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: 90%)	88.3%	90.6%	88.4%	88.6%	94.2%	91.1%	93.2%	92.6%	92.4%	91.0%	91.6%	91.3%	91.4%	
	FFT: Inpatient not recommend % (Target: <10%)	6.1%	4.6%	5.8%	5.6%	2.8%	5.1%	3.5%	3.5%	3.8%	4.9%	4.3%	4.6%	4.2%	
	FFT: Inpatient response rate (Target: 30%)	41.1%	26.8%	34.8%	36.0%	27.8%	25.5%	26.8%	27.0%	30.9%	25.9%	29.1%	27.4%	29.3%	
	FFT: A&E recommend % (Target: 90%)	93.7%	86.2%	86.4%	87.4%	90.3%	91.3%	90.5%	90.0%	91.6%	87.4%	87.2%	87.3%	88.3%	
	FFT: A&E not recommend % (Target: <10%)	4.7%	7.4%	7.2%	6.7%	5.5%	5.2%	6.4%	5.7%	5.1%	6.9%	7.0%	6.9%	6.3%	
	FFT: A&E response rate (Target: 30%)	19.9%	20.3%	20.2%	21.2%	25.6%	24.0%	23.0%	24.5%	23.0%	21.1%	20.7%	20.9%	22.3%	
	FFT: Maternity recommend % (Target: 90%)	92.5%	91.2%	91.3%	91.8%	88.8%	89.0%	95.8%	90.1%	90.4%	90.0%	92.5%	90.9%	91.0%	
	FFT: Maternity not recommend % (Target: <10%)	3.3%	3.3%	4.3%	4.5%	2.9%	4.3%	4.2%	4.0%	3.1%	3.8%	4.3%	4.0%	4.2%	
	FFT: Maternity response rate (Target: 30%)	32.2%	24.8%	24.7%	26.2%	20.8%	29.0%	21.8%	25.3%	27.9%	26.1%	23.9%	25.1%	26.0%	
	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	38	28	19	130	31	45	34	176	69	73	53	126	306	
	Complaints formal: Number responded to < 25 days	28	16	5	87	27	36		107	55	52	5	57	194	
	Complaints (informal) through PALS	109	113	86	474	24	15	13	91	133	128	99	227	565	
	Complaints sent through to the Ombudsman	0	0	0	0	1	1	0	3	1	1	0	1	3	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	

Please note the following blank cell An empty cell denotes those indicators currently under development

Chelsea and Westminster Commentary

Friends and Family:

Following concerted efforts by the patient experience team supported by Healthcare Communications the inpatient response rate has increased above the required 30%.

The hospital overall response rate is below the required level, in part due to the recent addition of day care, outpatients, children and parents to the sampling. These areas are using different survey styles - cards, calls & text, to improve response rates.

A & E & maternity have both failed to meet the required increase in response rates from 20% to 30% in Q1, this is being addressed through local actions.

Local surveys are being used to identify actions required to increase recommendation rates

West Middlesex Commentary

Patient Experience

- WMUH maternity team have been working with their local Maternity Liaison Service Committee to improve their FFT take up and they have developed a new 'Speak Up' initiative led by one of the O&G Consultants Miss Louise Page. Women who used the Unit in the past are volunteering to collect feedback from current patients providing more detailed patient experience insight.
- FFT feedback and successful improvement work around nutrition on Syon 2 Ward (Orthopaedics) has been published by the Patient Experience Team at NHS England and the ward has been commended on their service improvement work.
- The WMUH complaints response rate within 25 working days has improved in the quarter with closer monitoring with the complaints tracker, TW3 meetings and weekly meeting with the divisions led by the GMs.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months	
		Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016 Q2	2015-2016	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.4	3.1	3.0	3.1	3.9	2.7	4.1	3.6	3.5	3.0	3.3	3.1	3.3		
	Average length of stay - non-elective (Target: <3.9)	4.3	4.2	3.9	4.2	4.0	3.9	3.7	4.0	4.2	4.1	3.8	4.0	4.1		
	Emergency care pathway - average LoS (Target: <4.5)	5.0	4.8	4.5	4.9	4.5	4.5	4.2	4.6	4.7	4.7	4.3	4.5	4.7		
	Emergency care pathway - discharges	191	212	194	970	265	271	300	1377	457	484	494	978	2347		
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	2.66%	3.33%	4.34%	3.24%											
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	2.22%	1.30%	0.93%	2.15%	3.8%	5.9%	3.4%	2.94%	2.90%	3.19%	2.00%	2.61%	2.74%		
	Non-elective long-stayers	429	415	377	2036											
Theatres	Daycase rate (basket of 25 procedures) (Target: 85%)	85.9%	85.8%	80.0%	82.5%	84.5%	82.9%	85.6%	85.4%	84.8%	83.6%	84.6%	84.1%	84.8%		
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: 0.8%)	0.32%	0.10%	0.23%	0.22%					0.32%	0.10%	0.23%	0.16%	0.22%		
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	1	0	12	0	0	0	0	0	1	0	1	12		
	Theatre utilisation rate (Target: 70%)	73.6%	73.9%	68.5%	72.5%	n/a	n/a	78.8%	78.8%	73.6%	73.9%	68.6%	71.6%	72.5%		
	Theatre booking conversion rates	86.3%	88.9%	89.3%	87.9%					86.3%	88.9%	89.3%	89.1%	87.9%		
Outpatients	First to follow-up ratio (Target: <1.5)	1.56	1.58	1.60	1.59	1.75	1.81	1.70	1.77	1.66	1.70	1.65	1.68	1.69		
	Average wait to first outpatient attendance (Target: <6 wks)	6.9	6.6	6.6	6.5					6.9	6.6	6.6	6.6	6.5		
	DNA rate: first appointment	11.3%	11.4%	11.6%	11.6%	11.8%	11.8%	12.8%	11.6%	11.5%	11.6%	12.1%	11.8%	11.6%		
	DNA rates: follow-up appointment	11.7%	10.2%	10.3%	10.9%	10.1%	10.0%	10.1%	9.8%	11.2%	10.1%	10.2%	10.2%	10.6%		

Please note the following
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Chelsea and Westminster Commentary

Average length of stay – non-elective and Emergency care pathway – average LoS: August saw an improvement and the performance was just below the target

Daycase rate (basket of 25 procedures): The Trust has not met this target in August following good performance in both June and July. This is being investigated although it is thought that high levels of leave in August impacted routine surgery which led to a higher proportion of more complex surgeries.

Theatre utilisation rate: There is an active programme of work, supported by external consultants, looking to improve efficiency/productivity and utilisation across all theatres. There has been an overall dip in activity in August as a result of consultant annual leave. Plans are in place to improve September position.

Average wait to first outpatient attendance: Performance against Referral to First Attendance has improved slightly in August compared to July performance. This is following the commencement of a programme of work to including a new escalation process when there is insufficient capacity to offer an

West Middlesex Commentary

Ave Length of stay Elective - increase in August due to more inpatient cases done compared to day cases.
Ave Length of stay Non elective - Small increase in August due to impact of DTOCs from July discharged in August
Emergency Care Pathway - Length of Stay - Emergency Care Pathway length of stay remains stable and has improved compared to 14/15 performance
Emergency Care Pathway - Discharges - Non-elective medical activity continues to track c200 spells per month above 14/15 outturn
Delayed Transfer of Care (DToc) - NHS - DToc performance improved in August following July's spike in delays, but remains above target. Concerns regarding increased delays have been escalated to Hounslow & Richmond CCGs and London Boroughs of Hounslow & Richmond via Hounslow System Resilience Group (SRG)
Operations cancelled the same day and not rebooked within 28 days - Site is fully compliant with this indicator
First to Follow-up Ratio - work in progress to implement partial booking which is driving improvement
DNA rates - first appointment - Increase in DNA rate due to holiday season and Referral Facilitation Service (RFS) not offering patient choice. .
DNA rates - follow-up appointment - Continued improvement through Text reminder messages to patients.

appointment within a reasonable timeframe



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016 Q2	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	100.0%	87.5%	95.5%	52.6%	52.9%	78.6%	45.9%	76.9%	72.4%	81.8%	76.5%	67.8%	
	Stroke care: Time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	95.0%	100.0%	100.0%	96.2%	98.0%	97.6%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0					0	0	0	0	0	
	VTE risk assessment (Target: >95%)	96.9%	96.3%	96.0%	96.1%	96.3%	97.7%	95.6%	95.6%	96.6%	97.2%	95.8%	96.5%	95.8%	
TB	TB: Number of active cases identified and notified	0	0	0	0	7	0	8	34	7	0	8	8	34	
	TB: % of treatments completed														

Please note the following

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Chelsea and Westminster Commentary

Fractured Neck of Femur

A Joint Orthopaedic and Anaesthetic Clinical Governance Day was held in mid-September which focused on the Hip Fracture Care Pathway, in addition to our normal monitoring of this indicator

All other indicators continue to be achieved.

West Middlesex Commentary

Dementia screening diagnostic assessment - Performance sustained at above 95% level. On track to deliver CQUIN

Fractured Neck of Femur - Time to theatre <36 hours - Improvement in performance continues. Will require weekend trauma dedicated sessions to attain performance > 80 % which the Planned Care Division is leading on actions.

Stroke Care - Time spent on Stroke Unit - Standard achieved in month

VTE Risk Assessments completed

It is expected that 2nd quarter target will be achieved following actions put in place after under-performance in April and May.

Number of active TB cases identified - Activity within expected range



Access Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016 Q2	2015-2016	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	0	1	1	4	0	0	0	0	0	1	1	2	4	
	Diagnostic waiting times <6 weeks (Target: 0)	0	0	1	3	0	1	0	23	0	1	1	2	26	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.6%	6.9%	7.7%	6.9%	8.4%	7.9%	8.5%	8.3%	7.2%	7.2%	8.0%	7.6%	7.4%	
	A&E Time to Treatment - Median (Target: <60')	01:03	01:02	00:59	01:01	00:44	00:37	00:49	00:42	00:58	00:56	00:56	00:56	00:56	
	London Ambulance Service - patient handover 30' breaches	21	23	37	163	24	30	19	156	45	53	56	109	319	
	London Ambulance Service - patient handover 60' breaches	0	0	0	1	0	0	0	0	0	0	0	0	1	
Choose and Book	Choose and book: appointment availability	0	0	0	2427	0	0	0		0	0	0	0	17750	
	Choose and book: capacity issue rate														
	Choose and book: system issue rate	n/a	n/a	n/a	11.4%	n/a	n/a	n/a	18.5%	n/a	n/a	n/a	n/a	14.1%	

Please note the following

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Chelsea and Westminster Commentary

RTT Incompletes 52 week Patients at month end: There was a 52 week breach in August. This was a Trauma & Orthopaedics patient who is booked to come in October.

Diagnostic waiting times >6 weeks: The patient breaching in August was due to patient choice.

Unplanned re-attendances: A slight decline in performance in August with readmissions being driven under Medicine.

Ambulance Patient Handover: Patient handovers have slightly increased for August due to pressures in the department at peak times, but maintaining the position of no 60 minute breaches.

Choose and Book

No report available from E-referral system. This has been a national problem since implementation of E-referrals in June 2015. The national project team is working on resolving this issue but no dates confirmed yet.

West Middlesex Commentary

RTT Incompletes 52 week Patients at month end - The site continues to have no 52 week Referral to Treatment (RTT) breaches

A&E Unplanned re-attendance within 7 days % - Unplanned re-attendance volumes remain stable. Work in progress via Frequent Attenders project to reduce A&E attendances by complex patients

A&E Time to Treatment - West Middlesex site continues to achieve this measure comfortably

Ambulance Patient Handover - Patient Handover 30' breaches - August saw only 19 30 minute delays in month, compared with 167 for Aug '14. WМУH site is 2nd best performing site in London.

Ambulance Patient Handover - Patient Handover 60' breaches - Zero breaches of this standard

Choose and Book

No report available from E-referral system. This has been a national problem since implementation of E-referrals in June 2015. The national project team is working on resolving this issue but no dates confirmed yet.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016 Q2	2015-2016	Trend charts
Birth indicators	Total number of NHS births	432	443	432	2207	404	467	430	2124	836	910	862	1771	4331	
	Total caesarean section rate (C&W Target: <27%; WM Target: 29%)	32.3%	37.0%	36.3%	36.7%	30.4%	30.4%	29.8%	29.5%	31.4%	33.6%	33.0%	33.3%	33.1%	
	Midwife to birth ratio (Target: 1:30)	35.5	36.4	36.6	35.3	32.3	32.3	32.3	32.3						
Safety	Admissions of full-term babies to NICU	22	20	22	111				19	22	20	22	42	130	

Please note the following blank cell An empty cell denotes those indicators currently under development

Chelsea and Westminster Commentary

Caesarean section rate:

There is an ongoing consultant led analysis of the caesarean section data to understand variation. Through the Maternity board meeting and WMUH clinical meetings we have asked senior clinicians from WMUH to carry out a review of the pathways of care from booking through to delivery providing an external overview and analysis.

Midwife to birth ratio:

Continues below our standard of 1:30 due to high level of vacancy, sickness and maternity leave. However, 1-1 care in labour standard is maintained and there is no rise in Serious Incidents.

West Middlesex Commentary

Total number of NHS births

Significant rise in births for this financial year with end of year projection in excess of 5,000. Increase related to both local women and Ealing residents, as a result of SaHF (Shaping a Healthier Future) and the closure of Ealing maternity unit in July.

Caesarean section rate

Section rate split between elective and emergency enables better tracking against target. Currently within threshold for elective procedures and on average 2% over the upper limit for emergencies. Good governance surveillance exists for all operative procedures – this is audited on a regular basis and was recently presented at Trust CQC –all Emergency Caesarean Sections (EM CS) found to be clinically appropriate; reflective of increasingly complex population

Midwife to birth ratio & Births per WTE

Based on outturn 5,000 deliveries, currently funded at 1:32.7. Scorecard demonstrates variable monthly ratio based on retrospective deliveries. Establishment uplifted in July to accommodate Ealing staff transfers



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
		Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016	Jun-15	Jul-15	Aug-15	2015-2016 Q2	2015-2016	Trend charts
Staffing	Vacancy rate (Target: <8%)	13.3%	13.1%	14.4%	14.4%	8.0%	6.7%	8.4%	8.4%						
	Staff turnover rate (CW Target: <18.3%)	19.5%	19.3%	19.0%	19.0%	9.4%	10.1%	9.8%	9.8%						
	Sickness absence (C&W Target: 3%; WVM Target: 2.7%)	2.8%	3.2%	2.7%	3.0%	2.2%	2.2%	2.3%	2.3%						
	Bank and Agency spend (£ks)	£2,199	£2,329	£2,802	£11,587	£1,619	£1,898	£1,619	£8,310	£3,818	£4,227	£4,421	£8,647	£19,897	
	Nurse:Bed ratio	1.36	1.36	1.36	1.37										
Appraisal rates	% of appraisals completed - medical staff (C&W Target: 85%; WVM Target: 90%)	86.3%	92.7%	88.2%	87.6%	28.0%	28.0%	32.6%	35.7%	63.7%	67.6%	66.5%	67.1%	67.3%	
	% of appraisals completed - non-medical staff (C&W Target: 85%; WVM Target: 90%)	72.3%	74.5%	74.5%	74.3%	91.3%	89.2%	89.2%	91.0%	78.3%	79.1%	79.1%	79.1%	79.5%	
Training	Mandatory training compliance (C&W Target: 95%; WVM Target: 91%)	78.1%	79.9%	82.0%	78.2%	92.0%	88.6%	88.5%	90.8%	88.0%	86.1%	86.7%	86.4%	87.2%	
	Health and Safety training	85.1%	86.0%	86.6%	85.7%	90.0%	88.7%	86.9%	89.4%	87.0%	87.0%	86.7%	86.9%	87.2%	
	Safeguarding training - adults (Target: 100%)	100.0%	100.0%	100.0%	100.0%	92.8%	90.1%	89.7%	91.7%	97.2%	96.2%	96.0%	96.1%	96.8%	
	Safeguarding training - children (Target: 100%)	100.0%	100.0%	100.0%	100.0%	81.6%	77.9%	77.7%	79.8%	90.1%	88.4%	88.0%	88.2%	89.1%	

Please note the following
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Chelsea and Westminster Commentary

Vacancy Rate

The Trust vacancy rate for August 15 was 14.35%, an increase of 2.14% on last year and 3.81% above the monthly target. There have been increases in nursing establishments, to meet staffing level requirements identified by the last CQC report. It is important to recognise that not all vacancies are being actively recruited to, and a portion of them are held on the establishment to support the Cost Improvement Programme (CIP).

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (181.73 WTE in August 15). August saw bulk recruitment for Band 5 nurses, and clinical support workers.

The average time to recruit (between the authorisation date and the date that all pre-employment checks were completed) for August 15 starters was 54 days which is below the Trust target of <55days.

Staff Turnover Rate

Unplanned staff turnover is 0.58% higher than one year ago, increasing from 18.47% (Sep 13 - Aug 14) to 19.05% (Sep 14 - Aug 15). This is largely due to a significant spike in voluntary resignations in Q2 of 2014/15 meaning the Trust's cumulative turnover rate will remain high until early Q3 of 2015/16 even if normal levels of leavers ensue in Q1 & Q2 of 2015/16.

There have been 143 voluntary leavers over the last 3 months.

An update on Nursing workforce issues and Recruitment and Retention Plans was taken to the July People and OD Committee, detailing key initiatives and proposals for improvement. A senior nurse has been employed full time to work on recruitment and retention issues for nursing.

The main leaving reasons provided in July were 'Other/Not Known' and 'Promotion'

Sickness Absence: The Trust's sickness absence rate in August was 2.73% a marginal increase of 0.29% on last year but below the Trust target of <=3%

West Middlesex Commentary

Vacancy Rate

The vacancy factor rate for the Trust in August was 8.43%, which was an increase of 1.72% when compared with the previous month. This was mainly due to the overlap of 34 FY1's in July, during the Doctors rotation and were made leavers in August. The vacancy rate within qualified nursing and midwifery staff group was 8%, which was a positive decrease of 0.55% compared with the previous month. Significant recruitment has taken place overseas to support our plan to reduce Nurse vacancies

Staff Turnover Rate

Total Trust turnover figure for the financial year to date 2015/16 (April to August), was 4.52%. The total unplanned staff leavers seen in this period was 85. The 12 month projection forecast currently stands at 10.21%.

Percentage of Appraisals completed - Medical staff - Continued work has been put in place to help boost the compliance rate for Medical staff, which in turn will see an improvement in the overall Trust compliance rate. Percentage of Appraisals completed - Non Medical staff - Non Medical staff appraisal compliance rate was 89.2%. The total Trust rate was 80.34%, which was a positive increase of 0.71%, when compared with the previous month. Both these figures are currently below the Trust target rate 90%.

Mandatory Training Compliance - The Trust total combined mandatory training percentage rate was 88.55% at the end of August 2015. This figure is currently below the target rate 91%.

Health & Safety Training - Health & Safety/Risk Management is currently measured by the number of staff undertaking an e-Learning module, however this will change for all new starters from 1st September, who will now receive face to face training, during their 1 day corporate induction.

Chelsea and Westminster Commentary cont'

Bank & Agency Usage

Temporary staffing made up 12.5% of the overall workforce in August 15 compared to 12.40% in August 2014. Of this, agency WTE as a % of workforce decreased from 3.7% to 3.4% and Bank increased from 8.7% to 9.1%. The need to reduce agency spend is recognised as a priority and Kingsgate are monitoring PIDS for CIP schemes relating to temporary staffing to tackle this issue. The Nursing Temporary Staffing Challenge Board was set up in March 15 to scrutinise requests for nursing and Admin agency staff, and a further Medical Temporary Staffing Challenge Board was set up in April to scrutinise medical requests.

Appraisals

The non-medical appraisal rate rose to 74% in August 15, below target for the month. Monthly reports of overdue and due appraisals are issued to managers and included within the Divisional Board reports to ensure action is taken to complete appraisals within 12 months.

The Medical Appraisal rate for August reached 88% which is above the target set for the month. The Medical Revalidation Team is working collectively with all consultants to ensure the completion of all appraisals that are currently outstanding.

Mandatory Training

Mandatory training compliance (ratio of staff trained within the two year refresher period across all staff groups), increased to 82% in August 15. This is an improvement of 7% since April 15 and brings us above the average for London Acute Teaching Trusts. The largest improvements this financial year have been seen in Fire (^18% to 80%) and Information Governance (^9% to 80%). Conflict Resolution, has also seen an increase in compliance since the topic started to be reported in April 15, (^30% to 58%)

Health & Safety training

Compliance stands at 87%, equal to last month.

West Middlesex Commentary cont'

Safeguarding Training - Adults

Safeguarding Adults Level 1 is current delivered via e-Learning, although this will change for all new starters from 1st September, who will now receive face to face training, during their 1 day corporate induction.

Safeguarding Training - Children

Compliance for level 1 is achieved by undertaking the e-Learning package. Levels 2 & 3 training are delivered through face to face training. All levels require updates every 3 years. Level 2 is the area that Managers need to focus on.

Notes on Targets and Rag-rating

The vacancy rate target for West Middlesex has been set to that of Chelsea and Westminster – 8%

The Staff Turnover target rate for West Middlesex has not been entered and the rag-rating not applied. The reasoning being that Chelsea and Westminster have a target trajectory that moves each month towards an end of year final target of 16.5%.

West Middlesex have only recently moved to the Chelsea and Westminster reporting method for this indicator and any target has yet to be set.

Finance Dashboard

M04 (July) Integrated Position

Financial Performance										Risk Rating (year to date) - CW only				Cost Improvement Programme					
Financial Position (£000's)										COSR Rating				In Month			Year-To-Date		
Combined Trust			CW			WM			Weighting	M4 Planned Rating	M4 Actual Rating	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000		
Plan to Date	Actual to Date	Variance to Date	Plan to Date	Actual to Date	Variance to Date	Plan to Date	Actual to Date	Variance to Date											
Income	(180,489)	(185,388)	4,899	(128,014)	(129,137)	1,123	(52,475)	(56,252)	3,777	50%	1	1	CWFT CIPs	749	988	239	2,001	2,716	715
Expenditure	174,583	178,816	(4,234)	121,802	122,361	(559)	52,781	56,455	(3,674)	50%	4	4	WMUH CIPs	520	350	(170)	1,964	1,196	(768)
EDITDA	5,906	6,572	666	6,212	6,776	563	(306)	(203)	102	Total Rating	3	3	Merger Synergies	0	0	0	0	0	0
EBITDA %	3.3%	3.5%	0.3%	4.9%	5.2%	0.4%	4.9%	5.2%	0.4%	Comments									
Interest/Other Non OPEX	1,972	1,991	(19)	270	270	1	1,701	1,721	(19)	The Trust recorded a Continuity of Service Rating (COSR) of 3 in July compared to a plan of 3.									
Depreciation	6,101	6,135	(34)	4,317	4,332	(15)	1,784	1,803	(19)	The forecast COSR rating for the combined trust in 2015/16 is 3, but will be a rating of 2 under Monitor's new financial sustainability risk rating.									
PDC Dividends	4,445	4,446	(0)	3,807	3,807	(0)	639	639	0	In July the combined organisation over-performed on the CIP plan by £0.1m, but is behind by £0.1m for the year to date, due to slippage at the WM site.									
Surplus/(Deficit)	(6,612)	(5,999)	612	(2,182)	(1,633)	548	(4,430)	(4,366)	64	Comments									
Comments										<p>The finance scorecard is reporting the financial performance for the year to 31st July 2015, as the performance for August for both sites is not yet available.</p> <p>In July the combined organisation reported a deficit of £0.1m and £6.0m for the year to date. In month 4 there was an adverse variance of £0.9m</p> <ul style="list-style-type: none"> •WM - £0.8m adverse variance relates primarily to pay overspends and slippage on CIPs. •CW - £0.04m adverse variance <p>Year to date there is a favourable variance of £0.6m</p> <ul style="list-style-type: none"> •WM - £0.1m favourable against the plan. •CW - £0.6m favourable against the plan, primarily as a result of over-performance on clinical income and under spends on pay. <p>Forecast</p> <p>-WM – Standalone forecast £10.5m deficit at year end. -CW – Standalone forecast £7.5m deficit at year end.</p> <p>Please note that the plan and forecasts do not currently include merger synergies or transaction costs. The plan and budgets will be updated for reporting the combined financial position from 1st September.</p> <p>-The key risks relate to delivery of increased CIP and merger synergies planned in the 2nd half of the year and income risk regarding GUM over-performance.</p>									
										<p>Cash Flow</p> <p>12 Month Rolling Cash Flow Forecast</p> <p>Comments</p> <p>CW – The cash position is £19.7m compared to a plan of £13.7m. The favourable variance has been assisted by the improvement in cash inflows from debtors in July.</p> <p>WM - The Trust ended July with a cash balance of £2.5m which is £0.6m above plan (£1.9m) mainly due to receipt of education monies in July (phased equally over the year in the cash plan) and lower than expected creditor payments.</p>									

Note: M06 (September) position will be provided in next months Integrated Performance Board report

CQUIN Dashboard West Middlesex University Hospital

Note: CQUINs are for WMUH only due to CWFT being on a separate contract which does not include the requirement for CQUINs.

No.	Description of Goal	Responsible Exec	Forecast			
			Q1	Q2	Q3	Q4
National CQUINs						
N1	Acute Kydney Infection	Medical Director	G	G	G	G
N2	Sepsis (screening)	Medical Director	G	G	G	G
N2	Sepsis (antibiotic administration)	Medical Director	G	G	G	G
N3.1	Dementia & Delirium - Find, Assess, Investigate, Refer & Inform	Director of Nursing	G	G	G	G
N3.2	Dementia & Delirium - Staff Training	Director of Nursing	G	G	G	G
N3.3	Dementia & Delirium - Supporting Carers	Director of Nursing	G	G	G	G
N4	UEC - Improving Discharge Timeliness and Process	Director of Operations	G	G	G	G
Regional CQUINs						
R1.1	IT CQUIN - Shared patient records and real time information systems	Finance Director	G	G	G	G
R1.2	IT CQUIN - Diagnostic cloud across the NW London health economy	Finance Director	G	G	G	G
R1.3	IT CQUIN - Diagnostic cloud link to Ashford and St Peters	Finance Director	G	G	G	G
R2.1	OP referrals management-reducing inappropriate referrals and reducing face to face appointments	Director of Operations	G	G	G	G
R3.1	7 Day Multi-Disciplinary Assessment (ACUTE)	Director of Operations	G	G	G	G
R3.2	7 Day Multi-Disciplinary Shift Handover (ACUTE)	Director of Operations	G	G	G	G
R3.3	7 Day Diagnostics (ACUTE)	Director of Operations	G	G	G	G
Local CQUINs						
L1	Catheter Care	Director of Nursing	G	G	G	G

West Middlesex Commentary

All CQUIN schemes are on track to deliver Q2 objectives where applicable.

N1 Acute Kidney Injury and N2 Sepsis (screening and antibiotic administration) are both on track. Baseline exercises have been completed for both Acute Kidney Injury and Sepsis schemes and the required monthly sample audit of Sepsis tool use has been consistently achieved since the end of Quarter One.

N3 Dementia is on track. The screening and response protocols have been maintained, including 100% referral for specialist opinion when required.

L3 Urgent Care is on track to deliver for Q3. Measurement does not start until Quarter Three, A&E all types performance has on average exceeded 95% for each measured day to the end of August (Saturday 96.6%, Sunday 95.2%, Monday 96.5%) and the proportion of patients staying over 21 days has reduced compared to last year. Full performance of this scheme remains a significant risk as seasonal non-elective demand grows.

R1 IT Schemes are on track with an agreed 3 week slippage of A&E Summary Care Record implantation due to external software supplier development timetable. Design and implementation of each of these schemes is following the agreed timescale with the exception of a small delay with a change to an external piece of software that has been agreed with the commissioners. These schemes represent a real opportunity to make better use of technology to aid patient experience and flow.

R2 Outpatients is on track, with triage being arranged for delivery from this month. Non-face to face activity has reached the required levels and triaging of referrals has already delivered the Quarter Two expectation in Trauma & Orthopaedics and is on track in Gynaecology and Paediatrics. Urology and Gastroenterology have actions in place to ensure the target is delivered by the end of September.

R3 Seven Day Working is on track. Actions are in place to deliver this scheme in each of the required wards. Given the sample based approach to measurement, there is some risk to delivery in the coming months and this is being monitored.

Nursing Metrics Dashboard

Chelsea and Westminster

Ward name	RN Day	HCA Day	RN Night	HCA Night
Maternity	77.4%	71.3%	70.4%	70.5%
Annie Zunz	117.3%	96.7%	103.3%	103.3%
Apollo	89.2%	86.7%	101.7%	96.6%
Neptune	87.9%	75.8%	93.9%	96.8%
NICU	96.3%	-	94.0%	-
AAU	91.0%	102.2%	108.8%	100.0%
Nell Gwynn	114.6%	106.9%	117.2%	134.5%
David Erskine	99.6%	142.2%	106.9%	106.9%
Edgar Horne	100.8%	109.1%	101.1%	108.6%
Lord Wigram	93.3%	140.5%	105.7%	129.3%
St Mary Abbots	83.6%	112.6%	97.7%	100.0%
David Evans	96.1%	95.7%	101.3%	95.7%
Chelsea Wing	96.8%	106.9%	102.6%	110.3%
Burns Unit	96.1%	87.9%	99.0%	100.0%
Ron Johnson	97.2%	100.0%	92.5%	100.0%
ICU	100.0%	-	100.4%	-

West Middlesex University Hospital

Ward name	RN Day	HCA Day	RN Night	HCA Night
Lampton	98.9%	103.9%	99.9%	100.0%
Richmond	96.2%	96.5%	97.1%	100.0%
Syon 1	93.9%	96.8%	97.6%	103.2%
Syon 2	98.6%	108.1%	100.0%	111.6%
Starlight	100.4%	-	91.7%	-
Kew	103.6%	110.3%	97.8%	165.8%
Crane	104.0%	91.8%	100.0%	124.2%
Osterley 1	108.5%	114.5%	101.0%	113.0%
Osterley 2	99.3%	101.1%	98.5%	103.5%
MAU	95.5%	97.5%	104.5%	98.9%
CCU	99.2%	125.8%	97.6%	-
Maternity	100.1%	85.3%	98.2%	89.0%
Special Care Baby Unit	102.4%	85.7%	100.8%	99.5%
Marble Hill	92.4%	98.6%	99.3%	99.5%
ITU	99.0%	-	99.1%	-

The fill rate percentage is measured by collating the planned staffing levels for each ward for each day and night shift and comparing these to the actual staff on duty on a day by day basis. The fill rate percentages presented are aggregate data for the month and it is this information that is published by NHS England via NHS Choices each month.

Most Trusts have adopted a 15% threshold (over/under fill) and will provide a narrative where this threshold is breached. Scrutiny in relation to this is important to ensure patient safety is not compromised and to ensure that resources are managed appropriately and that sufficient controls are in place.

The maternity fill rate for the Chelsea and Westminster site although low has not deteriorated in comparison to previous months, maternity staffing and one to one care is covered elsewhere in the performance report. Neptune and Apollo lower fill rates relate to reduced bed occupancy and less dependent patients and do not represent any patient safety risks. Annie Zunz were over established on days due to new starters working their supernumerary period. The higher fill rates on David Erskine, Lord Wigram Nell Gwynne and CCU are currently under review as early data does not indicate that this was due to one to one care but rather to do with over staffing on particular shifts (this is currently being verified).

CQC Action Plan Dashboard

Chelsea and Westminster

Area	Total	Green (Fully Complete)	Amber	Red
Trustwide Actions - Risk/ Governance	17	16	1	
Trustwide Actions - Learning Disability	4	1	3	
Trustwide Actions - Learning and Development	14	13	1	
Trustwide Actions - Medicines Management	5	3	2	
Trustwide Actions - End of Life Care	26	24	2	
Emergency & Integrated Care	33	22	5	6
Planned Care	55	48	7	
WAC & HIV & GUM	35	34	1	
Total	189	161	22	6

Chelsea and Westminster Commentary

Chelsea and Westminster are nearing the end of the Action Plan process whereas West Middlesex have just started hence the apparent variation in progress. There will be a joint peer review between both trusts in October 2015 to bring the two sites together.

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must Have Should Do's	35	6	24	4	1
Childrens & Young Peoples	32	11	11	10	0
Corporate	2	2	0	0	0
Critical Care	18	12	1	5	0
ED- Urgent & Emergency Services	17	6	8	3	0
End of Life Care	31	5	18	8	0
Maternity & Gynae	21	3	14	4	0
Medical Care (inc Older People)	20	0	14	6	0
Surgery	26	5	8	13	0
Theatres	15	0	12	3	0
OPD & Diagnostic Imaging	14	2	7	5	0
Total	231	52	117	61	1

West Middlesex Commentary

There were 11 regulatory actions identified by the CQC these are actions 1 to 12 (there are 12 actions as ED staffing was split into 2 actions), these are all 'green'. Green denotes that the solution and resource to resolve the concern has been identified and the action is on track. It should be acknowledged that several of these are dependent on recruitment, however, so will not be fully concluded until this is completed. Other regulatory actions are dependent on routine auditing in order to demonstrate sustained compliance/improvement. There are several specific actions in the core service action plan which needs addressing from a trust wide perspective particularly in relation to dementia training, mental capacity act training and the use of family members as interpreters. The red action relates to the production of information in language and alternative formats for people with language and communication difficulties. Progress against this has been limited due to a lack of resource. Where available national publications are used and accessed via the library.

62 Day Cancer Referrals by Tumour Site (Target = 85%) Dashboard

CWFT													WMUH																		
Tumour Site	May-15			Jun-15			Jul-15			Aug-15			Total YTD			Tumour Site	May-15			Jun-15			Jul-15			Aug-15			15-16 YTD		
	Tr	Br	% Perf	Tr	Br	% Perf	Tr	Br	% Perf	Tr	Br	% Perf	Tr	Br	% Perf		Tr	Br	%	Tr	Br	%									
Gynaecological	-	-	-	-	-	-	1	0.5	50.0%	-	-	-	1.5	1	33.3%	Breast	2.0	0.0	100.0%	6.0	0.0	100.0%	9.0	0.0	100.0%	5.0	0.0	100.0%	20.0	1.0	95.0%
Haematological	-	-	-	3	0	100.0%	-	-	-	-	-	-	3	0	100.0%	Colorectal	2.0	0.0	100.0%	0.0	0.0	-	6.0	1.0	83.3%	3.5	0.5	85.7%	10.0	1.0	90.0%
Head & Neck	-	-	-	-	-	-	-	-	-	-	-	-	1	0	100.0%	Gynaecology	1.0	0.0	100.0%	2.0	0.0	100.0%	0.5	0.0	100.0%	1.5	0.0	100.0%	3.5	0.0	100.0%
Lower Gastrointestinal	-	-	-	1	0	100.0%	3.5	0	100.0%	-	-	-	7.5	0	100.0%	Haematology	5.0	1.0	80.0%	2.0	0.0	100.0%	1.0	0.0	100.0%	3.0	1.0	66.7%	8.5	1.0	88.2%
Lung	1	0	100.0%	1	0	100.0%	2.5	0	100.0%	-	-	-	7	0	100.0%	Head and Neck	1.0	0.0	100.0%	2.0	0.5	75.0%	0.5	0.0	100.0%	0.5	0.0	100.0%	4.0	0.5	87.5%
Skin	6.5	0	100.0%	7	0	100.0%	11	0	100.0%	-	-	-	28.5	0	100.0%	Lung	1.0	0.5	50.0%	1.0	0.0	100.0%	1.0	0.0	100.0%	0.5	0.5	0.0%	3.0	0.5	83.3%
Upper Gastrointestinal	-	-	-	1.5	0	100.0%	1	0.5	50.0%	-	-	-	4	0.5	87.5%	Sarcoma	0.0	0.0	-	0.0	0.0	-	0.5	0.5	0.0%	0.0	0.0	-	0.5	0.5	0.0%
Urological	1	0	100.0%	2.5	1	60.0%	1.5	0	100.0%	-	-	-	7	2	71.4%	Skin	6.5	0.0	100.0%	9.5	0.5	94.7%	7.0	0.0	100.0%	0.5	0.0	100.0%	30.0	0.5	98.3%
-	-	-	-	-	-	-	-	-	-	15.5	5.5	64.5%	15.5	5.5	64.5%	Upper GI	2.5	0.5	80.0%	0.5	0.0	100.0%	1.0	0.0	100.0%	0.0	0.0	-	6.0	1.0	83.3%
Total	8.5	0	100.0%	16	1	93.8%	20.5	1	95.1%	15.5	5.5	64.5%	75	9	88.0%	Total	23.0	2.0	91.3%	32.0	1.0	96.9%	33.0	2.5	92.4%	23.5	6.0	74.5%	104.5	7.0	93.3%

Key: Tr=Treated Br=Breaches

Chelsea and Westminster Commentary

The 62 day standard was achieved in May, June and July with 3 patients breaching across the 3 months. All 3 patients had complex comorbidities which impacted on the time taken to complete their diagnostic work up and subsequent treatment.

Although August's validated performance will not be reported until October, it is anticipated that the 62 day target will not be met in the month. A number of patients with prostate cancer were not treated within the 62 day target, as a result of patient choice, complex diagnostics and 1 patient who was not well enough to be treated within the target.

A review of the prostate cancer pathway is being undertaken with the clinical team to identify opportunities to streamline the pathway and ensure patients can be treated within 62 days of referral from their GP.

West Middlesex Commentary

In August based on the un-validated figures the Trust are passing the 2WW, 2WW breast symptomatic, 31 day Decision To Treatment (DTT) to Treat and 31 day subsequent treatment (all types) standards. The Trust however failed the 62 day classic standard for the first time in eleven months, along with the consultant upgrade standard. For the 62 day classic standard there were a total of 7 breaches – Lung (0.5), Colorectal (0.5), Haematology (1) and Urology (5). The Lung breach related to a patient whose pathway was delayed due to ill health (stroke) and as such was unavoidable. The Colorectal breach related to a complex patient who was sent for a second opinion and then was subsequently not managed in line with the existing timed pathway being sent to Royal Marsden Hospital (RMH) for treatment instead of in-house surgery at WMUH. Clear expectation of the trust giving the second opinion to return the patient to WMUH is to be communicated when referring the patient in future. The Haematology breach related to a patient who was initially believed to be in a pre-malignant state which would not be reportable or require treatment but tests at the very end of the pathway established a more serious diagnosis. Breach details shared with team and steps taken to ensure even if initial tests indicate a low suspicion of cancer, that all diagnostics are completed promptly in relation to the 62 day pathway. The Urology breaches were made up of one testicular patient and four prostate patients. The testicular breach related to delay in diagnostics due to patient choice and was unavoidable. The prostate breaches each had a number of elements to them including patient choice and patient being unfit, however the timeliness of some aspects of their pathway wasn't optimal and so the delays related to these elements added to the unavoidable ones. The detailed breach reports for these patients have been reviewed and discussed with the Urology MDT lead and service manager. Urology performance for September is expected to be much improved on that of August's.