

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

Hospital Boardroom

6 July 2017 11:00 - 6 July 2017 13:00



Board of Directors Meeting (PUBLIC SESSION)

Location: Boardroom, Chelsea and Westminster

Date: Thursday, 6 July 2017

Time: 11.00 – 13.00

Agenda

1.0 GENERAL BUSINESS			
11.00	1.1	Welcome & Apologies for Absence Apologies received from Sir Thomas Hughes-Hallett, Martin Lupton and Zoe Penn.	Verbal Deputy Chairman
11.03	1.2	Declarations of Interest	Verbal Deputy Chairman
11.05	1.3	Minutes of the Previous Meeting held on 4 May 2017	Report Deputy Chairman
11.07	1.4	Matters Arising & Board Action Log	Report Deputy Chairman
11.10	1.5	Chairman's Report	Verbal Deputy Chairman
11.15	1.6	Chief Executive's Report	Report Chief Executive
2.0 QUALITY/PATIENT EXPERIENCE & TRUST PERFORMANCE			
11.20	2.1	Patient Experience Story	Verbal Chief Nurse
11.35	2.2	Care Quality Programme Report	Report Chief Nurse
11.45	2.3	Serious Incidents Report	Report Chief Nurse
11.55	2.4	Integrated Performance Report, including Administration Improvement Programme	Report Chief Operating Officer
12.05	2.5	Review of Fire Prevention Measures	Report Chief Nurse
12.15	2.6	Risk Assurance Framework	Report Chief Nurse
12.25	2.7	Non-Elective Demand Review	Report Chief Operating Officer
3.0 WORKFORCE			
12.35	3.1	People and Organisational Development Strategy	Report Director of HR & OD
4.0 STRATEGY			
12.45	4.1	EPR Programme update	Report Chief Information Officer

	5.0	GOVERNANCE		
12.50	5.1	Policy approvals 5.1.1 Fundraising policy 5.1.2 Donor recognition policy	Report Report	Director of Communications / Chief Executive Officer CW+
	6.0	ITEMS FOR INFORMATION		
12.55	6.1	Questions from Members of the Public	Verbal	Deputy Chairman
12.57	6.2	Any Other Business	Verbal	Deputy Chairman
13.00	6.3	Date of Next Meeting – 7 September 2017		



Minutes of the Board of Directors (Public Session)
Held at 11.00 on 4 May 2017, Boardroom, Chelsea & Westminster

Present:	Jeremy Jensen	Deputy Chairman	(JJ)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Sandra Easton	Director of Finance	(SE)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Rob Hodgkiss	Chief Operating Officer	(RH)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Andrew Jones	Non-Executive Director	(AJ)
	Keith Loveridge	Director of Human Resources	(KL)
	Jeremy Loyd	Non-Executive Director	(JLo)
	Karl Munslow-Ong	Deputy Chief Executive	(KMO)
	Pippa Nightingale	Acting Chief Nurse	(PN)
	Zoe Penn	Medical Director	(ZP)
	Lesley Watts	Chief Executive	(LW)
In Attendance:	Roger Chinn	Deputy Medical Director	(RC)
	Chris Cheney	CEO, CW+	(CC)
	Rachel Allsop	Head of Volunteer Services	(RA)
	Harbens Kaur	Interim Company Secretary	(HK)
	Donald Neame	Director of Communications	(DN)
Apologies:	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Liz Shanahan	Non-Executive Director	(LS)
	Martin Lupton	Ex-officio member, Imperial College Representative	(ML)

Start time 11.00am

1.0	GENERAL BUSINESS
	JJ chaired the meeting in the Chairman's absence.
1.1	Welcome and Apologies for Absence
a.	JJ welcomed all to the meeting and the apologies received were noted.
1.2	Declarations of Interest
a.	None
1.3	Minutes of the Previous Meeting: 2 March 2017

a.	The minutes of the meeting held on 2 nd March 2017 were confirmed as a true and accurate record.
1.4	Matters Arising
a.	<p><u>1.5. Chairman's report</u></p> <p>The attendees noted that RH and RA would be presenting the Volunteers Report and Proposed Strategy as an agenda item within the meeting.</p>
b.	<p>Previous Trust board actions</p> <ul style="list-style-type: none"> - A&E Deep Dive - It was noted that this matter was on the forward plan for the June Board Strategy. The Trust would meet with Imperial College Health Partners (ICHP) towards the end of May to discuss the initiatives that were previously presented to the Trust Board Strategy session. A further update would follow. - EH enquired on what the Trust was investing in terms of its Membership with ICHP and what it received in return. SE advised that the Trust's investment was £100,000. ICHP were supporting a number of the system wide initiatives although a more detailed overview would be provided in the CEO report at the next Trust Board meeting. LW advised that the ICHP project represented a significant saving on work which would otherwise fall to external consultants.
c.	<p>3.4) Hospital Pharmacy Transformation Plan (HPTP)</p> <p>JL enquired when the Board would be provided with further details around the predicted £1M saving as regards the Trust's medicine management expenditure.</p> <p>SE advised that this runs through the divisions. ZP was noted to be the SRO for medicines optimisation group, involving procurement, which met monthly and carried out regular deep dives to ensure clear visibility. Oversight of progress in relation to the scheme would be provided to the Finance and Investment Committee (FIC) on a regular basis.</p>
1.5	Chairman's Report
a.	Nothing to report.
1.6	Chief Executive's Report
a.	<p>In presenting her report, the Chief Executive highlighted the following points:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Trust had appointed Pippa Nightingale into the post of Chief Nurse. Congratulations were extended to PN. <input type="checkbox"/> LW advised on the importance of stability within the organisation and in line with this, the Trust has also appointed Vanessa Sloane into the role of Director of Nursing for the WM site, and

	<p>Nathan Askew into the role of interim Director of Nursing for the CW site.</p> <ul style="list-style-type: none"> □ LW outlined the Trust’s response to the major incident that occurred on 23/03/2017. All patients have now been discharged. The Trust has responded very well to the incident demonstrating expertise and clear co-ordination. Letters of thanks had been received from Ministers including Jeremy Hunt, Secretary for Health and a private visit from Prime Minister Theresa May. □ Communications had been improved to improve culture- we need to ensure staff know what we do and how we do it. □ LW is providing a two-weekly update to staff on key priorities and plans, which had received a good response from staff. The Trust was keen to ensure that important messages were being cascaded and shared with all staff in a timely way. □ In respect of the announcement of the General Election on 8th June the milestones in terms of the events over the coming month and the Purdah period were noted within the report. □ As regards the Trust’s year end position, LW outlined the significant achievement in meeting our financial targets for the year. LW noted that we were in the minority of Trusts to do so. Special thanks went to the finance teams for completing year end of what was a busy Easter period. □ The Team Briefing sheet was noted to be attached to the Chief Executives briefing and going forward, the Trust intended to additionally attach CQC briefings from NHS I, CQC, NHS England and any relevant national guidance. <p>b. □ EH enquired what differences the Trust would see as a result of the RM Partners alliance. LW advised that the alliance and vanguard had assisted in reviewing best practice across London, examining different provider models and access national funds.</p> <p>c. □ ZP advised that it was important to understand that there were two key areas of focus:</p> <ol style="list-style-type: none"> 1) earlier diagnosis – it may be delay in diagnosis affects prognosis; and 2) survivorship programmes, namely what it is like to live with long term conditions and the required care plans etc. <p>d. □ KMO stated that RM Partners had received national transformational funds.</p> <p>e. □ JL noted that it was helpful to receive simple figures to aid understanding on the Trust’s financial position for example the note stating the Trust continues to spend £2M more than it receives each month.</p>
2.0	QUALITY/PATIENT EXPERIENCE & TRUST PERFORMANCE
2.1	<p>Patient Experience Story</p> <p>a. PN introduced and welcomed Ann Harris (AH) to the meeting.</p> <p>b. AH explained the work that she and her team undertook which looked after the wellbeing and sexual health of young people. The primary role of her team was to tackle the issue of uncertainty around sexual health. She further advised that:</p> <ul style="list-style-type: none"> □ Clinics were being run in Sutton from Monday - Saturdays □ Arrangements were being made to move the service into an integrated hub □ The service really went the ‘extra mile’ in focusing on the needs of those who used their services

	<p>which included arranging follow ups at school and college, texting as a means of communication, and building relationships based on trust and confidentiality. The service sees those who will not use mainstream clinics.</p> <ul style="list-style-type: none"> □ The clinic has a multi-agency approach to sexual exploitation. It works alongside lots of other agencies, eg Bernardo's in picking up issues as well as the emerging risks of child sexual exploitation □ JJ stated that the Trust was very proud of the services being provided and the positive feedback that was being received. It was noted that the work being carried out was an exemplar in terms of terms of community outreach. □ ND commented that as the Trust was serving a very diverse area, it would be useful to know what the challenges may be going forward. □ AH advised that the challenge would be funding. At present the team was a very small one, however as the service demand grows this would need to be reviewed. Support would be required training new professionals. She advised that as new matters were being reported to them, it was vital that these could be acted on without delay eg child exploitation concerns. The team had no permanent premises from which to work and were not able to access all Sutton schools. The service was really needed and support in these areas was vital. □ The Board thanked AH for her informative presentation and confirmed FIC would be able to consider a case for hub premises when the overall GUM services proposal for Sutton was presented later in the month
<p>2.2</p>	<p>Serious Incidents Report</p> <p>a. PN presented the SI report to the Board: The following points were discussed:</p> <ul style="list-style-type: none"> □ The report set out the serious risks that were being investigated by the Trust and provided the year end position. □ The risks identified were noted to be broken down by site. □ There had been a significant reduction in pressure ulcers for 2016/2017; a reduction of 57% of grade 3 & 4 hospital acquired pressure ulcers. The aim had been for a 30% reduction. □ Hospital falls will be a priority focus area going forward, which was the most common type of reported incident. □ As regards outstanding SI actions (noted on page 30), the Trust was taking active steps in reducing this number. The Trust had implemented new actions to address this number which included developing Datix to enable changes to target dates, which had sometimes been unachievable and the development of a more ownership driven and streamlined process. <p>b. □ NG enquired whether the Trust had considered sustainability and resource when considering ownership of actions. PN advised that the Trust had maintained the current level of resource but had now reviewed leadership and escalation processes.</p> <p>c. □ EH commented on the need to keep incidents of pressure ulcers under review. PN confirmed that this featured on the Quality Dashboard and outcomes would regress if leadership was insufficient. EH confirmed that Quality committee would next review in June.</p> <p>d. □ ZP advised that in order to strengthen cross organisational learning, the Trust had appointed a Clinical Director for Patient Safety, who would focus on this important and developing area.</p>

<p>2.3</p> <p>a.</p>	<p>Integrated Performance Report, including Administration Improvement Programme Presentation</p> <p>RH presented his report to the Board. The following points were highlighted:</p> <ul style="list-style-type: none"> □ The Trust had demonstrated a full year performance result of 92.3% in A & E, which is an improvement and should be viewed in the context of significant rising demand. □ Of the 139 reporting Trusts for A&E, the Trust ranked 25th on this list (the better ones had lower A & E volumes) □ The Trust had reported no patients waiting over 52 weeks to be treated and this trend was expected to continue. □ The RTT failure in March 2017 as regards the 6 week wait for diagnostics was due to a combination of several factors, but did not include a lack of capacity. □ Although the diagnostic standard was not delivered in March, the year to date compliance remained on target at 99.1%. □ The Trust had reported one case of CDIFF. □ The Trust had undertaken an analysis of the service costs across both sites in respect of pay, career progression and challenges. This work would provide a framework for Trust plans going forward □ The letter backlog had now been cleared □ Whilst the challenges were clear, most of the operational delivery plans were working well. □ There was currently a noted overspend on staffing. The review of this was being led by RH □ The CEO was being provided with weekly updates on progress □ Further update to be provided to the Board in 2 months. ACTION: RH <p>b. JJ advised that the admin improvement project had been discussed with the CEO where it was agreed that the risks identified within the report would be taken to the Finance and Investment Committee (FIC) where the Committee would review the learning points with the Executive team. ACTION LW</p> <p>c. AJ congratulated RH on his and his team’s hard work and for producing the helpful report.</p>
<p>3.0</p>	<p>WORKFORCE</p>
<p>3.1</p> <p>a.</p>	<p>KL presented the 2016 National staff survey results to the Board. The following points were discussed:</p> <ul style="list-style-type: none"> □ The findings had been discussed at the People and Organisational Development Committee. □ There was an identified need to reduce the high staff turnaround rate and to improve staff experience □ The survey had highlighted 3 key findings, which the Trust was using to compare itself to other acute London Trusts; this analysis had identified that the Trust’s results were average. □ It was noted that the CQC was likely to focus on staff engagement (slide 4, page 55) which was slightly below the national average at this stage □ As regards the Trust’s capacity to learn from mistakes, the NHS league table had identified that the Trust displayed fairness and effectiveness of procedures for reporting errors and near misses putting the Trust in 4th place in London for this category. □ Page 58 of the report evidenced that the Trust has a high number of employees who felt that their roles made a difference to patients / service users.

	<ul style="list-style-type: none"> □ The Trust continued to experience some problems in obtaining engagement with the survey from BME staff and their perception of opportunities to progress. KL advised that this was a key area for the Trust and would therefore be brought back to the Executive Board with an equality action plan to address this. ACTION: KL to bring equality action plan to Board. □ NG suggested that the Trust should consider ongoing / current surveys rather than waiting until the National surveys in March each year. ACTION: LS to consider if the issues raised in the staff survey have been satisfactorily addressed through the People and Organisational Development Committee.
3.2	<p>Volunteers Report and Proposed Strategy</p> <ul style="list-style-type: none"> a. □ RH introduced the report, asking the Board to note the content and advise of any improvements / suggestions. b. □ The Board was asked to note the conflict of interest between the Chairman (THH) and his role with Helpforce, an independent charity. c. RH introduced RA to the Board, who was now appointed to head our volunteers strategy. The following points were discussed: <ul style="list-style-type: none"> □ RA had been awarded a one year fixed contract with CW, with the objective of furthering the Trust's use of volunteers in a number of areas in order to improve and enhance patient experience. □ A key objective would be to benefit the work of the Trust where volunteers enhanced rather than replaced the work of paid staff □ In order to commence the project, some resource would be needed as well as a commitment to training requirements. □ Volunteer applications needed to be aligned with work experience requests □ As regards the overall objectives of the strategy the following points had been identified: <ul style="list-style-type: none"> ✓ Improve patient experience ✓ Improve staff experience ✓ Improve volunteer experience □ Further, there would be a need for some work around leadership, branding and marketing of the strategy. Helpforce would devise evaluation programme. □ There was a focus on relatives, to formalise volunteering, with the primary objective again being to enhance the patient experience. □ At the conclusion of the presentation JJ thanked RA for her report and presentation, asked LW how the Trust would take this matter forward. □ LW advised that the Trust was committed to supporting the strategy. The Trust had a large foundation Trust membership which should be used to gain access to a stream of potential volunteers.

	<ul style="list-style-type: none"> □ RH concluded the discussions by advising that the Trust would have a stand on the open day to take place on 20th May 2017 in order to advertise the Trust’s volunteering aims. □ RH further advised that the strategy would be brought back to POD committee and if accepted, would be brought before the FIC as a business case.
4.1	<p>Update on the Electronic Patient Record Project</p> <p>a. KJ presented his report to the Board. The following points were highlighted to the Board as regards the work that was being undertaken in order to prepare for the eventual roll out of this project:</p> <ul style="list-style-type: none"> □ A successful workshop had taken place which ND had also attended. □ User engagement had been very positive with over 200 C&W attendees joining the launch event □ Working groups had been established. □ A number of areas of specific focus had been identified with plans being put in place to address these which included infrastructure. □ The Board again noted that this was a £30M programme, which was currently on track and has been considered by the Trust’s FIC.
4.2	<p>Sustainability and Transformation Plans (STPs)</p> <p>a. KMO presented the report to the Board. The following points were noted:</p> <ul style="list-style-type: none"> □ The plans in place would result in a system wide change for service users, in order to support this, the Trust was working hard to review its clinical and support services. □ The STP and Delivery Area Groups (DA) had complex governance arrangements attached which were being reviewed by the Trust in detail. □ There was a need for streamlining whilst at the same time ensuring that the Trust kept its own sovereignty arrangements in focus. □ NG enquired further as regards the complexity of the governance arrangements how the programme of work was progressing. □ LW advised that as we are now in a period of Purdah, there were no plans for statutory changes. A further update would be provided at the next Trust Board meeting.
5.0	GOVERNANCE
5.1	<p>Risk Assurance Framework</p> <p>a. □ PN presented her paper to the Board which highlighted key risk areas and the Trust’s plans in</p>

	<p>identifying and acting upon these. The following points were discussed:</p> <ul style="list-style-type: none"> □ As regards the red risks noted on page 95 of the report, these had all now been reviewed. The RAF now included cyber security as a known and recognised risk. □ JJ advised that there was a need for Board assurance around cyber security and business continuity. He advised that this matter would be further reviewed at the Audit Committee and will be reported upwards to the Board along with Business Continuity plans. □ EH enquired how risk was being monitored from 'Ward to Board'. PN advised that all incidents and risks were recorded onto the Trust's DATIX database, which allowed for clear monitoring and tracking. She further advised that there was a 14 day risk review period where actions such as trends flagged, escalation requirements were noted and actioned. Further, the risk register was reviewed on a monthly basis, by the Executive team and by the individual divisions. LW advised that she had sight of all Serious Incident reports. □ LW stated that the objective of the RAF was to provide a clear view on risk identification and to aid best practice throughout the Trust. LW advised that the Trust was alive to the real risk of cyber-attacks and as such this particular risk now featured on the RAF. □ JJ requested that the RAF should go onto the Board forward plan; JJ and JL to discuss this further and take forward outside of this meeting.
6.0	ITEMS FOR INFORMATION
6.1	Questions from members of the public
a.	□ No questions
6.2	Any Other Business
a.	LW advised that a recent HSI headline had stated that the she as CEO had 'urged staff to recognise contribution of smaller hospitals' - this was an incorrect quote by the HSI and had been addressed at Staff briefings.
6.3	Date of next meeting: 6 July 2017



Trust Board Public – 4 May 2017 Action Log

Meeting	Minute number	Agreed Action	Current Status	Lead
May 2017	2.3.a	<u>Integrated Performance Report, including Administration Improvement Programme Presentation</u> Further update to be provided to the Board in 2 months.	This is on current agenda.	RH
	3.1.a	<u>2016 National staff survey results</u> Bring the equality action plan to Board.	The workforce equality action plan will be presented as part of the annual workforce equality report at the September board meeting.	KL
		Consider if the issues raised in the staff survey have been satisfactorily addressed through the People and Organisational Development Committee.	We addressed the staff survey at our People and Organisational Development Committee meeting in March. The actions from the staff survey have been incorporated into the people and organisation development strategy. Key aspects of this are reviewed regularly by the committee.	LS



Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Jul/17
REPORT NAME	Chief Executive's Report
AUTHOR	Karl Munslow Ong, Deputy 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

May 2017

1.0 Major Incidents

As we reflect on the past few months in which we have had to respond to two terrorist attacks, a major cyber attack and most recently the devastating fire at Grenfell Tower, I am struck both by the enormity and awful impact of these events but also the resilience and spirit of our amazing staff.

As the Grenfell tragedy unfolded, hundreds of staff who had not been scheduled to be at work arrived at the Trust. We were bowled over by the commitment of our doctors, nurses and health care professionals who arrived in our hospital ready to receive injured patients. Not only did everyone work together as a team, but the offers of help from those not directly involved were amazing. I have visited many of the teams who have been so supportive to thank them on behalf of the Board for their incredible effort through this very challenging time. We have also ensured that the right support mechanisms are in place for staff in light of these very traumatic incidents.

The efforts of our teams have also been acknowledged by many others. We had a number of visits to meet patients and staff including Theresa May, the Prime Minister, and the Mayor of the Royal Borough of Kensington and Chelsea, Cllr Marie-Therese Rossi and Cllr William Pascall.

I want to make a special mention to our colleagues at the Royal Brompton and Royal Marsden Hospitals who demonstrated, with their great support, that the Fulham Road coalition is a wonderful asset to all of us. I have also spoken to colleagues at other London hospitals who received patients and with whom we have a very supportive relationship sharing both our issues, and how we can help each other. It is at times like these that you really do feel that the NHS is one big family. All of our thoughts very much remain with the families who have been affected by this tragic event.

2.0 Performance

In the context of the unprecedented pressures noted above, the month of May was another busy and challenging month for the organisation in the delivery of our performance metrics. Whilst neither of our sites delivered against the 95% A&E standard, we continued to see increased levels of demand, nearly 7%.

The RTT incomplete target was not achieved in May for the Trust, but improved from the previous month, with the team focussed on delivery of their RTT recovery trajectory which forecasts a return to compliance by August 2017. I am pleased to report that there continues to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.

The demand for our services continues, especially in relation to 2 week wait cancer referrals with May having received the highest number of referrals ever recorded. The operational and clinical teams are finding it increasingly difficult to provide this additional capacity. We are looking to work closely with both our commissioner and GP colleagues but also the National Cancer Taskforce to consider ways to help improve performance. In month, we had a particularly challenging time with a significant deterioration in the 62 Day indicator with a total of 14 breaches. A full review has been undertaken with a key part of the recovery plan being the introduction of the agreed Urology optimal pathway from 1st July.

Despite the challenges noted above, especially in relation to non-elective demand, we met with our colleagues from NHSI, who recognise our Trust as one of the best performing in London and I offer my thanks and congratulations to the teams involved.

3.0 Staff Achievements

I am delighted to report to the Board on various staff awards and achievements over the past few months.

April

PROUD staff award winners: Cardiology Team (WMUH); Dermatology Department (both sites) Lord Wigram Ward (C&W); Corporate Security Team (both sites); Critical Care Outreach Team (Chelsea)

Industry awards: Cancer Pain Award - Barry Quinn, Assistant Director of Nursing; Royal College of Anaesthetists 25th Anniversary Trainer Award - Dr Michelle Hayes, Consultant Intensivists; Nursing Times Student Nurse of the Year Award - 3rd year nursing student, Anwar Tabali.

May

PROUD staff award winners: Acute Medical Unit (WMUH); Melanie Knight, Maternity Support Worker (WMUH); Therapies Administration Team (C&W); Porters (C&W)

Industry awards: Health Service Journal (HSJ) Value in Healthcare Awards for Acute Service Redesign - Paediatric Team for the Paediatric Assessment Unit (PAU) model developed at West Middlesex with Hounslow CCG.

4.0 Appointments

Following a competitive process I am delighted to announce that Pippa Nightingale has been appointed as Chief Nurse at the Trust. Pippa was previously our Director of Midwifery and Clinical Director for Women's services. Her appointment brings us up to a full complement of substantive Executive Directors.

We are also in the process of recruiting to a substantive Company Secretary and Director of Communications and look forward to updating you at our next Board meeting.

5.0 Care Quality Programme

The Care Quality Programme established in the corporate nursing team aims to support a sustainable approach to quality and safety improvement within the Trust. Part of this programme is leading on preparations for the anticipated upcoming CQC inspection. This programme of work includes key work

streams such as: estates and facilities; medicines management; clinical services; corporate governance; and stakeholder and staff engagement.

To engage staff we have: delivered staff awareness sessions on both sites; produced a *Staff Preparation Handbook* for all staff; and established the Senior Leader Partner Programme to support local teams and strengthen communications ward to board. I am very happy to be the link for Marble Hill 1 and 2 at West Middlesex and the Labour Ward at Chelsea.

To test ourselves we have conducted two Trust-wide peer reviews, which were supported by local acute providers, commissioners and NHS Improvement. The findings have informed divisional action plans and the progress with these is being formally monitored through the executive structure and a Trust-wide action tracker which also combines the actions from previous inspections for both sites. We engaged in two estates and facilities peer reviews in both hard and soft facilities management and have planned a peer review of the pharmacy function and medicines management.

Ongoing improvements include: quality ward boards for clinical areas to display staffing levels and key quality and safety information; and the establishment of a reference group of staff who have chosen to be part of the Trust's on-going approach to improvement of quality and safety.

We will continue to liaise with the CQC through our relationship management team.

6.0 Communications and Engagement

Our Chelsea site open day held on 20th May was a great success with over 2,000 people attending and bringing together staff from all Departments after a difficult few weeks. We had more stalls than ever before and there was a real buzz and sense of togetherness throughout the hospital – which was fabulous to see. I was delighted to accompany William, our VIP and a star of the future. William was born at 28 weeks in our NICU and spent just over eight weeks with us. He has been in and out of hospital quite a lot but is now a very fit, strong and healthy almost 10-year-old. William has been raising money for the NICU campaign and so was the perfect person to open the event. Thank you to the Governors and CW+ both for their significant personal contribution of time, as well financial support to run this ever popular event.

We have recently facilitated a number of broadcast programmes including CBBC TV footage in maternity and paediatrics; a patient wanting to tell his story to Victoria Derbyshire following his treatment after the Grenfell Tower fire; and a number of BBC and other broadcasters wanting to film with 56 Dean St. We are planning to work with the BBC on a BBC Science programme about burns. Footage that was shot last year at 56 Dean St was broadcast on BBC1 in The Truth about HIV documentary.

The latest Team Brief follows this report.

7.0 Joint Work Programme with Kingston Hospital

The two Trusts met at a joint Executive last month to identify opportunities for collaborative working. The main progress has been in a collective approach to Out of Hospital requirements with the specific objectives of developing the narrative and case to support investment and a revised approach to supported discharge for Winter 2017/18. This work includes:

- Cross referencing our Day of Care Audit (at WMUH) with a developing dataset in Kingston (KHT)
- A Phase 1 audit/diagnostic scheduled for KHT in late July
- A Phase 2 at WMUH (as part of scheduled Day of Care in September)
- Out of Hospital/Care home capacity options appraisal to prioritise where additional capacity could physically be located
- Developing workstreams on workforce and capacity development and financial flows

The outputs of this work are expected to be presented to local Emergency Care Boards and STP planning groups.

I can also report that following the consolidation of Kingston and Richmond CCG Management Teams, a specific sub group of the South West London STP has been created spanning this area. The Trust has been invited to join the designated Executive Transformation Board.

8.0 Accountable Care Update

Hammersmith & Fulham Accountable Care Partnership (ACP): Since the last update provided to the Trust board in March 2017, CLCH NHS Trust and Hammersmith and Fulham Council have joined the Programme Board. Neither party has signed the existing Memorandum of Understanding (MOU) as the current proposals are that all organisations will move to a superseding Partnership Agreement.

It is important to emphasise that at this point in the ACP development there is no contract award and no services being jointly delivered. All work remains evaluatory with the following objectives in mind:

- 1) To give commissioners confidence to develop a specification for ACP contracts
- 2) To allow the ACP to meet any 'Most Capable Provider' tests and, therefore, allow commissioners to consider not using the formal market and procurement routes to make any contract award
- 3) To position the ACP as a possible early adopter/pace-setter programme within NWL STP with limited contract award in April 2018 (a year ahead of STP milestones)

The Executive have considered that the benefits of such an approach:

- Would be a key enabling step to any contract award and the development of an alliance contract
- Would **not be legally binding** so represents a positive but lower risk first step in a transition towards a more formal joint venture or new entity in the future (mindful that only CWFT of the partners currently has the ability to enter into formal organisational JV terms)

Subject to further detail on the proposed arrangements and scrutiny from our established governance and decision making process it is proposed that the Draft Partnership Agreement is brought for approval by Board on 7 September.

9.0 Finance

At the end of May, month 2, our year to date adjusted position is favourable to internal plan by £0.28m. Pay costs are over plan by £2.39m offset by underspends in non-pay and revenue in excess of plan.

We had planned to achieve 11.9% of our savings target for 2017/18 of £25.9m by the end of month 2 but actually achieved 6.8%. We need to work hard to get our CIP delivery back on plan and to ensure we achieve our year end target.

10.0 NHS Provider Chairs and Chief Execs Meeting

NHS Providers held their most recent national Chairs and Chief Executives meeting on 20th June. There was a presentation on the Mental Health Five Year Forward View from Claire Murdoch, National Programme

Director. The work plan has a significant focus on enhancing mental health provision both at the interface, and delivery within acute hospitals.

Pauline Phillip, National Director for Urgent and Emergency Care talked about the significant challenges the wider system faced. She described this as the single biggest patient safety risk that the NHS had to deal with. There was particular mention of the roll out of the 'red to green days' initiative which our trust has well under way. Finally Pauline referenced the need for a whole hospital and whole system approach to surge/winter planning.

Sir Robert Naylor updated attendees on both his national and London estates review. Sir Robert outlined that the investment requirements to resolve the backlog maintenance issues that the NHS faced, and the capital requirements to support the five year forward view, would require at least £10 billion of investment. The Department of Health is yet to formally respond to the report and therefore we await further details of any next steps.

Chris Hopson provided a policy and national overview. The CQC formally announced the appointment of Prof Ted Baker as the new Chief Inspector of Hospitals who had previously been deputy to Sir Mike Richards. The 2016/17 year end position for the NHS was a deficit of -£791 million. The NHS plan for 2017/18 is for a deficit of -£500 million.

11.0 Workforce

Health and well-being: We have stepped up our promotion of staff health and well-being. We organised two well attended health and well-being days at West Middlesex and Chelsea in June and we will run similar events in September. We have also standardised the counselling service we offer our staff across both our main sites.

Managing conflict: We have launched a one day employee relations training course aimed at giving our managers the skills and confidence to deal effectively with workplace conflict. There is a high demand for places and feedback on the course is positive.

Raising concerns: On 1 July we re-launched our raising concerns (whistleblowing) policy. We encourage people to raise concerns about a risk, wrongdoing or malpractice through a number of routes, including to Vanessa Sloane, Director of Nursing, and our freedom to speak up guardian. The new policy puts in place more robust processes for recording, monitoring and reporting public interest disclosures. A quarterly report on our most serious disclosures will be considered by the quality committee.

Lesley Watts
Chief Executive Officer
July 2017



June 2017

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

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HERE AND NOW

CW+ PROUD Apr 2017 award winners

- Planned Care— critical care outreach team (C&W): For all their support, teaching and guidance to the Nell Gwynne ward nursing and medical staff in caring for complex patients with tracheostomies.
- Emergency and Integrated Care— cardiology team (WMUH): The team have worked very hard to promote the excellent care of patients with cardiac conditions. They are a pleasure to work with and always very helpful. They continue to drive forward cardiology care for the local population and are an example to all.
- Women and Children—dermatology admin teams at both sites: The admin teams have worked very hard to ensure as a department we maintain and meet all of our targets around 2 week wait and referral to treatment even at difficult times. They have made many excellent changes and have worked tirelessly to ensure our patients are seen and managed in a very professional and timely manner.
- Corporate—security teams at both sites: The security teams are always on hand to provide their colleagues with help and support, any time of day. No task is too big or too small and they will often accommodate requests at the last minute in order to provide a fantastic service to patients and staff, going above and beyond what is expected.

Visit the intranet to nominate a team or individual.

Performance update—Apr 2017

Both hospitals again showed improvement in A&E performance but combined this remained insufficient to achieve the 95% target with overall performance at 94.1%. There is a comprehensive plan of internal improvement actions including: RED/GREEN days, 2b412, AEC improvements, and expanding the discharge teams. System-wide support is being sought to ensure sector-wide improvement schemes are delivering.

The April RTT reported Trust position is below the national expected target of 92%. WM as a site reported continued compliance with a decline on the C&W site. The administration function on the C&W site has had an impact but this is being addressed with an expected improvement in the May position. Despite this we reported no patients waiting over 52 weeks to be treated.

Financial update – Apr 2017

In April the Trust's in month and year to date position is behind plan by £0.51m. This is predominantly due to under performance in elective work. Pay costs are over plan by £0.21m offset by underspends in non-pay. We have a

challenging savings target for 2017/18 of £25.9m and will need to work hard to achieve this by year end.

Mock inspections feedback

As part of the Trust's preparations for the upcoming Care Quality Commission (CQC) inspection, a Peer Review was conducted on the 18 and 19 May 2017 across both main hospital sites. These 'mock inspections' were undertaken over a range of services. Inspection teams consisted of a range of over 80 people, which included both clinical and non-clinical subject matter experts. Over 30 areas were reviewed. Trust staff were supported by colleagues from: NHS Improvement; Commissioners; other acute Trusts, our contractors ISS, CBRE and Bouygues.

The service reviews were based on the CQC's five key questions:

- Is it Safe
- Well-Led
- Effective
- Caring
- Responsive?

Reviews included the physical environment, documentation and interviews with staff and patients about the quality and safety of care being delivered in the areas. From this, issues requiring immediate attention (or 'red flags'), areas for improvement and areas of good practice were identified and action plans are in place to address these. The main themes or red flags were predominantly focused in the CQC's Safety domain:

Medicines management, infection prevention and control, incident reporting, deteriorating patient, emergency equipment, fire, staffing, safeguarding, Portable Appliance Testing (PAT) and information governance.

Adult inpatient survey results

The results from the 2016 adult inpatient survey are now available from the CQC website www.cqc.org.uk. Please make sure that you take the time to review and reflect on the feedback so we continue to improve care and experience for our patients.

Emergency and integrated care division update

It was a very busy May for the division with a continuing focus on retention and recruitment to ensure we are filling our gaps in staffing, reducing our temporary spend on agency staff and providing the best quality services to our patients.

A monthly welcome breakfast for all new joiners to the division has been introduced, and recently two successful away days (engagement and listening events with staff) have been held for AAU at the C&W site and for AMU at the WM site. These were both well attended and generated several good ideas for improving our services for patients – some of which are being put in place straight away.

Elsewhere the division has been continuing to improve governance, share learning, update guidelines and answer complaints promptly and efficiently. Substantial progress is

being made with all of these, so a big thank you to everyone for finding the time for such important work.

Finally, well done to everyone involved with the recent trauma peer reviews at both hospitals; the visits went very smoothly with a couple of concerns to address, but overall there were many areas of very good practice being highlighted by the external review team.

Planned care division update

We would like to thank the pathology team based at WMUH and the radiology teams across both sites for their support during the cyber-attack. Their input was invaluable in attempting to maintain excellent patient care and prevent further cancellation of appointments. The division would like to thank Claire Painter, Divisional Director of Nursing, for her hard work and commitment over the past few years. Claire is leaving the Trust at the end of June and we would like to wish her all the best in the new role.

Women's and Children's division update

Thank you to all staff who took part in the mock inspection last month which identified lots of areas of good practice and some areas we need to focus on over the coming weeks. We would like to congratulate the Paediatric Assessment Unit for their Health Service Journal (HSJ) award win as well as Viv Heaslip for the PROUD Award along with all the worthy nominees.

A big thank you goes to all staff who worked incredibly hard through the Cyber Attack and Open Day. Finally, please ensure that you are aware of the key Care Quality Programme messages of the week through your executive link and that you are up to date with your mandatory training!

Cyber attack update

We have been working through the IT issues associated with the recent cyber attack and a normal clinical service is running across all sites. The work we now face is to ensure that any backlog in processing (be that processing results and communicating these with our clinical colleagues or booking all urgent appointments) is dealt with as swiftly as possible. A huge thanks goes to all our staff for tirelessly working to provide an excellent service to our patients despite these challenges. We believe that the precautions we have been taking over the past few weeks will make us more resilient to similar situations in the future.

Paediatric team wins Value in Healthcare award

Our paediatric team has won a Health Service Journal (HSJ) Value in Healthcare award in the acute service redesign category. The awards recognise outstanding improvement in quality of care and efficiency throughout the NHS.

The award was for the Paediatric Assessment Unit (PAU) model which sees children and young people treated quickly and discharged home as soon as possible. The team was committed to making a change which would have a positive impact on children and young people attending for urgent care at the site. The whole team worked tirelessly to refine the model to give our patients a brilliant service. Based on the initial success of the model, it was rolled out at all acute hospitals with paediatric units in North West London.

Fantastic turnout at 11th annual Open Day

On Saturday 20 May more than 2,000 people came to our Open Day to find out more about how we are proud to care for the 600,000 patients we see each year at our hospital.

Everyone worked incredibly hard to make it an absolutely fantastic event and can feel very proud. 97% of visitors surveyed rated it excellent and we have taken calls from patients telling us how much they enjoyed the event. Well done to those who took part in our PROUD to Bake competition too. The delicious entries are available for viewing on our Facebook page. Key achievements from the day include:

- 15 nurses who were interviewed were given job offers on the day
- 100 people signed up to apply for future job opportunities at the Trust
- donations on the day which will support the redevelopment of our critical care services.

You can find a link to our photo album here:

<http://www.chelwest.nhs.uk/about-us/events/open-day>

Make sure you have the WMUH Open Day date in your diary: Saturday 16 September from 11am-3pm.

Datix

As of 1 June 2017 there are 188 incidents 'awaiting review' and 669 'being reviewed' that are overdue on Datix. This means that 188 incidents have been reported by staff, but the handler (usually the ward or department manager) has not yet looked at potentially serious incidents and assigned an investigator. This should occur within two working days. Similarly, 699 incidents have been assigned an investigator but the learning outcomes and confirmation of what is being done to reduce any risks has not yet been completed. This should occur within ten working days.

Things will sometimes go wrong in an organisation but, when they do, we need to take action to prevent mistakes being repeated and minimise harm to our patients. A number of incidents have not yet been reviewed in the first instance to determine whether it is serious and to assign an investigator. Staff are reminded to urgently review 'To Do' lists in Datix to manage incidents so they can be closed on the system and staff provided with feedback on how we continue to learn from these events. If anyone would like further help or guidance, please contact clinicalgovernancesupportteam@chelwest.nhs.uk or visit the intranet.

IN THE FUTURE

EPR update: NHS smartcards

Everyone using the Cerner EPR system will need an NHS smartcard. That includes both clinical and operational staff. The card carries your photograph and user ID number and gives you secure access to the parts of the Cerner EPR that you will need to do your job. New starters will get cards when they join the Trust. For existing staff, the registration authority team are distributing cards, service by service, starting with the WMUH site. For more information about smartcards and EPR, go to the Electronic patient record site on the intranet, or email us at CernerEPR@chelwest.nhs.uk

July 2017 team briefing dates

Mon 3 Jul, 11am-12pm, CW Gleeson Lecture Theatre
Mon 3 Jul, 1-2pm, G2 Offices Harbour Yard
Tue 4 Jul, 1-2pm, WMUH Meeting Room A



Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Jul/17
REPORT NAME	Care Quality Programme Report
AUTHOR	Melanie van Limborgh, Assistant Director of Nursing
LEAD	Vanessa Sloane, Director of Nursing
PURPOSE	To provide an update regarding progress with the Trust Care Quality Programme
SUMMARY OF REPORT	<ul style="list-style-type: none"> • The Non-Executive handbook has been completed in draft and the draft was presented to the Non-Executive Directors. Final comments are being received ready for launch for CQC preparedness • The 2nd group of Peer Reviews took place on June 19th. Key themes are included in the Attachment 2. • An Escalation Cascade will be presented to the Steering Group for approval early July. • An Estates and Facilities work stream is addressing priority areas led by the deputy Chief Executive • Work to review an integrated governance work stream has been established by the Deputy Chief Executive, which will be monitored by the Core Team for CQC alignment. • The Perfect Ward web based review tool will roll out as a pilot trial in July.
KEY RISKS ASSOCIATED	Risk of not achieving quality improvement required as part of the programme and thereby a good CQC rating.
FINANCIAL IMPLICATIONS	There may be associated financial requirements for the programme particularly in relation to Estates and Facilities requirements. Limited discrete funding is held aside for this project with Sandra Easton as signatory.
QUALITY IMPLICATIONS	High quality standards to meet CQC requirements have to be met as part of this programme.
EQUALITY & DIVERSITY IMPLICATIONS	There are national equality & diversity requirements that will require attention in the CQC preparation.

LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation
DECISION/ ACTION	<p>This paper is for information for the Board of Directors to oversee progress and future actions in the programme.</p>



Board of Directors Meeting, June 2017 PUBLIC

Title: Care Quality Programme Report
Senior Responsible Officer & Board Lead: Pippa Nightingale, Chief Nurse
Lead: Vanessa Sloane, Director of Nursing
Report authors: Melanie van Limborgh, Assistant Director of Nursing
Current position
Background <p>The Care Quality Programme was launched in February 2017 with the project direction approved by the Quality Committee and Trust board. The programmes aim is to drive and deliver continuous quality improvement across all care settings; the framework of improvement is aligned to the Care Quality Commission (CQC) standards with the trust aim to achieve a minimum of a good rating at the next CQC inspection. The longer term aim is to embed continuous improvement and monitoring methods into the organisation.</p>
Progress structure:
<u>Core Group</u> The Core Group with strategic delivery of the project continues to meet weekly to monitor progress reporting into the Executive Board.
<u>Steering Group</u> The Steering Group is meeting twice monthly and oversees the operational progress of the Care Quality Programme and reports to the Quality Committee. The membership attendance is firm and the membership has expanded with relevant members since the first meeting.
<u>Reference Group</u> The Reference Group will be working closely to align with the Improvement workstream led by Dr Roger Chinn. A joint meeting took place to agree this future direction.
<u>Executive and Senior Management Teams</u> The Executive team all have a clinical area on each site that they are responsible for engaging with weekly to deliver the fortnightly quality improvement message, the executive collate any feedback from the quality visits which is discussed at the CEO cabinet. The quality messages that have been delivered thus far are:
<ul style="list-style-type: none">• Understanding of quality improvement and regulation• Learning disabilities• Care of the deteriorating patient• Documentation• infection prevention and control• safe storage of medicines
<u>Communications and Engagement</u> New Staff handbooks and Exec handbooks have been published, to provide a briefing for all staff groups on quality standards and the regulatory requirements copies have been given to all staff. Quality Noticeboards are displayed in clinical areas throughout the trust displaying quality indicators, patient experience data, safe staffing data, a uniform guide explains who is who as well as the trust values. The trust has implement the use of a Red Nurse in charge lanyards for all nurses who are in charge of a shift as

users told us it was hard to identify who was in charge of a shift.

Peer reviews

The trust has held peer quality reviews over three days with stakeholders from other trusts, NHSI and the CCG as well as our own staff, these teams inspected clinical areas using the CQC inspection standards. Out of hours reviews are also planned for July. The findings help to inform the delivery of Divisional quality improvement work streams. It is planned that Divisions and corporate work stream leads will provide verbal updates on their progress to the CQC Steering Group on a fortnightly cycle. Formal monitoring of Divisional compliance should continue via Divisional quality governance processes and progress also reported to Executive Board.

Ward accreditation – The trust has a quality monitoring tool that has been used since September 2016, this involved an unannounced inspection of a clinical area to assess their performance against the quality metrics. The wards can be awarded a white, Bronze, Silver or Gold outcome, all wards are supported to achieve the highest standard of Gold. All clinical areas have now been assessed, assessments will continue with the aim for all clinical areas to improve to a Gold standard. The outcome of the assessments is displayed on the ward quality board, and is reported to the Executive committee and Quality committee. The senior nursing team in partnership with the Trust charity have also launched an application to record this quality data in real-time electronically via the perfect ward app.

Perfect day – The trust holds a perfect day monthly which involves all clinical and non-clinical staff including the executive and non-executive teams being in the clinical areas having patient and staff contact, and where appropriate delivering clinical care. This ensures senior clinical and non clinical staff are engaged with ward level patient care and understand first hand some of the challenges and positive examples of care. Feedback from these days is provided at the executive meeting.

Nursing quality rounds – weekly nursing quality rounds occur every Friday morning, the themes from these days are informed from the findings of the ward accreditation and peer review findings. The sessions are attended by all senior nurses and start with an education piece, the team then go to the clinical areas education clinical teams or auditing compliance, the team then meet back at lunch time to discuss the findings, examples of these for these days have been:

- ward based fire safety and responsibility
- DNACPR
- infection control
- pressure ulcer detection and documentation
- medical gases
- domestic violence detection and referral
- safeguarding

Stakeholder partnership working

The trust are involved in numerous national improvement projects with NHS Improvement these are rapid improvement projects and cover areas such as:

- staff recruitment and retention
- infection control
- patient experience
- reducing falls resulting in harm

Partnership work streams have also been developed for areas such as:

Medicines and Medicines Storage workstream – To ensure safe storage and use of medications. The chief Pharmacist has commissioned an External peer review to provide oversight of internal quality standards. This will include a ‘deep dive’ into pharmacy functions and clinical governance together with identified ward based compliance assessments.

Estates and Facilities -The Estates and Facilities work stream has commenced to review building and cleaning quality issues led by the Deputy Chief Executive. The work involves ‘walk rounds’ of the site with an Estates and Facilities lead and a clinical lead for the areas to identify any issues that require attention on a regular on-going basis.

External peer reviews have occurred into the soft FM which involves the cleanliness of the sites, this was a very positive review which the external reviewer recognising that the sites were very clean and compliant with regulatory standards, a further Hard FM review is occurring on the 29th and 30th of June.

On-going CQP improvement work

Several Trust wide work stream meetings have been undertaken in line with the project plan in–month and will be concluded shortly. The workstreams are reporting into the Steering Group with leads responsible for updating the group of progress. This work includes review of the following further workstreams:

- Deteriorating Patient workstream
- Do not Resuscitate/Cardio-pulmonary Resuscitation
- Nursing and Medical staffing
- Mortality
- Infection Prevention and Control
- Incident reporting
- Raising Concerns (to include Freedom to speak up Guardian)
- Duty of Candour
- Safeguarding/Deprivation of Liberty Safeguards/Mental Capacity Act and Learning Disabilities
- Dementia
- Falls
- Clinical Audit
- End of Life Care
- Information Governance
- Appraisal and Mandatory Training
- Health and Safety
- Patient Access
- There are additional clinical visits for other focussed reviews being undertaken.

Key messages for the Board of Directors

- The Non-Executive handbook has been completed in draft and the draft was presented to the Non-Executive Directors. Final comments are being received ready for launch for CQC preparedness.
- Full quality monitoring processed are now embedded
- The 2nd group of Peer Reviews took place on June 19th. Key themes are included in the Appendix 2.
- An Escalation Cascade will be presented to the Steering Group for approval early July.
- An Estates and Facilities workstream is addressing priority areas led by the deputy Chief Executive
- Work to review an integrated governance workstream has been established by the Deputy Chief Executive, which will be monitored by the Core Team for CQC alignment.
- The Perfect Ward web based review tool will roll out as a pilot trial in July.

End of Report



CONFIDENTIAL

Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Jul/17
REPORT NAME	Serious Incident Report
AUTHOR	Shân Jones – Director of Quality Improvement
LEAD	Pippa Nightingale – Director of Midwifery
PURPOSE	The purpose of this report is to provide the Trust Board with assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
SUMMARY OF REPORT	This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1 st April 2015. Comparable data is included for both sites.
KEY RISKS ASSOCIATED	<ul style="list-style-type: none"> • Actions are not being closed on DATIX within the timeframe leaving a risk that preventative actions are not being put in place due to lack of evidence. • The theme of ‘sharing the learning’ is largest volume of overdue actions
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	<ul style="list-style-type: none"> • Reduction in falls is a quality priority for 2017/18 • Women’s and Children, HIV, GUM and Dermatology have made significant progress with closure of actions.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Create an environment for learning, discovery and innovation
DECISION/ ACTION	The Trust Board is asked to note and discuss the content of the report.

SERIOUS INCIDENTS REPORT
Public Trust Board – 6th July 2017

1.0 Introduction

This report provides the organisation with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1st April 2017. For ease of reference, and because the information relates to the two acute hospital sites, the graphs have been split to be site specific. Reporting of serious incidents follows the guidance provided by the framework for SI and Never Events reporting that came into force from April 1st 2015. All incidents are reviewed daily by the Quality and Clinical Governance Team, across both acute and community sites, to ensure possible SIs are identified, discussed, escalated and reported as required. In addition as part of the mortality review process any deaths that have a CESDI grade of 1 or above are considered and reviewed as potential serious incidents.

2.0 Never Events

‘Never Events’ are defined as ‘*serious largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers*’. During 2016/17 the C&W site reported 1 never event, an incorrect tooth extraction.

3.0 SIs submitted to CWHHE and reported on STEIS

Table 1 outlines the SI reports that have been investigated and submitted to the CWHHE Collaborative (Commissioners) in May 2017. There were 6 reports submitted across the 2 sites. A précis of the incidents can be found in Section 6. The late submission of 2017/5496 relates to the e mail issues faced following the cyber-attack.

Table 1

STEIS No.	Date of incident	Incident Type (STEIS Category)	External Deadline	Date SI report submitted	Site
2017/3419	12/01/2017	Pressure ulcer meeting SI criteria	03/05/2017	03/05/2017	CW
2017/5496	11/10/2016	Sub-optimal care of the deteriorating patient	24/05/2017	26/05/2017	WM
2017/4323	13/02/2017	Slips/trips/falls meeting SI criteria	12/05/2017	03/05/2017	WM
2017/4804	17/02/2017	Maternity/Obstetric incident: baby	18/05/2017	03/05/2017	WM
2017/5699	24/02/2017	Pressure ulcer meeting SI criteria	25/05/2017	05/05/2017	WM
2017/7196	09/03/2017	Maternity/Obstetric incident: baby	12/06/2017	12/05/2017	WM

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), across the Trust, in May 2017.

Table 2

Details of incidents reported	WM	C&W	Total
Environmental incident meeting SI criteria	1		1
Maternity/Obstetric incident meeting SI criteria: baby		2	2
Pressure ulcer meeting SI criteria		1	1
Sub-optimal care of the deteriorating patient meeting SI criteria	1		1

Surgical/invasive procedure incident meeting SI criteria		1	1
Treatment delay meeting SI criteria		2	2
Grand Total	2	6	8

Charts 1 and 2 show the number of incidents, by category reported on each site during this financial year 2017/18.

Chart 1 Incidents reported at WM YTD 2017/18 = 6

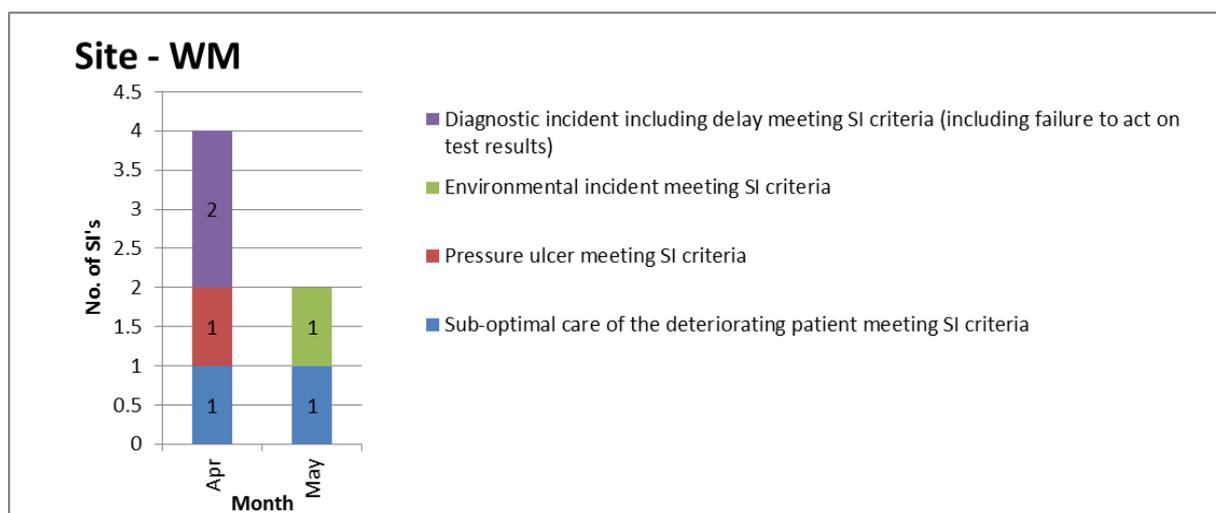
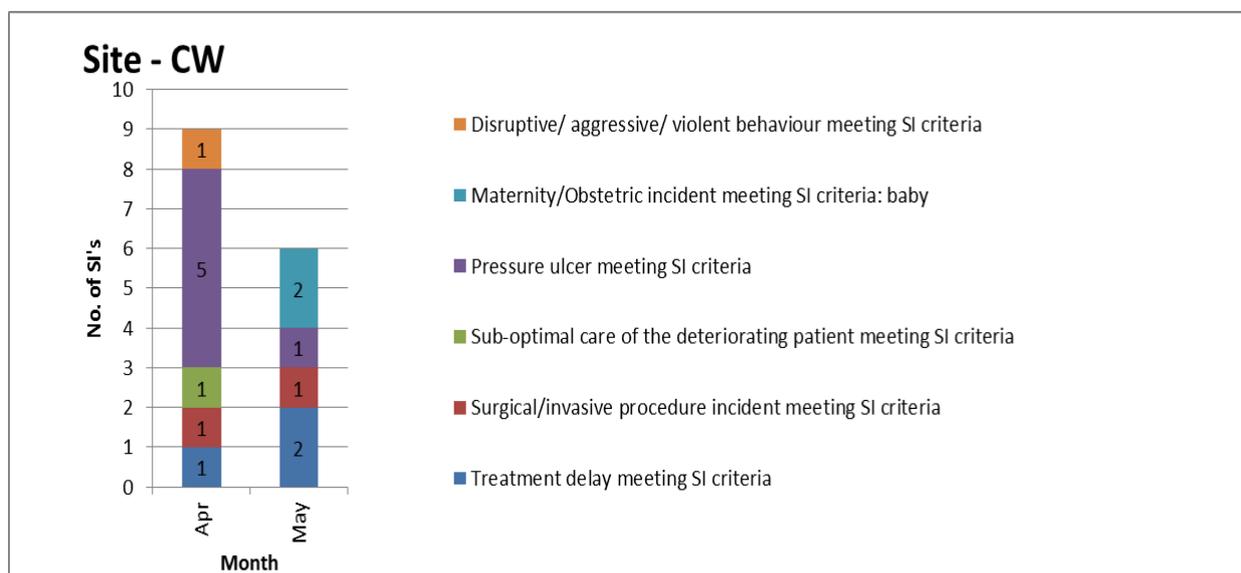


Chart 2 Incidents reported at CW YTD 2017/18 = 15



The number of reported SIs in May 2017 (8) is slightly higher compared to May 2016 (6). There was an increase in reporting of Treatment delays meeting SI criteria (2) and Maternity/Obstetric incidents meeting SI criteria: baby (2).

There was a decrease in the number of SIs reported in May 2017 (8) compared to April 2017 (13). This is mainly attributed to the reduced reporting of Pressure ulcers during May 2017 where one pressure ulcer was reported.

Charts 3 and 4 show the comparative reporting, across the 2 sites, for 2015/16, 2016/17 and 2017/18. The total number of incidents reported on each site year to date is 6 at WM and 15 at C&W.

Chart 3 Incidents reported 2015/16, 2016/17 & 2017/18 – WM

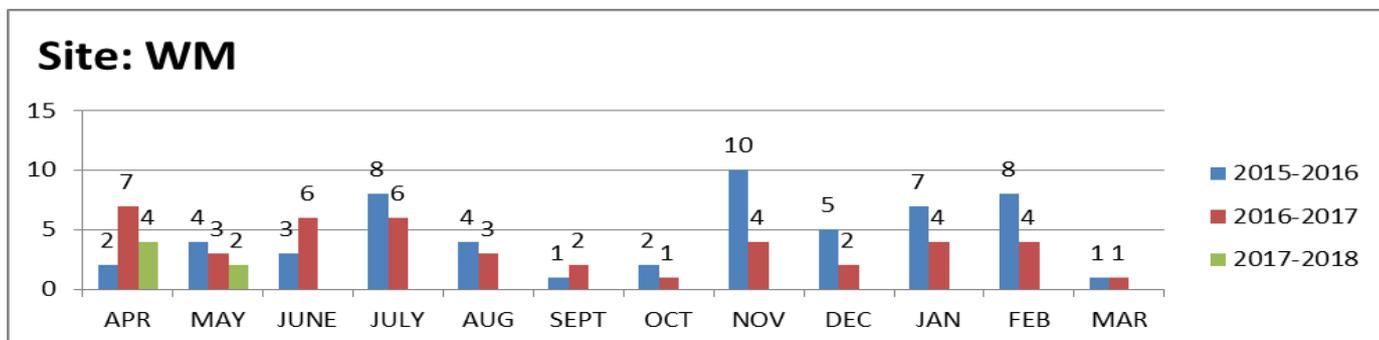
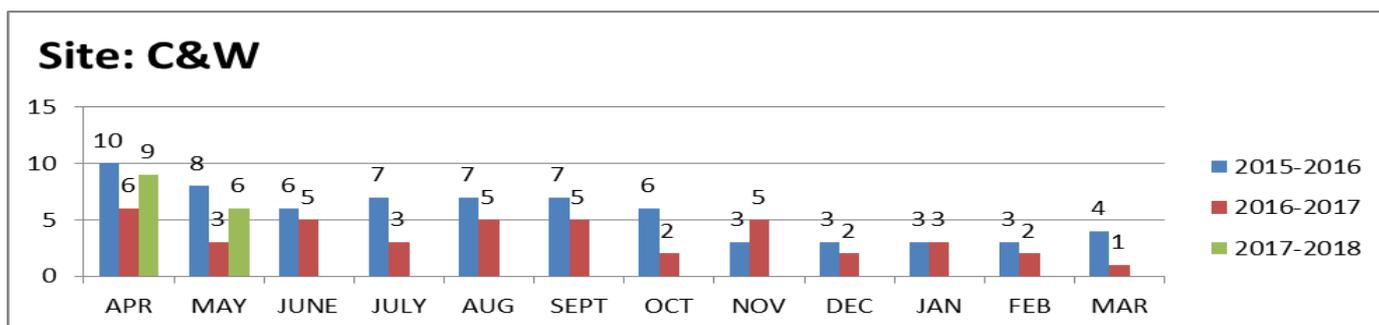


Chart 4 Incidents reported 2015/16, 2016/17 & 2017/18 – C&W

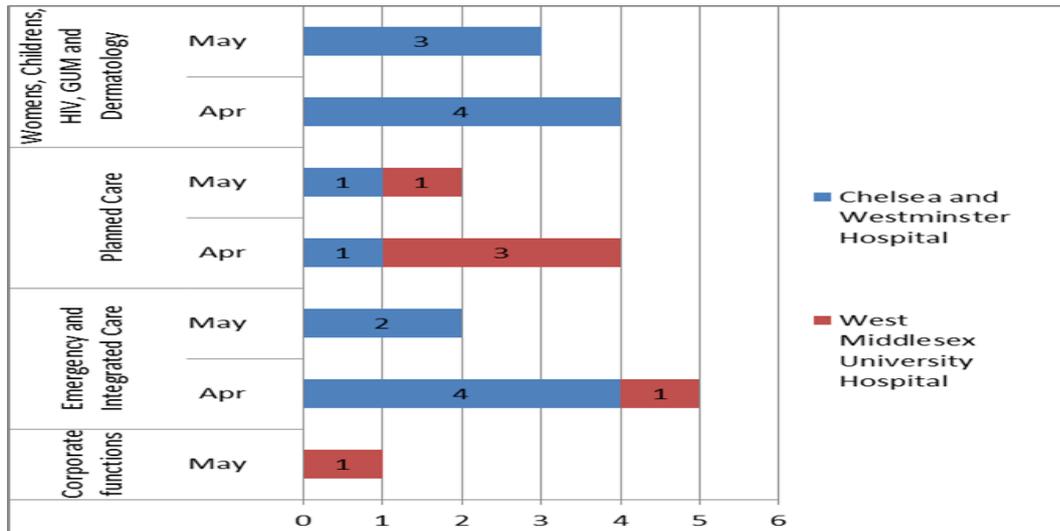


3.1 SIs by Clinical Division and Ward

Chart 5 displays the number of SIs reported by each division, split by site, since 1st April 2017. The number of incidents reported by each division is very similar.

Since April 1st 2017, the Emergency and Integrated Care Division have reported 7 SIs (C&W 6, WM 1). The Women’s, Children’s, HIV, GUM and Dermatology Division have reported 7 SIs (C&W 7, WM 0) and the Planed Care Division have reported 6 SIs (C&W 2, WM 4). In addition there was one reported on the in the corporate division, this was the cyber-attack that affected both sites but for purposes of reporting has been attributed to the WM site.

Chart 5



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

As the year progresses we will, as in previous years, be able to identify trends in reporting.

Chart 6 - WM 2017/2018

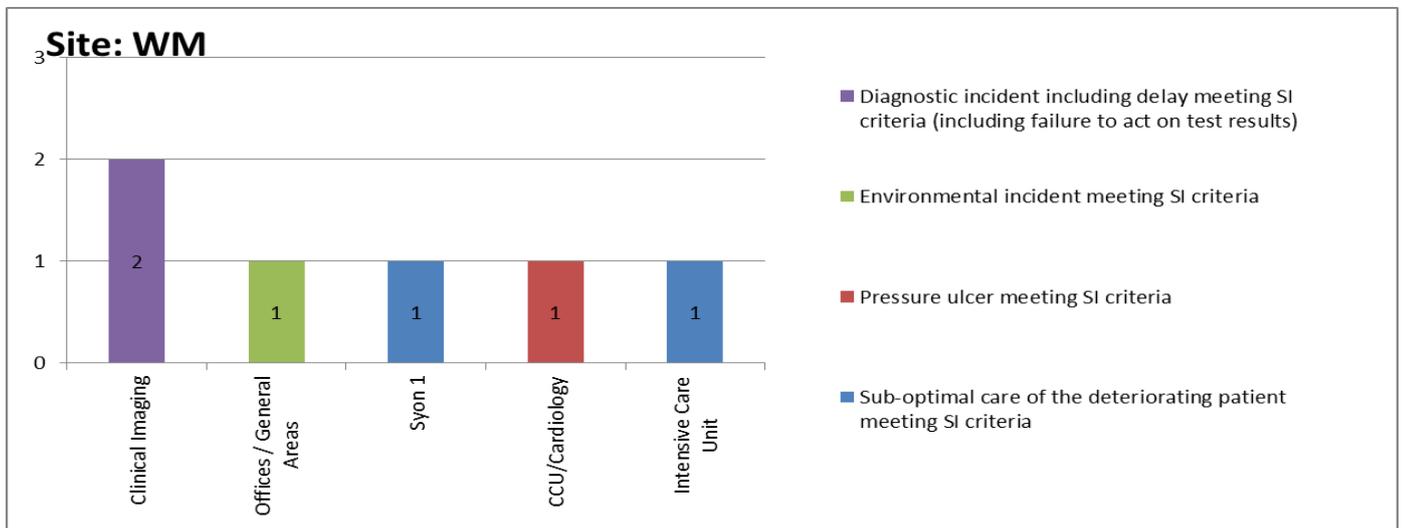
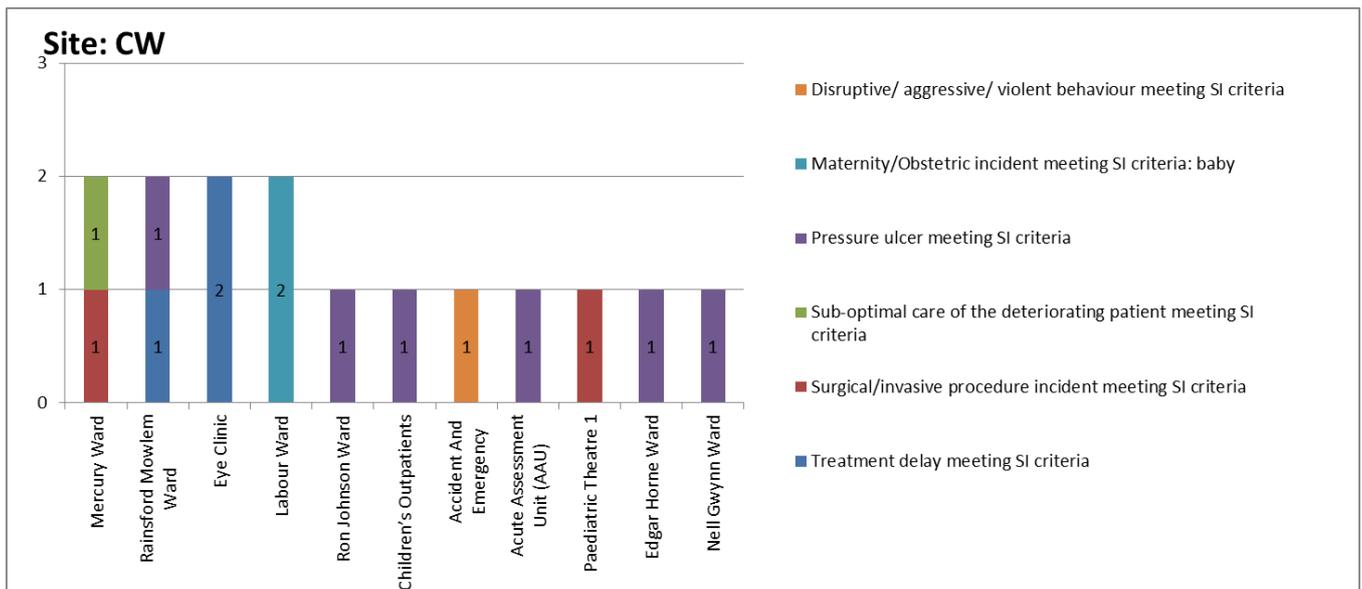


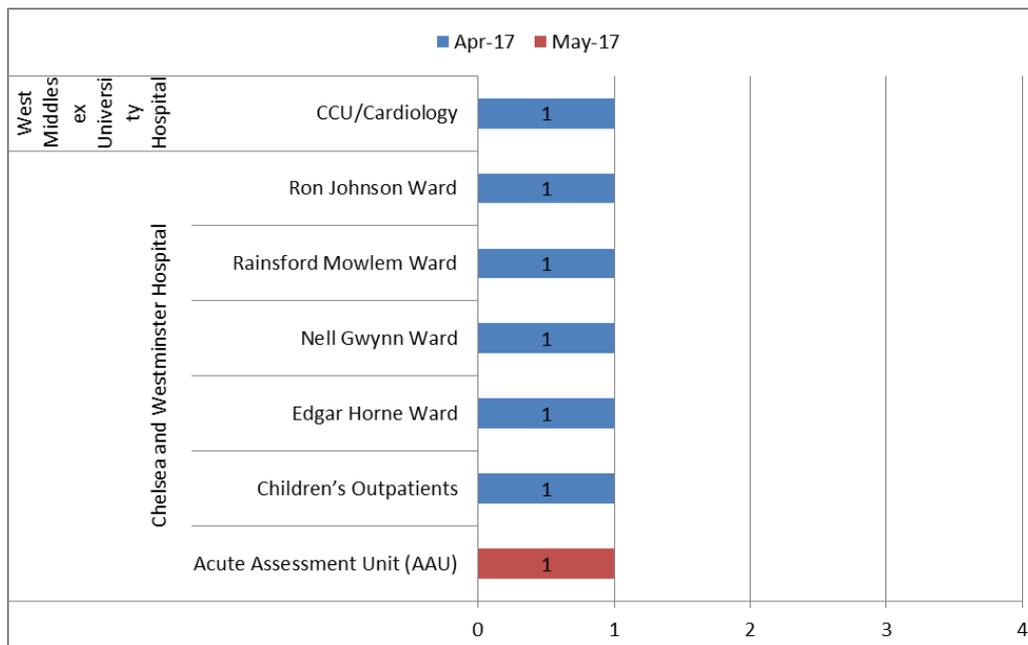
Chart 7 – C&W 2017/2018



3.2 Hospital Acquired Pressure Ulcers

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. The following graphs provide visibility of the volume and areas where pressure ulcers classified as serious incidents are being reported. No one ward is showing a trend higher than another, on either site. The reduction in HAPU remains a priority for both sites and is being monitored by the Trust Wide Pressure Ulcer working group. The YTD position is 7 compared to 6 for the same period last year.

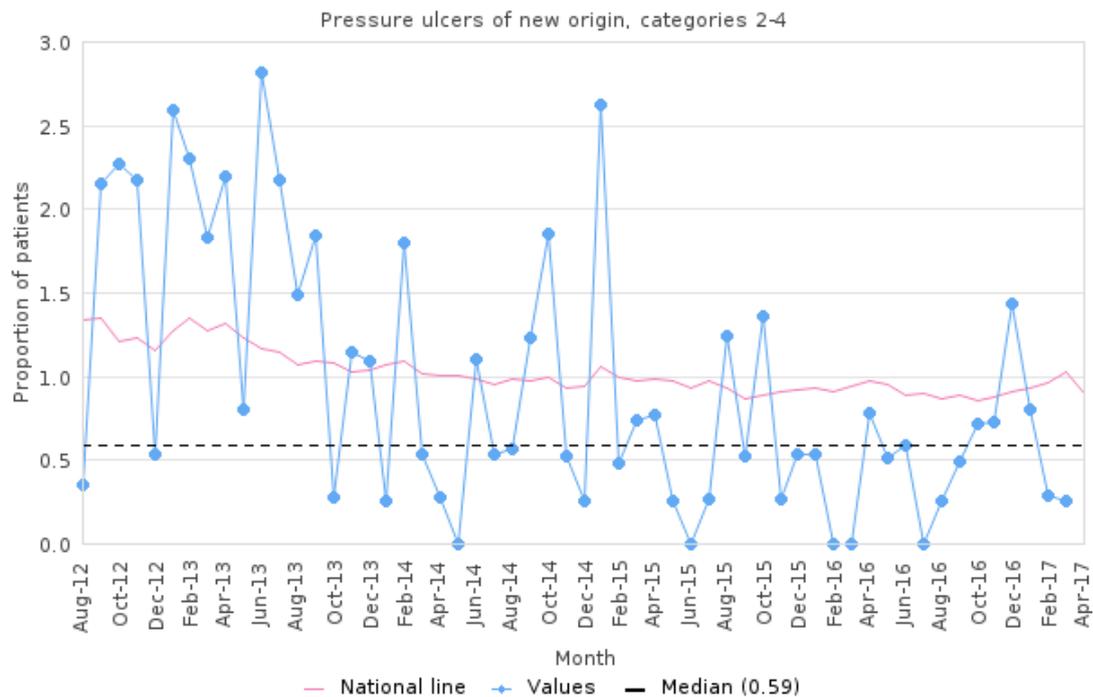
Chart 8 – Pressure Ulcers reported (Apr 2017–March 2018) YTD total = 7



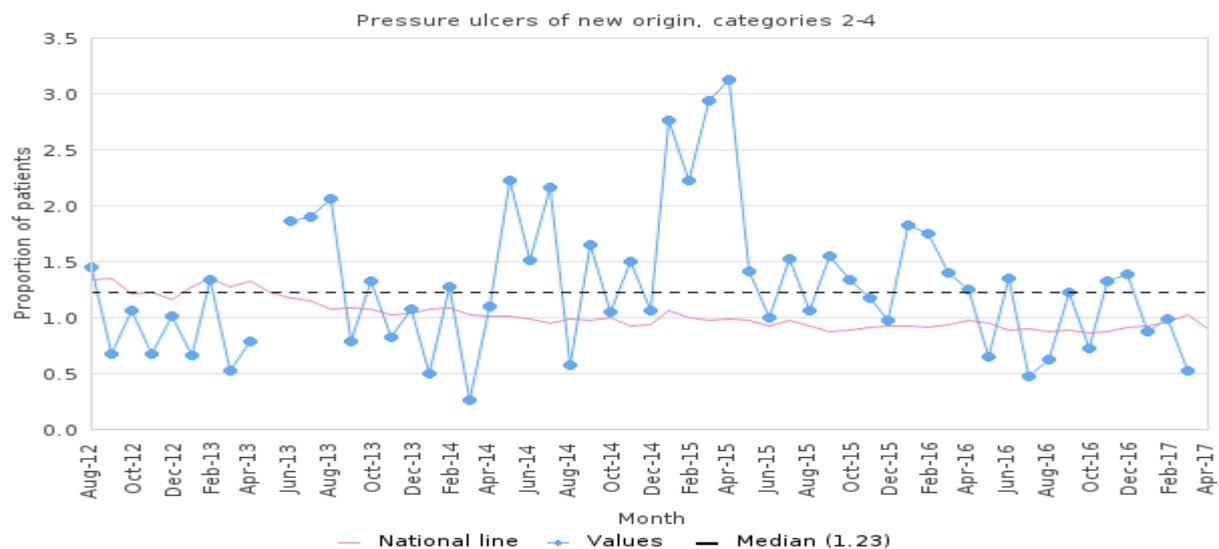
3.2.1 Safety Thermometer Data

The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. This is prevalence data and relates to pressure ulcers acquired whilst in hospital. The red line denotes the national position and the blue line the position for each site. This data is not currently amalgamated. The charts show that the national average is currently around 1%, WM is slightly below the national average and C&W slightly above. At the time of writing this report the data for April and May is not yet published. The reason for this is being investigated.

Graph 1 ST data WM site



Graph 2 ST data C&W site



3.3 Patient Falls

Inpatient Falls are a quality priority for 2017/18 and will therefore be a focus for both C&W and WM sites during 2017/18.

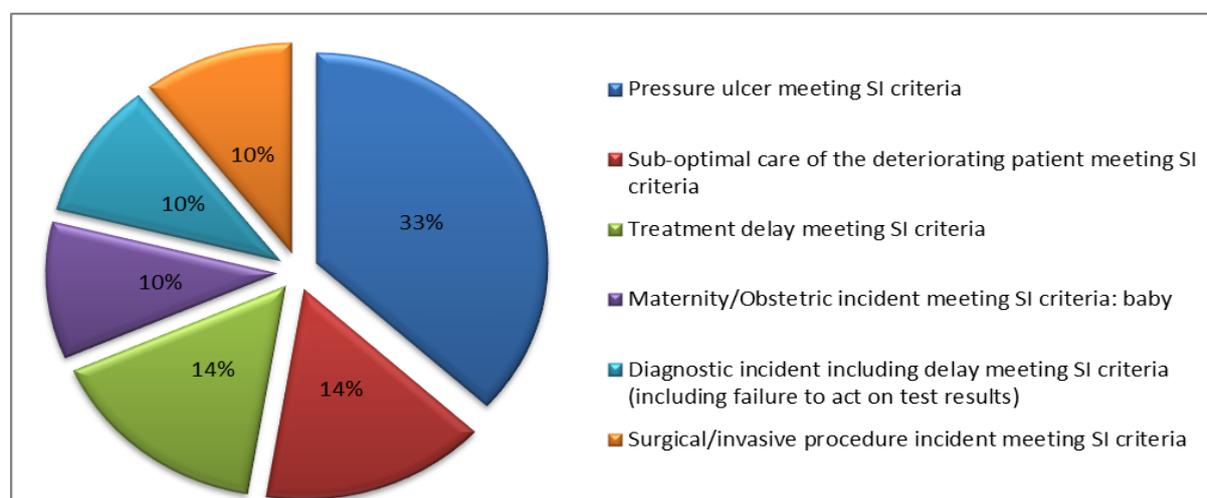
There were 0 reported patient falls meeting the serious incident criteria during May 2017.

3.4 Top 10 reported SI categories

This section provides an overview of the top 10 serious incident categories reported by the Trust. These categories are based on the externally reported category. To date we have reported against eight of the SI categories.

Year to date pressure ulcers continue to be the most commonly reported incident despite the significant reduction last year. Sub-optimal care of the deteriorating patient is second followed by Treatment delay meeting SI criteria.

Chart 9 – Top 10 reported serious incidents (April 2017 – March 2018)



3.5 SIs under investigation

Table 3 provides an overview of the SIs currently under investigation by site (22).

Table 3

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Site	External Deadline
2017/7459	14/03/201	EIC	Apparent/actual/suspected self-inflicted harm meeting SI	CW	14/06/2017
2017/9349	29/03/201	EIC	Pressure ulcer meeting SI criteria	CW	05/07/2017
2017/9013	01/04/201	EIC	Disruptive/ aggressive/ violent behaviour meeting SI criteria	CW	03/07/2017
2017/1017	01/04/201	EIC	Pressure ulcer meeting SI criteria	CW	13/07/2017
2017/9840	02/04/201	EIC	Pressure ulcer meeting SI criteria	WM	11/07/2017
2017/9362	03/04/201	W&C,HG	Surgical/invasive procedure incident meeting SI criteria	CW	05/07/2017
2017/9850	03/04/201	EIC	Pressure ulcer meeting SI criteria	CW	11/07/2017

2017/9399	03/04/201	W&C,HG	Pressure ulcer meeting SI criteria	CW	06/07/2017
2017/1080	11/04/201	PC	Treatment delay meeting SI criteria	CW	20/07/2017
2017/1002	12/04/201	W&C,HG	Pressure ulcer meeting SI criteria	CW	12/07/2017
2017/1059	19/04/201	W&C,HG	Sub-optimal care of the deteriorating patient meeting SI	CW	18/07/2017
2017/1099	26/04/201	PC	Diagnostic incident including delay meeting SI criteria	WM	24/07/2017
2017/1100	26/04/201	PC	Diagnostic incident including delay meeting SI criteria	WM	24/07/2017
2017/1098	26/04/201	PC	Sub-optimal care of the deteriorating patient meeting SI	WM	24/07/2017
2017/1203	25/04/201	EIC	Pressure ulcer meeting SI criteria	CW	02/08/2017
2017/1145	27/04/201	EIC	Treatment delay meeting SI criteria	CW	27/07/2017
2017/1221	29/04/201	W&C,HG	Maternity/Obstetric incident meeting SI criteria: baby	CW	03/08/2017
2017/1146	07/12/201	PC	Treatment delay meeting SI criteria	CW	27/07/2017
2017/1170	29/04/201	PC	Sub-optimal care of the deteriorating patient meeting SI	WM	31/07/2017
2017/1204	08/05/201	W&C,HG	Surgical/invasive procedure incident meeting SI criteria	CW	02/08/2017
2017/1309	30/04/201	CORP	Environmental incident meeting SI criteria	WM	15/08/2017
2017/1265	15/05/201	W&C,HG	Maternity/Obstetric incident meeting SI criteria: baby	CW	09/08/2017

4.0 SI Action Plans

All action plans are recorded on DATIX on submission of the SI investigation reports to CWHHE. This increases visibility of the volume of actions due. The Quality and Clinical Governance team work with the Divisions to highlight the deadlines and in obtaining evidence for closure. The Women's and Children's division have made a significant improvement over the last couple of months.

As is evident from table 4 there are a number of overdue actions across the Divisions. There are 126 actions overdue at the time of writing this report. This is an increase on last month when there were 117. However Women's, Children's, HIV, GUM and Dermatology Division have made significant progress and only have 3 outstanding actions.

Table 4 - SI Actions

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Total
EIC	1	15	9	3	6	11	3	2	9	11	5	16	3	0	1	0	1	1	97
PC	0	0	2	4	0	7	4	0	14	7	10	3	2	0	0	0	0	0	53
W&C,HGD	0	0	0	0	0	0	0	0	1	1	1	3	2	0	0	0	0	2	10
Total	1	15	11	7	6	18	7	2	24	19	16	22	7	0	1	0	1	3	160

Table 4.1 highlights the type of actions that are overdue. Divisions are encouraged to note realistic time scales for completing actions included within SI action plans. Divisions have been asked to focus on providing evidence to enable closure of the actions so an updated position can be provided to the Quality Committee. Evidence of sharing the learning is the largest type of action overdue.

Table 4.1 – Type of actions overdue

Action type	EIC	PC	W&C,HGD	Total
Share learning	23	21		44
Create/amend/review - Policy/Procedure/Protocol	13	5		18
Duty of Candour - Patient/NOK notification	10	7		17
Set up ongoing training	10	3		13
Perform risk assessment	7	2		9
One-off training	5	2	1	8
Create/amend/review - proforma or information sheet	1	6		7
Other action type	3	1	1	5
Audit	2	1		3
Recruitment			1	1
Overhaul existing equipment	1			1
Grand Total	75	48	3	126

5.0 Analysis of categories

Table 5 shows the total number of Serious Incidents for 2015/2016, 2016/2017 and the current position for 2017/18. Tables 6, 7 and 8 provide a breakdown of incident categories the Trust has reported against. For April the total number reported is similar to the two previous years.

The Trust has reported a high number of serious incidents in April compared to the number reported in March.

The increase in reporting can be attributed to the increased reporting of pressure ulcers during the month of April. During April 2017 the trust reported 6 pressure ulcers compared to 0 in March 2017. During April 2016 the trust reported 5 pressure ulcers compared to 1 in March 2016.

Table 5 – Total Incidents

Year	Site	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-2016	WM	2	4	3	8	4	1	2	10	5	7	8	1	55
	CW	10	8	6	7	7	7	6	3	3	3	3	4	67
		12	12	9	15	11	8	8	13	8	10	11	5	122
2016-2017	WM	7	3	6	6	3	2	1	4	2	4	4	1	43
	CW	6	3	5	3	5	5	2	5	2	3	2	1	42
		13	6	11	9	8	7	3	9	4	7	6	2	85
2017-2018	WM	4	2											6
	CW	9	6											15
		13	8											21

Table 6 - Categories 2015/16

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

Table 7 - Categories 2016/17

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YTD
Pressure ulcer meeting SI criteria	5	1	4	4	3	2					2		21
Slips/trips/falls meeting SI criteria	2	1	1	1	1			1	1	3	2		13
Sub-optimal care of the deteriorating patient	1		1	2	2		1	1		2	1		11
Diagnostic incident (including failure to act on test results)	1	1			1	4			1				8
Maternity/Obstetric incident : mother only	2	1						2		1			6
Treatment delay meeting SI criteria		1			1				2	1			5
Surgical/invasive procedure incident	1		1			1		1			1		5
Maternity/Obstetric incident meeting SI criteria: baby			2	1				1				1	5
Abuse/alleged abuse of adult patient by staff		1	1					1					3
Apparent/actual/suspected self-inflicted harm	1						1					1	3
Medication incident				1				1					2
Maternity/Obstetric incident: mother and baby							1						1
Confidential information leak/information governance								1					1
HCAI/Infection control incident			1										1
Grand Total	13	6	11	9	8	7	3	9	4	7	6	2	85

Table 8 - Categories 2017/18

Incident details	A	M	J	J	A	S	O	N	D	J	F	M	YT
Pressure ulcer meeting SI criteria	6	1											7
Treatment delay meeting SI criteria	1	2											3
Sub-optimal care of the deteriorating patient meeting SI	2	1											3
Surgical/invasive procedure incident meeting SI criteria	1	1											2
Diagnostic incident (including failure to act on test results)	2												2
Maternity/Obstetric incident meeting SI criteria: baby		2											2
Environmental incident meeting SI criteria		1											1
Disruptive/ aggressive/ violent behaviour meeting SI criteria	1												1
Grand Total	1	8											21

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised. During 2016/2017 there were 37 less serious incidents reported in comparison to 2015/2016, this can be attributed to the reduction in pressure ulcers and zero SIs reported this year relating to communicable diseases.

The figures within the report do not include the SIs that were reported but have since been de-escalated by the Commissioners. Table 9 shows the number of incidents reported this year that have since been de-escalated (0) and the number of SIs the Trust has requested to be de-escalated (5). The delay in response to the de-escalation requests from 2016 has been escalated to the commissioners.

Table 9 De-escalation requests

De-escalation Status	STEIS No.	Date reported	Incident Type (STEIS Category)	Date SI report submitted	Site
Requested	2016/13086	13/05/2016	Treatment delay meeting SI criteria	27/07/2016	WM
Requested	2016/18460	08/07/2016	Sub-optimal care of the deteriorating patient meeting SI criteria	03/10/2016	CW
Requested	2016/30657	25/11/2016	Abuse/alleged abuse of adult patient by staff	28/03/2017	CW
Requested	2017/919	11/01/2017	Treatment delay meeting SI criteria	05/04/2017	WM
Requested	2017/3419	03/02/2017	Pressure ulcer meeting SI criteria	03/05/2017	CW



Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Jul/17
REPORT NAME	Integrated Performance Report – May 2017
AUTHOR	Robert Hodgkiss, Chief Operating Officer
LEAD	Robert Hodgkiss, Chief Operating Officer
PURPOSE	To report the combined Trust’s performance for May 2017 for both Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	<p>The Integrated Performance Report shows the Trust performance for May 2017.</p> <p>Regulatory performance – Overall performance was 92.1% (CW site 93.7%, WM site 90.6%). Two key factors contributed to the decline from previous months’ improved performance; a further rise in ED attendances of 6.7% compared with May 2016, and second disruption resulting from the ransomware attack which particularly impacted WM site ED performance and led to significant number of breaches.</p> <p>The RTT incomplete target was not achieved in May for the Trust, but improved from the previous month, with a performance of 90.5%. The RTT recovery trajectory indicates that compliance will be achieved by August 2017.</p> <p>There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.</p> <p>Cancer services had a particularly challenging month with a significant deterioration in the 62 Day indicator with a total of 14 breaches. A revised trajectory in recognition of the challenges has been established with in-month compliance expected during Q2 and overall achievement for the year. A key component of this recovery is the implementation of the agreed Urology optimal pathway from 1st July. Urology represented 5.5 of the 14 breaches with tumour site performance of 26.67%. The 2WW indicator was also non-compliant with May receiving the highest number of referrals ever recorded and the operational and clinical teams struggling to provide additional capacity.</p> <p>There were three reported CDiff infections in May at WMUH. Three specific actions have been identified to recover the position.</p> <p>Both sites have achieved all other regulatory performance indicators.</p> <p>Access There were 154 breaches in May resulting in a 97.81% diagnostic waiting time and</p>

	whilst not compliant, is an improvement from the previous month. Capacity issues are being addressed to aid the recovery of this position by July 2017.
KEY RISKS ASSOCIATED:	There are continued risks to the achievement of a number of compliance indicators, including A&E performance, RTT incomplete waiting times, and cancer 62 days waits.
FINANCIAL IMPLICATIONS	The Year-to-Date adjusted surplus stands at £283k above plan with a cash balance of £4.68m more than plan
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 May2017 and to note that whilst a number of indicators were not delivered in the month, the overall YTD compliance remained good.

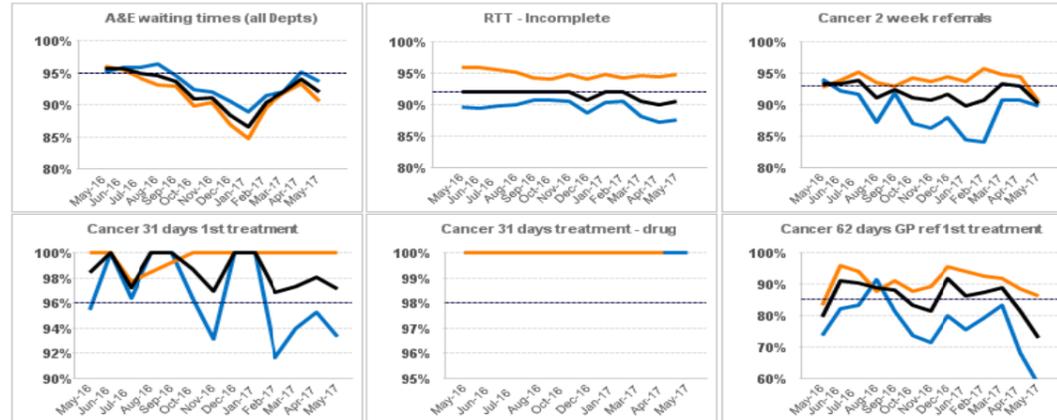


TRUST PERFORMANCE & QUALITY REPORT

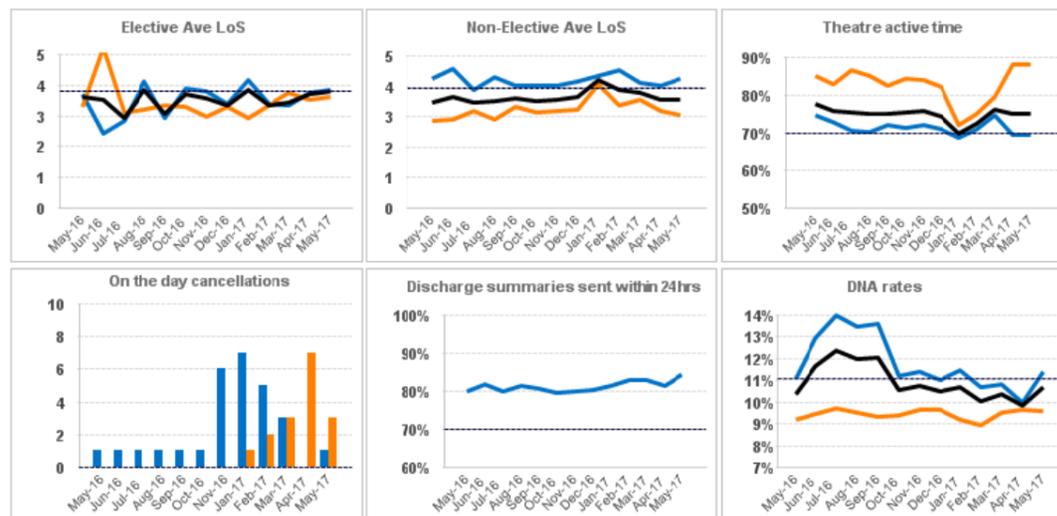
May 2017



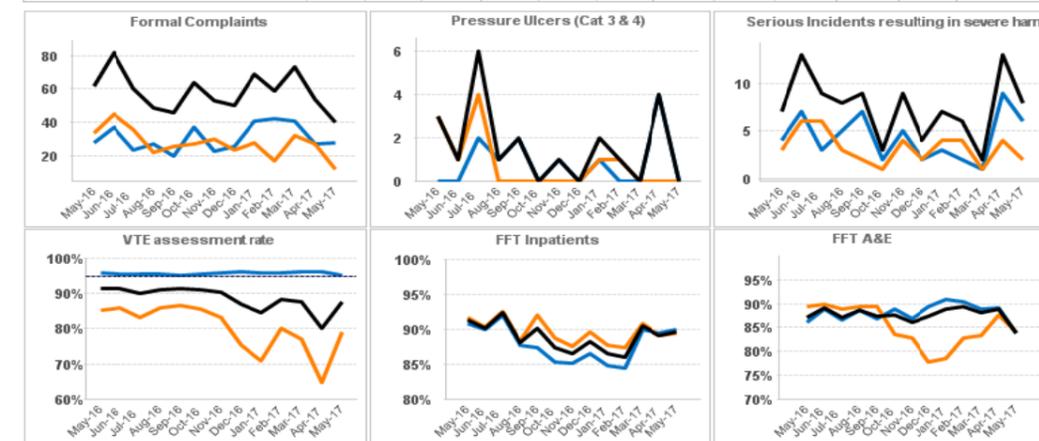
Regulatory Compliance												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	92.1	95.0	93.7	91.8	93.3	90.6	92.0	94.1	92.1	93.0	93.0	
RTT - Incomplete (Target: >92%)	88.2	87.2	87.6	94.6	94.4	94.8	90.6	90.0	90.5	90.2	90.2	
Cancer 2 week urgent referrals (Target: >93%)	90.8	90.8	89.8	94.9	94.4	90.6	93.3	93.0	90.2	91.5	91.5	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	94.5	89.1	90.4	94.5	89.1	90.4	89.9	89.9	
Cancer 31 days first treatment (Target: >96%)	93.9	95.2	93.3	100	100	100	97.3	98.0	97.1	97.5	97.5	
Cancer 31 days treatment - Drug (Target: >98%)	100	n/a	100	100	100	n/a	100	100	100	100.0	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	50.0	100	100	100	100	100	81.8	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	83.3	68.2	50.0	91.8	88.4	86.2	89.0	81.5	72.8	76.2	76.2	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	100.0	
Clostridium difficile infections (Targets: CVV: 7, VM: 9, Combined: 16)	0	0	0	1	1	3	1	1	3	4	4	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp							



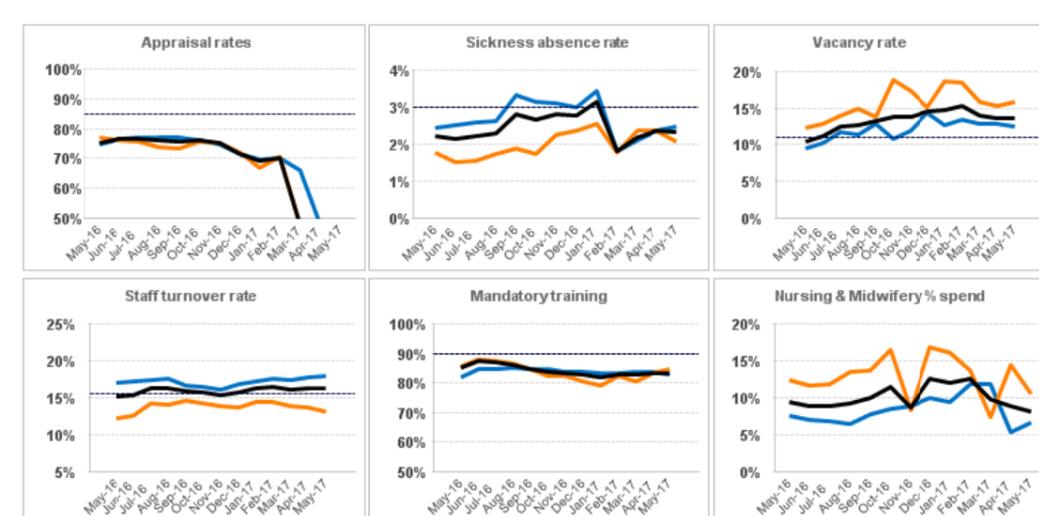
Efficiency												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.3	3.8	3.9	3.8	3.6	3.6	3.5	3.7	3.8	3.8	3.8	
Non-Elective average LoS (Target: <3.95)	4.1	4.0	4.3	3.5	3.2	3.1	3.8	3.6	3.6	3.6	3.6	
Theatre active time (Target: >70%)	74.6	69.3	69.4	79.6	88.1	88.2	76.2	75.0	75.0	75.0	75.0	
Discharge summaries sent within 24 hours (Target: >70%)	82.8	81.6	84.4	dev	dev	dev	82.8	81.6	84.4	83.2	83.2	
Outpatient DNA rates (Target: <11.1%)	10.8	10.0	11.4	9.5	9.6	9.6	10.4	9.8	10.7	10.3	10.3	
On the day cancelled operations not re-booked within 28 days (Target: 0)	3	0	1	3	7	3	6	7	4	11	11	



Quality												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	96.0	95.8	96.4	98.4	96.3	89.7	96.7	96.0	94.1	95.0	95.0	
Pressure Ulcers (Cat 3 & 4)	0	4	0	0	0	0	0	4	0	4	4	
VTE assessment % (Target: >=95%)	96.4	96.1	95.4	77.1	64.6	79.2	87.5	80.3	87.6	84.3	84.3	
Formal complaints number received	41	27	28	32	27	12	73	54	40	94	94	
Formal complaints responded to <25days	15	11	5	12	5	3	27	16	8	24	24	
Serious Incidents	1	9	6	1	4	2	2	13	8	21	21	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	
FFT - Inpatients recommend % (Target: >90%)	89.9	89.4	90.0	90.9	89.1	89.6	90.5	89.2	89.7	89.5	89.5	
FFT - A&E recommend % (Target: >90%)	89.0	89.1	83.8	83.4	87.7	84.2	88.1	88.9	83.9	86.3	86.3	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	0	



Workforce												
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Mar-17	Apr-17	May-17	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	65.9	8.6	13.0	2.3	11.4	2.1	4.1	9.6	2.4	2.7	2.7	
Sickness absence rate (Target: <3%)	2.11	2.35	2.46	2.36	2.35	2.09	2.19	2.35	2.34	2.35	2.35	
Vacancy rates (Target: CW< 2%; WM<10%)	12.9	12.9	12.6	16.0	15.2	15.9	14.0	13.7	13.7	13.7	13.7	
Turnover rate (Target: CW< 8%; WM<11.5%)	17.4	17.8	18.0	13.8	13.6	13.2	16.2	16.4	16.3	16.3	16.3	
Mandatory training (Target: >90%)	83.9	83.6	82.9	80.4	83.2	84.6	82.7	83.5	83.5	83.5	83.5	
Bank and Agency spend (£ks)	£3,488	£2,482	£2,165	£1,997	£2,271	£2,347	£5,486	£4,753	£4,512	£9,265	£9,265	
Nursing & Midwifery: Agency % spend of total pay (*target: tbc)	11.9	5.3	6.6	7.4	14.5	10.6	9.8	8.9	8.1	8.5	8.5	





NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	92.1%	95.0%	93.7%	94.3%	91.8%	93.3%	90.6%	91.9%	92.0%	94.1%	92.1%	93.0%	93.0%		!
RTT	18 weeks RTT - Admitted (Target: >90%)	75.5%	65.5%	62.8%	63.9%	80.9%	81.7%	84.9%	83.5%	78.6%	75.1%	75.2%	75.2%	75.2%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	93.6%	92.7%	93.1%	92.9%	93.4%	92.6%	93.8%	93.3%	93.5%	92.7%	93.3%	93.1%	93.1%		!
	18 weeks RTT - Incomplete (Target: >92%)	88.2%	87.2%	87.6%	87.4%	94.6%	94.4%	94.8%	94.6%	90.6%	90.0%	90.5%	90.2%	90.2%		!
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (May-17) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	90.8%	90.8%	89.8%	90.2%	94.9%	94.4%	90.6%	92.4%	93.3%	93.0%	90.2%	91.5%	91.5%		!
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	94.5%	89.1%	90.4%	89.9%	94.5%	89.1%	90.4%	89.9%	89.9%		-
	31 days diagnosis to first treatment (Target: >96%)	93.9%	95.2%	93.3%	94.1%	100%	100%	100%	100%	97.3%	98.0%	97.1%	97.5%	97.5%		!
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	100%	100%	100%	100%	n/a	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	50.0%	100%	100%	100%	100%	100%	100%	100%	81.8%	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%)	83.3%	68.2%	50.0%	56.7%	91.8%	88.4%	86.2%	87.0%	89.0%	81.5%	72.8%	76.2%	76.2%		!
62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%		-	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	0	1	1	3	4	1	1	3	4	4		!
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant		-
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-

Please note the following three items

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

Trust commentary

A&E 4 hours waiting time

Both hospitals showed a drop in performance from the previous month, and this remained insufficient to achieve the 95% target.

Overall performance was 92.1% (CW site 93.7%, WM site 90.6%). Two key factors led to this: a further rise in ED attendances of 6.7% compared with May 2016, and second disruption resulting from the ransomware attack which particularly impacted WM site ED performance.

As described previously, indications remain that the key actions to recover performance are achieving increasing effect and that further progress on schemes to reduce length of stay on both sites. Early indications for June are that performance is improving further and this work is being monitored in detail by the by the A&E Delivery Board. To improve further, we have invited NHSI and ECIP to undertake a two day improvement visit to both hospitals in early July, and the Acute Medicine operational team has been strengthened with the addition of a General Manager joining from Epsom and St Helier Hospital – a strong performing London Acute FT

Clostridium difficile infections

Three cases of *Clostridium difficile* infection (CDI) were identified at the WMUH. Because these patients were on prolonged courses of antibiotic which increased their susceptibility to CDI, it has been recognised that antimicrobial stewardship could be improved. Therefore the actions taken are set out below:

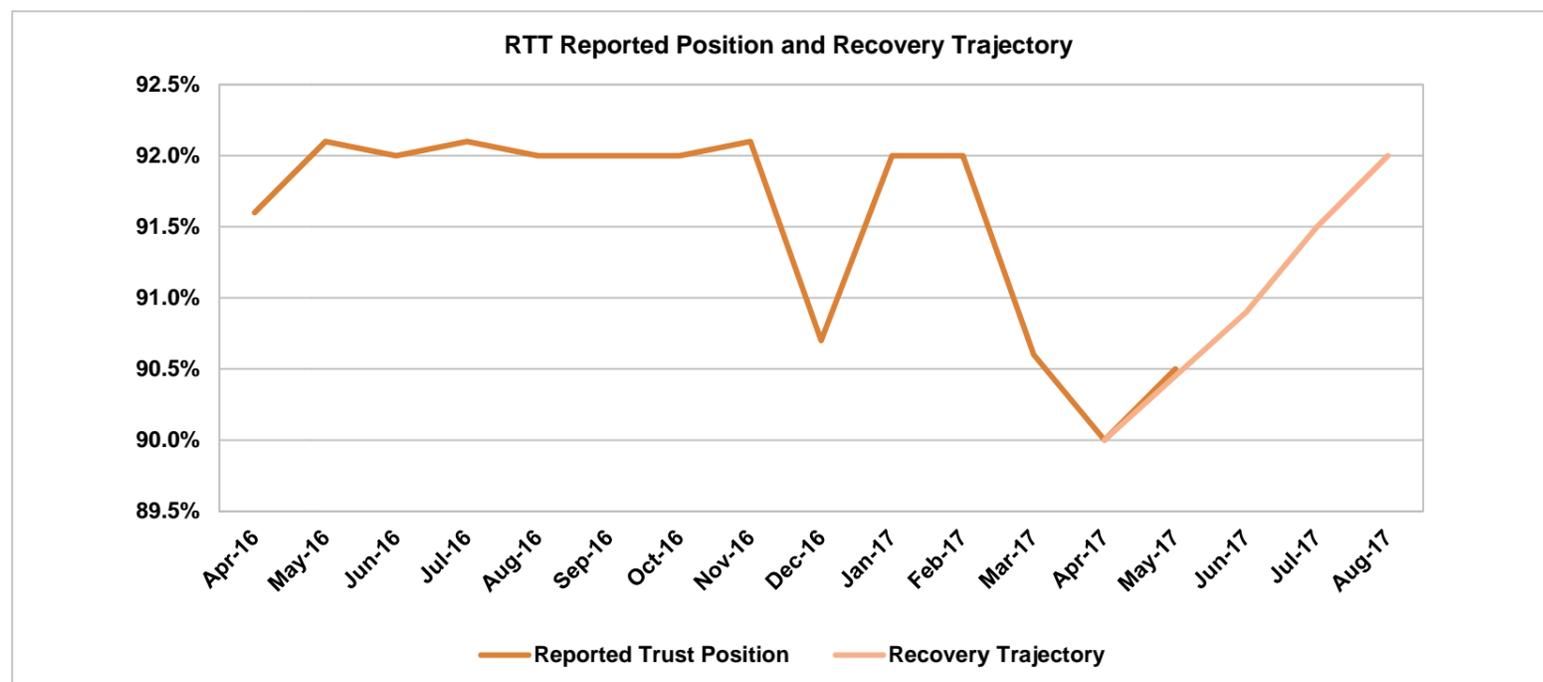
- A CDI checklist was introduced at WMUH on 3rd June. This means that the Trust policy for this has been harmonised across the organisation. There are plans to add this document to ICE for to aid compliance.
- Weekly antimicrobial stewardship rounds.
- To review the antimicrobial guidelines at COE to optimise the use of IV Co-amoxiclav



Trust commentary continued

18 weeks RTT – Incomplete pathways

The May RTT reported trust position is below the national expected target of 92%. WM Site reported a compliant position at 94.77% and this follows a consistent trend. CW site reported an improved position at 87.64% but remains non-compliant. The trajectory below indicates compliance will be regained by August 2017.



As referenced in last month’s commentary the administration function on the CW site has had an impact on the way patients are booked in line with the Trust Access Policy and this is being addressed. The recovery is based around introducing new controls and measuring these on a daily basis to ensure the correct patients are booked into capacity and the trust elective access policy is adhered to. Whilst reviewing capacity and increasing where possible to reduce the backlog and reduce the number of patients being added. There continue to be no reportable patients waiting over 52 weeks to be treated on either site and this is expected to continue.

Whilst we are still reporting a non-compliant position at Trust level, there has been an improvement compared to the previous 2 month’s performance. An additional compounding factor preventing quicker recovery is the significant increase in referrals in both 2WW Cancer (21% increase) and Elective pathways (3% increase) which require additional capacity.

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

The numbers received by the trust continues to rise with referrals in May 2017 36% higher than those received by the trust in May 2016. The 2WW target continues to be challenged with May performance on both sites poor and a notable increase in breaches for colorectal and Skin. Although many are down to patient choice / cancellation, across all tumour sites less than 15% of patients are being booked within the first week. In May skin was particularly challenged due to unexpected consultant absence. Straight to Test for LGI at WM (an enhancement in the patient pathway) also commenced in May with some initial issues which have now been resolved.

2 weeks from referral to first appointment all Breast symptomatic referral

Breast Symptomatic has 12 breaches, 11 of which were patient cancellations however capacity within breast is challenged with all but 5% being booked into the second week. Capacity has been reviewed alongside the clinicians with additional being created in June.

Cancer - 31 days diagnosis to first treatment

2 patients were not treated within 31days of decision to treat. At the Chelsea site one of the breaches was for Skin where a scheduling error with Plastics failed to book the patient within breach with the other being Urology where surgery was originally scheduled within time but cancelled on the day due to PACs issues during Cyber Attack

Cancer - 62 days GP referral to first treatment

May’s performance has seen an increase in the number of breaches, particularly on the Chelsea site and specifically for Urology with only 1 patient treated within 62 days. There have been 14 breaches in the month, 4.5 related to complex diagnostics pathways, 2 were complex comorbidities and 2 related to patient initiated delays. A revised trajectory in recognition of the challenges has been established with in-month compliance expected during Q2 and overall achievement for the year.. A key component of this is the agreed Urology optimal pathway from 1st July. Proposals for targeted actions to improve performance have been submitted to the CCG for potential funding, including tumour site specific pathway navigators to ensure patients progress though diagnostics as outlined in the optimal pathway. Weekly Cancer PTL has improved attendance and more robust actions and Cancer Access meeting has been moved to weekly to improve senior oversight.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	1	0	0	0	1	0	0	0	0		-
	Hand hygiene compliance (Target: >90%)	96.0%	95.8%	96.4%	96.1%	98.4%	96.3%	89.7%	93.0%	96.7%	96.0%	94.1%	95.0%	95.0%		-
Incidents	Number of serious incidents	1	9	6	15	1	4	2	6	2	13	8	21	21		-
	Incident reporting rate per 100 admissions (Target: >8.5)	6.7	8.0	6.4	7.1	8.8	9.1	9.0	9.0	7.6	8.5	7.6	8.0	8.0		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.01	0.02	0.03	0.04	0.00	0.14	0.00	0.07	0.01	0.07	0.02	0.04	0.04		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	357.87	382.12	488.55	439.22	269.64	201.68	164.47	182.37	314.85	294.34	336.57	316.64	316.64		!
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	9.4%	20.0%	4.1%	10.5%	15.8%	28.0%	13.6%	21.3%	12.1%	22.7%	6.3%	13.5%	13.5%		!
	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	95.3%	91.5%	98.5%	93.7%	95.8%	94.0%	95.7%	94.6%	95.6%	92.9%	96.8%	94.2%	94.2%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	4	0	4	0	0	0	0	0	4	0	4	4		-
	NEVS compliance %	95.7%	96.7%	97.6%	97.2%	96.2%	99.2%	101.7%	100.5%	95.8%	97.4%	98.6%	98.0%	98.0%		-
	Safeguarding adults - number of referrals	23	23	19	42	34	23	23	46	57	46	42	88	88		-
	Safeguarding children - number of referrals	31	25	24	49	132	109	98	207	163	134	122	256	256		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4	86.4		-
	Number of hospital deaths - Adult	32	32	25	57	63	57	52	109	95	89	77	166	166		-
	Number of hospital deaths - Paediatric	1	1	1	2	0	0	0	0	1	1	1	2	2		-
	Number of hospital deaths - Neonatal	1	2	1	3	0	3	0	3	1	5	1	6	6		-
	Number of deaths in A&E - Adult	2	1	1	2	5	2	4	6	7	3	5	8	8		-
	Number of deaths in A&E - Paediatric	0	0	0	0	1	0	0	0	1	0	0	0	0		-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0		-

Please note the following: blank cell: An empty cell denotes those indicators currently under development. !: Either Site or Trust overall performance red in each of the past three months

Trust commentary

Number of serious incidents

8 Serious Incidents were reported in May 2017; 6 at CWH and 2 at WMUH. Table 2 within the SI Report prepared for the Board reflects the number of incidents, by category reported on each site during the month.

Incident reporting rate per 100 admissions

Of the 1009 patient safety incidents reported, 478 relate to incidents occurring on the CWH site, 519 on WMUH site, 13 in Community clinics.

Rate of patient safety incidents resulting in severe harm or death

1 incident resulted in a patient death within the paediatric theatre. A further 3 incidents resulted in severe harm relating to maternity, ophthalmology and a patient undergoing treatment within the ITU. Comprehensive investigations are currently underway relating to all 4 of these incidents, which are also referred to within the SI Report prepared for the Board.



Trust commentary

Medication-related safety incidents

WMUH site medication related safety incident reporting rate is below target. The pharmacy team are working with teams to encourage 'low' and 'no harm' incident reporting.

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

The combined Trust reporting rate for May is 316/100,000 FCE bed days, which is better than the Trust target and the latest benchmarks published on the Carter dashboard; National Median 286 and Peer Median 279 (March 2016 data).

Chelsea site achieved 489/100,000 FCE bed days, the West Middlesex site was below target at 164.

Medication-related (reported) safety incidents % with harm

The Trust % of medication related safety incidents with-harm for May was 13.5% which is just above the Trust target of $\leq 12\%$, worse than the latest Carter National Benchmark (9.7%) and that of the Peer Median (8.2%) (March 2016 data).

Out of 6 reported incidents with-harm (3 at each site), one was moderate-harm (WMUH site) and 5 were low-harm.

Antimicrobials and controlled drugs (CDs) are the most common groups of drugs associated with incidents.

The majority of CD incidents are due to documentation issues and do not cause patient harm. The Medication Safety Group continues to monitor and act upon incident trends, to promote reporting of no - harm and near - miss incidents and work to improve safety culture as well. For 2017-18, the Patient Safety Group has asked for the target for this indicator to be $\leq 9.7\%$ in line with the national benchmarks.

Never Events

There were no Never Events reported in May

Incidence of newly acquired category 3 & 4 pressure ulcers

Preventing Hospital Acquired Pressure Ulcers remain high priority for both C&W and WM sites.

One (1) patient sustained a pressure ulcer whilst receiving care via a small face mask. This is being investigated in order to identify and introduce further preventative measures.

Safeguarding Adults – number of referrals

The number of referrals remains at a consistent level across both main acute sites



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	89.9%	89.4%	90.0%	89.7%	90.9%	89.1%	89.6%	89.4%	90.5%	89.2%	89.7%	89.5%	89.5%		!
	FFT: Inpatient not recommend % (Target: <10%)	4.3%	5.5%	4.3%	4.9%	4.4%	6.1%	5.5%	5.8%	4.3%	5.9%	5.1%	5.4%	5.4%		-
	FFT: Inpatient response rate (Target: >30%)	33.3%	33.3%	35.6%	34.5%	31.2%	30.5%	38.9%	34.9%	32.0%	31.5%	37.7%	34.7%	34.7%		-
	FFT: A&E recommend % (Target: >90%)	89.0%	89.1%	83.8%	86.4%	83.4%	87.7%	84.2%	85.9%	88.1%	88.9%	83.9%	86.3%	86.3%		!
	FFT: A&E not recommend % (Target: <10%)	5.5%	5.0%	5.5%	5.2%	9.4%	7.3%	10.4%	8.9%	6.1%	5.4%	6.4%	5.9%	5.9%		-
	FFT: A&E response rate (Target: >30%)	14.9%	16.2%	19.8%	17.8%	14.7%	13.7%	14.2%	14.0%	14.9%	15.7%	18.4%	17.0%	17.0%		!
	FFT: Maternity recommend % (Target: >90%)	93.4%	92.5%	89.8%	91.2%	98.2%	95.1%	93.8%	94.3%	94.3%	93.0%	90.9%	92.0%	92.0%		-
	FFT: Maternity not recommend % (Target: <10%)	3.9%	4.9%	7.8%	6.2%	0.0%	1.6%	5.2%	3.8%	3.2%	4.3%	7.0%	5.7%	5.7%		-
	FFT: Maternity response rate (Target: >30%)	20.2%	20.5%	22.8%	21.5%	14.2%	15.3%	21.1%	18.4%	18.8%	19.2%	22.3%	20.7%	20.7%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints formal: Number of complaints received	41	27	28	55	32	27	12	39	73	54	40	94	94		-
	Complaints formal: Number responded to < 25 days	15	11	4	15	12	5	3	8	27	16	7	23	23		-
	Complaints (informal) through PALS	140	105	62	167	56	31	42	73	196	136	104	240	240		-
	Complaints sent through to the Ombudsman	0	0	0	0	2	0	0	0	2	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	2	0	1	1	2	0	1	1	1		-

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

Trust commentary

FFT – new electronic devices are being rolled out across the Trust to enable timely collection of feedback prior to patients leaving the premises. Inpatient response rates have exceeded the target with the highest return achieved in May 37.7%. For recommendation rates CW site achieved the target & WM site made some improvement. There is a focus in all clinical areas on FFT figures but also the qualitative commentary which sits alongside this so that we are responding to concerns. The new ward quality boards have a section for FFT & this was also part of the mock CQC inspections.

A & E continue to struggle with response rates but the electronic devices should help with this. This month there was a sudden jump in the not recommends for WM site although we have received very positive feedback through NHS choices & social media. The information provided by FFT is being interrogated for learning & changes required.

Maternity also continue to struggle with response rates although these have increased at WM site. The recommendation rate for CW site has dropped & as above is being interrogated for learning & improvement.

Formal complaints received have dropped this month. The low number of responses within 25 days are due to the focus on clearing our backlog of complaints. We recognise that this has caused a slip in current complaints which will be rectified. There is a changing process within complaints to have more of a divisional focus with alignment of the complaints teams to the divisions.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.34	3.77	3.87	3.83	3.78	3.55	3.63	3.59	3.46	3.71	3.81	3.76	3.76		-
	Average length of stay - non-elective (Target: <3.9)	4.13	4.03	4.26	4.15	3.55	3.20	3.07	3.13	3.80	3.55	3.57	3.56	3.56		!
	Emergency care pathway - average LoS (Target: <4.5)	5.06	5.25	5.51	5.39	4.36	4.00	3.75	3.87	4.65	4.47	4.45	4.46	4.46		!
	Emergency care pathway - discharges	230	200	233	433	328	326	351	678	558	526	585	1111	1111		-
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.70%	4.39%	3.22%	3.75%	8.50%	9.90%	9.77%	9.83%	5.79%	7.00%	6.16%	6.54%	6.54%		!
	Non-elective long-stayers	465	384	438	822	575	563	625	1188	1040	947	1063	2010	2010		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	83.8%	86.1%	86.4%	86.3%	88.3%	89.3%	89.2%	89.3%	85.6%	87.5%	87.5%	87.5%	87.5%		-
	Operations canc on the day for non-clinical reasons: actuals	23	19	25	44	3	6	6	12	26	25	31	56	56		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	3	0	1	1	3	7	3	10	6	7	4	11	11		!
	Theatre active time (C&W Target: >70%; WM Target: >78%)	74.6%	69.3%	69.4%	69.3%	79.6%	88.1%	88.2%	88.1%	76.2%	75.0%	75.0%	75.0%	75.0%		-
	Theatre booking conversion rates (Target: >80%)	83.2%	85.5%	84.3%	84.8%	49.5%	50.7%	56.6%	53.5%	72.8%	73.0%	76.7%	75.0%	75.0%		!
	First to follow-up ratio (Target: <1.5)	1.57	1.56	1.53	1.54	1.21	1.27	1.26	1.26	1.29	1.34	1.33	1.33	1.33		!
Outpatients	Average wait to first outpatient attendance (Target: <6 wks)	7.8	7.5	7.7	7.6	6.1	6.5	10.9	8.9	7.0	7.0	9.3	8.3	8.3		!
	DNA rate: first appointment	12.5%	10.7%	13.1%	12.0%	9.7%	10.3%	9.8%	10.0%	11.1%	10.5%	11.5%	11.0%	11.0%		-
	DNA rate: follow-up appointment	10.2%	9.7%	10.8%	10.3%	9.4%	9.2%	9.4%	9.3%	10.0%	9.5%	10.3%	10.0%	10.0%		-
	Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

Trust commentary

Non-Elective LoS

This showed a very slight drop on CW site and a largely steady figure for WM site resulting in an overall modest improvement. Linked to both A&E improvement trajectory and the Acute Frailty work, a further improvement work stream is underway via the 2017/18 length of stay and NEL schemes which aim to deliver significant reductions in LOS and lower readmissions to both hospitals; the major focus being a significantly enhanced service for the frail elderly patients. These efforts are being tracked by the NWL system-wide A&E Delivery Board and at a more local level by the new Acute Frailty strategy group

Emergency re-admissions within 30 days

A significant improvement on both sites, but with a significant differential between both hospitals with this the focus of the on-going EMIC divisional improvement work stream through April-June 2017. Detailed data to support the NEL growth and Frailty agenda, shows that there is a significant dividend in terms of readmission rate reductions when the frailty improvement pilots are developed in a more wide scale manner

Delayed transfers of care affected patients

This metric and 'long-stayers' have been subject to a deep dive in support of the LOS and acute frailty work. One initiative in place is provision of an enhanced discharge team. This is being supported via additional CCG funding for immediate roll out which will allow an expanded team of discharge coordinators to support the wards from mid-2017.



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	80.6%	92.7%	93.6%	93.2%	92.0%	90.8%	93.6%	92.3%	86.8%	91.7%	93.6%	92.7%	92.7%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	87.5%	75.0%	100.0%	89.3%	65.0%	86.7%	84.6%	85.7%	71.4%	81.5%	93.1%	87.5%	87.5%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		-
VTE	VTE: Hospital-acquired (Target: tbc)					0	0	0	0	0	0	0	0	0		-
	VTE risk assessment (Target: >95%)	96.4%	96.1%	95.4%	95.7%	77.1%	64.6%	79.2%	72.4%	87.5%	80.3%	87.6%	84.3%	84.3%		!
TB	TB: Number of active cases identified and notified	3	6	0	6	8	2	4	6	11	8	4	12	12		-
	TB: % of treatments completed within 12 months (Target: >85%)															-

Please note the following

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Trust commentary

VTE Hospital-acquired

C&W Site: Root cause analysis performed on hospital associated VTE events.

WMUH site: Further work now started to ensure RCA are undertaken post event, pending information/radiology teams to identify hospital associated VTE events linked to admission episodes.

VTE Risk assessments completed

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

WMUH site:

Developers of RealTime (West Middlesex reporting module) to implement changes to VTE risk assessment form.

Operational leads reviewing RealTime access in ED to provide access for VTE risk assessment completion, and improve performance for when patients are admitted.



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	95.83%	95.72%	95.96%	95.83%	98.08%	98.78%	98.96%	98.89%	96.88%	97.20%	97.81%	97.53%	97.53%		!
	Diagnostic waiting times >6 weeks: breach actuals	114	131	109	240	46	35	45	80	160	166	154	320	320		!
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.6%	7.9%	8.0%	8.0%	8.2%	8.9%	8.5%	8.6%	7.8%	8.2%	8.2%	8.2%	8.2%		!
	A&E time to treatment - Median (Target: <60')	01:12	01:04	01:08	01:06	00:27	00:46	00:44	00:45	01:00	01:01	01:02	01:02	01:02		!
	London Ambulance Service - patient handover 30' breaches	24	17	39	56	54	57	64	121	78	74	103	177	177		-
	London Ambulance Service - patient handover 60' breaches	2	0	0	0	1	0	0	0	3	0	0	0	0		-
Choose and Book (available to Apr-17 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1232	1049	998.8	1022	0	0	0	0	1232	1049	998.8	1022	1022		-
	Choose and book: capacity issue rate (ASI)	45.0%								45.0%						-
	Choose and book: system issue rate															-

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

Trust commentary

Diagnostic waiting times

Although non-compliant in May, there has been an improvement in the number of breaches for Endoscopy on the Chelsea site May following the implementation of a recovery plan.

However, the diagnostic RTT performance in Cardiology remains challenging despite cross site support, due to increased demand and resource imbalance. To fix this shortfall, additional weekend clinics are being scoped, while more fundamentally, the development of an electronic diagnostic PTL is being underway to allow pathway tracking and avoid future non-compliance.

It is expected that the 6 week wait diagnostic trajectory will be compliant by July 2017.

A&E Unplanned Re-attendances

There has been little change to this metric with the overall figure remaining very stable. Given the continuing pressure (6.7% growth in May) on both sites, keeping re attendances steady reflects the on-going care and focus on avoiding readmissions within both hospitals.

A&E LAS 30 min handover breaches

A worsening compared to April attributable to delays during the ransomware attacks. June is looking to see a return to a much improved performance.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts	
Birth indicators	Total number of NHS births	460	463	499	962	405	413	467	880	865	876	966	1842	1842		-
	Total caesarean section rate (C&W Target: <27%; WMM Target: <29%)	40.3%	29.5%	31.6%	30.5%	24.5%	27.4%	27.2%	27.3%	32.9%	28.5%	29.4%	29.0%	29.0%		!
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30	1:30		-
	Maternity 1:1 care in established labour (Target: >95%)	94.9%	96.5%	98.8%	97.6%	95.3%	96.6%	98.1%	97.4%	95.2%	96.5%	98.4%	97.5%	97.5%		-
Safety	Admissions of full-term babies to NICU	22	17	21	38	n/a	n/a	n/a	n/a	22	17	21	38	38		-
Please note the following		blank cell	An empty cell denotes those indicators currently under development						!	Either Site or Trust overall performance red in each of the past three months						

Trust commentary

Total number of NHS births

The Trust continues to be over plan for births year-to-date

Total C-Section rate

Work continues to address rate at Chelsea site. Remains significantly lower than previous months

Maternity 1:1 care in established labour

Despite increased activity the Trust continues to perform over the 95% standard for this indicator



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WM <10%)	12.9%	12.9%	12.6%	12.6%	16.0%	15.2%	15.9%	15.9%	14.0%	13.7%	13.7%	13.7%	13.7%		!
	Staff Turnover rate (Target: CW <18%; WM <11.5%)	17.4%	17.8%	18.0%	18.0%	13.8%	13.6%	13.2%	13.2%	16.2%	16.4%	16.3%	16.3%	16.3%		!
	Sickness absence (Target: <3%)	2.1%	2.4%	2.5%	2.4%	2.4%	2.4%	2.1%	2.2%	2.2%	2.4%	2.3%	2.3%	2.3%		-
	Bank and Agency spend (£ks)	£3,488	£2,482	£2,165	£4,646.7	£1,997	£2,271	£2,347	£4,618.3	£5,486	£4,753	£4,512	£9,265	£9,265		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	11.9%	5.3%	6.6%	6.0%	7.4%	14.5%	10.6%	12.5%	9.8%	8.9%	8.1%	8.5%	8.5%		-
Appraisal rates	% of Performance & Development Reviews completed - medical staff (Target: >85%)	79.1%	69.3%	79.2%	74.3%	89.5%	83.9%	83.5%	83.7%	83.5%	75.3%	80.9%	78.1%	78.1%		!
	% of Performance & Development Reviews completed - non-medical staff (Target trajectory: >60%)	64.4%	1.8%	5.6%	3.7%	65.8%	0.4%	1.8%	1.1%	64.8%	1.3%	4.3%	2.8%	2.8%		-
Training	Mandatory training compliance (Target: >90%)	83.9%	83.6%	82.9%	83.3%	80.4%	83.2%	84.6%	83.9%	82.7%	83.5%	83.5%	83.5%	83.5%		!
	Health and Safety training (Target: >90%)	85.0%	82.8%	81.7%	82.3%	80.9%	84.8%	84.6%	84.7%	83.6%	83.5%	82.7%	83.1%	83.1%		!
	Safeguarding training - adults (Target: 90%)	89.2%	88.5%	88.5%	88.5%	80.8%	85.6%	85.3%	85.5%	86.3%	87.5%	87.4%	87.4%	87.4%		!
	Safeguarding training - children (Target: 90%)	91.1%	88.9%	87.9%	88.4%	88.3%	88.7%	88.2%	88.4%	90.2%	88.8%	88.0%	88.4%	88.4%		!

Please note the following

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

Staff in Post

In May we employed 5156 whole time equivalent (WTE) people on substantive contracts, 31 more than last month. Taking into account bank and agency workers our WTE workforce was 6197.

Turnover

Our voluntary turnover rate was 16.3%, unchanged from last month. Voluntary turnover is 18.0% at Chelsea and 13.2% at West Middlesex.

Vacancies

Our general vacancy rate for May was 13.7%, which is the same as April. Work is on-going to reconcile ESR to the financial ledger. Average time to recruit was down to 59 working days in May.

Core training (statutory and mandatory training) compliance

The Trust reports core training compliance based on the 10 Core Skills Training Framework (CSTF) topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 84% against its target of 90%.

Performance and Development Reviews

On 1 April 2017 we changed our PDR process for non-medical staff so that everyone is required to have their PDR in a set period after 1 April 2017, starting first with the most senior staff. At the end of the May 4.3% of non-medical staff had had their PDR. PDRs for our most senior staff must be completed by the end of June. The rolling annual appraisal rate for non-medical staff is 60.67%. The appraisal rate for medical staff was 80.9%, 2% more than last month.



62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months Trend charts		
		Mar-17	Apr-17	May-17	2017-2018	YTD breaches	Mar-17	Apr-17	May-17	2017-2018	YTD breaches	Mar-17	Apr-17	May-17	2017-2018 Q1	2017-2018		YTD breaches	
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		n/a	n/a	100%	100%	0	n/a	n/a	100%	100%	100%	0		-
	Breast	n/a	n/a	n/a	n/a		100%	100%	96.0%	97.1%	0.5	100%	100%	96.0%	97.1%	97.1%	0.5		-
	Colorectal / Lower GI	100%	66.7%	50.0%	57.1%	1.5	100%	80.0%	75.0%	77.8%	1	100%	75.0%	62.5%	68.8%	68.8%	2.5		-
	Gynaecological	100%	n/a	100%	100%	0	100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0		-
	Haematological	n/a	n/a	100%	100%	0	100%	n/a	0.0%	0.0%	0.5	100%	n/a	66.7%	66.7%	66.7%	0.5		-
	Head and neck	100%	100%	n/a	100%	0	100%	50.0%	100%	66.7%	0.5	100%	66.7%	100%	75.0%	75.0%	0.5		-
	Lung	n/a	100%	42.9%	55.6%	2	60.0%	100%	100%	100%	0	60.0%	100%	60.0%	76.5%	76.5%	2		-
	Sarcoma	n/a	100%	100%	100%	0	n/a	n/a	n/a	n/a		n/a	100%	100%	100%	100%	0		-
	Skin	87.5%	100%	71.4%	87.5%	1	62.5%	100%	81.3%	88.0%	1.5	75.0%	100%	78.3%	87.8%	87.8%	2.5		-
	Upper gastrointestinal	100%	n/a	100%	100%	0	100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0		-
	Urological	71.4%	0.0%	18.2%	11.8%	7.5	100%	66.7%	50.0%	61.5%	2.5	85.7%	40.0%	26.7%	33.3%	33.3%	10		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	n/a	n/a	n/a		100%	n/a	n/a	n/a	n/a			-
	Site not stated	n/a	n/a	0.0%	0.0%	1	n/a	n/a	0.0%	0.0%	0.5	n/a	n/a	0.0%	0.0%	0.0%	1.5		-

Please note the following **n/a** Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs **!** Either Site or Trust overall performance red in each of the past three months

Trust commentary

May breaches to the standard by Tumour Site are outlined below:

Chelsea Site

Colorectal 1.0	Unavoidable:	Patient initiated delays for diagnostics & specialist work-up needed at Kings Hospital
Lung 1.0	Unavoidable:	Complex diagnostic with additional histology required before commencing transfer
Lung 1.0	Unavoidable:	Complex pathway, initially LGI, additional diagnostics required and patient failed to attend an Outpatient appointment
Lung 0.5	Unavoidable:	ITR not received from UCL until day 68, pt. choice to attend CW not UCL
Skin 1.0	Avoidable:	Delay in plastics scheduling treatment
Urology 1.0	Avoidable:	Delay to biopsy – capacity / scheduling as patient choice to delay MRI
Urology 1.0	Avoidable:	Delay to biopsy
Urology 1.0	Avoidable:	Delays to diagnostic. Patient also required to stop medication before TURBT
Urology 0.5	Avoidable:	Delays to OPA due to capacity, diagnostic at SGH cancelled as machine not working
Urology 1.0	Unavoidable:	Complex diagnosis requiring joint surgery with Urology, General Surgery and Gynaecology, additional delay to surgery as cancelled due to Cyber Attack

West Middlesex Site

Breast 0.5	Avoidable:	Patient referred to RMH day 36, delay to Outpatient appointment and offering TCI date there
Lower GI 0.5	Unavoidable:	Treatment scheduled within breach but then delayed for medical reasons
Haematological 0.5	Unavoidable:	Patient required complex diagnostics and additional investigations before commencing treatment
Skin 1.0	Unavoidable:	Patient choice to delay Outpatient treatment
Skin 0.5	Unavoidable:	Complex, comorbidities and frail patient
Urology 1.0	Avoidable:	Delayed diagnostics and additional delay to Outpatient appointment in joint clinic due to capacity/bank holiday
Site not stated 0.5	Unavoidable:	Complex pathway, multiple diagnostics, seen at Lung, Breast and Head & Neck MDT's



CQUIN Dashboard

May 2017

National CQUINs

No.	Description of goal	Responsible Executive (role)	Plan Value
A.1	Improvement of health and wellbeing of NHS staff	Director of HR & OD	£427,062
A.2	Healthy food for NHS staff, visitors and patients	Deputy Chief Executive	£426,550
A.3	Improving the uptake of flu vaccinations for front line staff within Providers	Director of HR & OD	£426,550
B.1	Sepsis (screening) - ED & Inpatient	Medical Director	£320,041
B.2	Sepsis (antibiotic administration and review) - ED & Inpatient	Medical Director	£320,041
B.3	Anti-microbial Resistance - review	Medical Director	£320,041
B.4	Anti-microbial Resistance - reduction in antibiotic consumption	Medical Director	£320,041
C.1	Improving services for people with mental health needs who present to A&E	Chief Operating Officer	£1,280,167
D.1	Offering Advice and guidance for GPs	Medical Director	£1,280,167
E.1	NHS e-Referrals	Chief Operating Officer	£1,280,167
F.1	Supporting safe & proactive discharge	Chief Operating Officer	£1,280,167

NHS England CQUINs

No.	Description of goal	Responsible Executive (role)	Plan Value
N1.1	Enhanced Supportive Care	Chief Operating Officer	£121,600
N1.2	Nationally standardised Dose banding for Adult Intravenous Anticancer Therapies	Chief Operating Officer	£121,600
N1.3	Optimising Palliative Chemotherapy Decision Making	Chief Operating Officer	£121,600
N1.4	Hospital Medicines Optimisation	Chief Operating Officer	£638,200
N1.5	Neonatal Community Outreach	Chief Operating Officer	£182,400
N1.6	Dental Schemes - recording of data, participation in referral management & patient education	Chief Operating Officer	£72,787

TOTAL

£8,512,121

2016/17 CQUIN Performance

A total of £7.8m of income was available in 2016/17 through 21 separate CQUIN schemes negotiated with the Trust's Commissioners. The Q3 position has been ratified for both North West London and NHS England commissioners and all Q4 evidence has been provided. The final performance will be ratified by both NWL CCGs and NHS England by end July 2017.

2017/18 CQUIN Performance

The Trust has agreed 12 CQUIN schemes (6 national schemes for CCGs, 6 NHS England schemes) for 2017/18. Most of these schemes are 2 year schemes across the 2017-19 contracts; with the exception of NHS e-referrals, which is a 2017/18 only scheme.

The schemes and the plan values are reported here and a forecast will be included for future reports. Senior Responsible Officers and operational leads have been established for all schemes and they are working towards the Q1 milestones. Q1 reports are due by the end of July.

National Schemes

The first two schemes are an extension from the 2016/17 schemes on improving the health and wellbeing of staff, patients and visitors and reducing the impact of serious infections. The other schemes are new schemes for the Trust and there are risks around some of the schemes, particularly where delivery is required to be undertaken jointly with other organisations, such as improving services for people with Mental Health needs presenting at A&E.

NHS England Schemes

Three of the schemes are expanded schemes from 2016/17, including the enhanced supportive care, chemotherapy dose banding and dental CQUIN and therefore already have a firm base for extension in 2017/18. The three new schemes are being worked up, with a potential risk regarding the specification for the neonatal community outreach scheme, which is under discussion with NHS England, to ensure that an agreed quality improvement scheme is in place across all organisations in the neonatal network.



Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night		Reg	HCA	Total	
	Reg Nurses	Care staff	Reg Nurses	Care staff				
Maternity	91.0%	89.2%	90.4%	87.5%	11.0	3.2	14.2	7 – 17.5
Annie Zunz	87.0%	106.3%	89.9%	100.0%	5.2	2.3	7.5	6.5 - 8
Apollo	103.6%	58.1%	105.8%	96.4%	16.1	2.4	18.5	
Jupiter	121.5%	24.3%	120.0%	-	10.0	0.7	10.7	8.5 – 13.5
Mercury	83.6%	96.8%	82.8%	-	6.4	0.9	7.3	8.5 – 13.5
Neptune	96.9%	100.0%	98.4%	64.5%	7.5	1.4	8.9	8.5 – 13.5
NICU	94.6%	-	98.5%		13.1	0.0	13.1	
AAU	102.6%	93.0%	99.3%	122.4%	8.9	2.5	11.3	7 - 9
Nell Gwynn	188.2%	106.7%	236.6%	149.5%	4.9	3.0	7.9	6 – 8
David Erskine	108.3%	173.8%	119.4%	143.6%	3.2	2.4	5.6	6 – 7.5
Edgar Horne	95.2%	92.2%	100.2%	95.2%	2.8	2.8	5.7	6 – 7.5
Lord Wigram	94.8%	116.1%	98.9%	136.6%	3.0	2.9	5.9	6.5 – 7.5
St Mary Abbots	116.1%	78.2%	134.4%	140.3%	3.9	2.1	6.0	6 – 7.5
David Evans	79.9%	61.8%	88.2%	95.9%	5.2	2.2	7.4	6 – 7.5
Chelsea Wing	96.1%	90.6%	98.4%	102.3%	6.7	3.8	10.5	
Burns Unit	99.0%	97.4%	99.3%	100.0%	13.6	3.1	16.7	
Ron Johnson	98.8%	125.8%	102.2%	141.9%	4.2	3.0	7.1	6 – 7.5
ICU	100.0%	0.0%	100.0%	-	26.4	0.0	26.4	17.5 - 25
Rainsford Mowlem	82.2%	116.4%	103.5%	114.5%	2.8	3.0	5.7	6 - 8

Summary for May 2017

CHPPD is showing an overly generous amount on Richmond due to bed census data being counted at midnight and therefore not accounting for day surgery activity.

Additional HCAs have been agreed for David Erskine but are not yet reflected in the budget.

Nell Gwynne are staffing medical escalation beds so fill rates appear high.

High fill rates on SMA due to the new staffing model for SAU.

Reasons for high HCA fill rates on Crane, Kew and Osterleys and Marble 2 are due to patient with dementia, patients at risk of falls, and wandering patients at risk of leaving ward. On Kew and Osterley 2 there were patients at risk of pulling out tracheostomy or nasogastric tubes. Osterley 1 had a patient who required 2 RMNs to care for them.

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPPD			National bench mark
	Day		Night		Reg	HCA	Total	
	Reg Nurses	Care staff	Reg Nurses	Care staff				
Maternity	91.6%	88.8%	98.3%	95.9%	6.3	1.8	8.1	7 – 17.5
Lampton	103.8%	100.7%	96.8%	100.0%	2.8	2.0	4.8	6 – 7.5
Richmond	88.5%	96.6%	74.7%	50.0%	5.7	3.0	8.7	6 – 7.5
Syon 1	95.5%	116.1%	95.2%	112.9%	4.0	2.0	6.0	6 – 7.5
Syon 2	97.2%	118.1%	103.2%	129.0%	3.1	2.3	5.5	6 – 7.5
Starlight	80.1%	106.5%	102.6%	100.0%	7.8	1.4	9.2	8.5 – 13.5
Kew	73.2%	109.8%	96.8%	195.2%	3.0	4.2	7.2	6 - 8
Crane	97.3%	141.0%	100.0%	166.1%	3.2	3.3	6.5	6 – 7.5
Osterley 1	119.2%	126.0%	115.1%	127.6%	3.2	3.0	6.2	6 – 7.5
Osterley 2	108.3%	126.7%	123.5%	200.0%	4.1	3.5	7.6	6 – 7.5
MAU	89.6%	97.5%	91.4%	100.8%	5.4	3.4	8.8	7 - 9
CCU	96.7%	103.5%	96.8%	-	5.3	0.8	6.1	6.5 - 10
Special Care Baby Unit	91.6%	98.5%	91.3%	-	15.9	1.7	17.6	15.9
Marble Hill 1	93.7%	98.6%	89.8%	111.3%	3.0	2.3	5.3	6 - 8
Marble Hill 2	96.4%	136.4%	94.6%	196.7%	2.9	4.0	6.9	5.5 - 7
ITU	97.0%	93.3%	95.4%	-	24.9	0.6	25.6	17.5 - 25



Finance Dashboard

Month 2 2017/2018 Integrated Position

Financial Position (£000's)			
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	99,454	100,540	1,086
Expenditure	(96,308)	(97,316)	(1,008)
Adjusted EBITDA	3,146	3,224	78
Adjusted EBITDA %	3.163%	3.207%	0.04%
Interest/Other	(876)	(885)	(9)
Depreciation	(3,017)	(2,802)	215
PDC Dividends	(1,583)	(1,584)	(1)
Other	0	0	0
Adjusted Surplus	(2,330)	(2,047)	283

Comments

The Trust is reporting a YTD deficit of £2,047k which is £283k favourable against the internal plan.

Income is favourable by £1,086k YTD predominantly against clinical income where high levels of A&E activity has led to increases in admissions. Increase in births across both sites has also impacted the position.

Pay is adverse by £2,390k year to date, The Trust continues to use bank and agency staff to cover vacancies. Temporary staffing is also used to cover sickness and additional activity, including unfunded beds in escalation areas which remain open at month 2 and outpatient clinics not removed due to continuing demand. Spend on specialising and RMN usage was higher than plan. Under achievement against CIP targets has also contributed to this variance.

Non-pay is £1,382k favourable year to date and £928 adverse in month. The shift in month was due to a number of reasons including ; CW April electricity charge (CHP was offline for all of April so electricity had to be drawn down directly from the Grid), underachievement against CIP targets and movement in the provision for contractual disputes.

Risk rating (year to date)		
Use of Resource Rating (UOR)	M02 (Before Override)	M02 (After Override)
Use of Resource Rating	2	3

Comments

The UORR is utilised by NHSI as a measure of the Trust's financial performance. Under this rating "1" is the highest score and 4 the lowest. The overall score is a simple average of the individual scores however, if an individual score is a "4" then an override is applied under which the best score achievable is a "3".

For May, the Trust is performing in line with plan for all areas of measurement but as a "4" has been scored for both the capital service cover rating and I&E margin rating the override applies and the UORR rating is a "3". This is consistent with the month 2 position in the 2017/18 plan submitted to NHS Improvement.

Cost Improvement Programme (CIPs)						
Heading	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Developments/Business Cases	98	0	(98)	208	0	(208)
Targeted Specialities	415	320	(95)	818	710	(109)
Residual % Based Savings	968	665	(303)	2,054	1,056	(999)
Trust Total	1,481	985	(496)	3,080	1,765	(1,315)

Comments

RAG rating

The Trust has achieved YTD CIPs of £1,765k against an internal target of £3,080k with an adverse variance of £1,315k.

Underachievement against CIPs have been across all themes but more predominantly against the residual % based savings, these include Service line-£159k, Support services £214k and Corporate £130k.

The Trust also has unidentified CIP target at month 2 £323k.

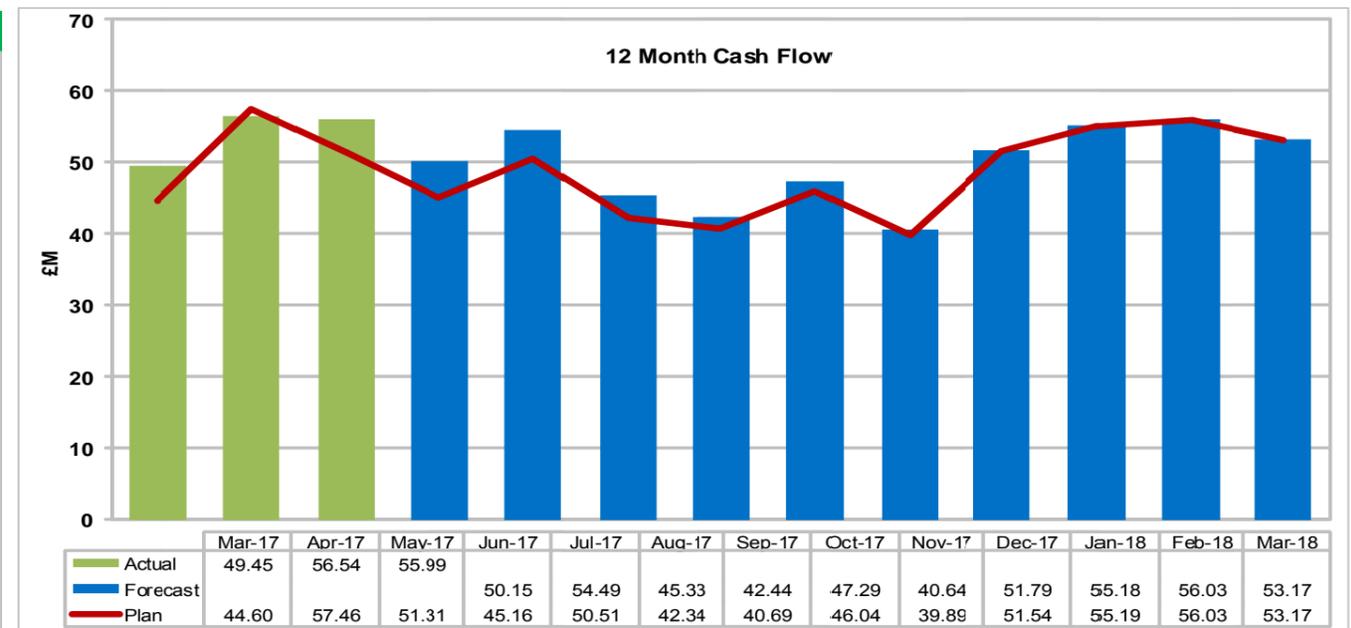
Cash Flow

Comments RAG rating

The cash balance at the end of May is £55.99m which is £4.68m more than plan of £51.31m.

The main drivers of this increase are a reduction in opening cash figure compared to plan of £(1.15m); an increase in capital expenditure on a cash basis of £(2.7m) spent on items brought forward from the prior year programme; and an increase in working capital compared to plan of £8.37m (which is mainly an increase in trade and other receivables).

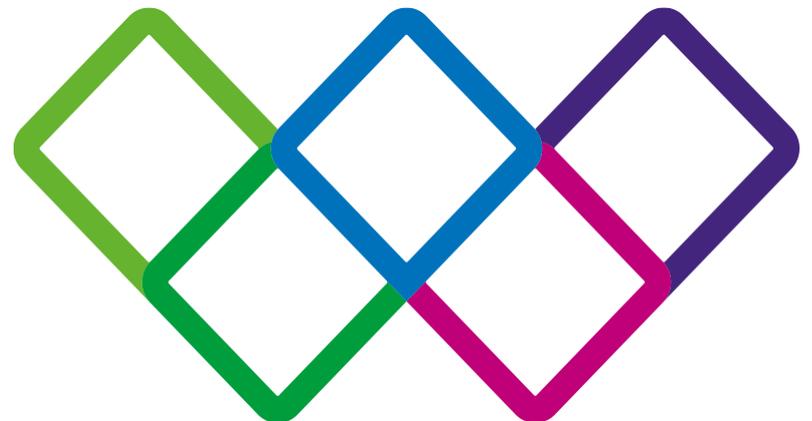
The planned end of year cash balance is £53.17m. The Trust has a number of planned external funding requirements for capital projects which it will call upon during the year. There is no expected borrowing requirement for revenue expenditure this year.



Clinical Administration

Update for Trust Board

6 July 2017



Background

The Trust undertook a cross-site Clinical Administration restructure that went live in October 2016. The objectives of the restructure were to:

- Improve the experience for patients and staff across all of their engagements with our administrative functions
- Introduce an efficient and streamlined service within a reduced financial envelope
- Ensure equity of pay
- Provide clarity of job roles and responsibilities, alongside greater opportunities for progression
- Support greater investment in training and development
- Allow for more effective and consistent use of technology

The chosen model closely matched the current way of working at West Middlesex hospital and, as such, the bulk of the changes were at Chelsea & Westminster hospital.

The programme was managed through the Trust's Cost Improvement Programme (CIP) governance structure. In total, £275k of savings were delivered in 2016/17 against an initial plan for £464k.



Recovery Plan

A recovery plan has been put in place to stabilise and improve the Trust's Clinical Administration functions and ensure that the original objectives of the project are achieved.

A number of changes have already been affected:

- Band 8d for Elective and Patient Access appointed to provide clear leadership and accountability for the programme (Gareth Teakle) ✓
- Band 8b secondment to support the transition and embed learning from the West Middlesex site (Angela Dunmall) ✓
- A review of the agreed staff WTE and bands to ensure there are sufficient capacity within each POD to support all the administrative functions knowing the actual demand over the last 6 months. ✓
- A review of the current monitoring metrics and KPIs has started, reviewing the information used and the relevance of each metric. The agreement of one trust standard reporting KPI to be agreed and developed that will be used for AIP, Elective Access and Operational monitoring. – **In progress**
- Training need analysis to be completed and a training package rolled out for all staff within the administrative functions of the trust, based on SOPs developed by existing administrative staff. ✓
- Rebranding of the term 'AIP' now we are 6 months post launch of the change. ✓



Update: AIP Progress

- All staff meeting (c. 80 WTE)
- Rebranded- no longer AIP
- Review of each POD establishment and revise where applicable
- Creating 'scheduling' specific POD – c17 WTES
- Relocation of scheduling team to aid booking process for theatres/OP and easy access for consultants
- Health records physical upgrade - in progress
- Executive and NED visibility



Update: AIP Progress

- Improved staff morale (1 complaint in 2 months)
- Revised suite of KPI's including individual productivity expectations
- Netcall rollout – 6/52 for central to increase patient expectation and lower call wait times
- SOP's developed, signed off and implemented
- Re-hiring of staff who left during transition.
- Launch of training opportunities – C&G, C.M.I
- Revised induction





Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM	2.5/Jul/17
REPORT NAME	Review of Fire Prevention Measures
AUTHOR	Shân Jones, Director of Quality Improvement Mike Toner, Associate Director Risk Management & Safety
LEAD	Pippa Nightingale, Chief Nurse
PURPOSE	The purpose of this report is to provide the Trust Board with an update on the Fire Prevention Measures in place across the organisation.
SUMMARY OF REPORT	The report covers: <ul style="list-style-type: none">• Fire Risk Assessments/Evacuation Plans• Fire Doors / New Fire Alarm System• Audit• Assurance• Fire drills• Fire Marshal Training• General Fire Awareness Training
KEY RISKS ASSOCIATED	Staff being unable to manage in the event of a fire
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	Improvement in all staff vigilance and observations
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	This report covers the Trust main corporate objectives and seeks to ensure compliance with the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999.
DECISION/ ACTION	The Committee is requested to note the report, which is presented for discussion and comment accordingly.

**Review of Fire Prevention Measures
Trust Board 6th July 2017**

1. Introduction

This paper provides the Trust Board with an overview of the Fire Prevention Measures that are in place across the Trust. This review is of significant relevance and importance given the recent high profile fire in the London Borough of Kensington, Chelsea and Westminster. The following information was reviewed and discussed at the Quality Committee on June 30th 2017 as part of the quarterly update from the Health, Safety and Environmental subgroup.

2. Fire Risk Assessments/Evacuation Plans

Expectations around what the Fire Risk Assessments (FRA's) and evacuation plans should be have been updated and these new processes are in the process of being implemented. By the end of June 2017 the aim is to have hard copies of fire risk assessments in place and individual ward evacuation plan templates completed. The clinical FRAs at the C&W site, have been completed and the significant findings from those assessments have been included within a 'Schedule of Works' which will be overseen by Estates and the Risk Management & Safety team. This schedule of works will continue to be populated with the significant findings following completion of the remaining non-clinical FRAs. Estimated time for completion of the remaining non-clinical FRA's is end of July 2017. Monthly monitoring/audit of the outstanding works will be carried out by the Trust Fire Officer and the Estates team. So far, the updated FRAs have highlighted areas of work in all clinical areas that are now being addressed to resolve the issues. These issues have ranged from general housekeeping, culture and behaviour including blocking fire escape routes due to insufficient storage and wedging fire doors open. Further checks through audit and inspections e.g. monthly health and safety checks, will monitor the general housekeeping and behavioural aspects of areas with the aim of changing the culture via these regular ward/area inspections. The FRAs also identified wear and tear defects to the compartment fire doors that required attention.

3. Fire Doors / New Fire Alarm System

A schedule of work to remedy the problems with compartment fire doors has been completed by the estates team, 15 new sets of compartment fire doors have been ordered to replace the more seriously damaged doors that cannot be refurbished in-situ, these doors will be taken off site and fully refurbished for use in other locations in the hospital. A solution for the damaged intumescent strips (smoke seal) has been agreed with the Fire Officer and will be applied to all fire doors. There are key Health & Safety risks relating to fire on the Health and Safety Risk Assurance Framework, as outlined above for which Estates are managing e.g. contractor's currently repairing/rectifying fire doors at the C&W site. Works have commenced with the infrastructure for the new fire alarm system that will be completed in March/April 2018. This will enable the new alarm system to be installed alongside the old system to ensure the Hospital has coverage during the system migration.

The first and most important phase of this work, i.e. the replacement/refurbishment of fire compartment doors that protect the main hospital atrium has commenced, this work will be completed within 12 weeks. The extent of work required for the second phase of work is currently being agreed but at this stage it is anticipated will take another 12 weeks complete.

Monthly monitoring and auditing of the outstanding works will be carried out by the Trust Fire Officer and the Estates team and, all of the issues identified in the FRAs are being addressed and monitored by the Risk Management & Safety Team.

Following a total failure of the fire alarm system within the Education Centre (discovered during testing) at the West Middlesex site, (Risk Register ID351), rectification work took place with the replacement of all the component parts, the system has been tested and is now fully functional.

4. Audit

The fire officers on both sites will be undertaking monthly audits against the shortfalls and findings from the FRA's. Hard copies of the completed FRA's have been shared with departmental leads for each of clinical areas advising of the need for relevant evacuation plans as identified within the FRA. The Fire Officers will provide guidance and support to staff in the completion of their respective evacuation plans. Since this paper was submitted to the Quality Committee arrangements have been made for fire safety to be the focus of the quality rounds on Friday 30th June. The aim of this is to provide all Ward Managers and Matrons with an overview of the following:

- Fire Action Plans
- Fire Risk Assessments
- Clinical Recovery Plan/Evacuation
- Managers legal/policy responsibilities
- Discussing Fire Training Compliance
- Fire Marshal nominations

In addition support will be provided to complete the detailed fire evacuation plans.

A checklist has been prepared to test the compliance of ward areas in relation to the following:

- Percentage of staff trained in General Fire Awareness
- Number of Trained Fire Marshals
- Ward based Fire Risk Assessment
- Ward Based Evacuation Plan

5. Assurance

The Estates and Facilities department have recently been subject to an independent 'peer' review covering its Soft FM services provided by ISS to the Trust on all Hospital and community sites. The review was undertaken by an independent FM Consultant who undertakes Soft FM service reviews as part of the CQC inspection regime. The review concluded with an 'exemplar' rating. In addition to this, the Estates and Facilities department will be subjected to an independent Hard FM service review at the end of June, this review will include our strategy to fire on all hospital and community based sites.

Following a recent high profile fire in the London Borough of Kensington, Chelsea and Westminster, the Foundation Trust has been asked by NHS Improvement to confirm its status regarding 'Cladding and Fire improvements'. The Trust have reported no known hazards and stated investment of £3.2m in a new Fire Alarm replacement system at Chelsea. However, further investigation is required on the fire safety status of the materials used in the construction of the Prayer Tent at the Chelsea and Westminster Hospital. Once this investigation has been completed, appropriate action will be taken.

6. Fire drills

Although a number of fire drills have taken place this year there is a need for a more structured approach. The fire officers will develop and include, within their forward plan, a programme for annual fire drills which will link with the training of fire marshals; this will also support annual general awareness training for those involved. The plan will be presented to HSERG in July 2017 and monitored via this group. Priority for the testing of evacuation plans will initially be focused on the high risk clinical areas e.g. Theatres, ITU and Paediatrics, with the intention of on-going monthly drills through other clinical areas within the Trust some of which may be simulated. These drills/tests are required to ensure that all ward areas and departments respond to the fire alarm system and follow their respective evacuation plan as held by the individual ward/area managers. The forward plan will aim for completion by end of June 2017, to coincide with the completion of clinical areas evacuation plans. Areas for testing will commence from July 2017 onwards.

7. Fire Marshal Training

Additional training courses for Fire Marshals were introduced to raise the awareness and response to any fire alarms within the Trust. Ad-hoc sessions are also on-going with smaller numbers for training. To date, the numbers of those staff trained (and current) as Fire Marshals, has steadily risen with the current status listed below. Newly trained Fire Marshals at the C&W site has increased from 91 in April/May to 242 on 22 June 17. Further courses are scheduled to strengthen and improve the coverage of trained Fire Marshals across both

sites. Fire Marshal training will be tracked weekly to ensure we achieve 100% coverage across all areas by end of July 2017.

Current status of trained Fire Marshals

Chelsea and Westminster Site	West Middlesex Site
242	268

8. General Fire Awareness Training

Compliance with fire awareness training as at 29 June 17 is:

- Chelsea Westminster: 81%
- West Middlesex: 86%

The C&W Fire Officer has investigated the reasons for low/non-compliance with fire training at C&W site; some consistent and clear issues were identified; specifically management of the release of staff to attend coupled with a lack of ownership/accountability of staff.

A number of actions have arisen as a result to support compliance, competence and coverage. Actions taken to date are:

- Targeted departmental training sessions
- Bespoke ad-hoc training sessions
- Extension of E-learning (on-line training) for a second year
- 2 drop-in weekly sessions across both sites

General awareness training will be tracked weekly to support the achievement of 90% compliance by the end of July 2017.



Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	2.6/Jul/17
REPORT NAME	Trust - Risk Assurance Framework
AUTHOR	Mike Toner, Associate Director - Risk Management and Safety
LEAD	Pippa Nightingale, Chief Nurse Shân Jones, Director of Quality Improvement
PURPOSE	<p>The Trust Risk Assurance Framework (RAF) is designed to enable monitoring of those high scoring risks, which could impact upon the Trust Objectives. The RAF is monitored on a monthly basis by the Executive Directors and the Associate Director – Risk Management and Safety, to ensure actions are managed accordingly. This will further provide assurance to the Audit Committee/Trust Board that a robust system is in place to monitor and manage risk throughout the Trust.</p> <p>The purpose of this report is to:</p> <ul style="list-style-type: none"> - Provide a summary overview of the progression of the Datix Risk Register for Clinical Divisions within the Trust; - To present key Divisional risks across the organisation; - To provide assurance with regard to the management of the risk registers across Divisions; and - To provide a review of the Trust’s compliance with risk identification. -
SUMMARY OF REPORT	<p>Following the development and introduction of the Datix Risk Module system in May/June 2016, organisational learning throughout the Trust continues to evolve with the identification and management of risk to populate the RAF. This latest version of the Trust RAF is presented and will continue to be developed across the Trust.</p> <p>Changes/updates to the RAF include:-</p> <ul style="list-style-type: none"> • <i>Monthly review/ updates and new additions to all Divisional and Corporate risks.</i> • <i>2 new Extreme Risks:-</i> <ol style="list-style-type: none"> 1. <i>ID368 – PACS support and maintenance</i> 2. <i>ID333 – GUM Commissioning - Reduction in Tariff</i> <p>This report aims to update the Executive Board on the monitoring and tracking of the Risk Assurance Framework (RAF) extreme and macro risks, along with improving the accountability and ownership of those risks to ensure that they are constantly reviewed and updated at regular and frequent intervals.</p>
KEY RISKS ASSOCIATED	<ol style="list-style-type: none"> 1. Growth in Non-Elective Demand 2. <i>PACS – support and maintenance (New)</i> 3. Loss of junior doctor posts

	<ul style="list-style-type: none"> 4. Staffing Capacity 5. GUM- commissioning – Reduction in Tariff (<i>New</i>) 6. Delivery of the Quality Strategy (<i>score reduced from 16 to 12</i>) 7. Cost Improvement Plan 8. Communications 9. Cyber security threats
FINANCIAL IMPLICATIONS	Financial impact relating to the above.
QUALITY IMPLICATIONS	Executive Board oversight of the above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	All Trust Objectives.
DECISION/ ACTION	For noting and comments.

Corporate Risk Assurance Framework Register

Summary of Risk Movements as at 20 June 2017 – Executive Board

This report informs the Executive Team/Audit Committee/Quality Committee (Trust Board sub Group) of the changes to the Corporate Risk Assurance Framework Register from movement in risks at ‘Division and Corporate departments’, and within the ‘Corporate Level’ risk categories.

As a part of the on-going Division and Corporate departments’ risk management process, these risk items are actively reviewed within the respective Clinical Divisions and Corporate Departments quality meetings and in conjunction with the Associate Director – Governance & Risk. Several Division and Corporate department level risks were closed or reduced as a result of these meetings.

Relevant Executive Directors have been requested to update details and progress of their specific corporate risk categories and these reviews will subsequently be required at monthly intervals.

Risk category (*see definitions below)	Levels at 12 April 2017	Levels at 15 May 2017	Levels at 19 June 2017	Change (%)
Red Risks*	6	7	8	+14%
Amber Risks *	30	26	30	+15%
High Impact Risks*	0	0	0	0%

* **‘Red’ risks:** are risks with a rating assessed within the range 25 (maximum of range) to 15 inclusive. This section also includes Corporate Macro Risks.

* **‘Amber’ risks:** are risks with a rating => 12, but excludes risks where the potential impact is **less than 4** which are not reported to the Executive Team.

* **‘High Impact’ risks:** are risks where the ‘Impact’ is rated at ‘5’ but where the ‘likelihood’ of occurrence is low. This can result in the risks being excluded from the above Red & Amber categories, however, the ‘impact’ alone is considered sufficiently serious that the risk needs to be actively monitored / managed.

The nature of risks is generally complex, and for conveniences sake, ‘types of risk’ in the following tables have identifiers/grouping as follows:

B = Business **C** = Clinical **E** = Environmental **F** = Financial **G** = **Governance** **IT** = Information Technology
L = Legal **O** = Operational **R** = Reputation **SE** = Security **ST** = Strategic **WD** = Workforce Development **PS** Patient Safety

Risk Description	Divisions and Corporate Departments' Datix ID	Type of Risk	Previous Score (Impact x Likelihood) (where re-assessed)	Current Score (Impact x Likelihood)	Residual Risk Score	Date of last Update
<p>New 'Red' risks >= 15 (NOTE: This category also includes pre existing 'AMBER' risks that have been recently re-assessed and now fall into the 'RED' category.)</p>						
<p>Objective 1: Excellent Clinical Outcomes</p>						
<p>Risk:- Agfa PACS support contract 1. The risk is that the Agfa PACS support contract ended 31st may 2017, which leaves the department unsupported if in event of a software or hardware issue. 2. There is a risk that the licensing for the system will be revoked on 21st June 2017 which result in withdrawal of PACS. Action:- To secure continued support from the company. Controls/Mitigation:- 1. On-going discussions continue with the company, finance and senior management within IMT to resolve issue. 2. The plan to move to Sectra is being reviewed to determine whether this can be accelerated.</p>	<p>ID 368</p>	<p>C/F/B /G/O /R/PS /IT</p>	<p>New Risk</p>	<p>16 (4x4)</p>	<p>16 (4x4)</p>	<p>12/06/17</p>
<p>Objective 3: Excellent Use of Resorces</p>						
<p>Risk:- GUM Commissioning - Reduction in Tariff INWL contract post tender. The overall impact currently is estimated at a financial loss to the service of over £6m to GU services. The reduction of income is associated with a proposed reduction in Sexual health tariffs and also a channel shift to the pan London on-line services at 40%. Contract negotiations are still on-going at this stage. Action:- Reviews and actions will follow contract negotiation meetings with the Commissioners. Controls/Mitigation:- Contract negotiations still on-going - Monthly meetings with INWL commissioners and weekly internal meetings Reviewing impact of staffing levels Reviewing models of care</p>	<p>ID 333</p>	<p>F/B/G /O</p>	<p>New Risk</p>	<p>20(4x5)</p>	<p>16 (4x4)</p>	<p>12/06/17</p>

New Specially selected risks assessed with high 'Impact' of 5, but where 'likelihood' is considered to be low. (N: These risks would not normally appear in either 'Red' or 'Amber' range due to low 'likelihood', but are considered of such importance by merit of 'Impact' that the Trust needs to be aware)						
None						
New Amber Risks in with risk rating =>12 and Impact of >= 4 (Note: risks with 'Impact' lower than 4 not reported to Quality Committee irrespective of being within the range (e.g. Not reported - RR 12 = IMP 3 x LH 4) (NOTE: This category also includes where appropriate, pre existing 'RED' risks that have been re-assessed and now fall into the lower 'Amber' category.)						
None						
'RED' or 'AMBER' risks where re-assessment of risk rating has resulted in them moving into a lower category						
<i>Delivery of the Quality Strategy and Maintenance of Quality Standards:-</i>		ID 78	16 (4x4)	12 (4x3)	6 (3x2)	19/6/17
'RED' risks (only) flagged as complete/removed (Note: these may have been 'flagged' to be removed in earlier counts)						
<u>Div/CD</u>	<u>Ref</u>	<u>Risk</u>	<u>Reason for removal</u>			

- Appendix 1 **RED RISK's** – This snapshot shows the high scoring red risks (15-25) and their respective movement (includes Macro Risks)..
- Appendix 2 ACTIVE **RED RISK's** on Corporate Register
- Appendix 3 Reason for change
- Appendix 4 Trust RAF 15-25

Recommendations

The Executive Team/Audit Committee/Quality Committee (Trust Board sub Group) is asked to note the content of the report and the nature of the significant risks identified. These risks comprise of new risks and existing risks that have been subject to change. These risk form part of the Trust Corporate/Divisions Risk Registers and will subsequently be managed within this framework.

Mike Toner
Associate Director – Risk Management & Safety
20 June 2017

RED RISKS on Corporate Register

DIV/CD	ID	Risk Description	Entered	Last change	Target date to reduce risk	Residual risk score	Apr 17		May 17		Jun 17	
EIC	ID3	Growth in Non-Elective demand above plan:- Multiples risks to patient quality, delivery of access standards and financial implications (STF funding) due to continued growth in non-elective demand.	01/06/15	12/05/2017	Daily / Weekly Review	12 (3x4)	10/03/17	↔	12/05/17	↔	12/05/17	↔
HR	ID 76	Staffing Capacity:- Failure to meet required or recommended vacancy rates across all areas of the organisation	01/02/16	20/06/2017	Monthly Review	12 (4x3)	02/03/17	↔		↔	20/06/17	↔
Corp Nursing	ID 78 (Macro)	Delivery of the Quality Strategy and Maintenance of Quality Standards:-	01/02/16	19/06/2017	Monthly Review	4 (2x2)	10/03/17	↔		↔	19/06/17	↓
FIN	ID 34	Cost Improvement Plan/ Synergies 2016/17:- The potential of a shortfall in our 2 year CIP/ Synergies plan as Trust wide PIDs still require analytics and financial assumptions for future years to be finalised. Delayed delivery of 16/17 schemes.	14/12/15	16/05/2017	Monthly Review	10 (5x2)	06/04/17	↔		↔	16/05/17	↔
Corp Comms	ID 312	Multiple risks include: reduction in communications budget and staffing; and communications being an enabler in facing... the continuing challenge of integrating cultures and communications across multiple sites; increasing need to communicate new regulation and practices; the Trust's need to support staff in their career and retain them; increasing opportunity and risk involved with patient and staff use of social media; management of increasingly complex stakeholder relationships (supporting the Strategy team)	03/03/17	12/05/2017	Monthly Review	9 (3x3)	10/03/17	↔	12/05/17	↔	12/05/17	↔
Corp Comms	ID 313	Cyber Security Threats to Trust Data and Infrastructure. Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. Causes: In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack.	06/03/17	02/06/2017	Monthly Review	6 (2x3)	06/03/17	NEW	08/06/17	↔	02/06/17	↔
PC	ID 200	Loss of Junior doctor posts - The main risk is that there will be insufficient junior medical cover both out of hours (via Hospital at night) and during the in-hours period.	29/11/16	03/05/2017	Monthly Review	3 (3x1)			03/05/17	NEW	03/05/17	↑
PC	ID 368	1. The risk is that the Agfa PACS support contract ended 31st may 2017, which leaves the department unsupported if in event of a software or hardware issue. 2. There is a risk that the licensing for the system will be revoked on 21st June 2017 which result in withdrawal of PACS.	12/06/17	12/06/2017	14/06/17	16(14x4)					12/06/17	NEW
W&C	ID 333	INWL contract post tender. The overall impact currently is estimated at a financial loss to the service of over £6m to GU services. The reduction of income is associated with a proposed reduction in Sexual health tariffs and also a channel shift to the pan London on-line services at 40%. contract negotiations are still on-going at this stage.	05/06/17	12/06/2017	11/09/17	15(5x3)					12/06/17	NEW

Removed risks will be reinstated if their RR raises to >=15 in later reviews.

* For those items where movement of risk has occurred, please see Appendix 4 for 'Reason for Change'.

8 Active 'Red' risks



REVIEW COMPLETED

MISSED REVIEW

NO CHANGE

DECREASED RATING

INCREASED RATING

CLOSED RISK

NEW RISK or RISK WTH INCREASED RR

DIV/CD	ID	Risk Description	Entered	Last change	Target date to reduce risk	Residual risk score	Apr 17	May 17	Jun 17
EIC	ID 3	Impact of Non-Elective Demand:- The Trust is currently needing to utilise additional operational capacity (escalation space) in order to respond to its excess number of non-elective admissions	01/06/15	12/05/2017	Daily / Weekly Review	12 (3x4)	10/03/17 ↔	12/05/17 ↔	12/05/17 ↔
HR	ID 76	Staffing Capacity:- Failure to meet required or recommended vacancy rates across all areas of the organisation	01/02/16	20/06/2017	Monthly Review	12 (4x3)	02/03/17 ↔	↔	20/06/17 ↔
Corp Nursing	ID 78 (Macro)	Delivery of the Quality Strategy and Maintenance of Quality Standards:-	01/02/16	19/06/2017	Monthly Review	4 (2x2)	10/03/17 ↔	↔	19/06/17 ↓
FIN	ID 34	Cost Improvement Plan/ Synergies 2016/17:- The potential of a shortfall in our 2 year CIP/ Synergies plan as Trust wide PIDs still require analytics and financial assumptions for future years to be finalised. Delayed delivery of 16/17 schemes.	14/12/15	16/05/2017	Monthly Review	10 (5x2)	06/04/17 ↔	↔	16/05/17 ↔
Corp Comms	ID 312	Multiple risks include: reduction in communications budget and staffing; and communications being an enabler in facing... the continuing challenge of integrating cultures and communications across multiple sites; increasing need to communicate new regulation and practices; the Trust's need to support staff in their career and retain them; increasing opportunity and risk involved with patient and staff use of social media; management of increasingly complex stakeholder relationships (supporting the Strategy team)	03/03/17	12/05/2017	Monthly Review	9 (3x3)	10/03/17 ↔	12/05/17 ↔	12/05/17 ↔
Corp Comms	ID 313	Cyber Security Threats to Trust Data and Infrastructure. Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. Causes: In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack.	06/03/17	08/05/2017	Monthly Review	6 (2x3)	06/03/17 NEW	08/06/17 ↔	02/06/17 ↔
PC	ID 200	Loss of Junior doctor posts - The main risk is that there will be insufficient junior medical cover both out of hours (via Hospital at night) and during the in-hours period.	29/11/16	03/05/2017	Monthly Review	3 (3x1)		03/05/17 NEW	03/05/17 ↑
PC	ID 368	1. The risk is that the Agfa PACS support contract ended 31st may 2017, which leaves the department unsupported if in event of a software or hardware issue. 2. There is a risk that the licensing for the system will be revoked on 21st June 2017 which result in withdrawal of PACS.	12/06/17	12/06/2017	14/06/17	16(14x4)			12/06/17 NEW
W&C	ID 333	INWL contract post tender. The overall impact currently is estimated at a financial loss to the service of over £6m to GU services. The reduction of income is associated with a proposed reduction in Sexual health tariffs and also a channel shift to the pan London on-line services at 40%. contract negotiations are still on-going at this stage.	05/06/17	12/06/2017	11/09/17	15(5x3)			12/06/17 NEW

Note: Where risks have reduced below the >=15 level for two consecutive reviews, they are removed from this summary.

Removed risks will be reinstated if their RR raises to >=15 in later reviews.

8 Active 'Red' risks



REVIEW COMPLETED

MISSED REVIEW

NO CHANGE

DECREASED RATING

INCREASED RATING

CLOSED RISK

NEW RISK or RISK WTH INCREASED RR

REASON FOR CHANGE to RED RISKS on Corporate Register

DIV/CD	ID	Risk Description	Entered	Last change	Reasons for change	
EIC	ID3	Impact of Non-Elective Demand:- The Trust is currently needing to utilise additional operational capacity (escalation space) in order to respond to its excess number of non-elective admissions	01/06/15	12/05/2017	Update to description	*
HR	ID 76	Staffing Capacity:- Failure to meet required or recommended vacancy rates across all areas of the organisation	01/02/16	20/06/2017	Update to actions	
Corp Nursing	ID 78 (Macro)	Delivery of the Quality Strategy and Maintenance of Quality Standards:-	01/02/16	19/06/2017	Score reduced from 16 to 12. Continue with perfect days. Mock CQC inspections, improvement action plans in place	*
FIN	ID 34	Cost Improvement Plan/ Synergies 2016/17:- The potential of a shortfall in our 2 year CIP/ Synergies plan as Trust wide PIDs still require analytics and financial assumptions for future years to be finalised. Delayed delivery of 16/17 schemes.	14/12/15	16/05/2017		
Corp Comms	ID 312	Multiple risks include: reduction in communications budget and staffing; and communications being an enabler in facing... the continuing challenge of integrating cultures and communications across multiple sites; increasing need to communicate new regulation and practices; the Trust's need to support staff in their career and retain them; increasing opportunity and risk involved with patient and staff use of social media; management of increasingly complex stakeholder relationships (supporting the Strategy team)	03/03/17	12/05/2017		
Corp Comms	ID 313	Cyber Security Threats to Trust Data and Infrastructure. Risk to Data; A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. Causes: In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack.	06/03/17	08/05/2017		
PC	ID 200	Loss of Junior doctor posts - The main risk is that there will be insufficient junior medical cover both out of hours (via Hospital at night) and during the in-hours period.	29/11/16	03/05/2017	Score increased from 12 to 15 (3x5)	*
PC	ID 368	1. The risk is that the Agfa PACS support contract ended 31st may 2017, which leaves the department unsupported if in event of a software or hardware issue. 2. There is a risk that the licensing for the system will be revoked on 21st June 2017 which result in withdrawal of PACS.	12/06/17	12/06/2017	New risk added (upgraded from 12 to 15).	*
W&C	ID 333	INWL contract post tender. The overall impact currently is estimated at a financial loss to the service of over £6m to GU services. The reduction of income is associated with a proposed reduction in Sexual health tariffs and also a channel shift to the pan London on-line services at 40%. contract negotiations are still on-going at this stage.	05/06/17	12/06/2017	New risk added (upgraded from 12 to 15).	*

Note: Where risks have reduced below the >=15 level for two consecutive reviews, they are removed from this summary.

Removed risks will be reinstated if their RR raises to >=15 in later reviews.

* Reason for Change of risk scoring.

8 Active 'Red' risks

	REVIEW COMPLETED
	MISSED REVIEW
↔	NO CHANGE
↓	DECREASED RATING
↑	INCREASED RATING
☒	CLOSED RISK
NEW	NEW RISK or RISK WITH INCREASED RR

Risk Assurance Framework

22/06/2017

Title	ID	Division	Directorate	Risk Type	Description	Risk source	CQC domain	Controls in place	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Actions	Consequence (Target)	Likelihood (Target)	Rating (Target)	Risk level (Target)	Opened	Date reviewed	Date of next review	Assurances	Risk Handler	Executive Lead	Risk Management Level	Status
Objectives: Objective 1: Excellent Clinical Outcomes																									
Growth in Non-Elective demand above plan	3	Emergency and Integrated Care	Site Operations	Quality of Service	Multiplies risks to patient quality, delivery of access standards and financial implications (STF funding) due to continued growth in non-elective demand. The Trust is continuing to utilise additional operational capacity (escalation space) in order to respond to its excess number of non-elective admissions. This has led to an increase in premium staffing, and poses the risk of a reduced quality of service and the potential cancellation of further elective procedures. There is a risk that sector-wide planned admission avoidance schemes and delayed discharge improvement schemes will not be achieved as demand for non-elective admissions has not reduced in line with predictions.	Business planning, Performance data, Strategic planning	Caring, Effective, Responsive, Safe, Well-led	1. System-wide A&E delivery boards supplemented by 2 x site specific operational boards monitoring system-wide agreed trajectories 2. Trust wide LOS/Bed productivity work stream 3. 'Stretch' CoE & ED/AAU specific improvement schemes for 2017/18+ 4. Local/daily measures: R/G, 2b412, escalation, discharge, choice policies implemented 5. Site + discharge team reconfigurations 6. Discharge + Mental Health improvement CQUINS	Major	Likely	16	Extreme Risk	1. Emergency Care Transformation Plan being implemented, including a discharge to assess model. 2. Ongoing work with local partners to improve rates of discharge to community care providers and reduce readmission rates. 3. Physical reconfiguration of both sites ED completed (Feb/Mar 2017) 4. Daily/local actions include Red/Green, 2b412, earlier escalation of MH patient delays 5. Ensure overperformance income offsets cost of providing bed capacity.	Moderate	Likely	12	High Risk	01/06/2015	12/05/2017	12/06/2017	Macros risk are discussed on a weekly basis by the Executive Team with updates on progress being provided to the Board via the Board Report on Performance and via FIC NEL demand report (Nov 2017) Risks managed at site/Divisional level and via LOS/Bed Management CIP Workstream Steering Group and monthly Exec/Div bi-lateral Daily actions implemented and tracked via bed meetings, DTOC/med optimised daily updates and weekly performance management group.	Titcomb, Mark	Chief Operating Officer	Risks managed at Divisional level	↔
PACS support and maintenance	368	Planned Care	Clinical Support	ICT Infrastructure	1. The risk is that the Agfa PACS support contract ended 31st May 2017, which leaves the department unsupported if in event of a software or hardware issue. 2. There is a risk that the licensing for the system will be revoked on 21st June 2017 which result in withdrawal of PACS.	Business planning, Risk Assessment, Strategic planning	Effective, Safe	1. On-going discussions continue with the company, finance and senior management within IMT to resolve issue. 2. The plan to move to Sectra is being reviewed to determine whether this can be accelerated.	Major	Likely	16	Extreme Risk	1. To secure continued support from the company.	Major	Likely	16	Extreme Risk	12/06/2017	12/06/2017	21/06/2017	1. Maintenance contract extended to provide the appropriate cover.	Kaye, Alan	Chief Information Officer	Risks managed at Divisional level	NEW
Objectives: Objective 2: Excellent Patient Experience																									
Loss of Junior doctor posts	200	Planned Care		Patient Safety	The main risk is that there will be insufficient junior medical cover both out of hours (via Hospital at night) and during the in-hours period.	Audit	Caring, Effective, Safe	1. Restructure the Medicine and Surgery FY1 doctors at night so that they cover generic areas as part of the hospital at night team. 2. The division are recruiting Clinical Support Workers and Physician's Assistants to provide additional cover to the remaining medical teams. Clinical Nurse Specialist role will also be examined to see what extra clinical roles can be assumed by them, with some administrative backfill.	Moderate	Almost certain	15	Extreme Risk	team will also have a Clinical support worker attached to it to help with low level clinical and administrative tasks. Recruitment will begin imminently but a project manager needs to be identified to take. awaiting confirmation of exact decrease in allocation of junior staff. once known, will enact the plan	Negligible	Possible	3	Low Risk	04/10/2016	03/05/2017	30/06/2017		Dawson, Peter	Medical Director (Executive level)	Risks managed at Divisional level	↔
Objectives: Objective 3: Excellent Use of Resources																									
Staffing Capacity	76	Corporate functions	Human Resources	Staffing	Risk of not recruiting to retaining the right staff in the right numbers with the result that a) we cannot deliver a safe level of service b) we will rely on high bank and agency usage which causes instability in clinical teams; and c) we incur high agency spend.	Business planning	Caring, Effective, Responsive, Safe, Well-led	1. On-going recruitment and retention strategies at local and Trust level including targeted action in nursing and hard to recruit area, including establishment of nurse recruitment and retention group 2. Reporting our SAFE staffing within the clinical areas in line with clinical demands. 3. People & OD Committee 4. Harmonising of Bank rates to reduce reliance of agency usage and encourage our own staff to work for us. 5. Streamlined recruitment processes supported by implementation of electronic recruitment system to reduce time to recruit	Major	Likely	16	Extreme Risk	1) Attraction plan agreed and implementation plan in place and monthly meetings set up to track progress. The plan includes streamlined recruitment and on-boarding processes to reduce time to recruit and reduce attrition for new starters number of leavers in first 2 years of service; targeted interventions focussed on nursing in particular to increase number of starters and reduce turnover in hard to recruit/ retain areas including overseas recruitment. 2) On-going restructure of temporary staffing arrangements to achieve an 80:20 bank: agency ratio and to increase our fill rates to 90%. 3) A range of initiatives aimed at increasing staff engagement. Recent/on-going/planned initiatives include: • embedding of values in core workforce procedures – on going • new PDR process in April 17 • launch of new monthly people	Major	Possible	12	High Risk	01/02/2016	20/06/2017	21/07/2017	The Board will directly oversee the management of the Trust's 'Top Risks' via reports received from the Audit Committee (quarterly) and directly when the high-level RAF is presented to the Board (twice per annum).	Loveridge, Keith	Chief People Officer	Macro risks managed at Executive level	↔
GUM Commissioning - Reduction in Tariff	333	Womens, Childrens, HIV, GUM and Dermatology	HIV / Sexual Health	Financial Management	INWL contract post tender. The overall impact currently is estimated at a financial loss to the service of over £6m to GU services. The reduction of income is associated with a proposed reduction in Sexual health tariffs and also a channel shift to the pan London on-line services at 40%. Contract negotiations are still on-going at this stage.	Strategic planning	Effective, Responsive, Well-led	Contract negotiations still on-going- Monthly meetings with INWL commissioners and weekly internal meetings Reviewing impact of staffing levels Reviewing models of care	Major	Almost certain	20	Extreme Risk	Reviews and actions will following contract negotiation meetings with the Commissioners	Moderate	Almost certain	15	Extreme Risk	05/05/2017	12/06/2017	11/09/2017		Watson, Lee	Chief Nurse	Risks managed at Divisional level	NEW

Objectives: Objective 4: Excellent Compliance																									
Delivery of the Quality Strategy and assurance that regulatory standards are met	78	Corporate functions	Nursing Directorate	Governance Arrangements	Multiple potential risks or threats to maintenance of quality of care as set out by quality strategy and other regulatory compliance frameworks, e.g. CQC.	Business planning	Caring, Effective, Responsive, Safe, Well-led	1. Board-level Quality Committee established which reviews risks to quality on a monthly basis, supported by a robust sub-structure incorporating a Patient Safety, Patient Experience, Clinical Effectiveness and Health & Safety Group. 2. Quality Strategy in place. 3. Quality Accounts priorities for 2016/17 agreed. 4. system of ward and departmental ward accreditation visits underway, led by the interim CN to provide assurance of quality as per CQC domains and remediation where standards not met. 5. Senior Nursing & Midwifery Quality Rounds - Fridays weekly, focused on quality issues & priorities 6. Continue with perfect days 7, mock CQC inspections with improvement action plans in place	Major	Likely	12	High Risk	1. Access of ward level quality dashboards 2. Continual ward accreditation assessments until all wards are on silver or above 3. Continue with the quality rounds	Minor	Unlikely	6	Moderate Risk	01/02/2016	10/03/2017	10/04/2017	The Board will directly oversee the management of the Trust's 'Top Risks' via reports received from the Audit Committee (quarterly) and directly when the high-level RAF is presented to the Board (twice per annum). Also in place are quality risk assessments as part of business planning process. CQC preparation structure in place and a continuous improvement approach embedded.	Nightingale, Pippa	Chief Nurse	Macro risks managed at Executive level	↔
Objectives: Objective 5: Strong Organisation																									
Cost Improvement Plan/ Synergies 2017/18	34	Corporate functions	Finance	Financial Management	The potential of a shortfall in our 2 year CIP/ Synergies plan as Trust wide PIDs still require analytics and financial assumptions for future years to be finalised. Delayed delivery of 17/18 schemes.	Business planning	Well-led	1. Project management office now in place 2. Regular deep dives/ development sessions scheduled with each SRO 3. Integration and CIP team in place. 4. Fortnightly Finance review meetings. 5. Monthly efficiency Board. 6. Weekly overview group. 7. Monthly Finance and Investment Committee - challenge and review. 8. Introduction and autonomy.	Moderate	Almost certain	15	Extreme Risk	New ideas to be worked up to address the 17/18 target gap to ensure new PIDs are worked. 1) Executive Owners and Operational Leads have been identified for a CIP and Corporate Synergies recovery plan. 2) CEO/ Executives are chairing 'star chambers' deep dives to close gaps in financial benefits and actions are being tracked fortnightly through the Programme Board.	Minor	Almost certain	10	High Risk	14/12/2015	16/05/2017	16/06/2017	Weekly Project Development Sessions have been set up for each of the trust wide high est value CIP schemes. Finance and Investment Committee and Executive Board - monthly review and weekly returns to NHS improvement.	Massaro, Virginia	Chief Financial Officer	Risks managed at Divisional level	↔
Communications	312	Corporate functions	Communications	Quality of Service	Multiple risks include: reduction in communications budget and staffing; and communications being an enabler in facing... the continuing challenge of integrating cultures and communications across multiple sites; increasing need to communicate new regulation and practices; the Trust's need to support staff in their career and retain them; increasing opportunity and risk involved with patient and staff use of social media; management of increasingly complex stakeholder relationships (supporting the Strategy team)	Other source	Caring, Effective, Responsive, Safe, Well-led	Significant existing activity including: 1. Internal: daily noticeboard, team briefings, intranet, Perfect Day. 2. Excluding: Going Beyond magazine, media liaison, Board meetings	Major	Likely	16	Extreme Risk	1. Appointed Interim Director of Communications 2. Recruiting to BS Communications Officer 3. Launching staff Vlog 4. Progressing intranet integration 5. Launching CEO weekly newsletter 6. Developing social media strategy and reviewing communications strategy 7. Continuing PROUD communications strategy	Moderate	Possible	9	High Risk	03/03/2017	12/05/2017	12/06/2017	The matter is discussed regularly at CEO cabinet and Executive Board. The Director of Communications attends the Board and liaises with non-execs.	Neame, Donald	Deputy Chief Executive Officer	Macro risks managed at Executive level	↔
Cyber Security Threats to Trust Data and Infrastructure	313	Corporate functions	Clinical Systems & Information Technology	ICT Infrastructure	Risk to Data: A cyber security incident can result in data being stolen, destroyed, altered or ransomed. Risk to Infrastructure: A cyber security incident can result in all or part of Trust ICT infrastructure being disabled, or destroyed. There would be a prolonged period of recover. Causes: In order to function, the Trust needs to maintain an IT environment connected to the internet. This exposes the Trust to a constant flow of infection and attack.	Business planning. Strategic planning	Safe	Priority Initiatives were highlighted: 1. Cyber Security Business Continuity Plan. This is to be developed by Emergency planning. 2. Joiners and leavers process.. There needs to be discussions in progress between HR and ICT on how to reduce this problem. 3. Generic Accounts. A technical solution is to be developed by ICT. When this is ready it will be consulted on with the clinical areas. 4. Network Addressing Controls (NAC). A small pilot will need to be carried out this year to test the feasibility of solutions. 5. Staff Education. ICT are looking at cyber security education options ICT are in the process of identifying funding to recruit a specialist resource with cyber security skills. Design work is being carried out to make the Cerner 724 devices more resilient to Cyber security threat.	Major	Likely	16	Extreme Risk	The Trust Emergency Planning Department are to be asked to work on plans for business continuity in the event of Cyber Security incident	Minor	Possible	6	Moderate Risk	03/03/2017	02/06/2017	30/06/2017		Gordon, Pamela	Chief Information Officer	Risks managed at Divisional level	↔

↔	NO CHANGE
↓	DECREASED RATING
↑	INCREASED RATING
🔒	CLOSED RISK
NEW	NEW RISK or RISK WITH INCREASED RR

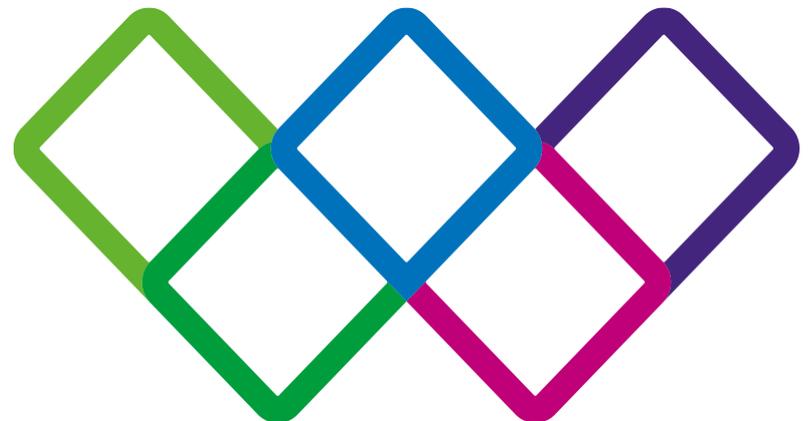


Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	2.7/Jul/17
REPORT NAME	Non-Elective Demand - Update Review
AUTHOR	Tom Rafferty, Head of Strategy Jenny Platt, Service Improvement & Efficiency Manager Mark Titcomb, DDO Emergency & Integrated Care
LEAD	Rob Hodgkiss, Chief Operating Officer
PURPOSE	The report provides an updated position on the non-elective demand forecast and impact
SUMMARY OF REPORT	The report presents the growth in non-elective demand to 2020/21 and the resulting impact on bed requirements and financial position for the Trust. It examines the benchmarking position of the Trust against London and National peers in regards to achievement of the 4 hour target, number of NEL admissions, and ratio to bed base. It then presents the mitigating actions being taken to address this growth in demand, particularly focused on the West Mid site. Firstly, schemes that will commence in 17.18 and then consideration of longer term transformational initiatives. Within this there is a focus on enhancing the Frailty pathway and model of care.
KEY RISKS ASSOCIATED	The report addresses the growth in NEL Demand risk as documented on the Trust's risk register
FINANCIAL IMPLICATIONS	Financial implications are covered in Slide 7 of the report
QUALITY IMPLICATIONS	Quality implications are noted in the Risk presented and the schemes proposed in the report
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Excel in providing high quality, efficient clinical services• Improve population health outcomes and integrated care• Deliver financial sustainability• Create an environment for learning, discovery and innovation
DECISION/ ACTION	For discussion

Non Elective Demand Updated Review July 2017



Non-elective Demand: The risk to the Trust

The growth in Non-Elective Demand is rated as an ‘Extreme Risk’ on the Risk Register:

“Multiples risks to patient quality, delivery of access standards and financial implications (Sustainability & Transformation Funding) due to continued growth in non-elective demand. The Trust currently needs to utilise additional operational capacity (escalation space) in order to respond to its excess number of non-elective admissions. This has led to an increase in premium staffing, and poses the risk of a reduced quality of service and the potential cancellation of further elective procedures. There is a risk that planned bed closures within the sector will not be achieved as demand for non-elective admissions has not reduced in line with Better Care Fund plans.”



Non-elective Demand: Summary



The refreshed non-elective (NEL) forecast suggests an 8% growth in non-elective activity at Chelsea and a 30% growth at West Mid by April 2021. This would require an additional 53 non-elective beds at the West Mid site, with no additional need for beds at the CW site.



The Trust focus is on managing the growth projected on the West Mid site through delivering identified schemes to improve productivity. The anticipated productivity gains from these schemes are factored into the activity/beds forecast.



The estimated financial impact of this increase in NEL activity is -£6.7m by 2020/21



We therefore have to establish the scale of our ambition to adopt more transformative approaches - from providing step down community beds to leading a full integrated Accountable Care Organisation (ACO) with community and social care partners



Non-elective FIC Review

Definitions

A&E Attendance – a patient that is seen and treated in A&E, who may then be admitted to hospital for observation and/or further treatment, or discharged. CCGs pay the Trust for each patient that attends A&E according to a national tariff. Depending on the level of treatment required, the Trust receives between £70 and £300 per patient.

Non-elective Admission – a patient that is admitted to hospital as an emergency. CCGs (NHS England for specialist services) pay the Trust for each patient that attends A&E according to a national tariff. Certain caps and limits are placed on payment for non-elective activity in an attempt to disincentivise unnecessary admissions.



Facts and Figures

over **280,000**

The number of **A&E attendances** recorded by the Trust in 2016/17.

over **77,000**

The total number of **non-elective admissions** in 2016/17. This included maternity admissions and births.

over **48,000**

The total number of non-elective admissions in 2016/17 reported to NHS England. This **excludes maternity admissions and births**.



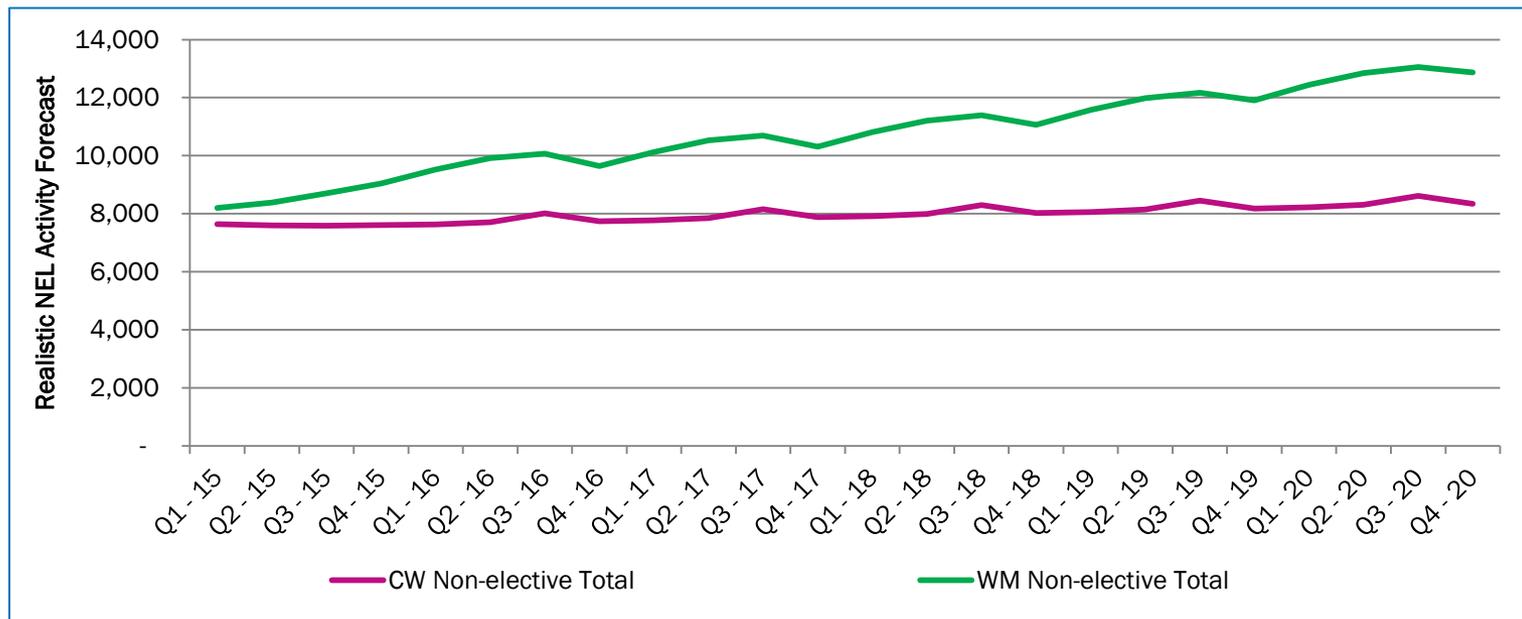
1. Projecting Non Elective Demand to 2020/21

A 'Realistic' scenario forecasts an **8% growth** in non-elective activity **at the CW site**, and a **30% growth at WM** from Q4 16/17 to Q4 20/21.

The modelling assumes¹ occupancy rates continue at historic rates.

This equates to demand for **53 additional non-elective beds at WM**.

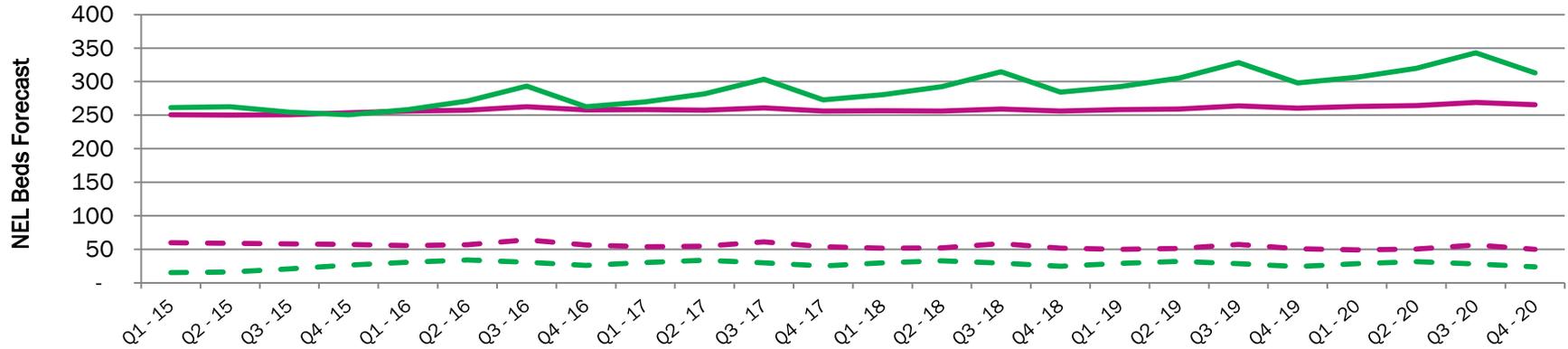
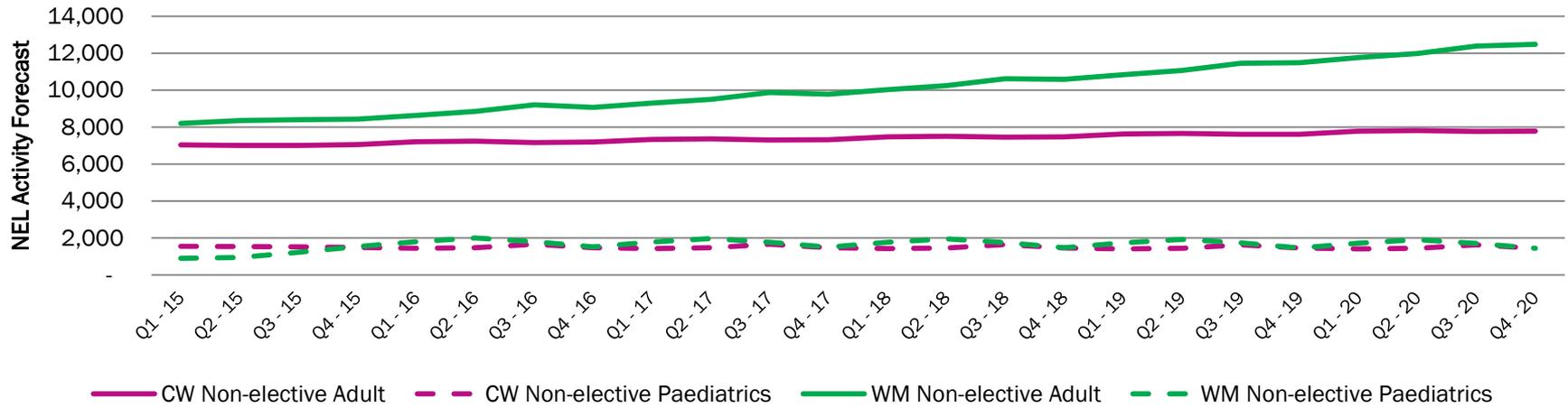
With the assumed productivity gains, there would be **no need for additional beds at CW**.



¹ See Appendix on [Slide 24] for a full breakdown of assumptions.

1.1. Adult/Paediatrics Forecasts

The chart below splits out the activity and beds forecasts by site and adults/paediatrics. The primary growth in demand is seen in adults at West Middlesex, specifically in medical specialties².

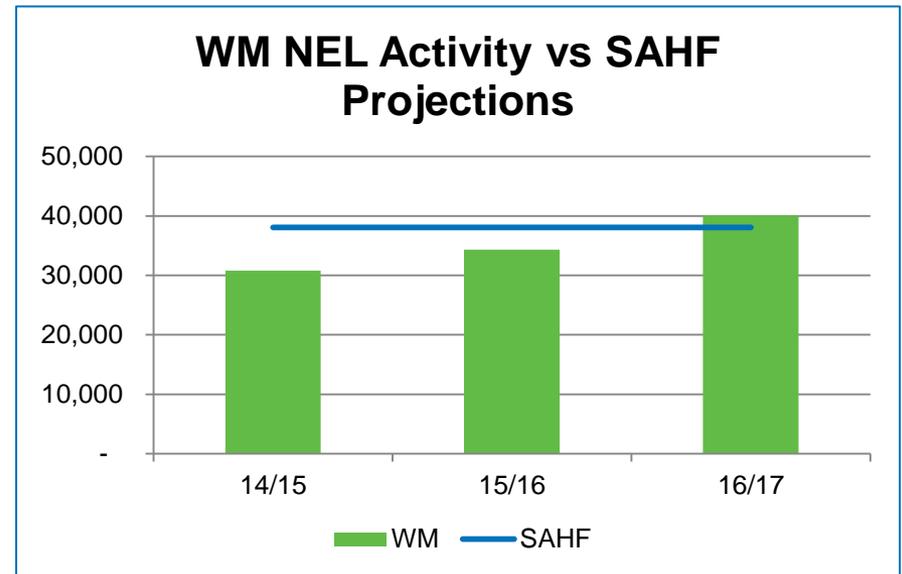
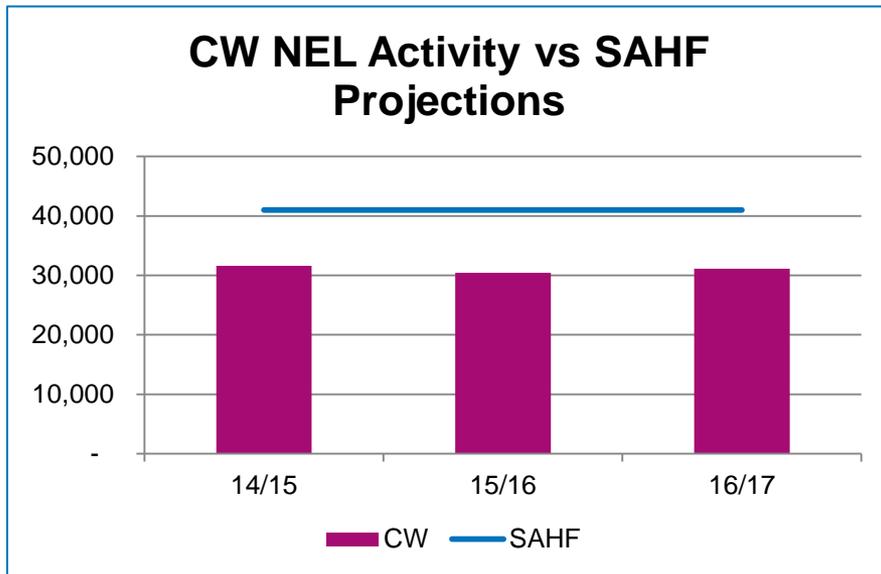


² See Appendix on [Slide 25] for a bed forecast by division and specialty.

1.2. Shaping a Healthier Future (SaHF) Forecasts

NEL activity at WM has already reached the levels forecast by the Shaping a Healthier Future (SaHF) programme, despite the related reconfigurations not yet taking place.

The charts above show actual NEL activity levels at each site against SAHF activity forecasts. The SAHF changes were originally due to be implemented in 2015/16 but are now not expected to be complete prior to 2024/25.



Whilst NEL activity at the CW site is still well below the levels forecast in the SAHF plans, significant year-on-year growth at WM means that NEL activity surpassed the SAHF forecast in 16/17, despite the related reconfigurations not yet taking place. These **reconfigurations were expected to result in an additional 11,500 NEL admissions at WM** per annum.



1.3. Financial Impact

It is estimated that the forecast NEL activity levels would have a negative in-year impact of approximately **-£6.7m** by 2020/21

The table below compares the forecast NEL activity levels in the Trust's current Long Term Financial Model (LTFM) with the forecasts set out in the slides above. The figures differ slightly from those presented to FIC in November 2016 due to a) lower activity forecast as a result of more refined forecasting methodology and b) a greater loss per NEL patient in 16/17 Service Line Reporting (SLR) compared to 15/16 SLR.

	17/18	18/19	19/20	20/21
Current LTFM NEL Activity	62,208	58,545	57,283	53,621
Revised Forecast NEL Activity	73,299	76,697	80,478	84,694
Est. Financial Impact	-£ 2,4m	-£ 3,9m	-£ 5,0m	-£ 6,7m
Nov 2016 Estimated Impact	-£ 2,7m	-£ 3,8m	-£ 4,6m	-£ 5,7m

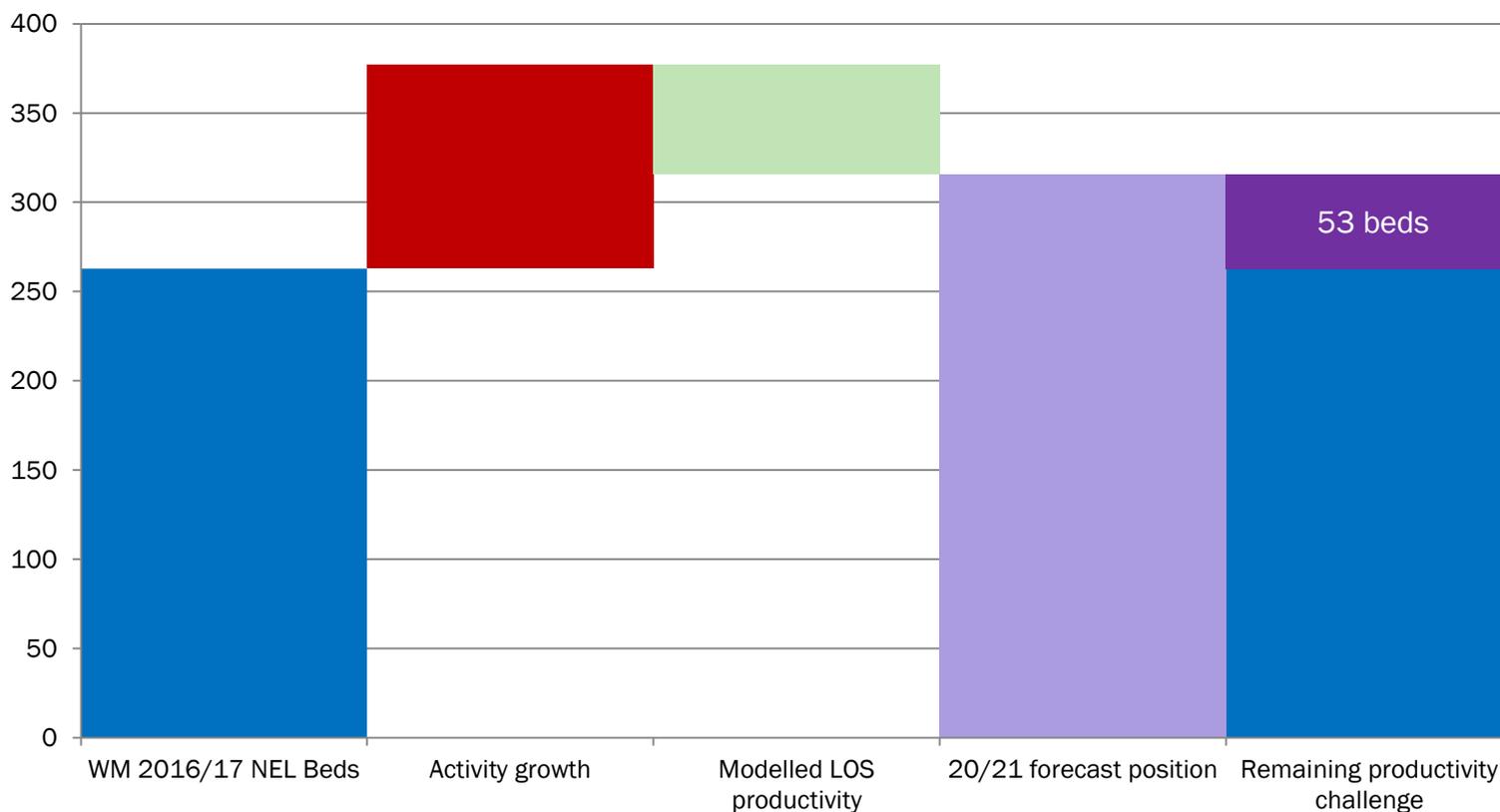
16/17 SLR data suggests that the trust lost c.£217 per NEL patient, excluding overheads. The projections above assume that this level of loss-making would continue into the future. These projections do not factor in any productivity gains and therefore may slightly overstate the negative financial impact of the forecast activity levels.



1.4 Impact of productivity initiatives on bed requirement for West Mid 2020/21

Assuming a productivity improvement from our identified initiatives, the Trust face a gap of 53 beds by 2020/21 on the West Mid site.

WM NEL Bed Base Waterfall to 2020/21



2.1 Understanding our performance against other Trusts

CWFT performs well against the 4 hour A&E target in light of the high number of non-elective admissions per bed that we see.

Trust	4hrs A&E Performance 2016/17	Total NEL Admissions	Estimated NEL Bed Base	NEL Admission to Bed Ratio
North Middlesex University Hospital NHS Trust	82.0%	33,988	412	82.51
Chelsea And Westminster Hospital NHS FT	92.4%	48,519	600	80.91
Lewisham And Greenwich NHS Trust	84.4%	61,581	767	80.30
St George's University Hospitals NHS FT	91.6%	52,630	656	80.22
Royal Free London NHS FT	87.6%	53,090	677	78.43
University College London Hospitals NHS FT	88.2%	30,604	399	76.76
The Whittington Hospital NHS Trust	87.4%	16,704	220	75.94
Kingston Hospital NHS FT	90.0%	26,843	359	74.76
Croydon Health Services NHS Trust	89.0%	31,335	421	74.40
London North West Healthcare NHS Trust	86.2%	66,154	893	74.06
Guy's And St Thomas' NHS FT	88.7%	45,960	623	73.75
Homerton University Hospital NHS FT	94.0%	22,052	302	73.02
Imperial College Healthcare NHS Trust	88.4%	51,615	717	71.95
Barking, Havering And Redbridge University Hospitals NHS Trust	85.6%	53,095	746	71.16
Barts Health NHS Trust	86.1%	95,690	1,357	70.54
King's College Hospital NHS FT	82.1%	58,232	890	65.46
Epsom And St Helier University Hospitals NHS Trust	95.3%	40,113	634	63.28
The Hillingdon Hospitals NHS FT	84.0%	22,733	369	61.57

CWFT was the third best performing trust in London against the 4 hour A&E target in 2016/17 despite having the second highest NEL admissions to bed ratio. **The 2 trusts** that out-perform CWFT have 10% and 22% fewer admissions per bed.



2.2 Understanding our performance against other Trusts

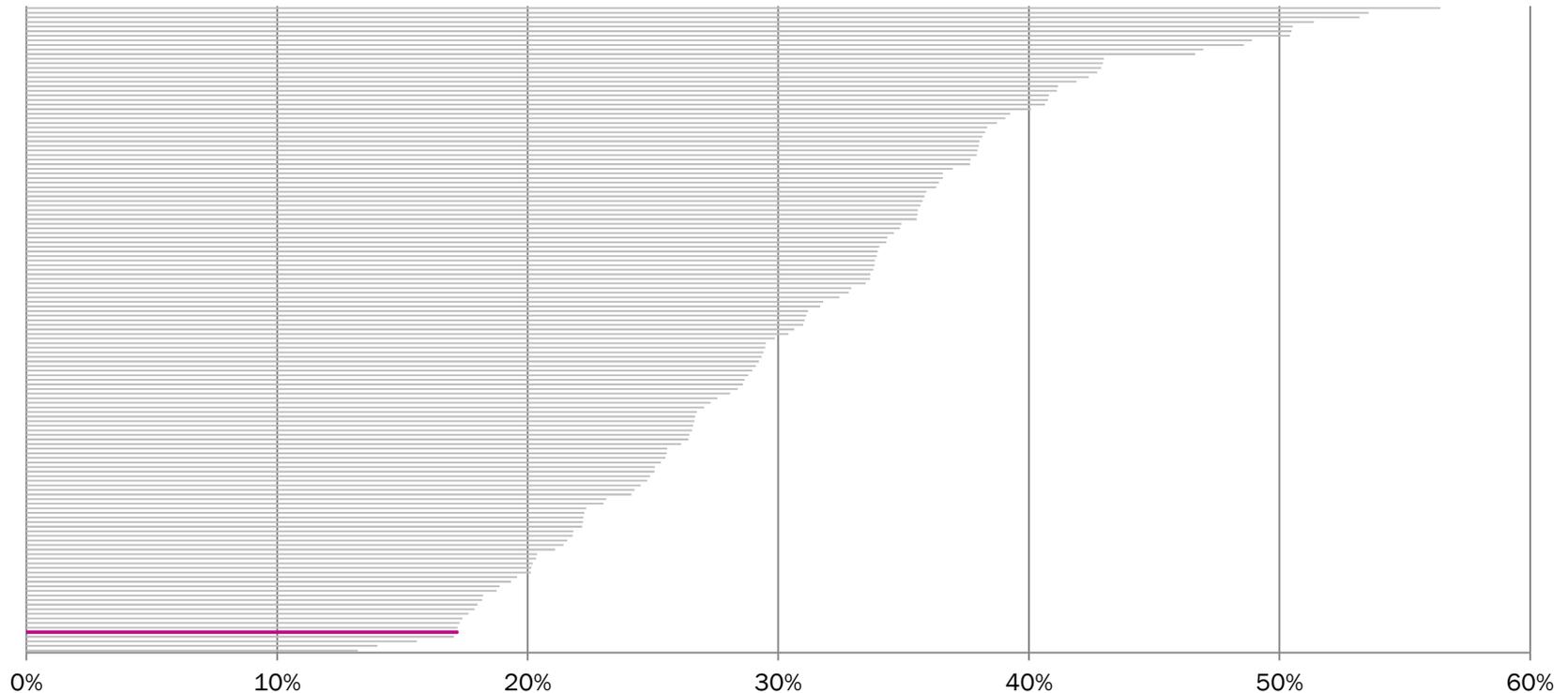
CWFT is 21st nationally in terms of acute A&E performance. Only 7 trusts in the country with a higher NEL admissions to bed ratio perform better on the 4 hour target, and only **2 of these** meet the 95% standard.

Trust	4hrs A&E Performance	Total NEL Admissions	Est. NEL Bed Base	NEL Admission to Bed Ratio
The Royal Bournemouth And Christchurch Hospitals NHS FT	94.6%	36,307	379	95.79
Dorset County Hospital NHS FT	95.2%	21,164	228	92.99
North Tees And Hartlepool NHS FT	94.2%	44,957	502	89.59
City Hospitals Sunderland NHS FT	93.0%	43,417	507	85.65
Luton And Dunstable University Hospital NHS FT	98.8%	43,173	505	85.56
Northern Devon Healthcare NHS Trust	94.5%	18,561	219	84.91
County Durham And Darlington NHS FT	93.2%	60,255	714	84.38
Chelsea And Westminster Hospital NHS FT	92.4%	48,519	600	80.91
Sherwood Forest Hospitals NHS FT	94.5%	38,074	485	78.57
South Tees Hospitals NHS FT	95.3%	50,857	655	77.70
Calderdale And Huddersfield NHS FT	94.2%	44,235	588	75.22
Western Sussex Hospitals NHS FT	94.4%	56,552	756	74.79
Homerton University Hospital NHS FT	94.0%	22,052	302	73.02
South Warwickshire NHS FT	95.5%	23,693	341	69.52
Northumbria Healthcare NHS FT	93.9%	52,030	766	67.88
The Dudley Group NHS FT	94.2%	40,204	593	67.78
Gateshead Health NHS FT	96.1%	24,621	366	67.27
Surrey And Sussex Healthcare NHS Trust	93.7%	34,317	535	64.13
Epsom And St Helier University Hospitals NHS Trust	95.3%	40,113	634	63.28
South Tyneside NHS FT	92.7%	15,282	263	58.09
The Newcastle Upon Tyne Hospitals NHS FT	94.4%	55,269	962	57.43



2.3 Understanding our performance against other Trusts

CWFT has the 5th lowest conversion rate of A&E attendances to NEL admissions in the country.



The chart above shows **CWFT's** conversion rate against other acute trusts nationally. Such a low conversion rate – thanks in part to well embedded ambulatory emergency care pathways at both sites – suggests that the high NEL demand is not a result of over-admission of patients relative to the number of patients attending A&E.



3.1 Understanding the demand profile by site

Our demand profile suggests that we need site specific interventions that address the significant growth pressure for the West Mid site and recognising that a disproportionate amount of this growth comes from our Frailty cohort when looking at the % of bed days attributed to them.

- When looking at the breakdown of admissions by age, our Frailty cohort represents 26% (CW) and 31% (WM) of our NEL admissions but accounts for 42% (CW) and 58% (WM) of bed days.
- 19% of CW NEL patients and 25% of WM patients are 75+.
- Patients in the 75+ age bracket have a higher likelihood of a longer length of stay. The median length of stay at CWH is 3 days (mean 10.4 days) compared to a median of 2 days (7.7 days) at WMUH*
- Readmissions: the risk of readmission is higher on the West Mid site than the ChelWest for patients in a number of the age brackets – but particularly for patients aged 65+



*based on data prior to Frailty Unit implementation

3.2 Identifying trends in demand for our patients aged 75+

Detailed analysis of our 75+ cohort shows that we require targeted interventions for this group of patients based on the distribution of their lengths of stay. This means a robust front door provision that supports patients who can go home within 24 hours, and a dedicated Frailty Unit that aims to reduce the length of stay for patients who are currently transferred to a downstream ward. The success of these is dependent on pathways with community partners that prevent readmissions

- On both sites the length of stay for patients aged over 75 shows that a significant proportion of patients stay 0-3 days - with 50% of patients on the WM site having a length of stay of 2 days
- However, on the CW site the proportion of patients having very long lengths of stay is much higher. The cohort demographics and culture at the West Mid site have an impact on patients being able to be discharged sooner
- The risk of readmissions for this cohort of patients is much higher on the West Mid site than the CW site, despite shorter lengths of stay. Re-admission rates for patients 65 and over fall outside of the expected range when comparing with other Trusts



4. Our approach to mitigating the demand

Summary:

- The **West Mid growth projection to 2020/21** requires us to **prioritise our initiatives on that site** – we are rolling out existing schemes quicker and identifying site specific solutions that reflect the demographics of demand
- For 2017/18, the schemes in our **A&E trajectory plan** are being rolled out first at West Mid:
 - Red to Green patient flow embedded on all wards, enhancing the discharge team with additional coordinator posts, and enabling earlier discharges through the ‘2 Before 12’ discharge campaign
 - Building on the Frailty service to establishing a Frailty Unit at West Mid to reduce length of stay and improve patient experience
 - Admission avoidance initiatives at the front door including: pathways in conjunction with Hounslow & Richmond Community Trust (HRCH); Surgical Assessment Units (SAU) on both sites; specialty pathways including plastics; and consultant geriatricians in ED
- Our 2020/21 modelling shows we will need **longer term solutions with a more radical and transformative approach**; including a greater role for the Trust in community provision through GP partnerships and step down/interim beds

4.1 Schemes for delivery in 2017/18

Productivity schemes aim to save 2,573 breaches against a requirement of 3,340 in the A&E trajectory plan. While the Trust is responsible for a number of these initiatives, the system-wide impact requires the successful delivery of identified community schemes

Trust Led Scheme	Progress as at June 2017
Improved discharge team/process	Discharge coordinator roles across all wards (1 per 60 beds) – recruitment is in progress to start on West Mid site first. Discharge to Assess (D2A) pilot live on WM site 1 st June, pathway in development CW site start July
Red to Green roll out (SAFER Patient Flow Bundle)	The approach is live on 7 wards at WM and 5 wards at CW and proposal to roll out to all adults wards by Sept 2017. Identification of daily delays to patient care and discharges so we can target actions accordingly to improve patient flow
Improved Ambulatory Care/Hot Clinics	Additional Hot Clinics for neuro and cardio on WM site. Scoping expansion of outpatient parenteral antibiotic therapy (OPAT) service on both sites, business cases by August 2017.
Integrated Community Response Service (ICRS)/Community Independence Service (CIS)	Helping You Home project started March 2017 with ICRS at WM site which includes A&E team spending time out with community teams
Surgical Assessment Units (SAU)	New model launched at CW in Feb 2017, early findings showing reduction in length of stay. West Mid SAU in place.
Specialty pathways (plastics & gynae)	New gynae assessment unit at CW is demonstrating a positive impact on breaches. Plastics pathway allowing direct booking into clinics is projected to deliver further reductions in breaches in next 2 months
7 day therapies pilot	6 week pilot completed on CW site and evaluation in progress. Initial indication of reductions in length of stay through active therapies input over weekend and early identification of patients on AAU

4.2 Developing the future medical workforce to enable scheme delivery

The challenges presented from the growth in non-elective demand require a fundamental redesign of the medical workforce to reduce our usage on temporary medical workforce and to deliver the **Future Hospital model of care set out by Royal College of Physicians and Joint Medical Colleges**

- **The Medical division is at the core of the new model** with responsibility for all medical services across the hospital from ED to general and specialist wards.
- We have started a number of **Medical staffing initiatives** to develop this model including the recruitment of Medical Training Initiative (MTI) doctors and fellowships which have been taken through the People and OD Committee
- We are proposing to **develop enhanced roles for Health Care Assistant (HCA), nurses, therapists, and pharmacists** - working as part of an Multi Disciplinary Team
- The proposed new model would see all **downstream wards run by Care of the Elderly physicians**; freeing up capacity within specialty teams to focus on their outpatients work
- For Orthopaedics, a **Physiotherapist led post-operative pathway** is proposed for elective patients; requiring investment in developing our enhanced scope therapists



4.3 Transformational approaches to address longer term demand growth



Provision of step down/ intermediate care beds being scoped with Kingston Hospital and partners

Acquisition of Hounslow GP practice – schemes to support admission avoidance, risk stratification, develop hub provision for outreach services

Enhanced outreach into Care of the Elderly community provision and potentially CIS/ICRS models

Development of community/ home based outreach provision to complement current Healthcare @ Home activity

Leading an Accountable Care Organisation for identified patient cohorts with community and social care partners, including capitated budgets



4.4 A vision for the frailty service of the future

A dedicated facility for **frail and elderly patients** from across the Trust, with **intensive rehabilitation** provided by a **multi-disciplinary team** for those who need it, and **step-down facilities** for those who are medically fit. The unit would be the base for **a single team working across primary, secondary and social care**, and would **support carers to make decisions** about where their loved-ones are cared for once their hospital spell is over.



4.5 Expanding our Frailty pathway in 2017/18

A Trust key priority for 2017/18 is the development and expansion of the Frailty pathway so that **older, frail patients are supported to return home as soon as they are able to do so**. To achieve this solutions are needed across acute and community pathways.

- Evaluation of the **pilot Frailty Units on both sites has demonstrated benefits** from this approach - through Length of Stay reduction and improving readmission rates
- Proposal to develop **Crane Ward (12 beds) as a Frailty Unit on the West Mid site** – initial scoping of ward configuration and requirements to provide a dementia friendly environment completed.
- Continuation of the Frailty Unit approach on **Rainsford Mowlem ward on CW site** – proposal to expand this model to the whole ward ensuring appropriate therapies, nursing and clinical coverage
- Success of Frailty Unit is **dependent on supporting pathways including**: outpatients/long stay clinics for re-admissions and admission avoidance; community in reach through ICRS (including A&E project); enhanced discharge team model; and patient flow initiatives including Red to Green days
- Mobilisation approach based on **lessons learned from SAU development** at CW site which has shown positive increase in staff feedback from working on the unit



4.6 Requirements to establish a Frailty Unit on West Mid Site

- Initial identification of Crane Ward for setting up 12 bed dedicated Frailty Unit. Existing team already care for frail elderly patients under Care of the Elderly Clinical team.
- Additional staffing identified as one HCA and one therapies assistant to support patients to be dressed, up and mobile, and participating in activities as much as possible under the guidance of the therapy leads
- Changes to the layout of the ward to improve the shower assessment area, kitchen area and equipment storage
- Ward improvements to enhance dementia-friendly environment including signage, choice of seating, pictures, activities
- Training - additional skills training for nursing team and enhanced Dementia training for Multi Disciplinary Teams
- Business case for the Frailty Unit development will be considered in line with Standing Financial Instructions (SFIs)



4.7 Longer term transformation

Establishing Frailty Units is the first of the 'building blocks' of developing a more **comprehensive system-wide approach to Frailty** in line with our vision for excellent patient care for this cohort of patients, their families and carers

- All base wards to be covered by Frailty/Care of the Elderly medical team with 'in reach' from specialties. Benefit would be to free up specialty time for outpatients and elective work
- Consultant and medical team staffing requirements and job plans being reviewed to cover new Frailty Units and proposed ward coverage
- Expansion of community pathways including – West London Case Manager in reach to CW, and GP practice hub at Hounslow giving opportunity for new models of care to be developed
- Development of OPAL (Older Peoples' Acute Liaison) type service for front door, rotating between consultants, to reduce readmission and preventable admissions working in complement with Frailty Unit
- Explore Trust provision of Intermediate Care beds and/or Nursing Home(s)



Conclusion: Taking forward our proposals



- **Raise the issues arising from the growth in NEL demand with our Commissioners**
- **Undertake the organisational change and development that will underpin the success of the initiatives identified**
- **Learn from the Trusts who are performing better than us, based on our benchmarking**
- **Widen our awareness of other models being adopted Internationally and learn from them**
- **Increase our productivity gain by looking at where we can scale up our proposals**





Appendices



Modelled scenarios and output

The team adjusted the model variables to produce three scenarios:

	Do nothing	Realistic	Stretch
Initial Bed Occupancy	86%	86%	86%
Future Bed Occupancy	86%	86%	92%
Frontier shift	1.0%	1.0%	1.5%
Catch-up profile (quarters)	8	8	8
Growth rate cap (max)	20%	15%	10%
Growth rate cap (min)	0%	-5%	-10%
Productivity growth cap*	0.0%	1%	1.7%**
Additional bed requirement: Chelsea	30	1	-13
Additional bed requirement: West Mid	114	53	45



* These equate to productivity gains of 0%, 5% and 9% over the period respectively

** This is the scenario modelled in SAHF

Realistic bed impact

Site	POD	Speciality	Division	% change	Initial beds	Additional beds
CW	Non-elective	A&E	EMIC	9%	15	1
CW	Non-elective	Burns	Planned care	-23%	3	-1
CW	Non-elective	Cardiology	EMIC	-23%	0	-0
CW	Non-elective	Critical Care Medicine	EMIC	-18%	2	-0
CW	Non-elective	Diagnostics	Planned care	4%	1	0
CW	Non-elective	General Medicine	EMIC	-3%	109	-3
CW	Non-elective	General Surgery	Planned care	1%	19	0
CW	Non-elective	Obs and Gynae	W&C	0%	38	0
CW	Non-elective	Paediatrics	W&C	-12%	49	-6
CW	Non-elective	Therapies	EMIC	75%	0	0
CW	Non-elective	Trauma & Orthopaedics	Planned care	64%	14	9
WM	Non-elective	A&E	EMIC	74%	27	20
WM	Non-elective	Anaesthetics	Planned care	72%	0	0
WM	Non-elective	Cardiology	EMIC	-23%	1	-0
WM	Non-elective	Critical Care Medicine	EMIC	-22%	1	-0
WM	Non-elective	Diagnostics	Planned care	-27%	0	-0
WM	Non-elective	General Medicine	EMIC	10%	198	19
WM	Non-elective	General Surgery	Planned care	64%	23	15
WM	Non-elective	Obs and Gynae	W&C	18%	34	6
WM	Non-elective	Paediatrics	W&C	-9%	31	-2.68
WM	Non-elective	Therapies	EMIC	87%	0	0
WM	Non-elective	Trauma & Orthopaedics	Planned care	-23%	15	-3



Non-elective Activity Age Profile

April 16 – March 17

Site	Age Band	%
CW	0-64	72%
CW	65-69	5%
CW	70-74	5%
CW	75-79	5%
CW	80-84	5%
CW	85-89	5%
CW	90-94	3%
CW	95+	1%
WM	0-64	64%
WM	65-69	5%
WM	70-74	6%
WM	75-79	7%
WM	80-84	7%
WM	85-89	6%
WM	90-94	4%
WM	95+	1%
TOTAL	0-64	64%
TOTAL	65-69	5%
TOTAL	70-74	6%
TOTAL	75-79	7%
TOTAL	80-84	7%
TOTAL	85-89	6%
TOTAL	90-94	4%
TOTAL	95+	1%

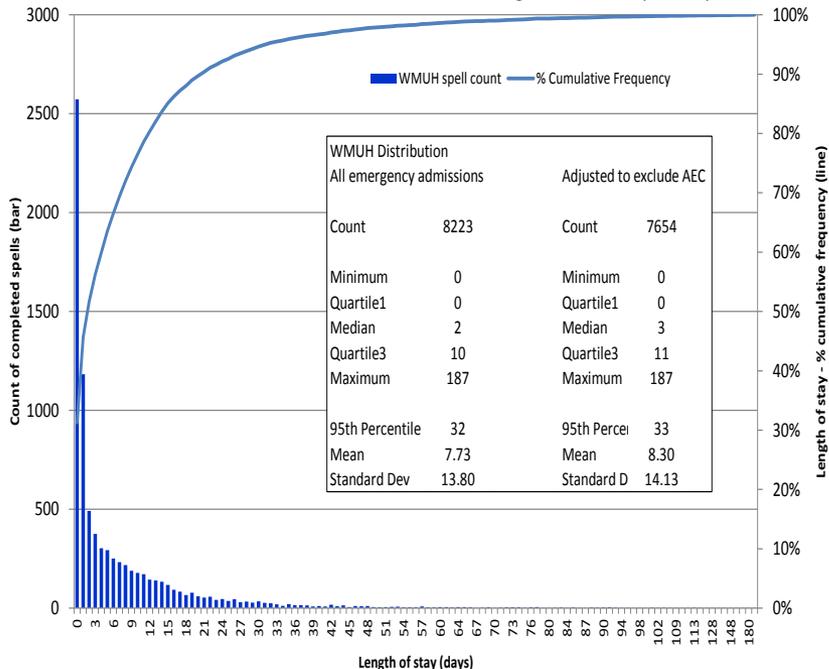


Length of stay distribution – patients over 75yrs

WMUH - Length of stay distribution of all emergency admitted patients aged 75 years or over

Period: March 2016 to February 2017

Source: Chelsea & Westminster FT Trust - Integrated Data Repository

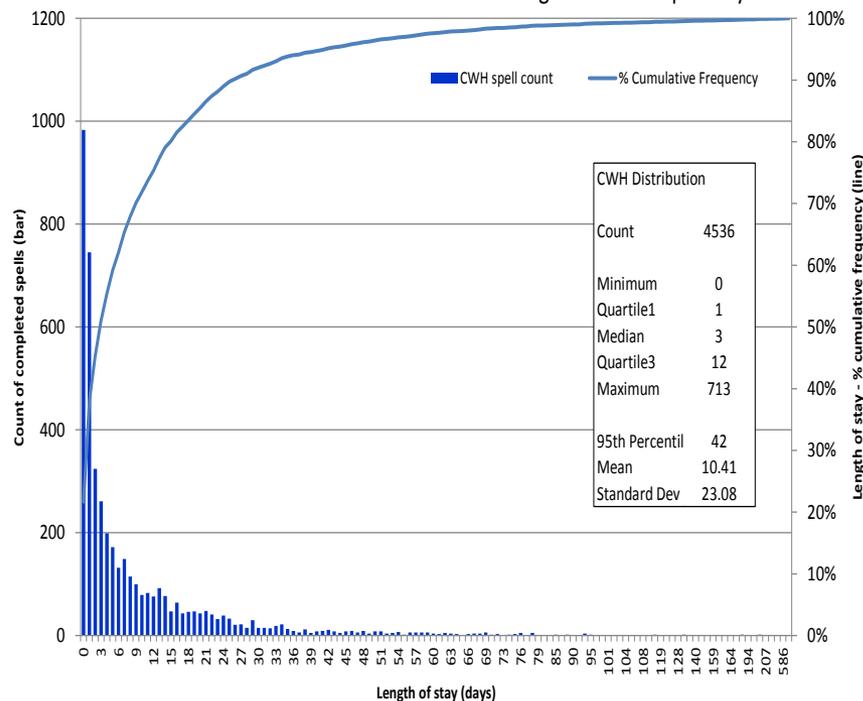


The length of stay distribution at the WMUH site is very skewed with fifty per cent of patients having a spell length of two days. By excluding ambulatory admissions (569 patients 75+ over twelve months) the median length of stay increases to three days.

CWH - Length of stay distribution of all emergency admitted patients aged 75 years or over

Period: March 2016 to February 2017

Source: Chelsea & Westminster FT Trust - Integrated Data Repository



The length of stay distribution at the WH site is similarly skewed with the median LOS at three days. It is clear that the tail of long stays is pronounced at this site.



Frailty Unit Pilot evaluation data: CW site

WARD	No. of Patients	Age (average)	F:M ratio	FEWS (average)	Edmonton (average)	Most Common presentation	Average LoS (days)	Inpatient mortality	Readmission 7 days	Readmission on 28 days
Frailty Unit (Nov-Dec 2016)	33	83.58	1.7 : 1	5.33	2.92	SOB	9.78	0	1	6
Emergency Observation Unit (July-Oct 2016)	41	83.80	1.7 : 1	3.95	2.31	Falls	0.00	0	3	3
Other Wards (Nov-Dec 2016)	23	84.48	1.5 : 1	5.13	Not completed	Falls	10.95	2	4	4
Total patients	97			97	64					

Reported Edmonton Frail Scale:

1 – Not Frail (0-5)

2 – Apparently Vulnerable (6-7)

3 – Mildly Frail (8-9)

4 – Moderately Frailty (10-11)

5 – Severe Frailty (12-18)



Frailty Unit Pilot evaluation data: WM site

The data shows that input from the Acute Frail Elderly Team (AFET) to patients on AMU (A1) reduces the hospital length of stay when comparing with B and C cohorts.

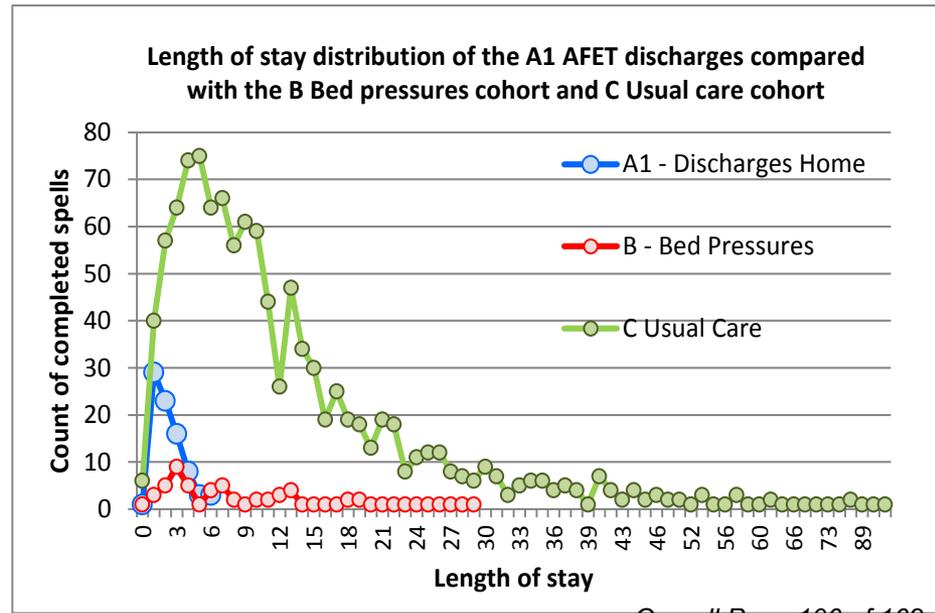
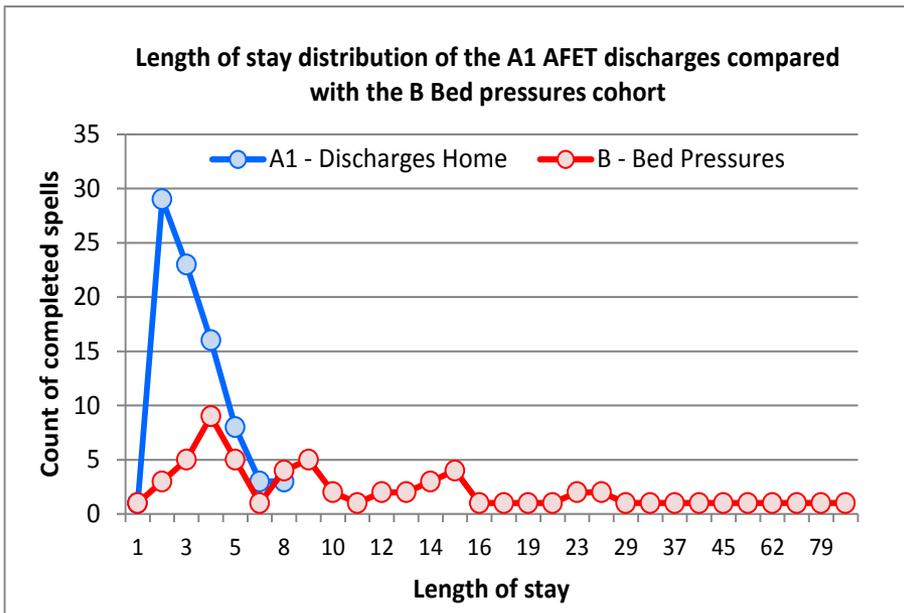
Patients 75+ admitted to AAU/AMU were divided into study subgroups:

A1: Discharges: patients assessed by AFET and **discharged** from hospital within 72 hours

A2: Sick/SOVAs: AFET decision that patient needs to stay in hospital –triaged to ward, due to patient being very ill and or **Safeguarding of Vulnerable Adults (SOVA)**

B: Bed pressures: AFET requested for patient to stay in AAU/AMU for early discharge within 72 hours of admission, patients transferred to ward (eg. **Bed pressures**)

C: Group “Usual Care”: patients transferred into the wards, not reviewed by AFET as no capacity/resource





Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Jul/17
REPORT NAME	People and organisation development strategy
AUTHOR	Keith Loveridge, Director of Human Resources and Organisation Development
LEAD	Keith Loveridge, Director of Human Resources and Organisation Development
PURPOSE	To seek approval for the people & organisation development strategy 2017-20.
SUMMARY OF REPORT	<p>This paper outlines how the trust will recruit and retain the people we need to deliver excellent services to patients and other service users. It sets out what the trust will do to establish itself as an employer of choice under the following strategic themes:</p> <ul style="list-style-type: none"> • Attraction and on-boarding • Engagement, culture and leadership • Health and well-being • A great place to develop a career • Designing a workforce for the future • Workforce productivity
KEY RISKS ASSOCIATED	The need to reduce vacancy and retention rates.
FINANCIAL IMPLICATIONS	Costs associated with high vacancy and retention rates and high reliance on agency workers.
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Improve population health outcomes and develop integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	Request for approval

People and organisation development strategy 2017-2020

1. Introduction

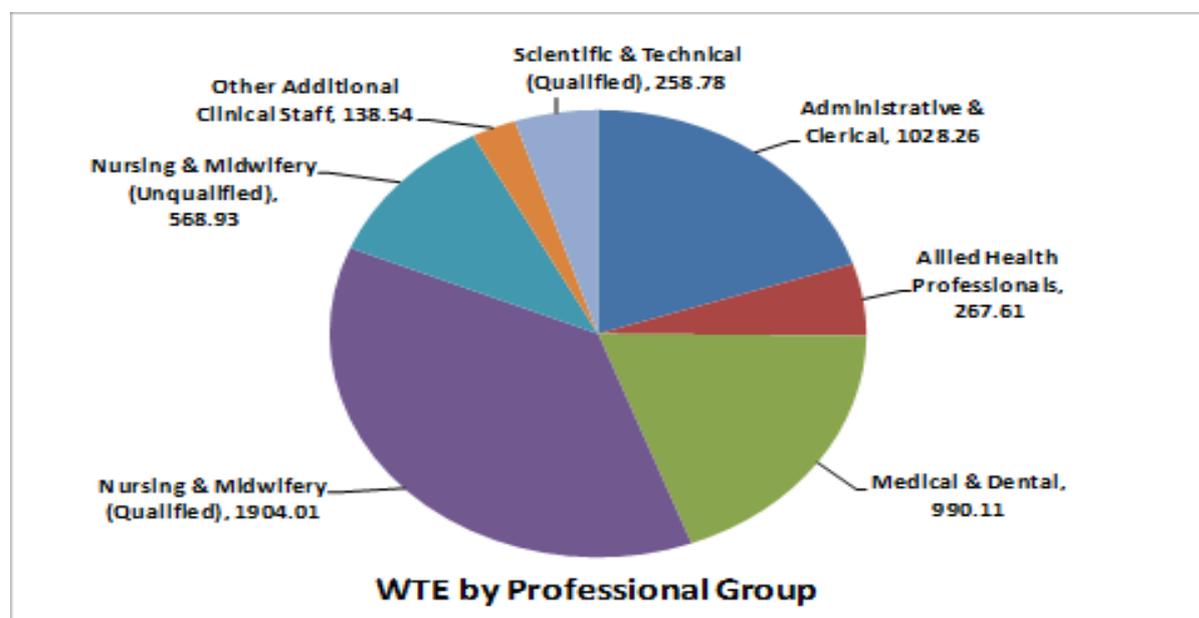
This paper outlines how the trust will recruit and retain the right number of engaged people with the right balance of skills to deliver great care to the people that use our services. It sets out what the trust will do to establish itself as an employer of choice under the following strategic themes:

- Attraction and on-boarding
- Engagement, culture and leadership
- Health and well-being
- A great place to develop a career
- Designing a workforce for the future
- Workforce productivity

2. Local context

Chelsea and Westminster Healthcare NHS Foundation Trust provides a range of acute and specialist health services for the residents of North West London and beyond. It has a workforce of nearly 6,000 staff based primarily at our West Middlesex and Chelsea sites. Approximately 80% of staff are employed in clinical roles. A breakdown of our workforce by professional group in May 2017 is provided below.

Figure 1 Workforce composition – professional groups – May 2017



Our purpose is to provide the best possible patient experience and care for the communities we serve. We will achieve this vision by delivering the following four strategic objectives:

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

Central to our vision is our clinical strategy which focusses on the following:

- Local acute and integrated care services where our priorities are integrated urgent and emergency care, efficient planned care, and support for ageing well and people with multiple and chronic conditions.
- Specialised services where our priorities are specialised women's and children's service, delivered across all of NW London, and specialised sexual health and HIV services delivered across London and more widely.
- Innovation and research where our priority is translating research 'from bench to bedside', bringing the best evidence to bear in respect of clinical care and patient experience.
- Education and training where we focus on multi-professional training to recruit and train the best staff to deliver our strategy.

In December 2016 we launched our new PROUD values. Our values are:

- **Putting patients first**
 - **Responsive to, and supportive of, patients and staff**
 - **Open, welcoming and honest**
 - **Unfailingly kind, treating everyone with respect, compassion and dignity**
 - **Determined to develop our skills and continuously improve the quality of our care**
- Our values are actively promoted and we aspire to see them embedded in everything we do.

3. Key factors driving our people strategy

Our vacancy and turnover rates are the key measures that we will use to assess the success of our strategy. In common with many other London trusts these key measures deteriorated or did not improve over the course of 2016-17. In May 2017 our vacancy rate was 13.7% and our voluntary turnover rate was 16.4%. Our vacancy and voluntary turnover rates for qualified nurses and midwives – our biggest professional group – are 14.4% and 17.9% respectively.

There are a number of significant factors that drive the development of our people strategy:

- **Supply of workers:** Labour supply across London NHS organisations is affected by continued pay restraint at a time of rising costs in London, long term shortages of clinically trained staff and difficult labour markets. Whatever the detail of UK's new arrangements with the European Union, from 2019 it is likely to be more difficult to recruit overseas workers. In May 2017 non-UK European Economic Area citizens made up 13.7% of our workforce, rising to 18.7% in nursing and midwifery. 391 qualified nurses and midwives and 127 of our doctors were from EEA countries. In response to labour market pressures we will need to become better at creating opportunities for internal career progression and retaining staff. We also need to better engage our local communities through more opportunities for volunteering, apprenticeships and work experience. As the supply of younger people reduces we will also need to attract and retain more older people.
- **Engagement:** Levels of staff engagement vary between trusts. Our overall staff engagement rating – as measured by the 2016 NHS staff survey – is below the national average. Trusts with high levels of engagement, where people are more likely to be strongly committed to the values and objectives of the organisation, have better patient outcomes and experience. Increasing engagement is essential to the establishment of an improvement culture and is a theme that features strongly in our people strategy.
- **The productivity challenge:** We need to transform healthcare to meet the needs of people living longer with more health conditions in the context of declining real terms

funding. We must ensure that our people are equipped with the skills and resources to apply new technology and adopt new ways of working deliver streamlined services organised around the needs of the patient. In addition, we will make better use of workforce metrics and tools such as electronic rostering and job planning to drive efficiencies that generate further investment in healthcare..

- **New models of care and the development of new roles:** Technological innovation and collaboration with other organisations to deliver integrated care is changing the organisation of work. We will design new and extended roles; we will expand our support workforce to include more volunteers and apprentices and more higher level, non-state registered support workers; and we will create employment and leadership models that support people to work across organisational and professional boundaries. An estimated 70% of the current NHS workforce will still be working in the NHS in ten years and so we will work with key partners in the health economy to enable staff to work to their full capacity, now and in the future.

4. Strategic themes in our people strategy

We will develop and implement our plans under six strategic themes:

- 1) **Attraction and on-boarding:** We will enhance our attractiveness as an employer. We will improve the efficiency and applicant experience of our recruitment processes and the support we provide for new starters.
- 2) **Engagement, culture and leadership:** We will increase levels of engagement and improve staff experience and internal communication.
- 3) We will promote **health and well-being.**
- 4) We will set our stall to be a **great place to develop a career.**
- 5) **Workforce design:** We will make sure that the design of roles and leadership structures supports effective decision making, greater flexibility, the emergence of new models of care and the application of new technology.
- 6) **Workforce productivity:** We will equip our people with the skills and resources to deliver streamlined services organised around the needs of the patient.

For areas of our people strategy that require a collective focus we will work with other organisations in the healthcare economy to influence the national workforce policy agenda and enter into collaborative projects.

4.1 Attraction and on boarding

An attraction and on boarding plan was approved by the executive board in February 2017 and the people and organisational development sub-committee of the board in March 2017. The plan aims to address a rising vacancy rate and particular problems faced by hard to recruit / retain departments. The May 2017 vacancy rates by division and professional group are reproduced below.

Figure 2 Vacancy rate – May 2017

Vacancies by Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	12.4%	13.6%	8.7%	12.0%	↕
EIC Emergency & Integrated Care	20.6%	19.9%	21.0%	16.3%	↘
PDC Planned Care	9.8%	6.4%	6.1%	9.5%	↕
WCH Women's, Children's & Sexual Health	16.8%	16.2%	16.1%	16.3%	↕
Whole Trust	15.2%	14.0%	13.7%	13.7%	↔

Vacancies by Professional Group	Feb '17	Mar '17	Apr '17	May '17	Trend
Administrative & Clerical	16.7%	15.5%	15.6%	18.5%	↕
Allied Health Professionals	16.6%	15.0%	10.2%	9.4%	↘
Medical & Dental	10.1%	9.8%	10.2%	9.6%	↘
Nursing & Midwifery (Qualified)	15.9%	15.8%	15.6%	14.4%	↘
Nursing & Midwifery (Unqualified)	15.7%	14.8%	13.6%	13.2%	↘
Other Additional Clinical Staff	11.5%	13.5%	16.2%	15.2%	↘
Scientific & Technical (Qualified)	22.2%	6.4%	7.2%	7.5%	↕
Total	15.2%	14.0%	13.7%	13.7%	↔

Our target general vacancy rate is 10%. To achieve this, the trust will:

- develop more informed approaches to recruitment and retention by getting better information about potential applicants through new starter surveys, exit questionnaires and stay interviews in hard to recruit/retain areas;
- streamline recruitment processes further to reduce to time to recruit, enhance applicant experience and reduce the cost of agency cover;
- work with the managers and staff in hard to recruit / retain areas and shortage professions to design workforce plans tailored to local need;
- build on our employer brand through the development of a careers microsite.

We will enhance support for new starters in their first six months of service. We know that early resignations, i.e. within the first two years, are often prompted by induction crises experienced in the first few months of employment. 54% of our qualified nurses and midwives who resigned in the 12 months to December 2016 had less than 24 months' service. 27% had less than 12 months' service.

We will develop a stronger, more coherent approach to resourcing through better engagement with our local communities. Key strands of work include:

- *Volunteers*: we will redesign our approach to the recruitment and retention of volunteers.
- *Apprenticeships*: we will significantly increase the number of apprenticeships for both new starters and current staff.

Work experience: we will work with local education institutions to provide high quality work experience placements which showcase rewarding careers in the NHS

Volunteering at Chelwest.

The trust aspires to be an exemplar in NHS volunteering. We intend to make volunteering an integral part of our overall approach to providing a great service to the patients in our care. We plan to triple our volunteers to 900 by 2020 with volunteers visible in every ward and department and integrated into day to day business. We will ensure that our volunteers are well-trained, engaged and well-looked after so that they can effectively complement and supplement the work of our paid staff.

4.2 Engagement, culture and leadership

We need to increase engagement if we are to establish an improvement culture. Highly engaged people put patients at the heart of everything they do, they are motivated to contribute to the success of the trust, to work collaboratively, embrace change and take accountability for delivering excellence. Trusts that report high engagement levels report better patient outcomes and higher patient satisfaction.

High levels of engagement enhance employer attraction and feed improved retention. Our voluntary turnover rate of 16.3% in May 2017 is above the London average and needs to come down. Our target voluntary turnover rate is 13%.

Figure 3 Voluntary turnover by professional groups for 12 months to May 2017

Professional Group	Annual voluntary turnover rate	Number of leavers in 12 months
Administrative & Clerical	16.1%	171
Allied Health Professionals	17.3%	53
Medical & Dental	5.5%	31
Nursing & Midwifery (Qualified)	17.9%	374
Nursing & Midwifery (Unqualified)	23.2%	102
Other Additional Clinical Staff	11.9%	39
Scientific & Technical (Qualified)	20.5%	61
Whole Trust	16.3%	831

In the 2016 NHS staff survey our staff ranked the trust as below the national average for staff engagement. We aim to be one of the best in the country. Our work to achieve this aim will be organised under the following key themes:

- **A sense of shared strategic direction.** We will undertake a fundamental review of our approach to internal communications and engagement, embedding our performance and development review process and building on our ward accreditation programme.
- **Culture based on integrity and trust.** We will embed our values into core management processes. We will devise plans to promote dignity and respect, reduce bullying and promote workforce equality with a particular focus on improving the experience of people with disabilities and promoting equal opportunities for people from black and minority ethnic groups. We will also take steps to improve our management of workplace conflict and increase staff confidence in our processes for raising concerns.
- **Inclusive and supportive leaders:** We will build on the leadership development programme launched in 2016/17 to provide our leaders with the skills, knowledge and attitudes to develop an improvement culture. We will also expand the number of people on our coaching register. We will support managers to create environments in which all staff contribution is properly recognised.
- **Freedom to improve and innovate:** We plan to develop a programme that uses a common methodology and language for quality improvement as part of the trust's care quality programme. We will improve patient feedback mechanisms so that teams can review their performance to decide what needs to change.

- **Improving staff experience:** We are committed to improving staff experience. We want people to enjoy work because of the critical importance staff morale has to the delivery of safe, affordable healthcare. We currently rely on the NHS staff survey results to measure staff experience. We will improve our information on staff experience through the launch of our own quarterly engagement survey in 2017-18.

4.3 Health and well-being

We are committed to improving the health and well-being of our staff through safe working environments, health promotion and support for people who are unwell.

We have considerable scope for improvement. In the 2016 NHS staff survey our staff rated the trust as in the worst 20% of English acute trusts for work related stress and abuse from patients. In addition we were rated as below average for action to promote health and well-being. The trust currently offers a range of health and well-being services but we need to offer more and we need to publicise our services better. Our key areas of focus will be:

- **Improved occupational health services:** We will integrate our two site based occupational health departments and review service delivery to improve service efficiency and access, including greater use of telephone consultations. We will improve our collection of service user experience to drive service improvement.
- **Disability:** The trust is committed to creating a disability friendly workplace which readily carries out adjustments to enable people with disabilities to fulfil their potential. The trust is a Disability Confident Employer and will provide managers the skills to support people with disabilities and long term health conditions.
- **Standards:** We will benchmark the delivery of our health and well-being offer against recognised standards. We will seek to extend the Safe, Effective, Quality Occupational Health Service accreditation awarded for our West Middlesex occupational service to the whole trust. We will also use the standards outlined in the London Healthy Workplace Standard to assess gaps in our current provision and to drive improvement.
- **General promotion of health and well-being:** We will develop a communication plan and health and well-being intranet pages to support health promotion. We will run a programme to promote health on a range of topics, e.g. alcohol awareness and smoking cessation. We will reinforce our messages by running health and well-being days.
- **Promoting mental health:** We will relaunch our stress at work policy with a particular emphasis on carrying out effective stress assessments. We will provide mental health awareness training for managers. We will run performance under pressure training to support the development of greater resilience. We will make sure that our counselling service is well publicised and evenly offered across our two main sites.
- **Promoting physical health:** We will make sure that our staff physiotherapy service is well publicised and evenly offered across our two main sites. We will develop a coherent approach to promoting a more active workforce and we will explore funding options to support walking groups, walking challenges sessions, weight loss programmes etc.

4.4 A great place to develop a career

We will position the trust as a great place to develop a career. We will implement systematic processes to support talent identification, succession planning and career management and promote the concept of 'manager as career coach'.

Our work programme to promote the trust as a great place to develop a career includes:

- A clearly articulated approach to promoting internal recruitment wherever possible, including a revised recruitment process to streamline internal promotions and more extensive use of 'internal first' advertising.
- Career clinics for nurses and midwives
- Further development of our internal transfer scheme so that nurses are enabled to easily move sideways moves within the trust
- Succession planning
- A range of high quality development programmes for all levels of leader.
- High quality vocational training for non-professionally qualified staff.
- A significant increase in apprenticeship programmes for existing and new staff.
- Student and work experience placements.
- An annual training needs analysis to ensure that our learning and development offer is informed by the needs of the business.
- Induction and core training requirements are met.

The success of our new approach will be measured by our ability to secure more internal promotion and the results of our exit and engagement surveys. In March 2017 8.6% of our staff had been promoted in the previous 12 months.

4.5 Workforce design

We will continuously review the way we organise work as part of a wider improvement programme that enhances the quality of care, reduces cost, improves careers, addresses skills shortages and improves decision making.

- **Role design:** As part of our improvement programme we will promote a culture in which teams and individuals take the initiative to develop roles, assume new responsibilities and redesign services. The trust will actively promote the redesign of roles to improve the effectiveness and efficiency as part of our consideration of the Future Hospital Model. We have many examples of new and developing roles within particular professional groups or departments. We aim to bring together these different strands so that we can disseminate good practice, prompt new thinking, and, where appropriate, accelerate programmes of work.
- **Supporting people to work across organisational boundaries:** There is a need to develop a flexible, adaptive workforce that is enabled to work across organisational boundaries. We will put in place contractual arrangements that allow for greater flexibility in terms of place and hours of work; we will agree with partner organisations streamlined arrangements that enable the rapid deployment of staff between organisations; and we will promote leadership skills appropriate to teams that comprise people from different organisations.
- **Organisational structure** We will review the operation of our divisional and clinical directorate leadership structures to build on what works well to ensure that accountabilities are clear at executive, division and directorate level, so that decisions are taken as close as possible to the point at which services are delivered.

- **Organisational change:** We will support managers to work effectively with staff and our trade union partners to ensure that consultation on change is meaningful.

4.6 Workforce productivity

We need to continuously improve workforce productivity in order to achieve efficiency targets without compromising the quality of care to patients. We have a particular need to reduce our reliance on agency workers through more efficient deployment of staff and greater use of directly employed bank staff. The key productivity themes are:

- **Electronic rostering.** The trust's electronic roster system will be extended to all non-medical staff groups from the summer 2017. We will assess the benefits of implementing e-rostering for doctors in 2018-19.
- **Management of temporary staffing:** We are changing our temporary staffing model with the aim of attaining a bank:agency ratio of 80:20 and to achieve significant reductions in our agency spend. In 2016/17 our ratio was 69:31. The performance of our recently established contractual arrangements with our suppliers of agency workers will be closely monitored. In addition we will change the operating model our non-medical staff bank to provide a 24/7, single point of contact for all temporary staffing needs. We will roll out our successful FlexiStaff junior doctor staff bank to our Chelsea site.
- **Managing ad hoc pay:** Both legacy trusts developed fragmented processes for authorising payments. We will implement standardised processes to authorise expenditure and control costs.
- **Job planning:** We will implement an electronic job planning process for consultants and speciality and associate specialist doctors. We will also develop a simple approach to job planning for specialist nurses.
- **Workforce information:** We will significantly improve the quality of workforce data so that management action is appropriately guided and the benefits of workforce interventions assessed.

5. Governance

Our plans for each strategic theme will be developed, tested and monitored with key stakeholders in the workforce development committee, the executive board and the partnership forum and progress will be reported to the people and development sub-committee of the board and to the board itself.

6. Directorate of human and resources and organisational development

A key factor for the success of our strategy is the performance of the human resources and organisation development directorate. We are committed to creating a business focused directorate which supports patient care through the delivery of excellent services with high levels of customer care.

The directorate was restructured in 2016 as part of the trust's wider integration programme. The directorate's strengths, weaknesses, opportunities and threats are summarised below.

<p>Strengths</p> <ul style="list-style-type: none"> • Most core functions in directorate have been merged with clearly defined roles. • Most managerial positions recruited to • Good quality people, many of whom have worked for the trust for many years • Growing collaboration between teams sites within the directorate • Positive relations with trade union partners 	<p>Weaknesses</p> <ul style="list-style-type: none"> • HR information systems and workforce data • Process control and information on workforce spend and costs • Customer experience • Communication within the directorate • Complexity of workforce rules • Performance of some of the directorate's business units
<p>Opportunities</p> <ul style="list-style-type: none"> • Quality and efficiency benefits realised from newly introduced systems / structures e.g. HRBP role, PDR, electronic recruitment system, agency contracts, electronic rostering merge, etc. • Better information on exits, new starters and engagement. • Collaboration with other NWL providers • Developing clear admin to qualified career pathways 	<p>Threats</p> <ul style="list-style-type: none"> • Failure to roll out e-rostering in timely way – much of our work on workforce productivity and basic processes predicated on this. • Failure to reduce turnover and increase vacancy rates to acceptable levels • Failure to meet CQC essential standards in areas of core HR activity e.g. core training, induction, employment checks

Key areas for improvement work within the HR directorate for 2017-20 are:

- Delivery of core services
- Customer experience
- Internal communication
- Application of technology
- Development of clear non-qualified to qualified HR pathways

Keith Loveridge
Director of Human Resources and Organisational Development
July 2017

Appendix 1

People and Organisation Development Strategy: 2017-20

This document is intended to set out the workforce priorities for each year of the people and organisation development strategy. Year 2 and year 3 priorities will have to be reviewed and expanded at the end of each financial year as part of the standard business planning round.

Objective	2017-18	2018-19	2019-2020	Key performance indicator: target
1. Attraction and on-boarding	<p>Targeted mass recruitment activities in the UK and aboard</p> <p>Further streamlining of recruitment process</p> <p>Launch new approach to volunteers</p> <p>Revise and relaunch refer a colleague scheme.</p> <p>Recruitment & selection training for managers</p> <p>New joiners survey</p> <p>Establish workforce group for hard to recruit / retain areas. Conduct 'stay interviews'. Agree local solutions on reward, development, career pathway, skill mix, value driven behaviour.</p> <p>Exit interviews</p> <p>Improved induction process, including</p>	<p>Review total reward package (including non-pay benefits)</p> <p>Establish framework for market sensitive supplements for hard to recruit areas</p> <p>Embed values into all recruitment processes</p> <p>Mandatory recruitment training for defined groups</p> <p>Pilot recovery interviews for hard to recruit areas</p> <p>Buddying scheme for new N&M starters</p> <p>Support for new starters policy, to incorporate current probation</p>	<p>Establish careers microsite</p>	<p>Vacancy rate: 10%</p> <p>Time to recruit from publication of advert to unconditional offer: 9 weeks</p> <p>New joiner experience: to be set</p> <p>Reduced vacancies and voluntary turnover in hard to recruit / retain areas</p> <p>Recorded local induction completion: 80%</p> <p>Recorded attendance at corporate induction: 90%</p> <p>% of N&M leavers with less than two years' service: 45% (from 54%)</p>

	<p>new corporate welcome, enhanced access to core learning via online learning / new starter portal and better communication of local induction requirements</p> <p>Enhanced management support for new starters in first six months</p> <p>Overhaul content of careers site on intranet, including presentation of non-pay benefits.</p> <p>New work experience policy</p>	procedure		
2. Engagement, culture and leadership	<p>Internal communications review.</p> <p>Launch senior leadership days</p> <p>Junior doctor engagement review.</p> <p>Simple plan to embed our values into core management processes.</p> <p>Plan to promote dignity and respect and reduce bullying.</p> <p>Annual workforce equality report and action plan including adoption of NHS Equality Delivery System methodology.</p> <p>Training for managers in application of employee relations policies.</p> <p>Revise and relaunch raising concerns (whistleblowing) and grievance policies</p>	<p>Review support provided to people with disabilities. Issue management guidance to managers on supporting people with disabilities and long term health conditions.</p> <p>Review and relaunch flexible working policy.</p> <p>Develop a respect at work service staffed by trained volunteers, to provide confidential advice to people who experience inappropriate behaviour from colleagues</p>	<p>New managers trained to apply ER policies within 6 months of start date.</p> <p>Complete coverage of workforce areas of the NHS Equality Delivery System.</p> <p>Rewrite of core workforce policies: short, easy to read and simple to manage.</p> <p>Review trust methodology for measuring engagement.</p>	<p>Voluntary turnover rate of 13%</p> <p>Time to manage formal disciplinary cases: 80% of cases managed with 7 weeks.</p> <p>NHS staff survey results on recognition and value of staff: average.</p> <p>NHS staff survey result on overall staff engagement: top 20%.</p> <p>NHS staff result on recommendation of Chelwest as a place to work or receive treatment:</p>

	<p>Partnership agreement with trade union partners.</p> <p>Embed employee relations management software.</p> <p>Build on the leadership development programme launched in 2016/17 to provide access to ICHT horizons course for our most senior leaders.</p> <p>Devise support pack for new managers on management responsibilities.</p> <p>An integrated people recognition scheme which combines annual and monthly awards with instant recognition.</p> <p>Devise long service award scheme.</p> <p>Staff experience action plan 2017-19 to address areas of concern in 2016 NHS staff survey.</p> <p>Launch local staff engagement survey.</p>	<p>Staff experience plan for 2019-20 and beyond.</p> <p>Expand the number of people on the coaching register.</p>		<p>top 20%.</p> <p>NHS staff result on satisfaction with level of responsibility and involvement: above average.</p> <p>NHS staff survey result on fairness and effectiveness for reporting errors and incidents: above average.</p> <p>NHS staff survey result on experience of bullying or abuse from staff in last 12 months: average</p>
3. Health and Well-being	<p>Revise / relaunch health and well-being strategy</p> <p>Establish a senior health and well-being committee to oversee delivery of strategy.</p> <p>Restructure occupational health service</p>	<p>Comprehensive health and well-being intranet pages.</p> <p>Mindfulness sessions.</p> <p>Plan to get people more physically active.</p>		<p>NHS staff survey result on organisation interest in and action on health and wellbeing: top 20%</p> <p>NHS staff survey result on work related stress:</p>

	<p>with changed operating model.</p> <p>Review and revise publicity of health & well-being and OH services.</p> <p>Extend Safe, Effective, Quality Occupational Health Service accreditation to Chelsea site.</p> <p>Programme of health promotion events on a range of topics.</p> <p>Two health & well-being days per year at each main site.</p> <p>Relaunch stress at work policy.</p> <p>Mental health awareness training for managers.</p> <p>Increase number of clinical staff vaccinated against influenza.</p>	<p>Revise approach to sickness absence management.</p>		<p>average</p> <p>Compliance with occupational health service standards: score card to be developed</p> <p>% of time lost through sickness absence: to be set</p> <p>% of clinical staff with influenza vaccination: 75%</p>
<p>4. A great place to develop a career</p>	<p>Clearly articulated approach to promoting internal recruitment wherever possible.</p> <p>Embed our new performance and development review process and review operation / user experience</p> <p>Programme of high quality vocational training for non-professional qualified staff.</p> <p>Develop further the internal transfer</p>	<p>Systematic succession planning for senior leadership positions.</p> <p>Career clinics for nurses and midwives</p> <p>Assess benefits of link grades for hard to recruit areas and roles</p> <p>Establish apprenticeship model as core part of</p>	<p>Extend succession planning to all leadership positions</p> <p>Develop IT systems to support integrated approach to talent and performance management.</p> <p>Develop career pathways for leadership</p>	<p>NHS staff survey results on quality of appraisals: top 20%.</p> <p>100+ people per year on leadership development courses</p> <p>Number of apprentices by March 2018: 125+</p> <p>% of entry level posts filled by apprentices who do not</p>

	<p>scheme for nurses.</p> <p>Significant increase in apprenticeships to support talent development and recruitment.</p> <p>Achieve core training compliance target.</p>	<p>entry level recruitment strategy and achieve high retention rate.</p>	<p>development and career coaching to enhance progression in leadership roles.</p>	<p>already hold a level 2 qualification: 30%</p> <p>% of people completing end point assessment for their apprenticeships: 80%</p> <p>Core training compliance: 90%.</p> <p>% of employees promoted in the previous 12 months: 10%.</p> <p>Number of staff taking up new roles through internal transfer: 30 per year.</p>
5. Workforce design	<p>Streamlined arrangements to support quick transfer of clinical staff between trusts in the Fulham Road collaborative and beyond.</p> <p>Future Hospital Model work programme.</p>	<p>Review and relaunch change management and redeployment policies.</p> <p>Roll out band 4 nurse associate role</p>		
6. Workforce productivity	<p>Commence implementation of healthroster for all non-medical staff groups.</p> <p>Establish master vendor contract for medical agency</p> <p>Consolidate temporary staffing function: merge FlexiStaff and medical bookings team and create a single non-medical temporary staffing team.</p>	<p>Complete roll-out of healthroster to all non-medical professional groups. Assess benefits of roll out of e-rostering to doctors in 2019-20</p> <p>Managed service provider for non-medical temporary staffing function: N&M in first</p>	<p>Scope of managed service provider for bank to be extended to all non-medical professional groups</p>	<p>Temporary staffing fill rate: 90%</p> <p>Bank:agency ratio of filled shifts: 80:20</p> <p>NHSi cap on agency worker spend achieved: £18M in 2017-18</p> <p>Finance and HR data</p>

	<p>Single framework for authorisation and payments for additional hours.</p> <p>Suite of standard monthly workforce information reports at all levels of the organisation, which draw on a reliable data set.</p> <p>Strong establishment control process in place.</p> <p>Implement e-rota to support safe junior doctor rotas.</p>	<p>instance</p> <p>Implement electronic job planning process for consultants and speciality and associate specialist doctors.</p> <p>Manager self-service for ESR.</p> <p>Availability of workforce reports through Qlikview.</p>		<p>aligned</p>
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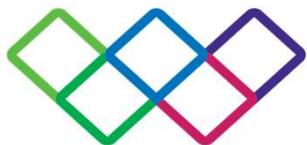


Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	Appendix
REPORT NAME	Workforce Performance Report - Month 2
AUTHOR	Keith Loveridge, Director of Human Resources and Organisation Development
LEAD	Keith Loveridge, Director of Human Resources and Organisation Development
PURPOSE	The workforce performance report highlights current KPIs and trends in workforce related metrics at the Trust. It is presented to the board to provide context for the proposed people and organisation development strategy
SUMMARY OF REPORT	<p><u>Staff in Post</u></p> <p>In May 2017 we employed 5156 whole time equivalent (WTE) people on substantive contracts, 31 more than last month.</p> <p><u>Turnover</u></p> <p>Our voluntary turnover rate was 16.4% compared to a target rate of 13%. Voluntary turnover is 18.0% at Chelsea and 13.2% at West Middlesex.</p> <p><u>Vacancies</u></p> <p>Our general vacancy rate for May was 13.7%, down from 15.2% in February 2017. The reduction in the rate is the result of a data cleanse exercise which is due to be completed in July and the recruitment of 281 new starters in April and May (compared to 185 leavers in the same period). Our vacancy rate split by site is 12.6% at Chelsea and 15.9% at West Middlesex. Our target vacancy rate is 10%.</p> <p><u>Core training (statutory and mandatory training) compliance</u></p> <p>The Trust reports core training compliance based on the 10 Core Skills Training Framework topics to provide a consistent comparison with other London trusts. Our compliance rate stands at 84% against a target of 90%.</p> <p><u>Appraisals</u></p> <p>At the end of May 60.7% of non-clinical staff had had an appraisal or performance and development review in the previous 12 months. The roll out of new performance and development review process for non-medical staff has begun with more than 90% of band 8c-9 staff having had their PDR since April. Under our new process at least 90% of people in band 7-8c roles must have their PDR by the end of September. Medical Appraisal rate compliance is at 81%, up from 79% in April.</p> <p><u>Promotions</u></p> <p>In May 40 people were promoted and 68 people were acting up in more senior positions. In the past year 8.6% of our people had been promoted.</p>

KEY RISKS ASSOCIATED	The need to reduce vacancy and retention rates.
FINANCIAL IMPLICATIONS	Costs associated with high vacancy and retention rates and high reliance on agency workers.
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Improve population health outcomes and develop integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	Request for approval.



Workforce Performance Report to the Workforce Development Committee

Month 2 -May 2017

Workforce Performance Report Jun '16 - May '17

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Performance Summary

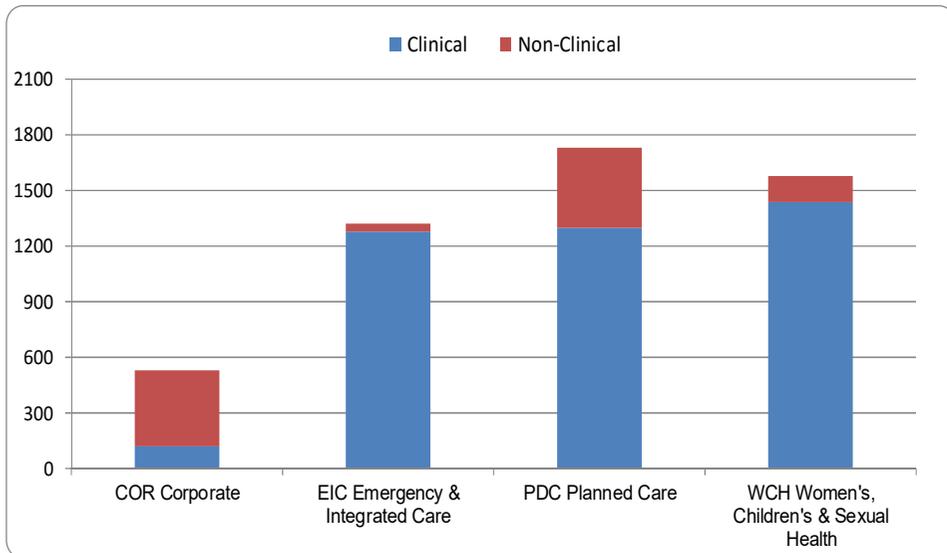
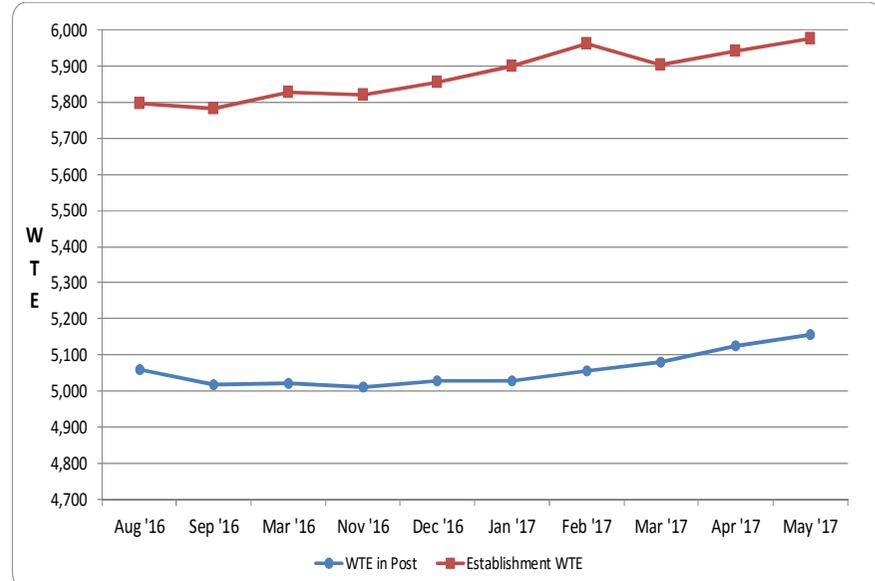
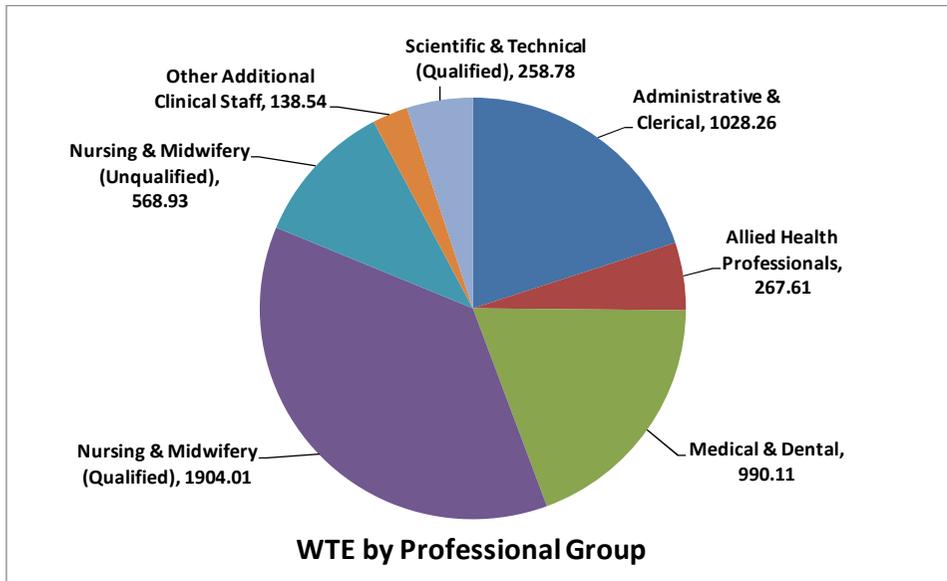
Summary of overall performance is set out below

Page	Areas of Review	Key Highlights	Previous Year ¹	Previous Month	In Month	Target	Change
5	Vacancy	Vacancy rate has remained the same	9.5%	13.7%	13.7%	10.0%	↔
6	Turnover	Turnover has remained the same		21.6%	21.6%		↔
7	Voluntary Turnover	Voluntary turnover has remained the same	16.0%	16.4%	16.4%	13.0%	↔
10	Sickness	Sickness has decreased by 0.1%	2.2%	2.4%	2.3%	3.3%	⬇️
15	Temporary Staffing Usage (FTE)	Temporary Staffing usage his increased by 1.1% this month		15.7%	16.8%		⬆️
17	Core Training	Core Training compliance has remained the same	82.0%	83.5%	83.5%	90.0%	↔
18	Staff PDR	The percentage of staff who have had a PDR in the past 12 months has increased by 0.5%	74.0%	60.2%	60.7%	90.0%	⬆️

¹Figures shown are just for Chelsea Site in the same month of the previous year

Current Staffing Profile

The data below displays the current staffing profile of the Trust



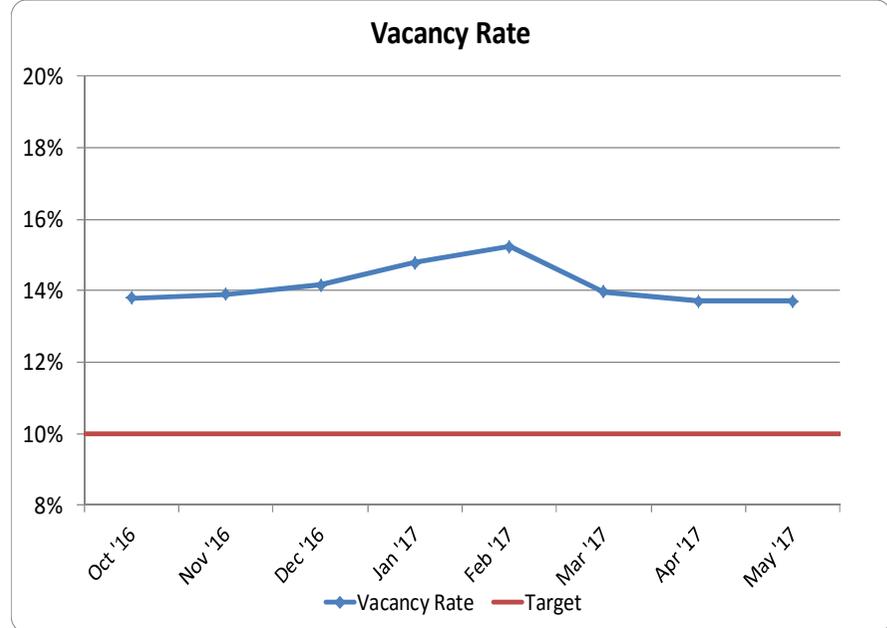
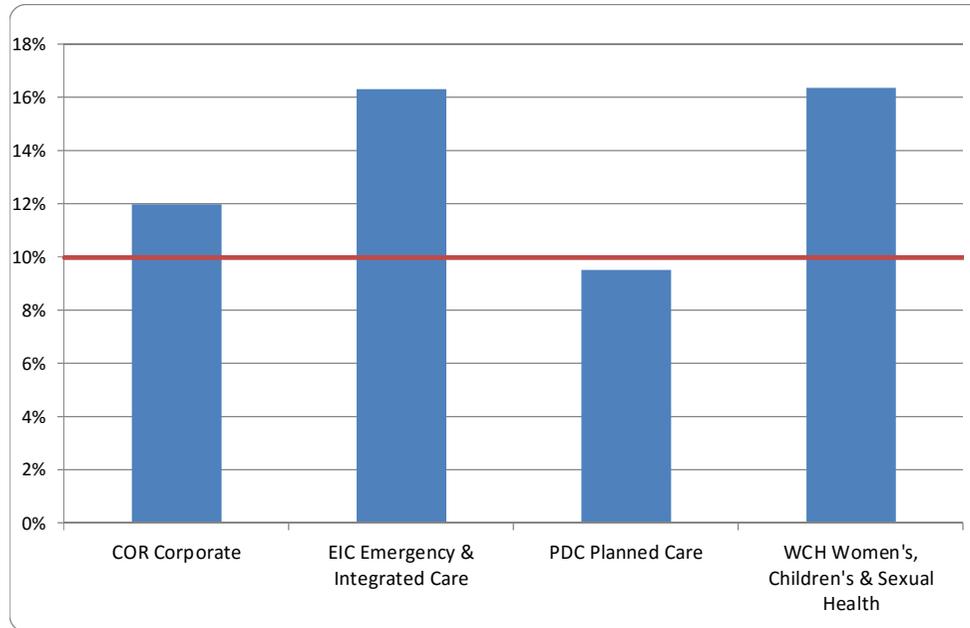
COMMENTARY

The Trust currently employs 5638 people working a whole time equivalent of 5156 which is 31 WTE more than April.

There were 1748 WTE staff assigned to the West Middlesex site and 3408 WTE to Chelsea.

The largest professional group at the Trust is Qualified Nursing & Midwifery employing 1904 WTE.

Section 1: Vacancies



Vacancies by Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	12.4%	13.6%	8.7%	12.0%	↗
EIC Emergency & Integrated Care	20.6%	19.9%	21.0%	16.3%	↘
PDC Planned Care	9.8%	6.4%	6.1%	9.5%	↗
WCH Women's, Children's & Sexual Health	16.8%	16.2%	16.1%	16.3%	↗
Whole Trust	15.2%	14.0%	13.7%	13.7%	↔

Vacancies by Professional Group	Feb '17	Mar '17	Apr '17	May '17	Trend
Administrative & Clerical	16.7%	15.5%	15.6%	18.5%	↗
Allied Health Professionals	16.6%	15.0%	10.2%	9.4%	↘
Medical & Dental	10.1%	9.8%	10.2%	9.6%	↘
Nursing & Midwifery (Qualified)	15.9%	15.8%	15.6%	14.4%	↘
Nursing & Midwifery (Unqualified)	15.7%	14.8%	13.6%	13.2%	↘
Other Additional Clinical Staff	11.5%	13.5%	16.2%	15.2%	↘
Scientific & Technical (Qualified)	22.2%	6.4%	7.2%	7.5%	↗
Total	15.2%	14.0%	13.7%	13.7%	↔

COMMENTARY

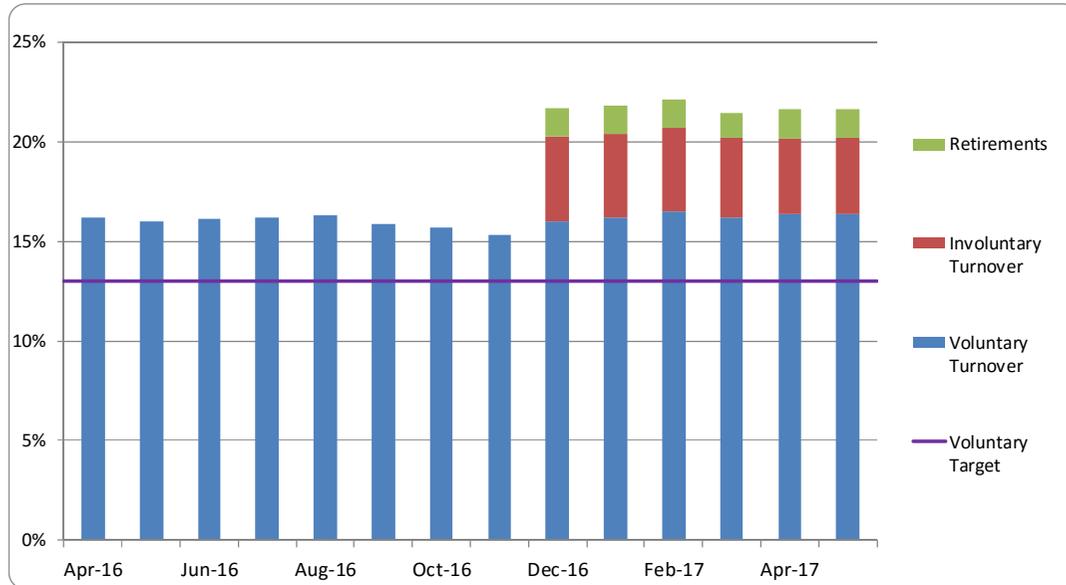
The vacancy rate has remained the same in May at 13.7%.

Divisions are currently reviewing their ESR Establishments to ensure staff budgets are accurately reflected and that staff are reported in the correct department.

Work is on-going to reconcile ESR to the ledger improving accuracy for 17/18.

Section 2a: Gross Turnover

The chart below shows turnover trends. Tables by Division and Staff Group are below:



COMMENTARY

The total trust turnover rate has remained the same this month at 21.6%. In the last 12 months there have been 1099 leavers.

The Trust has launched a new system for exit surveys which will provide detailed information on the reasons why staff are leaving, this will enable more focused work on retention.

Division	Gross Turnover				Trend
	Feb '17	Mar '17	Apr '17	May '17	
COR Corporate	25.2%	25.6%	25.4%	24.7%	↘
EIC Emergency & Integrated Care	24.0%	23.4%	23.5%	22.9%	↘
PDC Planned Care	21.4%	20.5%	21.1%	21.6%	↗
WCH Women's, Children's & Sexual Health	20.3%	19.6%	19.5%	19.6%	↗
Whole Trust	22.1%	21.4%	21.6%	21.6%	↔

Professional Group	Gross Turnover				Trend
	Feb '17	Mar '17	Apr '17	May '17	
Administrative & Clerical	23.6%	22.3%	22.2%	21.9%	↘
Allied Health Professionals	21.6%	22.7%	20.5%	20.2%	↘
Medical & Dental	17.6%	16.0%	16.3%	16.9%	↗
Nursing & Midwifery (Qualified)	19.9%	19.9%	20.4%	20.3%	↘
Nursing & Midwifery (Unqualified)	21.8%	17.8%	25.2%	26.4%	↗
Other Additional Clinical Staff	28.1%	36.0%	18.6%	16.4%	↘
Scientific & Technical (Qualified)	38.2%	36.1%	37.1%	38.7%	↗
Whole Trust	22.1%	21.4%	21.6%	21.6%	↔

Section 2b: Voluntary Turnover

Division	Voluntary Turnover					Other Turnover May 2017		
	Feb '17	Mar '17	Apr '17	May '17	Trend	Leavers HC	In-voluntary	Retirement
COR Corporate	19.9%	20.4%	20.8%	20.1%	↓	104	3.5%	1.2%
EIC Emergency & Integrated Care	20.2%	19.8%	19.9%	19.6%	↓	247	2.6%	0.7%
PDC Planned Care	13.8%	13.2%	13.7%	13.9%	↑	230	5.9%	1.8%
WCH Women's, Children's & Sexual Health	15.3%	15.1%	14.9%	15.2%	↑	250	2.8%	1.7%
Whole Trust	16.5%	16.2%	16.4%	16.3%	↓	831	3.8%	1.4%

Professional Group	Voluntary Turnover					Other Turnover May 2017		
	Feb '17	Mar '17	Apr '17	May '17	Trend	Leavers HC	In-voluntary	Retirement
Administrative & Clerical	17.1%	16.4%	16.6%	16.1%	↓	171	4.2%	1.6%
Allied Health Professionals	18.2%	19.7%	17.6%	17.3%	↓	53	2.3%	0.7%
Medical & Dental	5.8%	5.3%	5.1%	5.5%	↑	31	9.6%	1.8%
Nursing & Midwifery (Qualified)	17.3%	17.3%	17.8%	17.9%	↑	374	0.9%	1.5%
Nursing & Midwifery (Unqualified)	19.7%	16.1%	22.4%	23.2%	↑	102	2.1%	1.1%
Other Additional Clinical Staff	17.3%	25.6%	13.9%	11.9%	↓	39	3.6%	0.9%
Scientific & Technical (Qualified)	20.6%	19.1%	19.6%	20.5%	↑	61	16.5%	1.7%
Whole Trust	16.5%	16.2%	16.4%	16.3%	↓	831	3.8%	1.4%

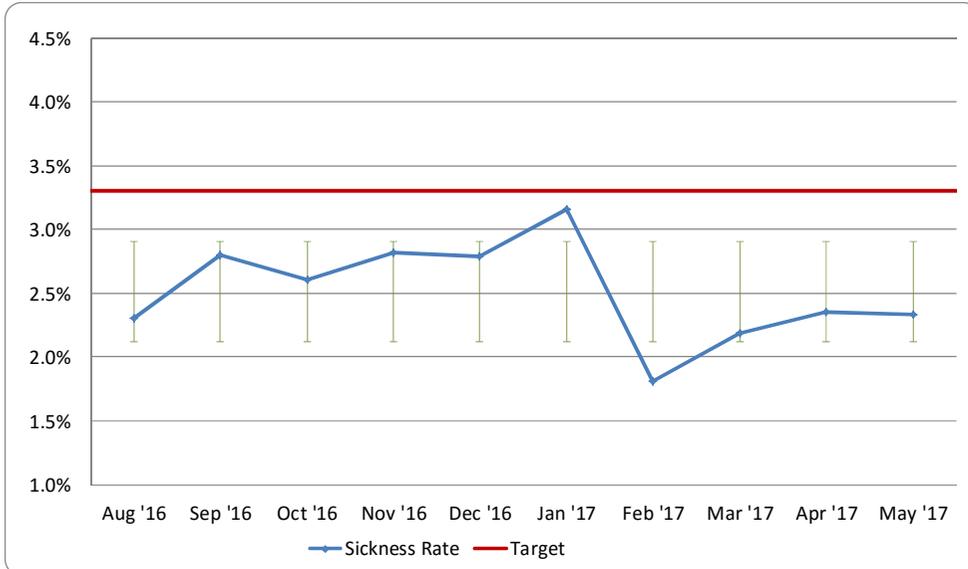
Service	Average Staff in Post HC	Leavers HC	Voluntary Turnover Rate
Surgery Management Division	23	13	56.5%
John Hunter Clinic	44	19	43.7%
Ron Johnson	25	10	40.8%
Nell Gwynne	40	16	40.0%
Acute Assessment Unit	72	27	37.8%

COMMENTARY

The 5 services with more than 20 staff with the highest voluntary turnover rates are shown in the bottom table. Divisional HR Business Partners are working within divisions to tackle any issues within these areas.

Section 3: Sickness

The chart below shows performance over the last 10 months, the tables by Division and Staff Group are below.



COMMENTARY

The monthly sickness absence rate is at 2.3% for May which is a decrease of 0.1% on the previous month.

A new process for collecting sickness data for staff not on HealthRoster will be implemented in July.

The table below lists the services with the highest sickness absence percentage during May 2017. Below that is a breakdown of the top 5 reasons for absence, both by the number of episodes and the number of days lost.

Sickness by Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	1.6%	1.7%	1.8%	1.5%	↘
EIC Emergency & Integrated Care	1.5%	2.1%	2.6%	2.0%	↘
PDC Planned Care	1.7%	2.1%	2.0%	2.5%	↗
WCH Women's, Children's & Sexual Health	2.2%	2.6%	2.8%	2.7%	↘
Whole Trust Monthly %	1.8%	2.2%	2.4%	2.3%	↘
Whole Trust Annual Rolling %	2.4%	2.5%	2.5%	2.6%	↗

Sickness by Professional Group	Feb '17	Mar '17	Apr '17	May '17	Trend
Administrative & Clerical	2.1%	2.4%	2.5%	3.1%	↗
Allied Health Professionals	0.6%	0.5%	1.3%	2.7%	↗
Medical & Dental	0.6%	0.5%	0.3%	0.4%	↗
Nursing & Midwifery (Qualified)	1.9%	3.0%	3.1%	2.5%	↘
Nursing & Midwifery (Unqualified)	3.7%	4.1%	4.1%	3.9%	↘
Other Additional Clinical Staff	2.6%	1.4%	2.1%	1.7%	↘
Scientific & Technical (Qualified)	1.1%	0.9%	1.8%	2.4%	↗
Total	1.8%	2.2%	2.4%	2.3%	↘

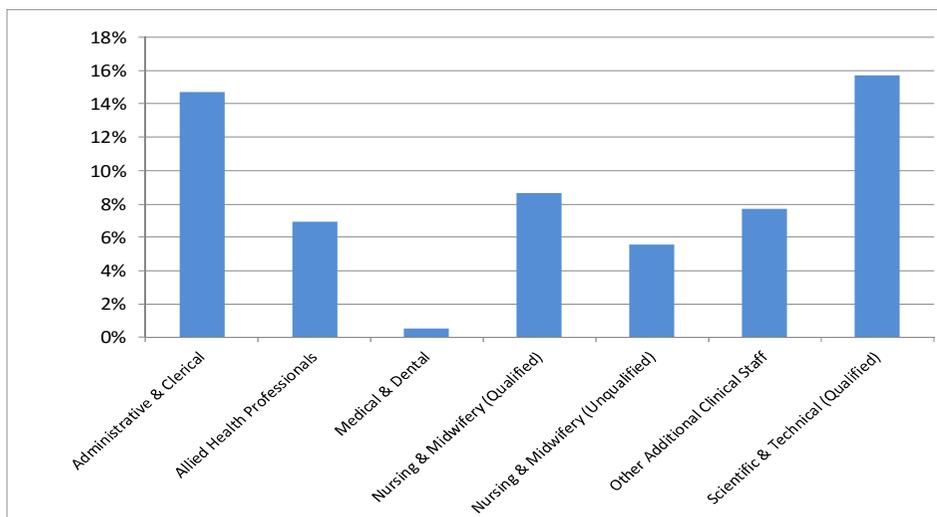
Service	Staff in Post WTE	Sickness WTE Days Lost	Sickness %
Special Care Baby Unit - WM	26.52	103.00	12.5%
John Hunter Clinic - CW	37.89	137.15	11.7%
Estates & Facilities - CW	29.64	71.80	8.2%
Dermatology - CW	26.27	65.56	8.1%
Escalation - WM	18.85	44.59	8.0%

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S25 Gastrointestinal problems	19.82%
S13 Cold, Cough, Flu - Influenza	19.44%
S12 Other musculoskeletal problems	8.26%
S11 Back Problems	7.50%
S16 Headache / migraine	7.12%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	15.02%
S25 Gastrointestinal problems	12.15%
S12 Other musculoskeletal problems	10.99%
S11 Back Problems	8.22%
S13 Cold, Cough, Flu - Influenza	6.75%

Section 4: Staff Career Development

The chart below shows the percentage of current staff promoted in each staff group over the last 12 months.



COMMENTARY

In May 40 staff were promoted, there were 112 new starters to the Trust (excluding Doctors in Training). In addition, 68 employees were acting up to a higher grade.

Over the last year 8.6% of current Trust staff have been promoted to a higher grade. The highest promotion rate can be seen in the Corporate Directorates.

The Scientific & Technical staff group have the highest promotion rate at 15.7% followed by Admin & Clerical at 14.7%.

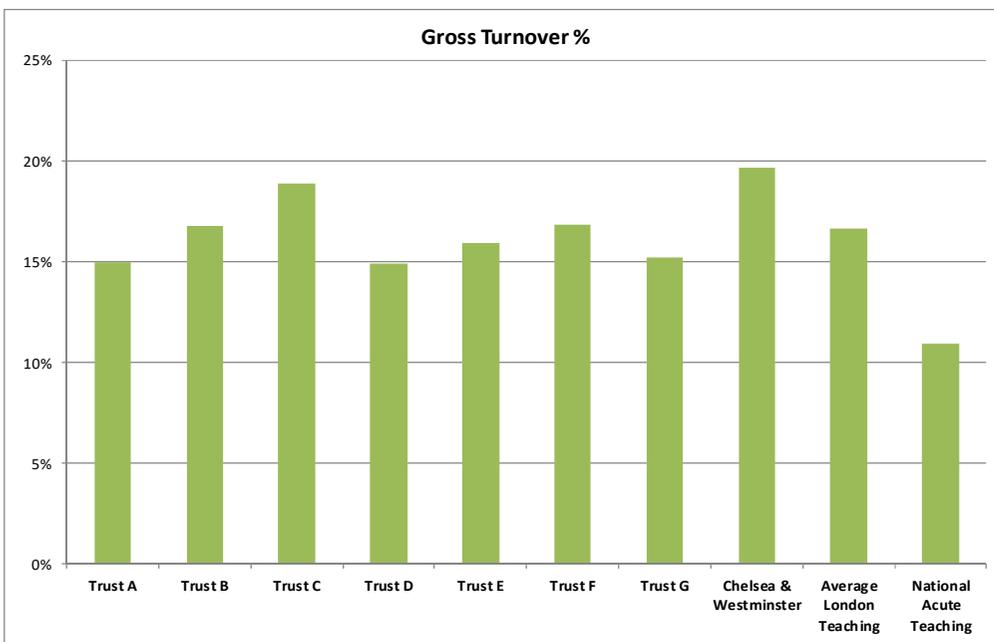
Division	Monthly No. of Promotions				
	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	10	3	8	7	↘
EIC Emergency & Integrated Care	15	7	9	11	↗
PDC Planned Care	8	13	8	11	↗
WCH Women's, Children's & Sexual Health	19	16	14	11	↘
Whole Trust Promotions	52	39	39	40	↗
New Starters (Excludes Doctors in Training)	88	93	128	112	↘

Division	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up
COR Corporate	395	68	17.2%	8
EIC Emergency & Integrated Care	1011	87	8.6%	16
PDC Planned Care	1408	97	6.9%	22
WCH Women's, Children's & Sexual Health	1384	108	7.8%	22
Whole Trust	4198	360	8.6%	68
New Starters (Excludes Doctors in Training)		1027		

Professional Group	No. of Promotions				
	Feb '17	Mar '17	Apr '17	May '17	Trend
Administrative & Clerical	10	9	13	15	↗
Allied Health Professionals	3	2	2	1	↘
Medical & Dental	0	2	0	0	↔
Nursing & Midwifery (Qualified)	31	21	18	15	↘
Nursing & Midwifery (Unqualified)	4	1	2	3	↗
Other Additional Clinical Staff	1	2	2	2	↔
Scientific & Technical (Qualified)	3	2	2	4	↗
Whole Trust	52	39	39	40	↗

Professional Group	Staff in Post + 1yrs Service	No. of Staff Promoted (12 Months)	% of Staff Promoted	Currently Acting Up
Administrative & Clerical	824	121	14.7%	20
Allied Health Professionals	245	17	6.9%	9
Medical & Dental	595	3	0.5%	31
Nursing & Midwifery (Qualified)	1709	148	8.7%	2
Nursing & Midwifery (Unqualified)	485	27	5.6%	1
Other Additional Clinical Staff	117	9	7.7%	5
Scientific & Technical (Qualified)	223	35	15.7%	0
Whole Trust	4198	360	8.6%	68

Section 5: Workforce Benchmarking



COMMENTARY

This benchmarking information comes from iView the Information Centre data warehouse tool.

Sickness data shown is from March'17 which is the most recent available on iView. Compared to other Acute teaching trusts in London, Chelwest had a rate lower than average at 1.9%. In the top graph, Trusts A-G are the anonymised figures for this group. The Trust's sickness rate was lower than the national rate for acute teaching hospitals in March.

The bottom graph shows the comparison of turnover rates for the same group of London teaching trusts (excluding junior medical staff). This is the total turnover rate including all types of leavers (voluntary resignations, retirements, end of fixed term contracts etc.). Chelwest currently has highest turnover in the group (12 months to end April). Stability is lower than average. High turnover is more of an issue in London trusts than it is nationally which is reflected in the national average rate which is 9% lower than Chelwest.

**As with all benchmarking information, this should be used with caution. Trusts will use ESR differently depending on their own local processes and may not consistently apply the approaches. Figures come direct from the ESR data warehouse and are not subject to the usual Trust department exclusions and so on.

Reference Group	Gross Turnover Rate %	Stability Rate %	Sickness Rate %
Trust A	14.97%	84.65%	3.43%
Trust B	16.77%	82.96%	2.97%
Trust C	18.85%	81.01%	3.34%
Trust D	14.90%	84.81%	3.36%
Trust E	15.92%	83.90%	3.28%
Trust F	16.81%	82.86%	3.57%
Trust G	15.20%	84.62%	3.59%
Chelsea & Westminster	19.68%	80.33%	1.89%
Average London Teaching	16.64%	83.14%	3.18%
National Acute Teaching	10.93%	88.87%	4.10%

Section 6: Nursing Workforce Profile/KPIs

Nursing Establishment WTE

Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	76.4	76.4	76.4	76.4	↔
EIC Emergency & Integrated Care	973.5	970.8	970.8	951.1	↓
PDC Planned Care	682.1	688.9	691.0	689.6	↓
WCH Women's, Children's & Sexual Health	1177.0	1171.4	1171.4	1161.9	↓
Total	2909.0	2907.5	2909.5	2879.0	↓

Nursing Staff in Post WTE

Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	79.8	77.1	85.6	86.0	↗
EIC Emergency & Integrated Care	753.3	765.0	765.1	766.9	↗
PDC Planned Care	617.4	611.7	614.9	616.7	↗
WCH Women's, Children's & Sexual Health	996.5	1000.3	1004.2	1003.4	↓
Total	2447.1	2454.2	2469.8	2472.9	↗

Nursing Vacancy Rate

Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	-4.5%	-1.0%	-12.1%	-12.6%	↓
EIC Emergency & Integrated Care	22.6%	21.2%	21.2%	19.4%	↓
PDC Planned Care	9.5%	11.2%	11.0%	10.6%	↓
WCH Women's, Children's & Sexual Health	15.3%	14.6%	14.3%	13.6%	↓
Total	15.9%	15.6%	15.1%	14.1%	↓

Nursing Sickness Rates

Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	3.7%	4.0%	5.2%	1.7%	↓
EIC Emergency & Integrated Care	2.2%	3.1%	3.6%	2.7%	↓
PDC Planned Care	1.5%	3.0%	2.3%	2.4%	↗
WCH Women's, Children's & Sexual Health	2.8%	3.4%	3.6%	3.2%	↓
Total	2.3%	3.2%	3.3%	2.8%	↓

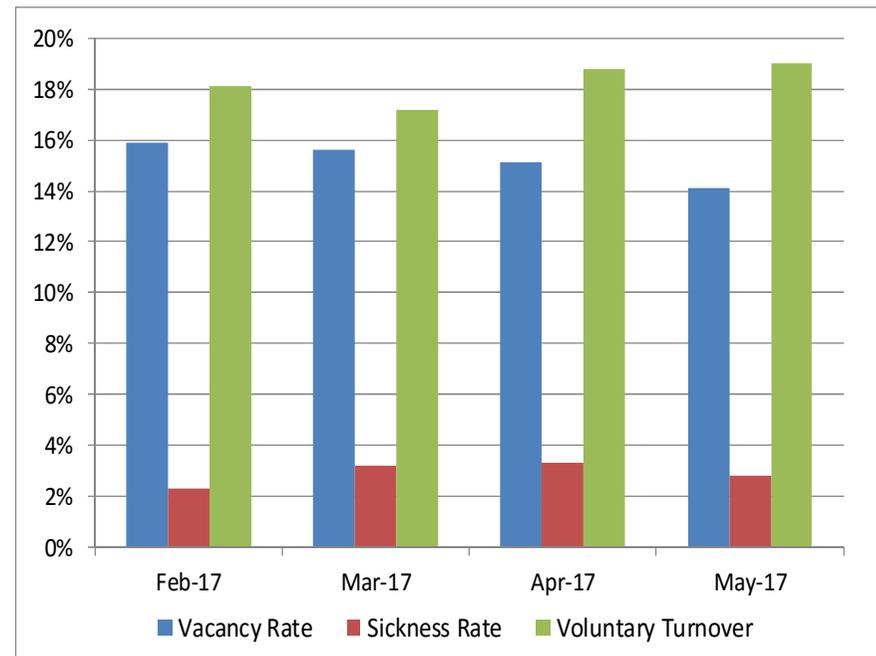
Nursing Voluntary Turnover

Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	12.26%	13.29%	14.42%	14.27%	↓
EIC Emergency & Integrated Care	21.53%	20.22%	22.82%	23.09%	↗
PDC Planned Care	15.36%	15.17%	17.12%	16.72%	↓
WCH Women's, Children's & Sexual Health	17.72%	16.39%	17.10%	17.60%	↗
Total	18.1%	17.2%	18.8%	19.0%	↗

COMMENTARY

This data shows a more in-depth view of our nursing workforce (both qualified and unqualified).

The nursing workforce has increased by 3 WTE in May.

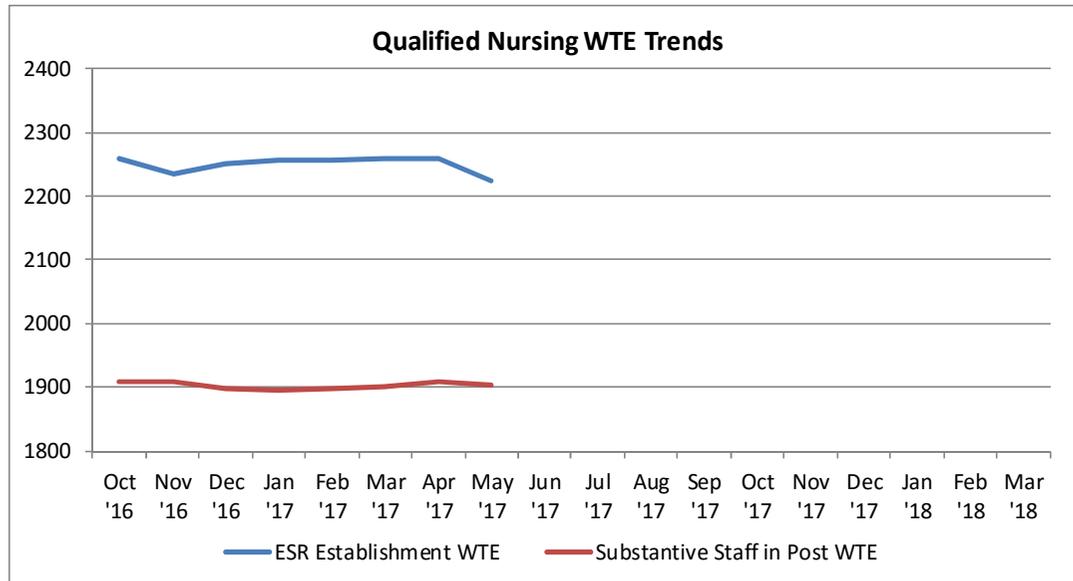


Section 7: Qualified Nursing & Midwifery Recruitment Pipeline

Measure	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
ESR Establishment WTE	2255.5	2256.4	2257.5	2258.6	2223.7										
Substantive Staff in Post WTE	1894.3	1896.8	1900.4	1907.3	1904.0										
Contractual Vacancies WTE	361.1	359.6	357.1	351.2	319.7										
Vacancy Rate %	16.01%	15.94%	15.82%	15.55%	14.38%										
Actual/Planned Leavers Per Month*	25	20	28	41	36	32	32	32	32	32	32	32	32	32	32
Actual/Planned New Starters**	26	23	33	58	32	42	42	42	42	42	42	42	42	42	42
Pipeline: Agreed Start Dates						42	13	7	21	14	4	0	0	1	0
Pipeline: WTE No Agreed Start Date						170 With No Agreed Start Date									

* Based on Gross Turnover of 20%

** Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by March 2018



COMMENTARY

This information tracks the current number of qualified nurses & midwives at the Trust and projects forward a pipeline based on starters already in the recruitment process.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the nursing and midwifery vacancy rate down to 10% by March 2018.

NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours

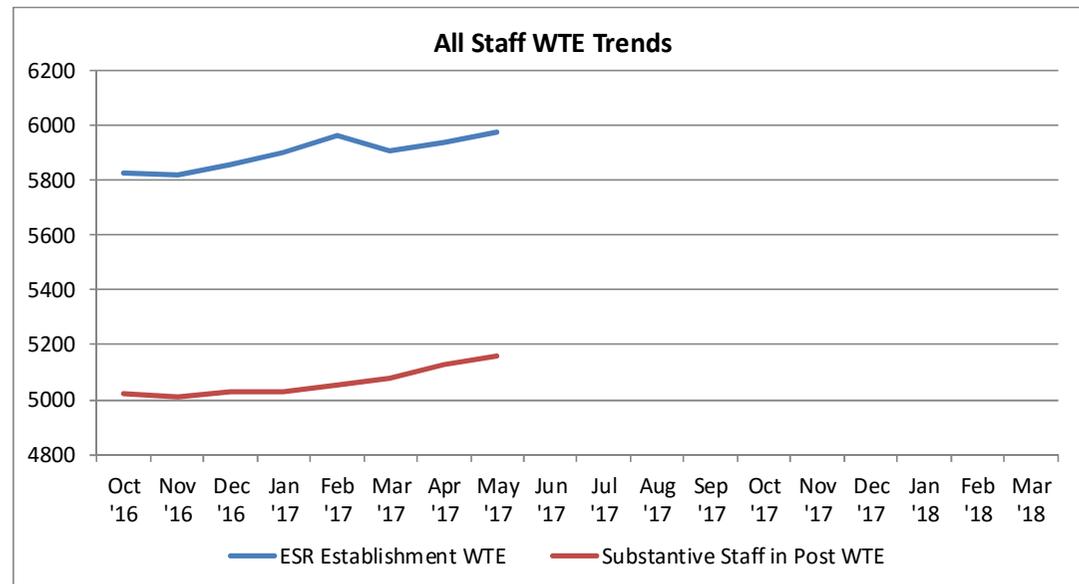
Section 8: All Staff Recruitment Pipeline

Measure	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18
ESR Establishment WTE ¹	5901.5	5963.8	5905.0	5940.6	5975.5										
Substantive Staff in Post WTE	5028.8	5054.8	5080.2	5125.6	5156.2										
Contractual Vacancies WTE	872.7	909.0	824.8	814.9	819.2										
Vacancy Rate %	14.79%	15.24%	13.97%	13.72%	13.71%										
Actual/Planned Leavers Per Month ²	76	56	67	90	95	86	86	86	86	86	86	86	86	86	86
Actual/Planned New Starters ³	118	120	127	151	130	108	108	108	108	108	108	108	108	108	108
Pipeline: Agreed Start Dates						84	56	11	23	14	4	0	0	1	0
Pipeline: WTE No Agreed Start Date						443 With No Agreed Start Date									

¹ Doctors in Training are included in the Establishment, Staff in Post and Actual Starters/Leavers figures

² Based on Gross Turnover of 20%

³ Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by March 2018



COMMENTARY

This information tracks the current number staff at the Trust and projects forward a pipeline based on starters already in the recruitment process.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the vacancy rate down to 10% by March 2018.

NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours. Staff becoming substantive from Bank may also not be reflected

Section 9: Agency Spend

COR Corporate

Corporate	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£287,107	£129,363			£416,470
Target Spend	£241,309	£241,309			£482,618
Variance	£45,798	£-111,946			£-66,148
Variance %	19.0%	-46.4%			-27.4%

EIC Emergency & Integrated Care

Emergency & Integrated Care	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£738,857	£650,026			£1,388,883
Target Spend	£583,420	£583,420			£1,166,840
Variance	£155,437	£66,606			£222,043
Variance %	26.6%	11.4%			38.1%

PDC Planned Care

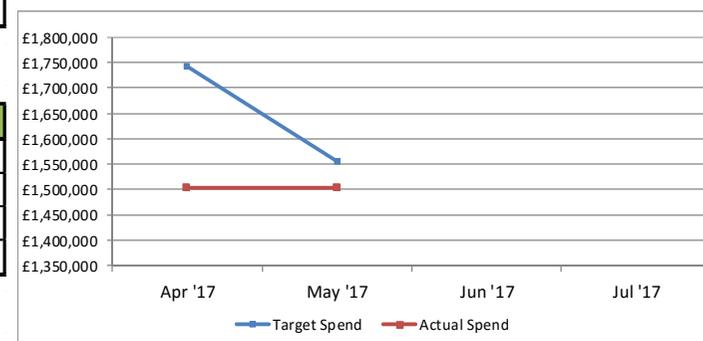
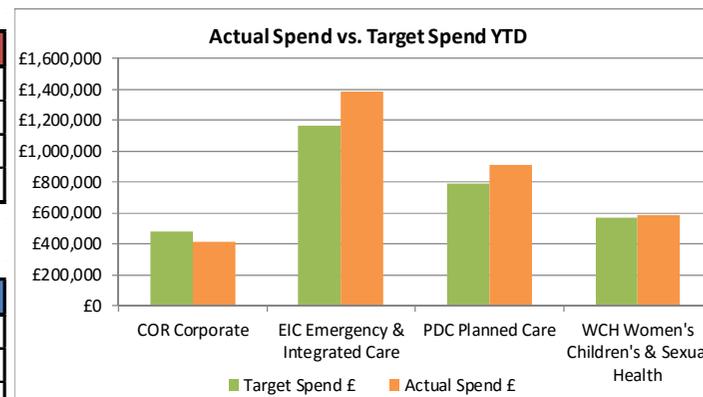
Planned Care	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£425,775	£485,704			£911,479
Target Spend	£392,436	£392,436			£784,872
Variance	£33,339	£93,268			£126,607
Variance %	8.5%	23.8%			65.5%

WCH Women's, Children's & Sexual Health

Women's, Children's & Sexual Health	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£291,730	£291,022			£582,752
Target Spend	£285,918	£285,918			£571,836
Variance	£5,812	£5,104			£10,916
Variance %	2.0%	1.8%			3.8%

Trust

Trust	Apr '17	May '17	Jun '17	Jul '17	YTD
Actual Spend	£1,743,469	£1,556,115			£3,299,584
Target Spend	£1,503,083	£1,503,083			£3,006,166
Variance	£240,386	£53,032			£293,418
Variance %	16.0%	3.5%			9.8%



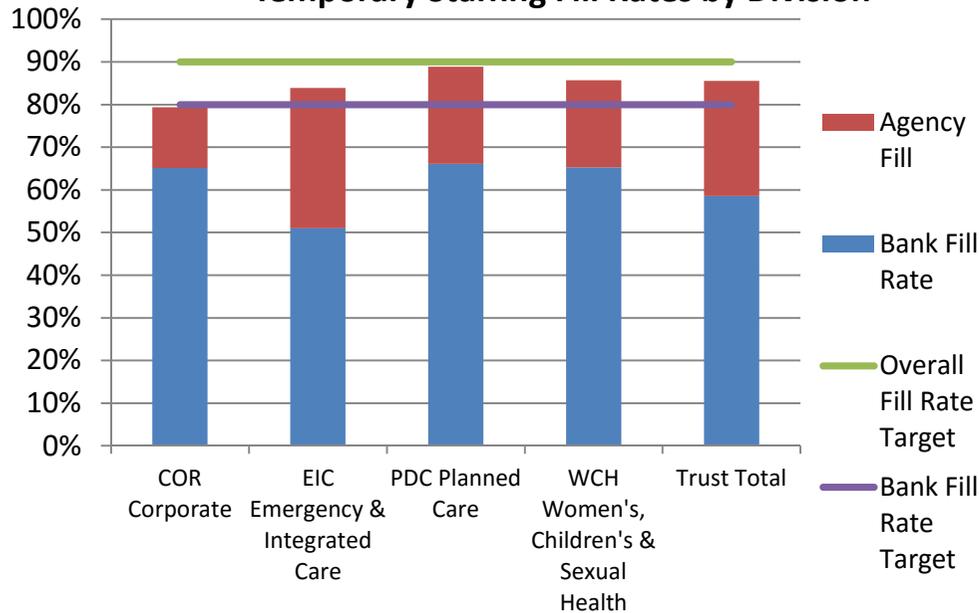
COMMENTARY

These figures show the Trust agency spend by Division compared to the spend ceilings which have been set for 17/18.

In Month 2, the Planned Care Division spent 24% more than target for the month and the Corporate Division 46% less.

Section 10: Temporary Staff Fill Rates for N&M

Temporary Staffing Fill Rates by Division



COMMENTARY

The "Overall Fill Rate" measures our success in meeting temporary staffing requests, by getting cover from either bank or agency staff. The remainder of requests which could not be covered by either group are recorded as being unfilled. The "Bank Fill Rate" describes requests that were filled by bank staff only, not agency.

The Overall Fill Rate was 85.6% this month which 0.7% higher than April. The Bank Fill Rate was reported at 58.5% which is 3.3% higher than the previous month.

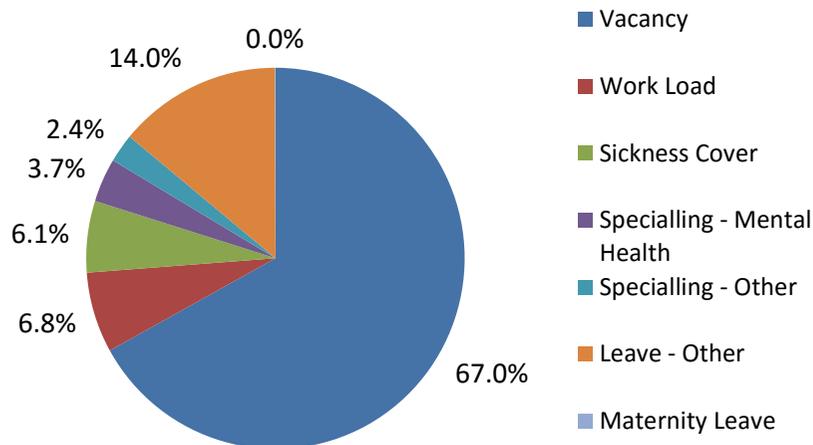
The Planned Care Division is currently meeting the demand for temporary staff most effectively.

The Bank to Agency ratio for filled shifts was 68:32. The Trust target is 80:20.

The pie chart shows a breakdown of the reasons given for requesting bank shifts in May. This is very much dominated by covering existing vacancies, sickness, and other leave.

This data only shows activity requested through the Trust's bank office that has been recorded on HealthRoster

Booking Reasons



Overall Fill Rate % by Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	95.5%	92.0%	83.6%	79.4%	↘
EIC Emergency & Integrated Care	82.6%	86.9%	84.4%	83.9%	↘
PDC Planned Care	80.7%	81.7%	87.6%	88.9%	↗
WCH Women's, Children's & Sexual Health	77.7%	81.6%	83.7%	85.7%	↗
Whole Trust	81.2%	84.0%	84.9%	85.6%	↗

Bank Fill Rate % by Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	64.2%	86.0%	52.5%	65.1%	↗
EIC Emergency & Integrated Care	40.1%	45.2%	49.7%	51.0%	↗
PDC Planned Care	47.9%	58.9%	60.2%	66.1%	↗
WCH Women's, Children's & Sexual Health	54.5%	61.0%	60.9%	65.3%	↗
Whole Trust	46.8%	55.5%	55.2%	58.5%	↗

Section 11: Core Training

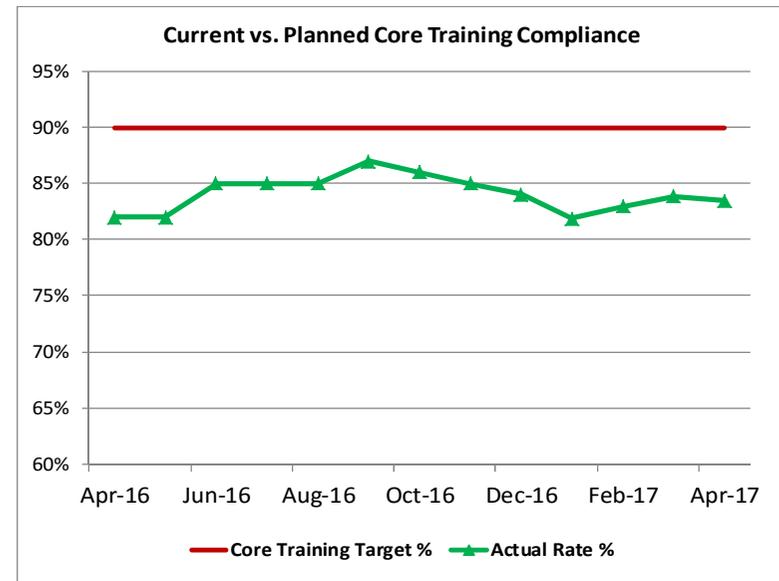
Core Training Topic	Apr '17	May '17	Trend
Basic Life Support	81.0	81.0	↔
Equality, Diversity and Human Rights	87.0	86.0	↓
Fire	82.0	81.0	↓
Health & Safety	84.0	83.0	↓
Inanimate Loads (M&H L1)	87.0	87.0	↔
Infection Control (Hand Hyg)	87.0	86.0	↓
Information Governance	81.0	80.0	↓
Patient Handling (M&H L2)	82.0	81.0	↓
Safeguarding Adults Level 1	88.0	87.0	↓
Safeguarding Children Level 1	89.0	88.0	↓
Safeguarding Children Level 2	71.0	80.0	↑
Safeguarding Children Level 3	77.0	85.0	↑

Core Training Compliance % by Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	80.0%	82.0%	83.0%	79.0%	↓
EIC Emergency & Integrated Care	82.0%	83.0%	83.0%	84.0%	↑
PDC Planned Care	84.0%	84.0%	83.0%	84.0%	↑
WCH Women's Children's & Sexual Health	83.0%	85.0%	84.0%	84.0%	↔
Whole Trust	83.0%	84.0%	83.0%	84.0%	↑

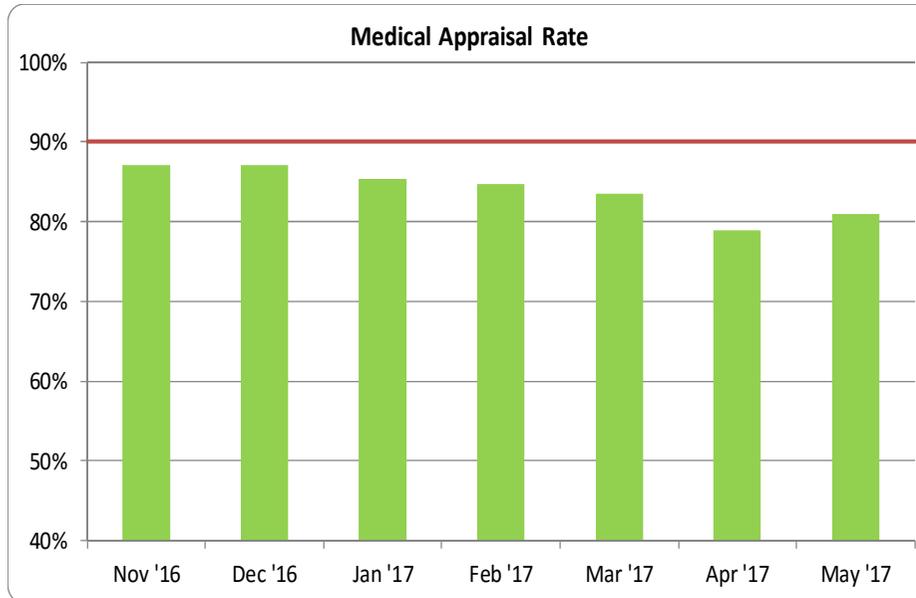
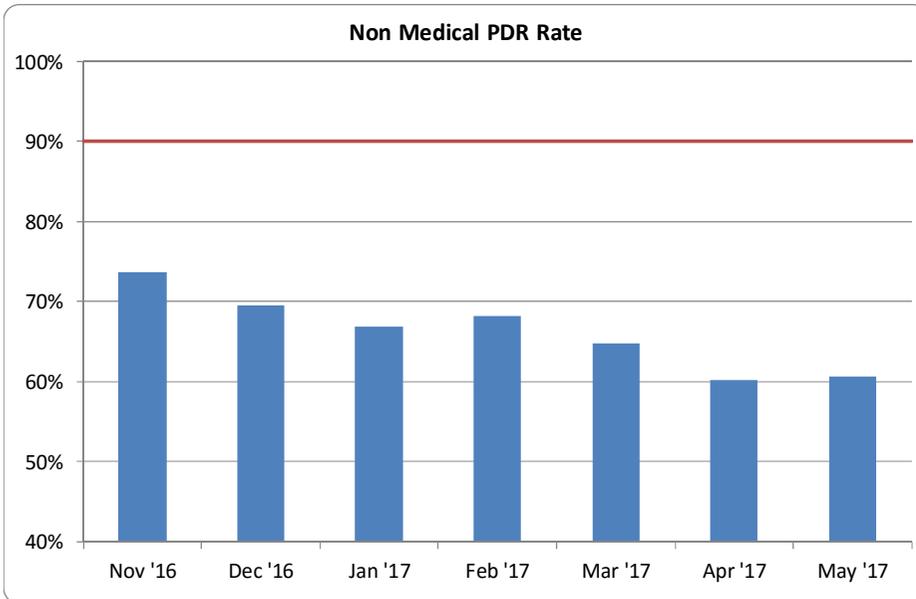
COMMENTARY

There was a significant 'push' for S/G Children Levels 2 and 3 this month resulting in compliance improving significantly (9% Level 2; and 8% Level 3). An additional factor has been the anticipation of staff incremental step payments being withdrawn for non / low compliance during the PDR process, this is beginning to have an impact as staff are now actively checking their compliance and undertaking the necessary training.

Issues have been experienced with the national 2017 online modules at CW due to a conflict between the specification required to run the newly published modules relative to the specification of Trust PCs. To bridge this gap, a significant amount of work has been undertaken to provide paper versions of key modules to ensure staff can maintain their compliance. The paper versions are readily available via the intranet, have been advertised regularly via Daily Noticeboard and are proving popular with staff.



Section 12: Performance & Development Reviews



Rolling Annual PDR Rate

Non Medical PDRs by Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	60.7%	64.8%	60.3%	61.1%	↗
EIC Emergency & Integrated Care	69.2%	65.9%	61.8%	63.8%	↗
PDC Planned Care	66.9%	59.8%	57.0%	57.9%	↗
WCH Women's, Children's & Sexual Health	71.5%	69.1%	62.7%	61.1%	↘
Whole Trust	68.2%	64.8%	60.2%	60.7%	↗

Medical PDRs by Division	Feb '17	Mar '17	Apr '17	May '17	Trend
COR Corporate	100.0%	100.0%	76.6%	78.3%	↗
EIC Emergency & Integrated Care	82.4%	81.8%	80.8%	85.6%	↗
PDC Planned Care	86.4%	87.6%	79.9%	80.4%	↗
WCH Women's, Children's & Sexual Health	84.0%	79.9%	100.0%	100.0%	↔
Whole Trust	84.6%	83.5%	79.0%	80.9%	↗

PDRs From 1 April

Division	Band Group	%	Division	Band Group	%
COR	Band 2-6	5.3%	PDC	Band 2-6	3.1%
	Band 7-8b	5.2%		Band 7-8b	14.3%
	Band 8c +	34.7%		Band 8c +	14.3%
Corporate		8.0%	PDC Planned Care		4.8%
EIC	Band 2-6	4.1%	WCH	Band 2-6	2.2%
	Band 7-8b	3.2%		Band 7-8b	2.7%
	Band 8c +	75.0%		Band 8c +	9.1%
EIC Emergency & Integrated Care		4.1%	WCH Women's, Children's & SH		2.3%
Trust Total			4.3%		

Non-Medical Commentary

On 1 April 2017 we changed our PDR process for non-medical staff so that everyone is required to have their PDR in a set period after 1 April 2017, starting first with the most senior staff. At the end of the May 4.3% of non-medical staff had had their PDR. PDRs for our most senior staff must be completed by the end of June. The rolling annual appraisal rate for non-medical staff is 60.67%.

Medical Commentary

Medical Appraisal rate compliance has increased this month by 2% to 81%.



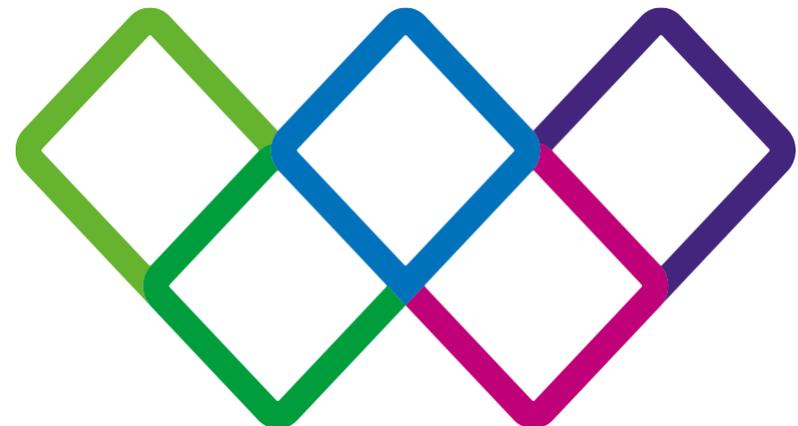
Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	4.1/Jul/17
REPORT NAME	EPR and ICT Update
AUTHOR	Kevin Jarrold – Chief Information Officer
LEAD	Rob Hodgkiss – Chief Operating Officer Kevin Jarrold – Chief Information Officer
PURPOSE	To provide the Executive Board with an update on progress with EPR and the wider ICT agenda with the intention that this update will go to the next meeting of the Trust Board
SUMMARY OF REPORT	The report covers the following: <ul style="list-style-type: none">• Update on progress with the Cerner Electronic Patient Record Programme• Global Digital Exemplar Initiative• Information Commissioner Audit Programme
KEY RISKS ASSOCIATED	The key risks are cyber security, failure to embed EPR
FINANCIAL IMPLICATIONS	Detailed plans are being developed to improve the resilience of the ICT infrastructure
QUALITY IMPLICATIONS	Note any quality implications, not covered in above.
EQUALITY & DIVERSITY IMPLICATIONS	Note any equality & diversity implications, not covered in above.
LINK TO OBJECTIVES	State the main corporate objectives from the list below to which the paper relates.
DECISION/ ACTION	The Executive Board are asked to note the progress being made

EPR and ICT Update

Kevin Jarrold
Chief Information Officer



Issues to Cover

- Update on progress with the Cerner Electronic Patient Record Programme
- Global Digital Exemplar Initiative
- Information Commissioner Audit Programme

EPR Update

Key areas of focus

- The EPR Programme continues to track to the baselined plan and West Middlesex is on schedule for the April 2018 go live date
- Key areas of focus have been on:
 - Ensuring that the West Middlesex virtual hospital build (recreating wards, clinics, departments etc within Cerner) delivers to schedule
 - Reviewing and updating the order communications solution – this is one of the most complex parts of the Imperial solution so has required more support from Cerner experts
 - Developing the Gateway criteria that will be assured by Ernst and Young and reported to the Audit Committee
 - Aligning the planning process for future developments between the Trust and ICHT. This covers code upgrades and delivery of Global PAS
 - Finalising the Clinical Systems Strategy for legacy systems like the Electronic Document Management system and the Clinical Portal
 - Ensuring that accommodation is available for the programme team, to support training and the immediate post go live support

Forward look

- Sharing the detailed Gateway criteria with clinical and operational teams
- Reviewing the governance arrangements to reflect the wider ICT role of the EPR Programme Board
- Making progress with the Global Digital Exemplar initiative
- Planning for the 'Countdown to Cerner Event' on 13th September
- Resolving the business as usual data quality challenges in advance of the Cerner implementation
- The reporting work stream is now getting intensive focus

The Work Streams

Getting the System Ready	Getting the Trust Ready
<ul style="list-style-type: none">• Data Migration• Information Governance• System Configuration• Domain Management• Reporting & Data Warehousing• Testing• Integration & Interfaces	<ul style="list-style-type: none">• Transformation• Training• Service Management• Communications• Infrastructure• Registration Authority & Security

Global Digital Exemplar - Update

- The GDE funding is now starting to flow.
- Plans for the creation of Divisional Chief Clinical Information Officers will be the first call on the funding
- The approach to the elimination of unwarranted variation that would use the Sheffield Teaching Hospitals Patient Flow methodology is being explored

Information Commissioner's Office

Audit of the Trust

- **Why it is happening?**
- In December 2016 the Trust was notified that the Information Commissioner's Office (ICO) intends to carry out an audit of the trust
- The aim of the audit will be to assess whether:
 - The Trust's processing of personal data follows good practice
 - Effective policies and procedures are in place and being followed.
- The Trust welcomes the opportunity to have an external assessment of our approach to the protection of personal data
- The audit is scheduled to take place in September 2017.

Scope of the Audit

- **Training and awareness** – The provision and monitoring of staff data protection training and the awareness of data protection requirements relating to their roles and responsibilities.
- **Subject access requests** - The procedures in operation for recognising and responding to individuals' requests for access to their personal data.
- **Data sharing** - The design and operation of controls to ensure the sharing of personal data complies with the principles of the Data Protection Act 1998 and the good practice recommendations set out in the Information Commissioner's Data Sharing Code of Practice.

Format of the Audit

- The ICO audit team will on site for three days
- They will visit key departments and sites across the hospital that fall within the scope of the audit
- They will spend a further two days off-site reviewing documentation
- The draft audit report will be issued in early October for a factual accuracy check
- A second draft with an executive summary will be issued by the end of October
- A final draft setting out an agreed action plan should be completed by mid-November.



Board of Directors Meeting, 6 July 2017

PUBLIC SESSION

AGENDA ITEM NO.	5.1/Jul/17
REPORT NAME	CW+ policies
AUTHOR	Don Neame, Director of Communications and Chris Chaney, CEO CW+
LEAD	Don Neame, Director of Communications and Chris Chaney, CEO CW+
PURPOSE	To set out the relationship between the Trust and CW+ and other charities; specifically to set out the Trust's policy on fundraising and on recognising donors within the hospital estate
SUMMARY OF REPORT	<p>From 1 Jan 2017, the Trust formally assigned CW+ as the Trust's official charity (Registered Charity No.1169897 www.cwplus.org.uk). The terms of the Trust's relationship with CW+ are governed by a Memorandum of Understanding (MOU) and Deed to the MOU. These papers:</p> <ul style="list-style-type: none">• Provide more practical examples of how the relationship will work• Establish ways of working on fundraising and recognising donors
KEY RISKS ASSOCIATED	The papers intend to provide clarity to all parties and reduce the risk of confusion.
FINANCIAL IMPLICATIONS	The papers aim to ensure donations are maximised and spent in the most appropriate way that is aligned with the Trust's objectives.
QUALITY IMPLICATIONS	Covered above.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	The paper will support the Trust in providing high quality, efficient clinical services.
DECISION/ ACTION	The board is requested to approve the policies.



Chelsea and Westminster Hospital NHS Foundation Trust - Introduction to Charity Policies

Chelsea and Westminster Hospital NHS Foundation Trust aims to provide world-class, patient-focused healthcare delivered locally. The need for us to engage with our community and for the community and staff to support us and our work is now greater than ever. We aspire to provide exceptional service throughout our hospitals but we cannot do this alone.

CW+

From 1 Jan 2017, the Trust formally assigned CW+ as the Trust's official charity (Registered Charity No.1169897 www.cwplus.org.uk). The terms of the Trust's relationship with CW+ are governed by a Memorandum of Understanding (MOU) and Deed to the MOU. These set out the basis of the Trust's relationship with CW+ and cover guiding principles including that:

- Our mutual intention is to ensure benefit to NHS patients
- The Trust Board will meet at least annually with the CW+ Trustee Board
- The Trust will actively promote and support CW+ and will position and recognise CW+ as its official charity partner
- CW+ will channel donations in line with the strategic needs and priorities of the Trust for the benefit of patients, families and staff

The Trust's relationship with CW+ (and other charities) is also shaped by two additional policies:

- Policy on fundraising
- Policy on recognising donors within the hospital estate

To strengthen the links between the Trust and CW+, the Trust has requested the CW+ Chief Executive to attend the Trust board. A number of CW+ Trusteeships are allocated to senior Trust stakeholders, which currently include the Trust's Chief Executive and Medical Director and two Non-Executive Directors. CW+ is also invited to present quarterly to the Trust's Executive Board and regularly at team briefing. The senior management teams of the Trust and the charity also meet as a group on a regular basis.

Other charities

While CW+ is the Trust's official charity, the Trust fully recognises the excellent work and efforts made by its family of other hospital charities, including –The Friends of Chelsea and Westminster Hospital, Hospital Radio, The Mulberry Centre, Chelsea Children's Hospital Charity, The Borne Foundation and St. Stephen's AIDS Trust – which have more specialist focuses but which all share main objectives to support and improve the care and experience of patients, families and staff at our Trust.

The Trust will work with these charities (and others) and has requested CW+ do so, to coordinate charitable activities. Fundraising and recognising donors are the subject of separate policies, but the work of CW+ will also extend to:

- ensuring clear and simple signposting for individuals and organisations wishing to support the Trust

- working with other charities to raise their profile appropriately (e.g. through signage of offices or services; promotion of services and events; promotion of joint funding and fundraising initiatives)
- supporting the coordination, recruitment and deployment of volunteers in partnership with the Trust
- supporting the coordination of staff recognition schemes and grants programmes with the Trust
- restricting the use of the estate by charities that are deemed to be of limited benefit to local residents or the hospitals or whose presence may be deemed detrimental to the efforts of the Trust's family of charities in their support of the Trust
- other joint working that is mutually identified.

Policy and contact details for CW+

This policy applies to all NHS Trust staff, including part-time staff, Non-Executive Directors, volunteers as well as hospital charity staff and volunteers.

All enquiries should be made to Kerry.huntington@cwplus.org.uk, Head of Fundraising, CW+: 020 3315 6619



Chelsea and Westminster Hospital NHS Foundation Trust Policy
on fundraising

Background

Chelsea and Westminster Hospital NHS Foundation Trust aims to provide world-class, patient-focused healthcare delivered locally. The need for us to engage with our community and for the community and staff to support us and our work is now greater than ever. We aspire to provide exceptional service throughout our hospitals but we cannot do this alone. Charitable donations transform our patient care and provide new facilities for our patients, their families and our staff and can engender a sense of pride.

At present, there is no clear process and a lack of clarity across Trust sites, with a number of different charities being present and actively fundraising. The money raised from some of these charities may not be in direct support of services to our patients or address our strategic priorities. We have therefore reviewed this situation and have developed a new policy.

CW+ is the Trust's official charity (Registered Charity No.1169897 www.cwplus.org.uk). We also have a family of other hospital charities, including – Chelsea Children's Hospital Charity, The Borne Foundation, The Friends of Chelsea and Westminster Hospital, Hospital Radio, The Mulberry Centre and St. Stephen's AIDS Trust – which have more specialist focuses but which all share main objectives to support and improve the care and experience of patients, families and staff at our Trust.

It is important to have a policy on fundraising within the Trust in order to:

- To ensure that our wards, services and research derive maximum benefit from those seeking to support us
- Give clear guidance to the Estates and Facilities Team (and other hospital staff) as to who is authorised to fundraise within the Trust estate
- Ensure that the Trust environment is consistent, welcoming and supportive to staff, patients and their families.

Individuals, companies and organisations that make donations or fundraise in support of the NHS Trust, its wards, services or research should have total confidence that their gift is received and managed in line with their wishes and in accordance with best practice and charity law. There needs to be a clear line of sight between the Trust and CW+ about the objectives of the Trust and aims of charity fundraising. There are numerous other NHS trusts, for example Imperial Healthcare NHS Trust, which follow similar policies to this.

Whilst not a focus for this policy, charities will benefit from CW+'s role to encourage collaborative working to improve the hospital(s) for patients. The Trust will work with CW+ and all the charities to support joint working.

Policy

This policy applies to all NHS Trust staff, including part-time staff, Non-Executive Directors, volunteers as well as hospital charity staff and volunteers.

In order to provide a transparent and coordinated approach, the Trust will only actively promote and

support fundraising through our official charity CW+. The Trust delegates the management of all charitable activity on Trust premises, including activities of all other charities as follows:

1. Any person or organisation wishing to make a donation, gift in kind or to fundraise for Chelsea and Westminster Hospital NHS Foundation Trust must operate under the supervision of CW+.
2. Any enquiries from charities regarding access to the Trust estate or its communication channels in order to fundraise or promote their services, will be managed by either the Trust estates or communications teams in consultation with CW+.
3. Staff wishing to promote their own fundraising (for another charity e.g. event sponsorship) are welcome to encourage close colleagues to support their efforts/cause, but cannot use the Trust estate or its proactive communication channels for promotion (except in exceptional circumstances and only with the prior agreement of CW+).
4. All gift and legacy enquiries received by the Trust and its staff must be directed through CW+. Staff should not initiate any fundraising activity for the benefit of the hospital or a Department without prior support and agreement from CW+.
5. Major national fundraising events (e.g. Comic Relief, Poppy Appeal and Children in Need) will continue to be encouraged during the period of each appeal. CW+ will agree and regularly review the events to be supported.
6. The Trust will permit non-fundraising promotional materials from other charities regarding healthcare services in support of patients with the prior authorisation of the Trust management.
7. The Trust delegates responsibility to CW+ to authorise any marketing and fundraising communication collateral e.g. posters, for any of the hospital charities. Where possible, these posters must promote a specific appeal as agreed by the Trust and avoid using charity brands/logos to ensure a clear fundraising message is communicated.
8. In all of the above, CW+ is asked to act on behalf of the Trust Executive Board. CW+ will take all relevant enquiries to the Executive and report quarterly on charitable activities to this group.

Practical examples

- The Trust's communications and estates departments will coordinate with CW+ requests for charitable activity and/or presence on the Trust estate and take a view as to whether the proposed activity is aligned with the Trust objectives – both for day to day activities and specific events such as hospital open days.
- Whilst the Trust will not proactively support individual fundraising that is not aligned to the Trust/CW+ policy, it will seek to enable limited opportunities for individuals to gain sponsorship if they wish e.g. by making a space on the staff intranet.

Contact details for CW+

All enquiries should be made to Kerry Huntington, Head of Fundraising, CW+:

- 020 3315 6619
- Kerry.huntington@cwplus.org.uk



Trust policy on recognising donors within the hospital estate

START DATE:	May 2017		NEXT REVIEW:	May 2019
COMMITTEE APPROVAL:	Executive Board		CHAIR'S SIGNATURE:	
	DATE: April 2017			
			DATE: 05/05/2017	
DISTRIBUTION:	Trustwide			
LOCATION:	Intranet: Trust Policies & Procedures			
RELATED DOCUMENTS:	Trust Policy on fundraising			
AUTHOR / FURTHER INFORMATION:	Donald Neame, Interim Director of Communications			
STAKEHOLDERS INVOLVED:	Executive Board, CW+			
Version History	Date	Responsibility	Comments	
EXPIRY DATE	May 2020			

Background

Chelsea and Westminster Hospital NHS Foundation Trust aims to provide world-class, patient-focused healthcare delivered locally. The need for us to engage with our community and for the community and staff to support us and our work is now greater than ever. We aspire to provide exceptional service throughout our hospitals but we cannot do this alone. Charitable donations transform our patient care and provide new facilities for our patients, their families and our staff and can engender a sense of pride.

In order to receive the maximum amount of philanthropic donations, it is important to be able to offer donors specific recognition and naming opportunities within the Trust Estate.

CW+ is the Trust's official charity (Registered Charity No.1169897 www.cwplus.org.uk). We also have a family of other hospital charities – Chelsea Children's Hospital Charity, The Borne Foundation, The Friends of Chelsea and Westminster Hospital, Hospital Radio, The Mulberry Centre, and St. Stephen's AIDS Trust - which have more specialist focuses but which all share main objectives to support and improve the care and experience of patients, families and staff at our Trust.

At present, there is no standardised policy and process for how our family of charities offer donor recognition and naming opportunities. We have therefore reviewed this situation and have developed a new policy.

It is important to have a policy on donor recognition in the Trust in order to:

- ensure that our wards, services and research derive maximum benefit from those seeking to support us
- ensure the Trust environment provides clear signposting and contacts for potential supporters
- protect the Trust, its staff and patients from the risks associated with fundraising activity by multiple charities

Policy

This policy applies to all NHS Trust staff, including part-time staff, non-Executive Directors, volunteers as well as hospital charity staff and volunteers.

In order to provide a transparent and co-ordinated approach, the Trust will only actively promote and support our official charity CW+. The Trust delegates the management of all charitable activity and all potential naming opportunities and donor recognition on Trust premises as follows:

1. Any of our hospital charities which have an upcoming project or appeal must discuss their proposal with CW+ to ascertain if there are naming opportunities and before any offer is made to donors/potential donors.
2. CW+ will be responsible for taking proposals for donor recognition/naming opportunities to the Trust executive team for approval and sign off.
3. Donor recognition/naming opportunities will need to follow a standardised design and format for clinical and non-clinical areas to achieve consistency and ensure patient experience is not compromised.
4. Donors who give over £5000 to the Trust are currently recognised publically within the Trust estate. CW+ will be responsible for continuing to offer recognition to all donors at this level and update and review on an annual basis.
5. Donor recognition/naming opportunities can be for donations acquired cumulatively.
6. Family names will be collectively recognised as one listing i.e. not individually – unless received as separate donations.

7. The Trust has the right to reject/remove donor recognition/naming if the name in question risks the reputation of the Trust and charity involved.
8. Donor recognition/naming can only be approved if the donation in question has benefitted our Trust and patients directly.
9. Donor recognition/naming (except collective donor recognition mentioned in point 4) will be on the site where the donation has been made to – or where patients have benefitted from the donation.
10. The Trust and CW+ reserve the right to agree duration and giving levels referring to major naming opportunities within the Trust. CW+ maintains a list of current naming opportunities with indicative costs and duration of recognition which is reviewed annually with the Trust. As per point 1 of this policy, naming opportunities need to be coordinated with CW+.
11. Existing donor recognition/naming within the Trust estate should be reviewed by the Executive Board and either maintained, amended or removed.

Contact details for CW+

All enquiries should be made to Kerry Huntington, Head of Individual Giving, CW+:

- 020 3315 6619
- Kerry.huntington@cwplus.org.uk

Equality Impact Assessment

Describe the aims of the parts of the policy causing concern
None
Describe how the policy has a significant impact on the equality group(s) mentioned above
N/A
Does this amount to an adverse impact or unlawful discrimination
N/A
Describe what actions you will implement to eliminate any adverse impact? (<i>Recommendations should be SMART – specific, measurable, achievable, realistic and timely</i>).
N/A
Describe stakeholder involvement and consultation in the Equality Analysis Assessment to assist with eliminating any adverse impact
N/A
Describe how the actions put into place to eliminate or reduce any unjustified negative impact will be monitored, including timeframes and accountability.
N/A

Privacy Impact Assessment Stage 1 Screening

1. Procedure

PIA Completion Details

Title: **Trust Policy on fundraising**

New policy completed 10/5/17

Names & Titles of staff involved in completing PIA:

2. Details of the policy, procedure or guideline. Who is likely to be affected by this document?

Staff, patients and the public

If yes, please explain your answer

Technology

Does the policy apply new or additional information technologies that have the potential for privacy intrusion? (*Example: use of smartcards*)

No

Identity

By adhering to the policy content does it involve the use or re-use of existing identifiers, intrusive identification or authentication? (*Example: digital signatures, presentation of identity documents, biometrics etc.*)

No

By adhering to the policy content is there a risk of denying anonymity and de-identification or converting previously anonymous or de-identified data into identifiable formats?

No

Multiple Organisations

Does the policy affect multiple organisations? (*Example: joint working initiatives with other government departments or private sector organisations*)

No

Data

By adhering to the policy is there likelihood that the data handling processes are changed? (*Example: this would include a more intensive processing of data than that which was originally expected*) If Yes to any

No

of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department?

If **Yes** to any of the above, have the risks been assessed? Can they be evidenced? Has the document content and its implications been understood and approved by the department and relevant committee?