

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

Boardroom, Chelsea & Westminster

02 March 2017 11:00 - 02 March 2017 12:30



Board of Directors Meeting (PUBLIC SESSION)

Location: Boardroom, Chelsea & Westminster

Date: Thursday, 2 March 2017

Time: 11.00 – 12.30

Agenda

	1.0	GENERAL BUSINESS		
11.00	1.1	Welcome & Apologies for Absence Apologies received from Martin Lupton.	Verbal	Chairman
11.03	1.2	Declarations of Interest	Verbal	Chairman
11.05	1.3	Minutes of the Previous Meeting held on 5 January 2017	Report	Chairman
11.10	1.4	Matters Arising & Board Action Log	Report	Chairman
11.15	1.5	Chairman's Report	Report	Chairman
11.20	1.6	Chief Executive's Report	Report	Chief Executive
	2.0	STRATEGY		
11.25	2.1	Imperial College Health Partners	Present.	Axel Heitmueller, ICHP
	3.0	QUALITY/PATIENT EXPERIENCE & TRUST PERFORMANCE		
11.40	3.1	Patient Experience Story	Verbal	Director of Midwifery
11.55	3.2	Serious Incidents Report	Report	Director of Midwifery
12.05	3.3	Integrated Performance Report	Report	Chief Operating Officer
12.15	3.4	Hospital Pharmacy Transformation Plan (HPTP)	Report	Medical Director/ Chisha McDonald
	4.0	ITEMS FOR INFORMATION		
12.20	4.1	Questions from Members of the Public	Verbal	Chairman
12.25	4.2	Any Other Business	Verbal	Chairman
12.30	4.3	Date of Next Meeting – 4 May 2017		



**Minutes of the Board of Directors
Held at 16.00 on 5 January 2017, Room A, West Middlesex**

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

1.0	GENERAL BUSINESS
1.1	Welcome & Apologies for Absence
a.	Apologies received from Jeremy Loyd and Pippa Nightingale.
1.2	Declarations of Interest
a.	None.
1.3	Minutes of the Previous Meeting held on 3 November 2016
a.	The minutes were confirmed as a true and accurate record.
1.4	Matters Arising & Board Action Log – 3 November 2016
a.	With regard to minute number 11.a of the action log Robert Humm confirmed that the Board papers were available on the Trust’s website in accordance with the Trust’s statutory responsibilities.
1.5	Chairman’s Report
a.	The Chairman’s report was accepted as read. No questions were raised.
1.6	Chief Executive’s Report

a.	<p>In presenting her report, LW highlighted -</p> <ul style="list-style-type: none"> □ The most recent 'Team briefing' would be attached to her reports going forward. □ The Trust has received a visit from Health Education England (HEE); where the new format of a multi-disciplinary style review had been applied. The Trust was the first Trust to have this style of approach. We received both positive feedback as well as highlighting areas for improvement. This was delivered in the context of a really intensive workload, where nationally the level of demand is at the highest for this period. We will continue to liaise with HEE to address the areas of concern highlighted. □ The Trust was working hard whilst also managing the expectation of its service users and staff. This had been particularly noted during the Trust's emergency preparedness work. Senior staff were involving themselves in front line patient care in order to ensure that full Trust capacity was being utilised. There was an understanding amongst the Trust however of the need to consider sustainability and future plans. <p>b. NNG enquired how the Trust was addressing the workload pressures as had been highlighted during the last CQC inspection. ZP commented that the new junior doctor's contract would assist the Trust in addressing workload capacity.</p> <p>c. ML commented that the Trust would need to carefully consider the priority that the Trust gives to education. He further commented that the funding that is available via SIFT (money given to offset the cost of medical students in hospitals) may now be restrained which could cause additional issues in the recruitment and retention of junior doctors.</p> <p>d. LW advised that the Trust had a useful discussion with senior colleagues from HEE about expectation and experiences; she commented that the key to ensuring clear partnerships would be to explicitly engage in conversation about expectations and need.</p> <p>e. ND enquired whether there could be any risks in junior doctors undertaking duties without having the relevant experience. LW advised that the Trust had clear and strong processes that would pick up any such risk.</p> <p>f. EH commented that she had had a detailed conversation with ZP and PN around safety and education issues; hence the Trust had been reassured that from a governance perspective these issues were being addressed and that the Quality Committee will monitor progress.</p> <p>g. LW commented that the numbers of junior doctors that are allocated to the Trust was not in proportion to the numbers of patients that were being seen at the Trust. THH advised that this issue would need to be further covered outside of the meeting.</p> <p>h. LW concluded her discussions with advising the Board that a member of staff had suddenly passed away before Christmas. Condolences had been sent to the family from the Trust and funds had been raised for his family.</p> <p>i. THH commented on the success of the clinical summit and hoped that the Trust would be able to engage more of its senior clinicians to attend future summits.</p>
2.0	STRATEGY
2.1	<p>Annual Plan submission to NHSI, including Shaping a Healthier Future update and Sustainability and Transformation Plan Implementation Business Case</p> <p>a. SE summarised her paper to the Board. She further advised that the planning round had been brought forward by three months. She led the Board's discussions around the following areas:</p> <ul style="list-style-type: none"> □ Activity planning, capacity and demand □ Quality planning □ Workforce planning □ Financial planning and □ Links as regards the Trust business plans to the requirements of the local STP.

b.	SE advised the Board that the Trust was planning a £7.7M deficit in 2017/18 and £0.3 deficit in 2018/19 and had not accepted the NHS Improvement Control total although discussions remained ongoing.
c.	KMO advised that the Trust's planning initiatives as part of the Shaping a Healthier Future were well developed with the primary focus being on capital solutions for the delivery of healthcare with specific emphasis on the West Mid site. The Capital proposals for this work had been sent to NHS England as part of the Sustainability and Transformation Plan (STP) submission just before Christmas 2016. KMO stated that the Trust was well represented as regards the STP plans and associated work streams.
d.	JJ raised a question around whether the Trust had received funding due to the increased numbers of patients being seen due to the closure of the A&E units in Ealing and Charing Cross.
e.	LW responded by advising that the A&E Unit at Ealing and Charing Cross had not closed as yet; the Trust would receive the payment for patients attending our A&E departments under Payment by Results (PbR) rules. JJ commented that it would be vital that the Trust did receive the recognition in terms of funding when these units closed as the alternative would result in the Trust's A&E unit becoming unsustainable. SE commented that this was another reason why there was a need to ensure that the Trust's elective work counter balanced any loss from emergency activity.
f.	SE commented that the Commissioners were able to continue to pay the Trust for the work it was currently undertaking. However, any increase in patient numbers would require further consultations and consideration by the Commissioners.
g.	LW commented that there was investment being put into out of hospital care. However, it was also noted that the number of GPs in the Trust's locality (NWL) was set to fall which would result in an increase in patient numbers for the Trust. The Trust was involving itself in the ongoing discussions around these concerns.
h.	NG enquired as to the impact of the above closures upon the Trust's paediatric services. SE confirmed that the Trust had agreed its Contract for this year, but was yet to consider its position as regards next year.
i.	THH commented that significant work was being undertaken by the Executive team and the Trust was in a strong position as regards its paediatric services.
j.	THH enquired what the Trust plans were to address the elective workload and ensure patients are seen in a timely way. SE responded by advising that the Trust was working hard to consider capacity and workload.
k.	THH asked that the Trust revisit this issue again at the end of this year as opposed to the re-review planned for two years' time.
l.	SE commented that the plan would be refreshed and would be the subject of further negotiation.
m.	THH commented that it was important for the Board to understand and see how the Trust would in fact look like at the end of this plan, (not considering the money aspects). LW stated that the Trust would deliver the expected level of care within the Emergency Department and also meet its National Objectives; namely that it would deliver everything that the Trust is statutorily required to do.
n.	SE advised the Board that there was an underlining deficit however there was an aim to improve this.
o.	THH commented that the Trust would still control its own workforce.
p.	NG enquired what the position was with other neighbouring Trusts. LW commented that the Trust was in discussions with neighbouring hospitals around deliverability.
q.	THH commented that the Board had considered that we cannot deliver everything. AJ commented that the figures stated in the report were reasonable and the two year projection was useful in terms of the required investment over the next two years.

r.	THH concluded the discussions by advising that the Board approved the Trust's Operational Plan for 2017/19.
3.0	QUALITY & TRUST PERFORMANCE
3.1	Morbidity and Mortality Overview Report
a.	In presenting the paper, ZP thanked EH and PH for preparing the paper. ZP summarised that the Trust had clear reporting and audit systems. She advised that the feedback from patients was regularly obtained in order to monitor where improvements could be made.
b.	EH advised that she had reviewed the CQC's "Learning, Candour and Accountability" report on how Trusts all across the country review and investigate patient deaths. She commented that Trusts generally did not do very well in this area. However the Trust understood the work required which Iain Beveridge was leading on. New audit groups and processes were underway. She advised that the Quality Committee would be advised of the progress of this work.
c.	EH went on to advise that it was important the Trust reviewed how clinicians were engaging with the requirements - to ensure transparent discussions and learning.
d.	THH led a short discussion around the concerns relating to candour and the potential consequences of frank discussions if matters were to conclude with a Court hearing. He commented that staff may be concerned about this in particular. LW commented that the Trust prided itself on being open and transparent, further that this was one of its values. THH agreed that the duty of candour is paramount.
e.	AJ concluded the discussions with his view that the Trust had done a good job in promoting the need to be open and transparent. He commented that there was now a need to focus on this achievement whilst understanding the need to take a robust view on challenging practices where needed.
3.2	Serious Incidents Report
a.	VS presented this paper advising the Board that the paper had not been before the Quality Committee due to timing issues over the Christmas and New Year break.
b.	She summarised the paper, noting in particular the following points: <ul style="list-style-type: none"> <input type="checkbox"/> There were decreasing numbers of pressure ulcer cases <input type="checkbox"/> There had been no hospital acquired pressure ulcers <input type="checkbox"/> The Serious Incident reports that were recorded as 'under investigation' were now all completed and submitted in time <input type="checkbox"/> There was a decrease in the number of patient falls
c.	EH enquired whether the Trust was prepared for a potential question from the CQC around incident reporting rates. VS advised that the methodology applied by the CQC was one that looked into what was being reported and if staff knew how to do this. She advised that the Trust was in a good position as regards both these areas.
d.	THH commented that the Trust was a beacon on domestic violence support and awareness. He advised that the Trust had an assigned trainer who was also an Independent Domestic Violence Advocate (IDVA). He invited VS to speak with him and CC (from the Trust's Charity) outside of the meeting in order that he may offer his further support to expand this work. ACTION: VS/CC
3.3	Integrated Performance Report
a.	RH presented his paper and outlined the following key points: <ul style="list-style-type: none"> <input type="checkbox"/> The non-compliance noted within the A&E activity, although this was set in the context of deteriorating performance across London and nationally and that the Trust remained one of the better performing

	<p>organisations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Although some of the indicators were falling, the Trust's focus was on what it was attending to each day; for example, there was an increased in demand for cancer services <input type="checkbox"/> Discussions were ongoing with the Secretary of State's office and other high level offices around Trust capacity. <p>b. LW commented that it was a credit to our staff who had responded comprehensively to the increased need for staff cover, without the need to put any pressure on them to do this. Senior staff had been rotated until 10pm each day recognising the increased need for senior presence in the out of normal working hours period</p> <p>c. ML enquired on how the Trust was ensuring that these demands did not impose the burdens upon staff. LW commented that the Trust understood the need to be efficient in how we work / use of our time. Safe patient care and staff wellbeing would always be the Trust's primary concerns.</p> <p>d. LW further commented on the need to consider the expectation of the local population, patients and their families re: expectations.</p> <p>e. VS commented that the maternity response rate remained red – she advised that this was a difficult area due to the three strands of the Friends and Family Test (FFT). She advised that Action Plans had been prepared with regular monthly monitoring.</p> <p>f. RH commented that the Trust was one of the top performers but amongst the lowest return rates as regards the FFT; this would be explored further in order to understand the reasons behind this specifically.</p> <p>g. THH commented that he believed that the volunteer's initiative would assist with this work.</p> <p>h. EH raised a question as regards CQUINN and sepsis screening; she enquired whether the Trust was confident that it was now doing its best around the identification of the deteriorating patient. ZP replied by advising that the Trust had a sepsis project, and was on track for Q4 and on track for 2017. NEWS (national early warning scores) was also working well. The standardisation of care initiative was also working well.</p> <p>i. RH advised the Board that the Trust was also reviewing the model on the length of hospital stay and the cost of implement the CQUINN.</p> <p>j. THH commented that he had requested that LW and KL review the workforce dashboard in order to set a realistic forecast and target. He commented that he had also asked VS to comment on the level of staffing within the maternity ward. VS commented that the unit was safe in terms of numbers of staff.</p> <p>k. RH outlined the 'Red / Green day' initiative to the Board, which had the main objective of making a positive difference to the patient experience.</p> <p>l. RH further commented that a decision had been taken in November 2016 to minimise the Trust's usage of agency staff. Staff were being moved around to reduce agency cost where possible.</p> <p>m. VS commented that the CQC Action Plan included work on NHS England and other external national bodies' commitment to Mental Health provisions.</p>
4.0	ITEMS FOR INFORMATION
4.1	Questions from Members of the Public
a.	<p>Mrs Barbara Benedek a member of public who was the sole carer for her husband who was now receiving palliative care, spoke to the committee as regards the role she performs and her engagement with the Trust, and her involvement with the work of the CCG. She further commented that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> She had a number of ideas around communication with patients <input type="checkbox"/> She had experienced some difficulties in accessing external patient services - she commented that clear information for patients as regards the services that they could obtain externally would be useful.

b.	<p>Mrs Benedek went on to lead a useful discussion around the following areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A noticeable improvement on the wards as regards the needs of dementia patients. <input type="checkbox"/> Further/ better signage on the ward doors would be useful. <input type="checkbox"/> More expenditure was needed to drive the need for staff to spend time in encouraging patients to move out of bed and walk around / undertake rehabilitation activities – this would then help with discharge planning.
c.	<p>Mrs Benedek mentioned that where possible she would like to offer her assistance as regards the patient's experience of discharge. Mrs Benedek was advised that Shan Jones led on this area and would take this offer of assistance forward. Mrs Benedek expressed her gratitude to the PALS team for their hard work.</p>
d.	<p>Mrs Benedek complimented the Trust on its implementation of the 'John's Campaign' which allowed carers to remain on the wards with their loved ones who have dementia; this has shown to significantly improve the patients' experience and care.</p>
e.	<p>ZP concluded the discussion by noting that it was important to look at expectation and responsibility; the NHS Constitution covered this area in detail and was a good starting point as regards the Trust's working relationship with its patients.</p>
f.	<p>THH thanked Mrs Benedek for her presentation and hoped she would be able to contribute to the Trust's work in the future.</p>
4.2	<p>Any Other Business</p>
a.	<ul style="list-style-type: none"> <input type="checkbox"/> RH advised that as part of the Emergency Redevelopment programme, WM emergency department patients would be registered at the main reception desk for 10 days whilst the reception area was being worked on.
b.	<ul style="list-style-type: none"> <input type="checkbox"/> THH advised that the times of the public board meetings would be changing, however the dates would stay the same. These details would be circulated shortly.
4.3	<p>Date of Next Meeting – 2 March 2017</p>

Meeting closed at 15.50.



Trust Board (meeting held in public) – 5 January 2017 Action Log

Minute number	Agreed Action	Current Status	Lead
3.2.d	<u>Serious Incidents Report - Domestic violence support and awareness</u> VS to speak with THH and CC (from the Trust's Charity) outside the meeting in order that he may offer his further support to expand this work.	This is work in progress.	VS/CC



Board of Directors Meeting, 2 March 2017

PUBLIC

AGENDA ITEM NO.	1.5/Mar/17
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
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.



**Chairman's Report
March 2016**

1.0 Governor Updates

I have very much enjoyed getting to know our new Governors and our current ones over the last couple of months at a series of lunches which I have hosted at both sites. The first being at the West Middlesex site which was had a good turnout and the second at Chelsea and Westminster. I will continue to host these throughout the year and encourage as many Governors as possible to attend. The Governors enjoy these lunches as it gives them a forum to discuss issues and concerns privately and it's also a good chance for me to get to know them better and also for them to get to know each other better.

We have also started inducting our new Governors which has been successful and I will continue to ensure all new Governors and current Governors feel supported in their roles.

2.0 Priority setting

We had an excellent discussion at our February Board strategy day about the strategic priorities to be set for the Board for the year 2017/2018. The Chief Executive and team will be bringing these back to the Board and once agreed they will form the basis of the targets to be set for both the CEO and the Chair for the coming year. These priorities will come to the next Council of Governors meeting under the Chairs report.

3.0 HelpForce

Since my last update, HelpForce has made significant progress. I am delighted to say that CWFT is one of our twelve major pilot sites and we are engaging with the team on a daily basis to roll out our plans. I have attached to this report, a 1-page narrative on HelpForce which helps to explain it, in a more concise fashion and I would welcome any feedback you have on this.

Our official launch event will be held in London in June where we will be announcing HelpForce to various media channels and engaging further with our pilot sites. Jim Mackey is confirmed as a keynote speaker and we hope to bring together all of our pilot sites and partners to officially kick-start the programmes at each site.

4.0 CW+ Update

As of January 1, 2017, CW+ became a newly constituted charity, independent from the Department of Health. To support this, the charity now has a new and revised memorandum and articles of association and has also worked with the FT to draft a new trust deed and a new memorandum of understanding between the trust and the new charity.

As part of this, a new group of trustees has been convened including from the FT Lesley Watts and Nick Gash. The new trustee board remains under the chairmanship of Tony Bourne (sitting CW+ chair at time of independence) and is in the process of recruiting further trustees, including an additional two FT members to be confirmed in February 2017.

The make up and governance of the new CW+ is designed to ensure clear alignment between the strategic priorities of the charity and the FT. The memorandum of understanding between the two organisations names CW+ as the official charity partner of the Trust and commits the Trust to actively promoting and supporting the new charity. The launch of the new fundraising campaign in February 2017 to expand and

renovate ICU / NICU is the first example of both parties working jointly under this new arrangement to help address the FT's current greatest area of need and one of the core strategic priority areas on the CW site.

Sir Thomas Hughes-Hallett
Chairman

February 2017

We are HelpForce

- A **collaboration** between the health and voluntary sectors to improve patient care
- We **aggregate** proven practice to advance innovation and improvement around volunteering
- And **enable** volunteers and the voluntary sector to have a greater impact in health and social care

The Need

- Unprecedented demand on hospital trusts and GPs
- Delayed transfers of care into social care and community settings
- NHS staff under immense pressure
- Greater integration required with community settings
- Untapped potential of volunteers & voluntary sector within health settings - could be more valued and involved

What HelpForce offers

1. How to **improve the patient journey** through the use of new volunteer roles and volunteer-centred innovations
2. How organisations can **increase the value of their volunteers** to complement staff and improve patient care
3. How volunteers, and voluntary and charity organisations, can strengthen links between **NHS organisations and their local community**

The Difference we could make

- Raise awareness of the value and potential of volunteers within health and social care
- Improve patients' wellbeing and experience on their health journey
- Improved involvement, value and satisfaction from volunteers
- Higher NHS staff satisfaction
- Reduce unnecessary admissions for hospitals & GPs
- Improve flow of patients through hospital and their transfer on
- Increased coordination and mobilisation of community assets

Our Approach

CONVENE

- Form a knowledge sharing & improvement network with organisations from across our pilot sites
- Bring together evidence of volunteering in health and care, home & abroad, including roles & standards

AGGREGATE

- Identify and highlight proven volunteer-centred innovations, both NHS and VCSE, that are succeeding in some regions
- Showcase and spread them to more NHS and social care organisations

DESIGN

- Assist pilot sites with mapping new volunteer roles and volunteer-centred improvements onto their patient pathway
- Co-design small-scale, high-impact interventions with staff, patients, volunteers & partners

TEST & LEARN

- Test interventions and measure impact using independent evaluation and based upon existing measures and data where possible
- Share results and learnings across the HelpForce network

SCALE

- As interventions become more established and proven, deploy at greater scale: more patients, more sites

DIGITAL

- Employ existing digital solutions throughout to enhance, share, measure and scale our work
- Assess in the future if a brokerage platform could automate some of the work of HelpForce



Board of Directors Meeting, 2 March 2017

PUBLIC

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



Chief Executive's Report

March 2017

1.0 OBJECTIVES FOR 2017

The Board is in the process of finalising its key objectives for 2017/18. The key themes reflect much of the discussion that has taken place over recent months; Firstly, to deliver high quality patient centre care, ensuring that we remain unfailingly kind; secondly, to be the employer of choice and ensure we recruit and retain the brightest and best staff; and finally, that we deliver better care at lower cost, ensuring we use the resources we have available in the most efficient and effective way.

2.0 STRATEGIC DEVELOPMENTS

2.1 Sustainability and Transformation Plans (STPs)

The FT remains fully engaged in the forward planning of both NWL and SWL STP's. A pan provider board has been established to ensure consistency of approach and best fit with trusts' Operating Plans and this is supported by bespoke CFO and COO groups.

An example of where a more consciously collaborative approach is being taken is in HIV where a proposal to create one inpatient unit supported by agreed pathways and specialist nursing support is under consideration. CWFT is leading this work.

2.1 Accountable Care

In line with our longer term objective to engage in Population Health we are continuing with existing small scale and evaluatory steps. These include:

Richmond Outcomes Based Contract: where our clinicians have led work on establishing community cardiology and support for frail elderly patients.

Hammersmith & Fulham Accountable Care Board: where Professor Barton and Dr Lai have led on an evaluation of very frequent attenders of A&E. This has led to bespoke work in ambulatory care and mental health in A&E being launched across the borough.

These are small scale developments and the FT is evaluating where these can be extended to wider patient populations and where they would have a more material impact on changes to pathways and outcomes.

3.0 PERFORMANCE

The significant levels of non-elective demand, previously reported to the Board, continued throughout January (This month has seen a 9% increase compared to the equivalent month last year) with the A&E waiting time not achieved on either site with combined Trust performance of 86.6%; this was a deterioration for both sites from the previous month. Despite this staff continue to work tirelessly to deliver good quality care and experience to patients across all of our services.

Last month's update reported that our aggregate performance for Quarter 3 was below the Sustainability and Transformation Fund (STF) trajectory by more than the allowed 0.5% tolerance, and that we would be applying to NHSI to adjust the trajectory in light of unprecedented and unplanned levels of demand. This application has now been made.

The RTT incomplete target was achieved in January for the Trust overall with performance of 92.04% which was an improvement from the previous month. The Trust continued to have no patients waiting >52 weeks.

The Cancer 62 target (85%) was achieved in December at 91.4%, which is above the STF trajectory of 86.3%. Q3 was also achieved at 85.5%. Unvalidated performance for January shows a compliant position at 87%.

The 2WW Urgent Cancer Target (93%) continues to be challenging, with unvalidated performance for January showing the standard was not achieved. This is a particular issue on the Chelsea site, with referral numbers continuing to increase on a monthly basis.

The 31 day First Treatment target (96%) was achieved at 96.3%. There were 2 breaches of the target on Chelsea site, with both patients requiring plastic surgery for excision of skin cancers. Both breaches are being investigated by the Skin MDT to ensure there are no avoidable delays in the pathway when patients are referred from Dermatology to the Plastics team.

There were 3 reported C.Diff infections in January at WMUH. The Trust ytd figure of 12 is within the trajectory of 16 for the full year.

Both sites have achieved all other regulatory performance indicators.

4.0 PERFECT DAY

The Trust's Perfect Day initiative started in April 2016. A substantial part of the programme was focused on reduction of temporary staffing usage with the twin aim of improving the quality of care and reducing costs. This was to be achieved by permanent staff in professional or managerial roles being deployed one day a month to clinical areas to cover shifts that would otherwise be covered by costly agency staff. There have been supplementary benefits to this initiative with staff in different parts of our organisation working alongside each other which has allowed colleagues to better understand the positive things that happen every day, but also the frustrations and problems we face in front line service delivery. Initially, we planned to organise Perfect Days for the first three months of the financial year, but with the positive response from staff throughout the Trust, a commitment was made to continue with the initiative on monthly basis.

During the perfect days the Trust has so far covered approx. 200 agency shifts and avoided approx. £102,000 costs. Over 500 staff have taken part. We will soon commence the second year cycle of the Perfect Days, we plan to continue to concentrate on quality improvement, exchanging ideas and experience and shared learning. The initiative proved to be a medium to boost a shared sense of purpose and improve staff relations and morale. What's more, it demonstrated the passion for providing excellent patient care. Patients also enjoy the opportunity to meet and speak with senior staff.

Our last Perfect Day on 15th Feb saw 40 people taking part -

- 5 people helped on ante and post natal ward to get feedback from soon-to-be and new mums - a project that Sunita Sharma leads on how to improve patient pathway and experience;
- 23 people were involved in the ward accreditations across sites- 5 areas were visited. A trial of the 'Perfect Ward' - ward accreditation app took place at WM and well-we are considering using it over the next year;
- 4 people helped with clearing the patient letters backlog;
- 2 people helped in PALS and Complaints office;
- 1 spent a day on NICU, helping with the admin work;
- 1 spent a day in Cath lab;
- 1 covered matron role for Emergency in CW;
- Our CEO worked as an HCA on Marble Hill 2;
- A number of senior nursing staff covered clinical shifts in essential areas.

5.0 CONTRACT NEGOTIATIONS

The Trust successfully completed contract negotiations for 2017-19 in line with the nationally prescribed timetable with all major contracts signed on 23rd December 2016. All contracts have been agreed for 2 years, but year 2 (18/19) values remain to be finalised in some instances.

- NHSE contract agreed on a cost and volume basis with no marginal rates for over-performance.
- Contract agreed with NWL CCGs is on a cost and volume basis with a marginal rate on over and under-performance against the 2016/17 outturn. This risk share excludes non-elective and maternity services and is standardised across all acute providers in the STP.
- South West London contract has been agreed on a cost and volume basis with no marginal rates for over or under-performance.
- Commissioner QIPP schemes of £17.3m have been included in the contracts for both NHSE and CCGs.
- CQUIN schemes are agreed for the main contracts.

6.0 ESTATES

I am delighted to be able to report that we have continued to invest in our estate to ensure we provide the best possible environment for patients, visitors and staff. We have two two new developments to report on which is testament to the hard work and endeavours of estates, clinical and operational colleagues who have worked incredibly hard to deliver these projects on time and within budget. Also we have just heard that the redevelopment of the NICU & ICU at the Chelsea and Westminster site has now been granted planning permission.

6.1 West Mid ED (c£3.2M)

Phases 1, 2 & 3 are now complete; this work includes relocating the Urgent Care Centre to enable the creation of a new Paediatric Emergency Department and improved waiting areas for adults and children. In addition, there are now a further 9 majors cubicles to increase capacity. Phase 4 is underway and will be provide a new ambulance entrance, triage facility and 3 rapid assessment rooms including an isolation room. This phase is due for completion in early April.

6.2 Gynae Ward & EPAU (c£1.5M)

Work commenced in November to establish 12 new in-patient beds and to relocate the EPAU facility into what was formally known as Management 3. The staff have been re-housed to the old patients' hotel, the sanctuary and various other non-clinical locations within the hospital. Work was completed at the end of February and the ward will become operational on 6th March when 12 patients will relocate from Annie Zunz Ward to enable an increase of 16 escalation beds.

7.0 PEOPLE

7.1 Appointments

The Trust has appointed Don Neame as interim Director of Communications. He started on 20 February 2017. A process to recruit a permanent Director of Communications is underway.

7.2 Performance Reviews

In April we will launch a new performance and development review process for non-medical staff to replace the current appraisal process. Under the new process managers will award performance ratings which for the first time and will be linked to pay progression. The other key change is the introduction of set time periods for PDRs which will enable us to better monitor take up.

7.3 Flu immunisation

I am very pleased to inform you that the Trust has immunised 68% of front line health care workers. It expects to achieve an immunisation rate of 70% which is one of the highest in London. This compares with 60% in 2015/16 and a target of 65% and will help ensure we keep more of both our staff and patients safe and well.

8.0 **PATIENT EXPERIENCE**

The patient experience team have been working hard on improving the patient complaint process. The process states that all complainants will receive a phone call acknowledging the complaint and explaining the process within 48 hours. Our compliance on this has improved from 62% to 96% compliance. We then have 25 days to investigate and respond to the complaint, we previously had a backlog of 152 complaints that had not been responded to within this timeline, this has been reduced to 42 backlogged complaints which is on target to clear all the backlog complaints by the end of March 2017.

We have previously struggled meeting the 30% response rate to our FFT data, we are in the process of implementing a ward based hand held solution for collecting FFT data which will ensure we achieve this response rate.

9.0 **COMMUNICATIONS AND ENGAGEMENT**

This month we are endeavouring to make greater efforts to engage with our staff in a way that suits their needs whilst ensuring that they take responsibility for keeping abreast of key organisational priorities. We continue to embed our integrated values in order to drive high quality care and experience for the patients we serve. Over the past month, my executive colleagues and I have engaged with staff on key Trust issues through departmental meetings, informal walkabouts and team briefings at Chelsea and Westminster Hospital, West Middlesex University Hospital, Harbour Yard and offsite clinics.

To ensure that the monthly team briefing is appropriately cascaded to staff at all levels of the organisation, Keith Loveridge, our Director of HR and OD, is tasking members of the Executive Board to align their meetings schedule to be within one week of the Team Briefing sessions taking place so that the key issues from my briefing are discussed in a timely manner for those unable to attend. To support this, I will circulate a weekly email to all staff on key organisational issues, as well as producing blogs which can be viewed from the staff intranet. By utilising these communications and engagement channels we can foster a continuous dialogue with our teams in order to celebrate best practice and provide timely support to our teams when it is needed. The latest Team Brief follows this report.

I'm delighted to announce that this month we have launched our new staff award recognition scheme. This monthly awards process, which will recognise individuals and teams that demonstrate their pride in caring for patients, will feed into the annual staff awards ceremony in the autumn.

We have issued media releases on: two staff announced as finalists in the 2017 NHS Digital Pioneer Awards; Shivon Thompson's donation of 'angel baby gowns' for bereaved parents; new apprentices starting; recognition at an international conference for Shreena Tailor, and embryologist in our Assisted Conception Unit; a health and wellbeing event for cancer patients; pioneering wireless monitoring of patients' vital signs at West Middlesex; and an education award for Betty Ouma, laboratory manager at St Stephen's Centre Research Laboratory.

Lesley Watts
Chief Executive Officer
February 2017



February 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

Performance update

Despite such hard work and commitment shown by colleagues in caring for an all-time record number of A&E attendances, like many other NHS Trusts we didn't achieve the A&E target for December. This has had an impact on associated funding but we are working with NHS Improvement on reviewing this in light of the unprecedented levels of demand. Well done to WMUH for sustaining their RTT performance. We are pleased to say that we have no patients waiting longer than 52 weeks so thanks to all colleagues for their efforts - we need to continue our focus on RTT as well as our cancer targets in order to provide patients with the timely care they deserve.

Financial update

At the end of December our year to date is slightly ahead of plan. Pay costs in month are under plan by £0.24m but continue to be over plan year to date. Although this is a slight improvement, medical pay continues to be over plan both in month and year to date. We need to continue to work hard to improve our CIP delivery in the remaining months to ensure we reach our target figure.

Health Education England and GMC Inspection

We take patient safety and the teaching of our medical professionals extremely seriously and welcome the findings of the joint Health Education England and GMC inspection that took place last year as an opportunity for us to improve our education offer as part of a culture of continuous improvement. All concerns raised during this two day inspection have been addressed and immediate actions implemented. Well done to teams for their focus in this area. We will continue to monitor our progress at to ensure further improvement.

Flu immunisation

Our Trust target is to immunise 75% of frontline staff – between 1 October and 3 February we have vaccinated 2,782 frontline staff - a 65% uptake. Recently Addenbrooke's Hospital had to close several of its wards and delay a number of urgent operations due to a serious flu outbreak. We don't want this to happen to us so make sure you get the flu jab. Look out for clinic details on the Daily Noticeboard or contact Occupational Health to arrange a vaccination in your area.

Annual information governance training completion

All staff are required to complete their mandatory annual Information Governance training by Friday 24 March 2017. Facilitated sessions are held at the Hub on specific dates which have been published on the daily noticeboard. Managers need to ensure that their teams are compliant with their training requirements.

Fire Training

It is a statutory responsibility of all staff to ensure that they are up-to-date with fire safety general awareness, for which weekly drop-in sessions are scheduled on both main hospital sites. Fire marshal training is also held monthly across both main sites (counts towards general awareness training) and each department/ward should ensure that they have sufficient staff trained, to be adequately covered for annual leave, sickness etc. Contact Sean Bennett (CW) 58656 or Martin Green (WM) 6452 for bookings and dates.

NOW AND IN THE FUTURE

Performance and development review (PDR)

From 1 April the Trust and its trade union partners have agreed a new performance and development review (PDR) for non-medical staff to ensure all staff have a good quality annual performance review and an opportunity to discuss career options. Performance and development reviews are a key part of staff engagement and retention. Key changes:

- Performance ratings linked to pay progression
- An annual PDR cycle:
 - Bands 2–6: April to December
 - Bands 7–8b: April to September
 - Bands 8c–9 and directors: April to June
- Comprehensive mandatory training on carrying out PDRs for all managers—to access courses, email learninganddevelopmentadmin@chelwest.nhs.uk
- Clear link between performance and pay progression
- A framework supporting career management discussions

Transition process new annual leave year

From 1 April 2017, with the exception of junior doctors, the annual leave year will run from 1 April. For people whose leave years run from different dates, managers must ensure that their team members are clear about their leave entitlement before the new leave year begins. In order to calculate the amount of leave people will accrue up to 31 March 2018, use the annual leave calculator connect/departments-and-mini-sites/human-resources/other-hr-information. Managers and staff must agree the combined 2016/17 and 2017/18 leave entitlement and can get advice from the HR service desk: HRAdmin@chelwest.nhs.uk

Merging Healthroster

We are merging our Healthroster for all nurses and midwives. A single Healthroster means rotas are aligned, bank staff can access shifts at all sites and we can create a single temporary staffing office for the Trust. Four week rotas for everyone will begin on 13 February and this work is complemented by the simultaneous harmonisation of nursing and midwifery bank pay rates. From 20–27 February we will have no electronic Healthroster while the two separate systems are merged. Please see the intranet and Daily Noticeboard for managers' urgent actions.

Retirement and return guidance

New retirement and return guidance, developed in partnership with the Local Negotiation Committee, is available on the intranet. The Policy sets out the Trust's approach to all retirement and return requests and replaces all previous guidance issued.

Red to Green – rolling out to your ward soon!

Following the pilot of Red to Green days on David Erskine ward, we are now starting to roll out the approach to all adult wards across both sites. Red to Green days helps ward teams ensure that their patients are actively receiving the care they need each day to progress their discharge. If teams identify that this isn't happening – a Red day – they find ways of turning it into a green day. Feedback on why patients are having Red days means we can make changes to the things that are preventing our patients from receiving timely care. For further information please contact Natalie Silvey or Jenny Platt by email.

NIHR CLAHRC NWL Learning and Development Opportunities

NIHR CLAHRC NWL have a range of learning opportunities in quality improvement open to all staff. For more information please visit <http://clahrc-northwestlondon.nihr.ac.uk/what-we-do/learning-and-development>

Two before Twelve (2B412)

Discharging our patients home as soon as it is safe for them to leave hospital is vital. 2B412 is a Trust-wide initiative to discharge at least 2 patients from each ward before midday (with Neil Gwynne and Kew ward aiming to discharge at least 1 patient by midday). We hope that by discharging our patients earlier in the day when they are ready to go home we can help relieve some of the pressure on beds we are all facing as well as most improve the patient experience. For further information please contact Natalie Silvey or Jenny Platt by email.

Electronic patient record (EPR) update

We are launching four intensive days of workshops to help shape our EPR solution on 23, 24 and 28 February and 1 March. After introductory presentations, workshops will run in parallel so that the elective and non-elective pathways can be explored in detail. At the end of each day, attendees will come back together to highlight opportunities for transformation and areas where decisions made about one part of a process may affect others. Attendance is being coordinated by the Divisional Directors of Operations and the Clinical Innovations Council. It is a joint event with Imperial College Healthcare and will be held at the Cerner offices in Paddington. You can see the current version of the schedule on the EPR page in the Integration and Transformation section of the intranet.

Purchase order compliance

With very few exceptions orders for services and goods must be raised via e-procurement and a purchase order generated before an order is placed with a supplier. Areas of spend that are excluded from this requirement can be found on the procurement section of the intranet, but must still be obtained through approved supply chains and contracts and budget holders must be able to evidence their decision making and authorisation when committing expenditure. Invoices received without a purchase order will be returned unpaid to the company. For more information please read the new Purchase Order Compliance Policy.

Carter review

The Carter review aims to support the NHS in reducing unwarranted variation and drive out savings of up to £5bn, while maintaining or improving quality. The review found:

- Prices paid by different hospitals for hip replacements range from £788 to £1,590

- Infection rates for hip and knee replacements vary from 0.5% to 4%
- Average hospital running costs (per square metre) vary from £105 at one trust to as high as £970 for another
- The use of floor space - one trust uses 12% for non-clinical purposes and another uses as much as 69%

As a Trust, we know that we benchmark well overall, being more efficient than the average, and we have made good progress in areas such as our Hospital Pharmacy Transformation Plan. But we also know there are areas we can improve upon. The findings of the review have underpinned our savings plans for 2017/18.

2017/18 Cost Improvement Plans

The NHS as a whole is facing a demanding financial challenge and we have a Trust savings target of £24.9m. We have looked at a range of benchmarking data to ensure we are looking in the right places to deliver savings safely and sustainably. In corporate areas, we are looking to deliver a saving of 10%. Detailed plans in this area are still being scoped, but will be informed by some early work we have been doing with partners across the sustainability and transformation plan area. All of our plans will be subject to senior clinical review through a Quality Impact Panel. You can send your own ideas to efficiency@chelwest.nhs.uk

Open Days

Make a note in your calendars for our popular open days:

- Saturday 20 May 11am-3pm at CWH
- Saturday 16 September 11am-3pm at WMUH

If you are interested in taking part please contact Katie Allen for CWH or Richard Elliott for WMUH.

Essential power supply work WMUH

On the weekend of 18 and 19 March between 8am and 8pm each day it will be necessary to isolate the mains power to the East Wing and Marjory Warren buildings at WMUH. At these times only equipment plugged into the essential power sockets will work. The onsite accommodation at Helix and Galloway will also be affected. We are working with all the affected areas to ensure that disruption will be minimised. Full command and control will be set up to ensure that patient care will not be affected. Please email Catherine Sands if this is something you can help support.

London Gas Mains Replacement, Fulham Road

From May to September National Grid will be replacing gas mains from Gunter Grove, along Fulham Road, past the hospital, to the junction with Beaufort Street. This will necessitate the closure of the westbound lane of Fulham Road between Beaufort Street and Gunter Grove during certain periods of the work together with temporary traffic signals to minimise the time and extent of the road closure. It is likely there will be significant disruption in the area. We will be encouraging everyone to keep up to date with live travel updates and our regular communications at each stage. For any queries email Catherine Sands.

February 2017 team briefing dates

- 6 March 9-10am, HY G2 Offices
- 6 March, 1-2pm CW+ MediCinema
- 8 March, 11.30 – 12.30 Meeting Room A, WMUH



Board of Directors Meeting, 2 March 2017

PUBLIC

AGENDA ITEM NO.	3.2/Mar/17
REPORT NAME	Serious Incident Report
AUTHOR	Shân Jones – Director Quality Improvement
LEAD	Pippa Nightingale – Director of Midwifery
PURPOSE	The purpose of this report is to provide the Quality Committee with assurance that serious incidents are being reported and investigated in a timely manner and that lessons learned are shared.
SUMMARY OF REPORT	This report provides the Trust Board with an update of all Serious Incidents (SIs) including Never Events reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 1 st April 2016. 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.
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	<ul style="list-style-type: none">• The improvement in the reduction of pressure ulcers continues
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 – 2nd March 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 2016. For ease of reference, and because the information relates to the two acute hospital sites, the graphs have been split to be site specific. Reporting of serious incidents follows the guidance provided by the framework for SI and Never Events reporting that came into force from April 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.

2.0 Never Events

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

3.0 SIs submitted to CWHHE and reported on STEIS

Table 1 outlines the SI reports that have been investigated and submitted to the CWHHE Collaborative (Commissioners) in January 2017. There were 3 reports submitted across the 2 sites. A précis of the incidents can be found in Section 6.

Table 1

STEIS No.	Date of incident	Incident Type (STEIS Category)	External Deadline	Date SI report submitted	Site
2016/26985	13/10/2016	Maternity/Obstetric incident meeting SI	11/01/2017	11/01/2017	CW
2016/28018	23/10/2016	Sub-optimal care of the deteriorating patient	24/01/2017	23/01/2017	WM
2016/28588	02/10/2016	Sub-optimal care of the deteriorating patient	31/01/2017	31/01/2017	CW

Table 2 shows the number of incidents reported on StEIS (Strategic Executive Information System), across the Trust, in January 2017. The Trust reported 8 SIs. Both sites reported 4 SIs each.

Table 2

Details of incidents reported	WM	C&W	Total
Maternity/Obstetric incident meeting SI criteria mother only	1		1
Slips/trips/falls meeting SI criteria	1	3	4
Sub-optimal care of the deteriorating patient meeting SI criteria	1	1	2
Treatment delay meeting SI criteria	1		1
Grand Total	4	4	8

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

Chart 1 Incidents reported at WM YTD 2016/17 = 38

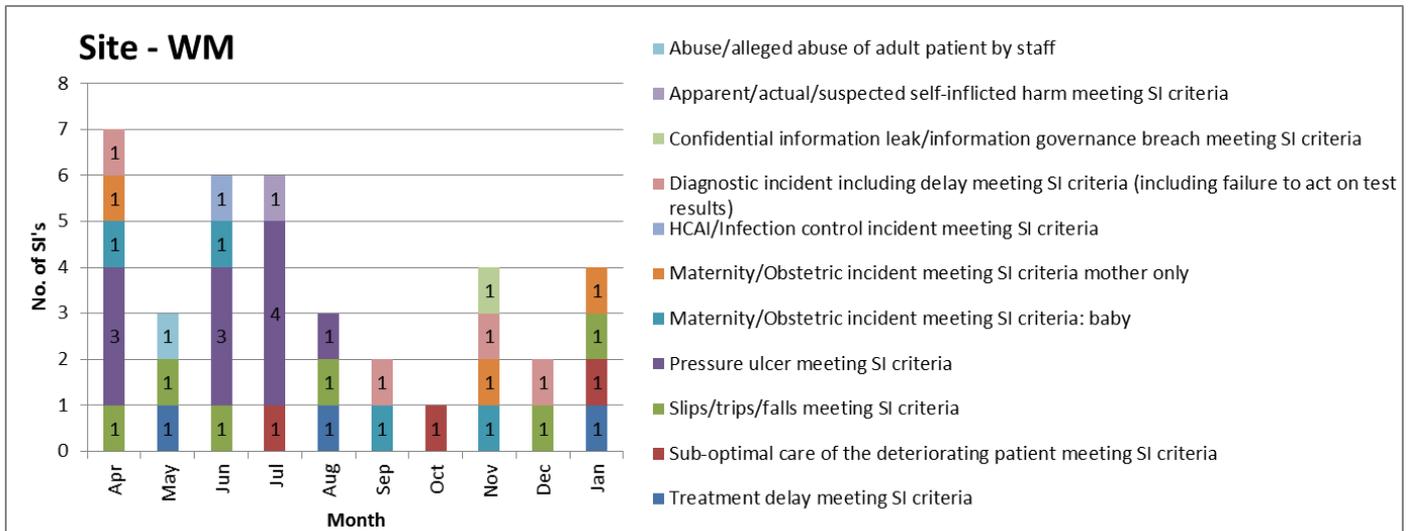
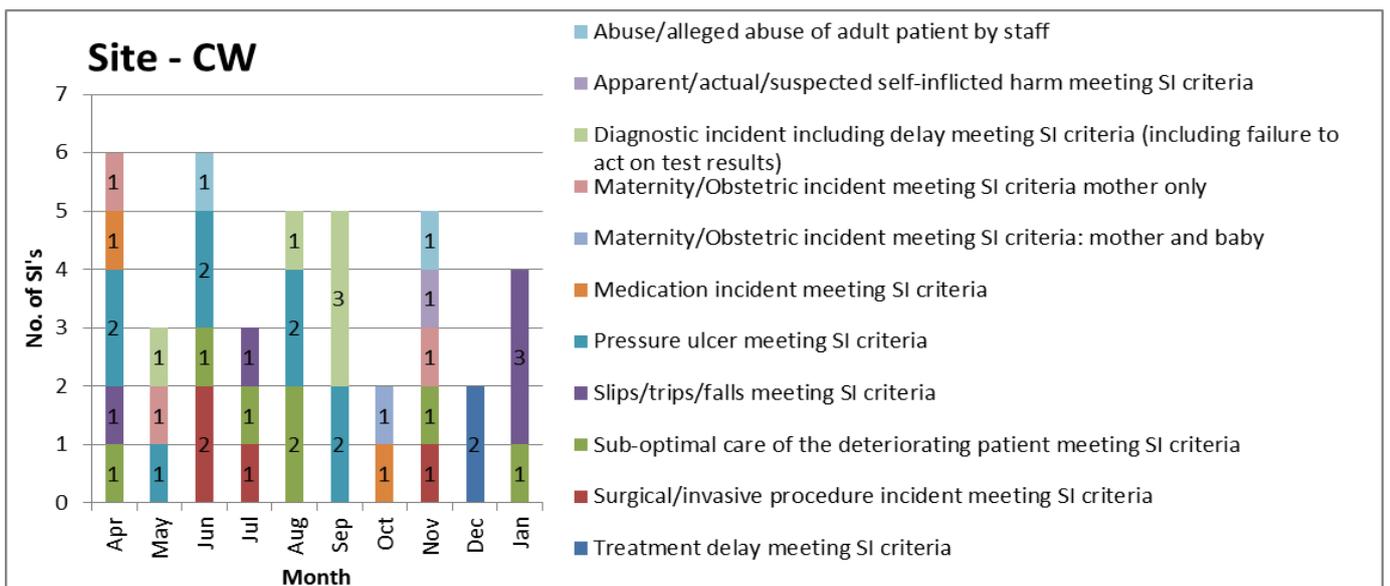


Chart 2 Incidents reported at CW YTD 2016/17 = 41



There has been a slight decrease in the number of SIs reported in January 2017 (8) compared to the number reported in January 2016 (10).

There was an increase in the number of SIs reported in January 2017 (8) compared to December 2016 (4). 50% (4) of the incidents reported in January 2017 were patient falls. There was only one fall reported in December 2016. The YTD total for patient falls is 11.

Charts 3 and 4 show the comparative reporting, across the 2 sites, for 2015/16 and 2016/17. The total number of incidents reported on each site is comparable (38 at WM and 41 at C&W).

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

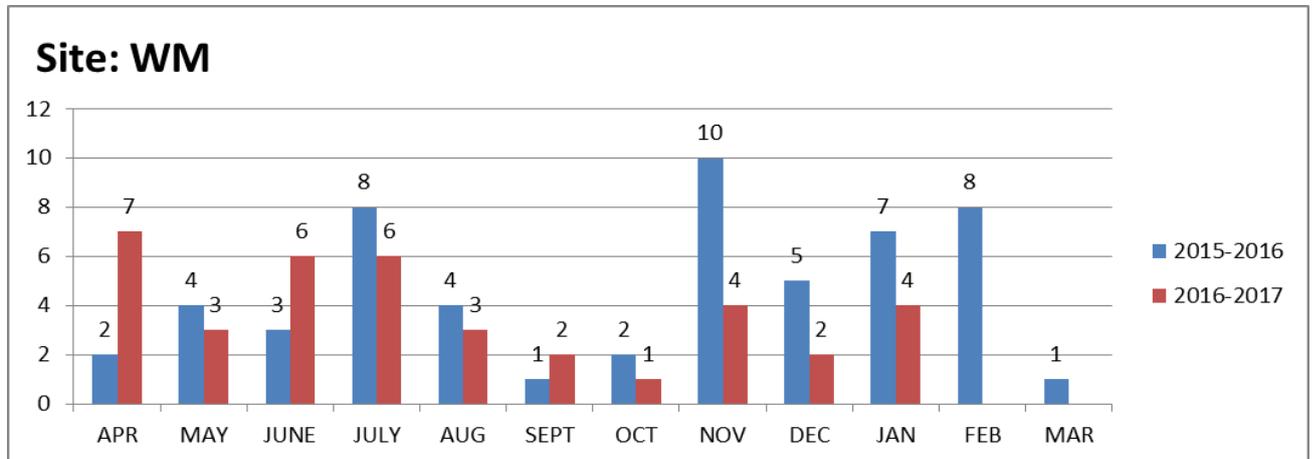
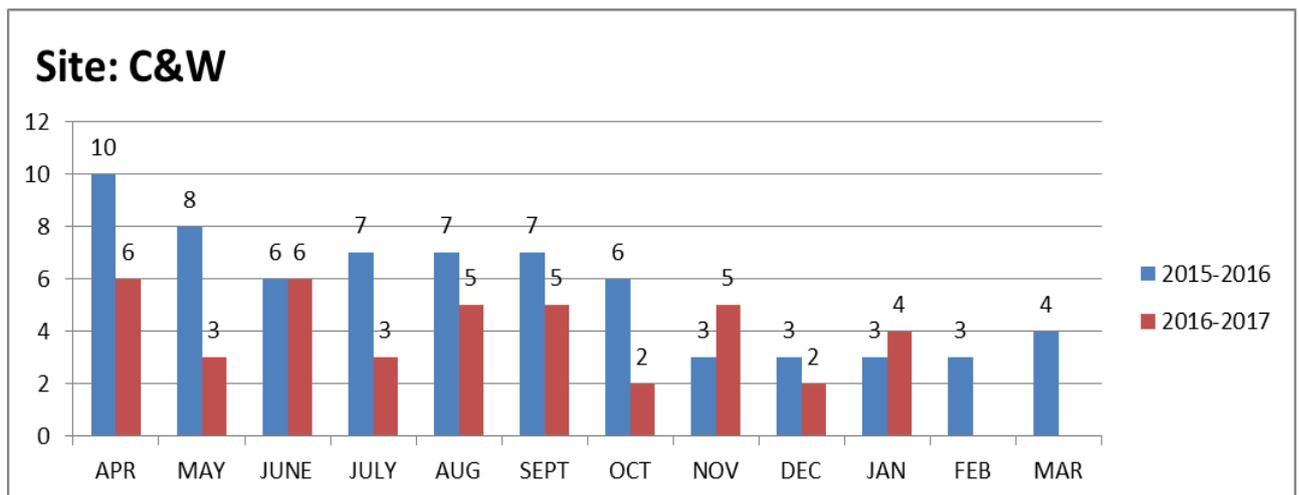


Chart 4 Incidents reported 2015/16 & 2016/17 – C&W

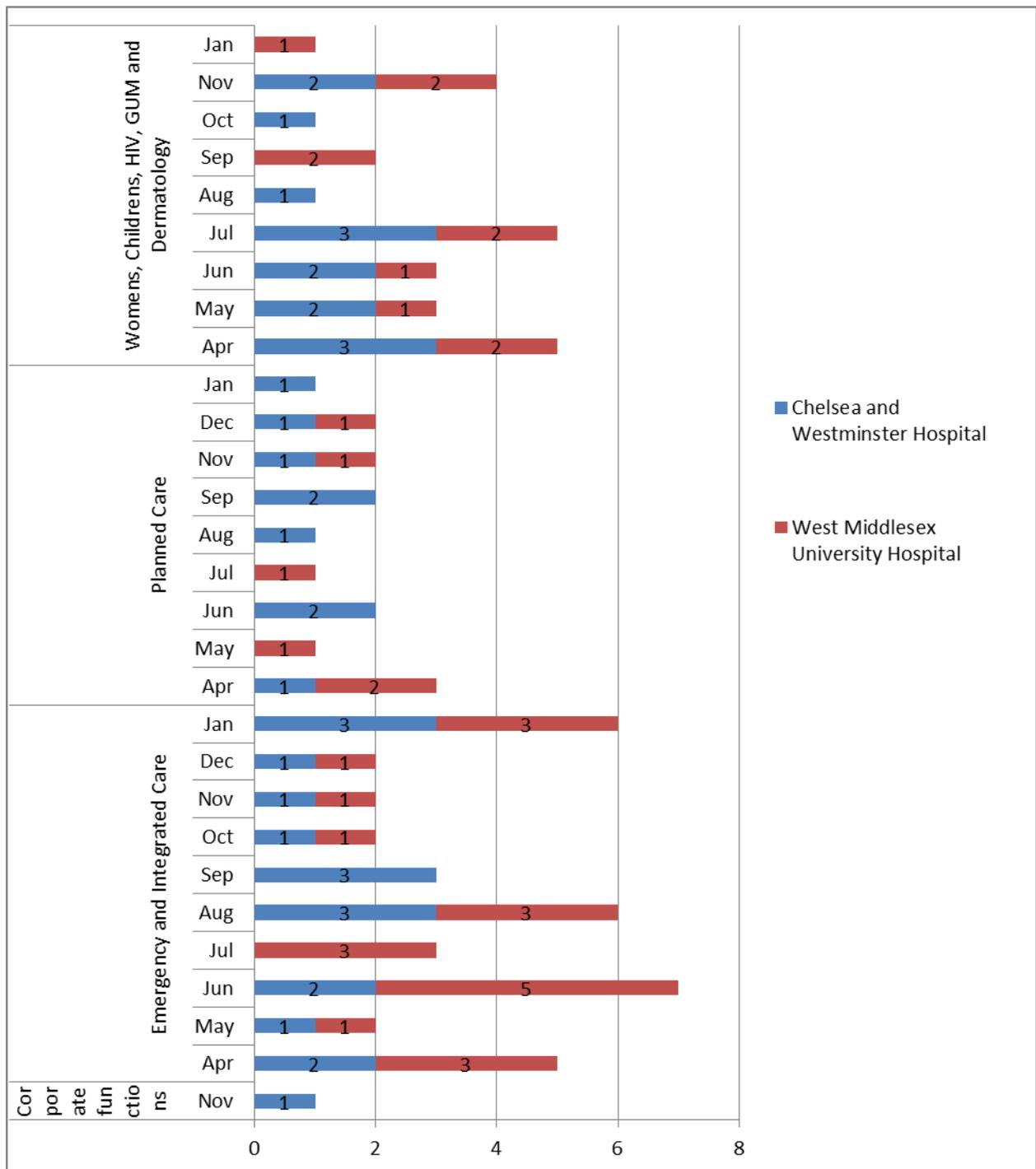


3.1 SIs by Clinical Division and Ward

Chart 5 displays the number of SIs reported by each division, split by site, since 1st April 2016. The number of incidents reported by each site is very similar. Planned Care remains the lowest reporter of serious incidents.

Since the 1st April 2016, the Emergency and Integrated Care Division have reported 38 SIs (C&W 17, WM 21). The Women’s, Children’s, HIV, GUM and Dermatology Division have reported 25 SIs (C&W 14, WM 11) and the Planned Care Division have reported 15 SIs (C&W 9, WM 6).

Chart 5



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

The highest reporting areas on each site are Osterley 1 ward and Labour ward on WM site and David Erskine ward and Edgar Horne ward on the CW site. With the exception of Labour ward, the majority of SIs being reported in these areas are pressure ulcers and/or patient falls.

Chart 6 - WM 2016/2017

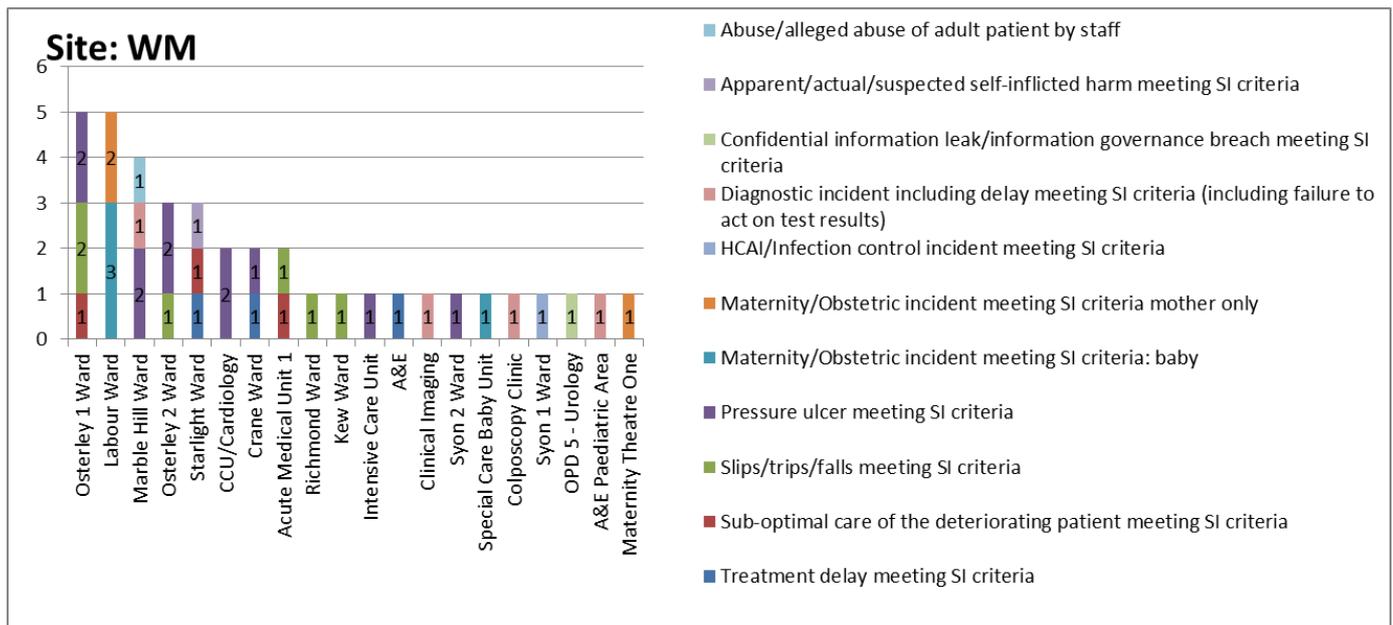
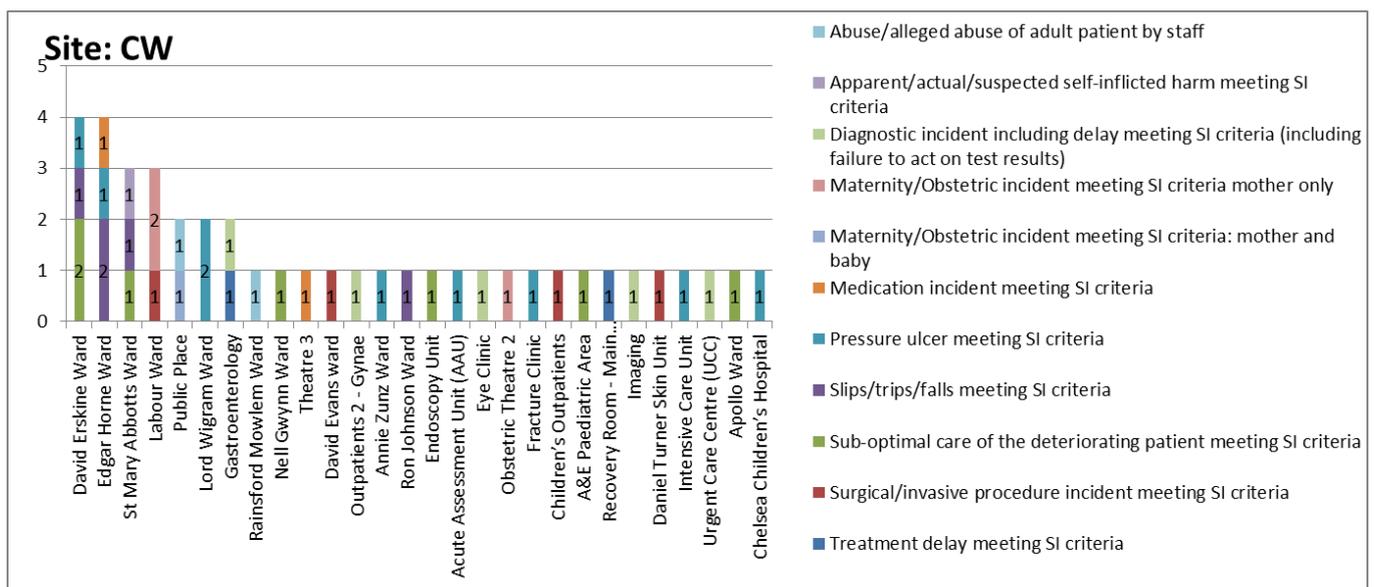


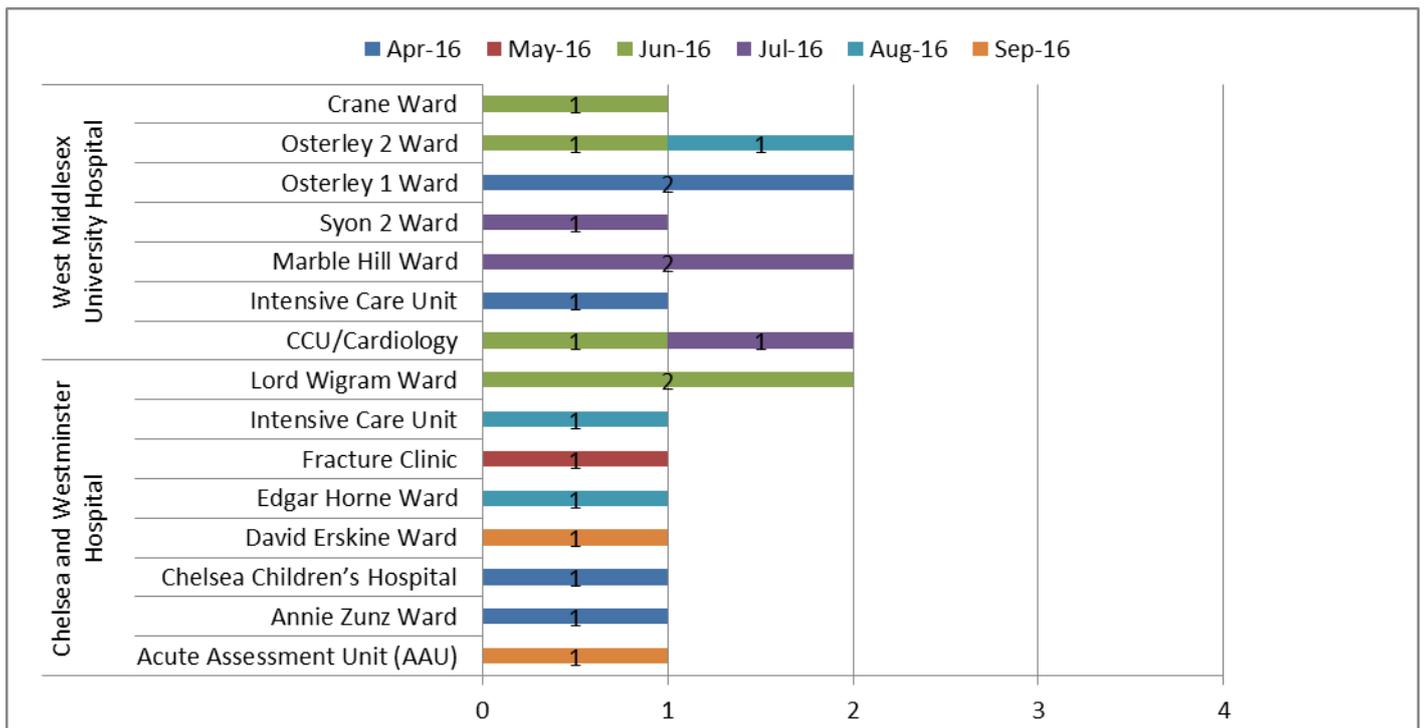
Chart 7 - CW 2016/2017



3.2 Hospital Acquired Pressure Ulcers

Hospital Acquired Pressure Ulcers (HAPUs) remain high profile for both C&W and WM sites. The following graphs provide visibility of the volume and areas where pressure ulcers classified as serious incidents are being reported. No one ward is showing a trend higher than another, on either site. Reduction in HAPU remains a priority for both sites for 2016/17 and is being monitored by the Trust Wide Pressure Ulcer working group. The YTD position is 20 compared to 38 for the same period last year. This means that the target reduction of 15% is currently being exceeded (current position is 47% reduction). For the 4th month running there were no HAPUs reported during January 2017.

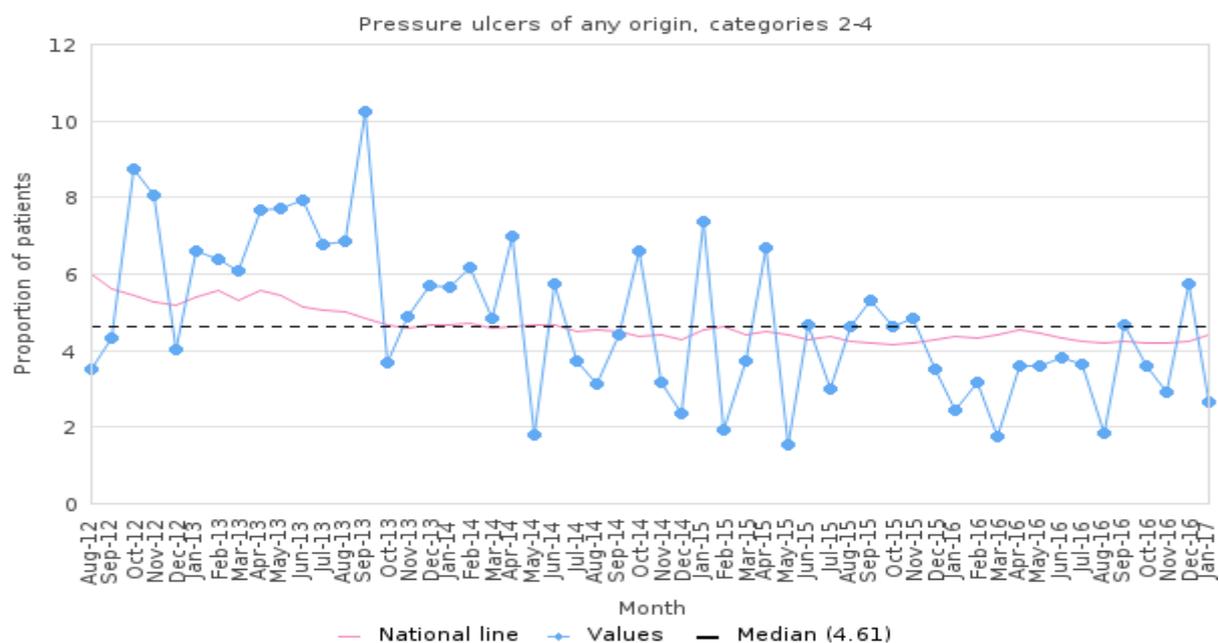
Chart 8 – Pressure Ulcers reported (Apr 2016–January 2017) YTD total = 20



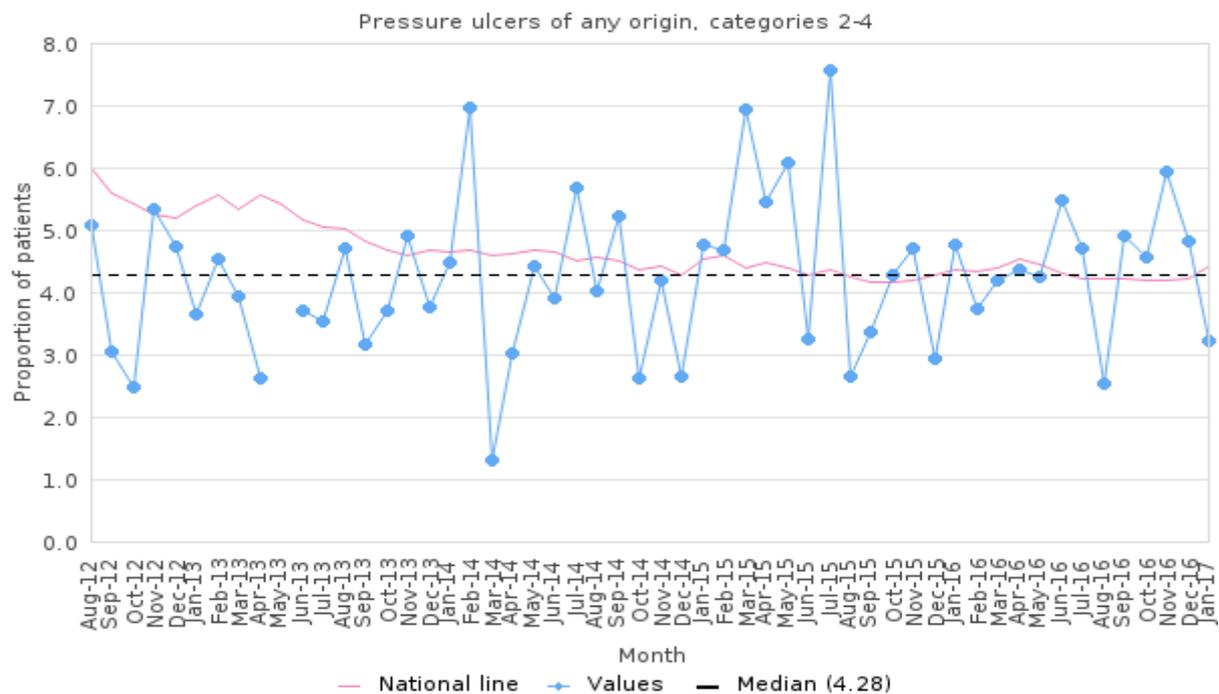
3.2.1 Safety Thermometer Data

The national safety thermometer data provides a benchmark for hospital acquired grade 2, 3 and 4 pressure ulcers. This is prevalence data and relates to pressure ulcers acquired whilst in hospital. The red line denotes the national position and the blue line the position for each site. This data is not currently amalgamated. The charts show that the national average is currently just over 4%, both sites are below the national position for January.

Graph 1 ST data WM site



Graph 2 ST data C&W site

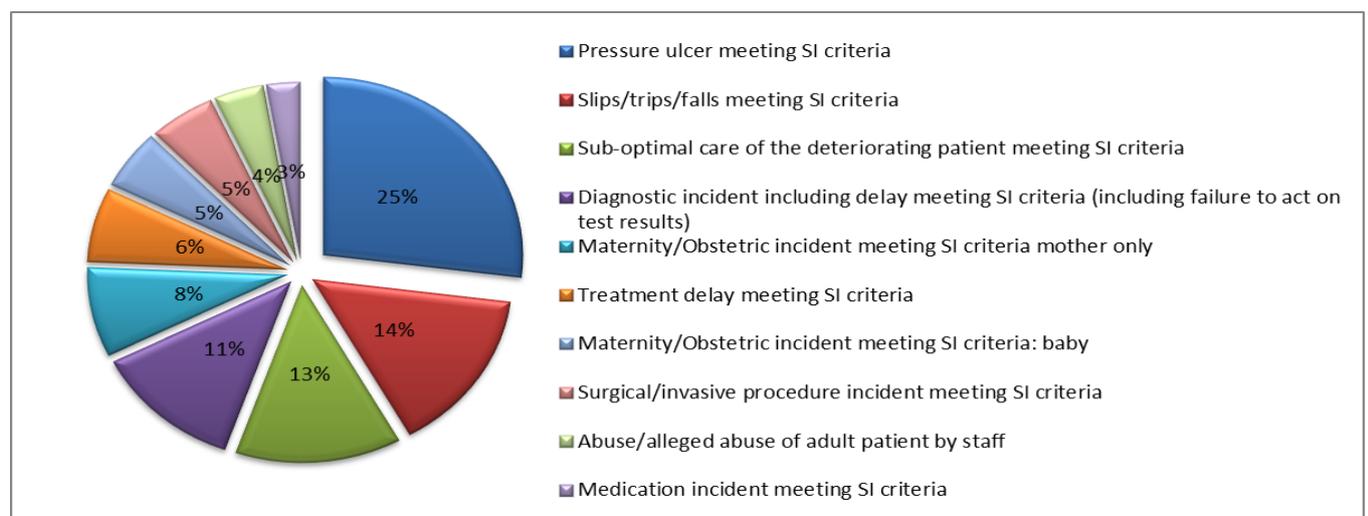


3.3 Top 10 reported SI categories

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

Year to date pressure ulcers continue to be the most commonly reported incident despite the significant reduction. Slips/trips/falls is now the second highest reported incident. Sub-optimal care of the deteriorating patient is third. A working group has been convened at the request of the Patient Safety Group to review the themes of these categories in more detail.

Chart 9 – Top 10 reported serious incidents (April 2016 – January 2017)



3.4 SIs under investigation

Table 3 provides an overview of the SIs currently under investigation by site (21).

Table 3

STEIS No.	Date of incident	Clinical Division	Incident Type (STEIS Category)	Site	External Deadline
2016/29025	08/11/2016	W&C,HGD	Maternity/Obstetric incident meeting SI criteria mother only	WM	06/02/2017
2016/29723	31/10/2016	PC	Confidential information leak/information governance breach	WM	13/02/2017
2016/29718	13/11/2016	W&C,HGD	Maternity/Obstetric incident meeting SI criteria: baby	WM	13/02/2017
2016/29784	16/11/2016	W&C,HGD	Surgical/invasive procedure incident meeting SI criteria	CW	14/02/2017
2016/30030	12/05/2016	W&C,HGD	Maternity/Obstetric incident meeting SI criteria mother only	CW	16/02/2017
2016/30412	06/10/2016	EIC	Diagnostic incident including delay	WM	21/02/2017
2016/30657	20/11/2016	CORP	Abuse/alleged abuse of adult patient by staff	CW	22/02/2017
2016/30920	28/11/2016	PC	Apparent/actual/suspected self-inflicted harm meeting SI criteria	CW	27/02/2017
2016/31294	24/11/2016	PC	Treatment delay meeting SI criteria	CW	01/03/2017
2016/31295	04/10/2016	PC	Diagnostic incident including delay	WM	01/03/2017
2016/32666	13/12/2016	EIC	Treatment delay meeting SI criteria	CW	15/03/2017
2016/33195	17/12/2016	EIC	Slips/trips/falls meeting SI criteria	WM	21/03/2017
2017/17	01/01/2017	EIC	Slips/trips/falls meeting SI criteria	CW	28/03/2017
2017/2569	04/01/2017	W&C,HGD	Maternity/Obstetric incident meeting SI criteria mother only	WM	24/04/2017
2017/656	07/01/2017	PC	Slips/trips/falls meeting SI criteria	CW	10/03/2017
2017/919	07/01/2017	EIC	Treatment delay meeting SI criteria	WM	05/04/2017
2017/1763	23/12/2016	EIC	Slips/trips/falls meeting SI criteria	CW	13/04/2017
2017/3419	12/01/2017	W&C,HGD	Pressure ulcer meeting SI criteria	CW	03/05/2017
2017/2561	18/01/2017	EIC	Sub-optimal care of the deteriorating patient meeting SI criteria	WM	24/04/2017
2017/2326	19/01/2017	EIC	Sub-optimal care of the deteriorating patient meeting SI criteria	CW	19/04/2017
2017/3018	27/01/2017	EIC	Slips/trips/falls meeting SI criteria	WM	27/04/2017

4.0 SI Action Plans

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

As is evident from table 4 there are a number of overdue actions across the Divisions. There are 118 actions overdue at the time of writing this report. Of concern is that this is only a slight decrease on last month when there were 122. 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.

Table 4 - SI Actions

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	Jun 2017	Jul 2017	Nov 2017	Dec 2017	Total
Emergency and Integrated Care	1	16	11	4	11	13	16	1	4	0	0	0	1	1	79
Planned Care	0	0	2	4	0	2	4	0	0	0	0	0	0	0	12
Womens, Childrens, HIV, GUM and Dermatology	0	3	4	2	7	15	3	4	5	9	2	1	0	4	59
Total	1	19	17	10	18	30	23	5	9	9	2	1	1	5	150

Table 4.1 – Type of actions overdue

Action type	EIC	PC	W&C, HGD	Total
Share learning	21	4	12	37
Create/amend/review - Policy/Procedure/Protocol	14	3	7	24
Duty of Condour - Patient/NOK notification	8	2	3	13
Set up ongoing training	11		1	12
One-off training	7	1	3	11
Perform risk assessment	6	1		7
Audit	3	1	2	6
Create/amend/review - proforma or information sheet	1		3	4
Overhaul existing equipment	1		1	2
Recruitment			1	1
Other feedback to patient (Non DoC)			1	1
Total	72	12	34	118

5.0 Analysis of categories

Table 5 shows the total number of Serious Incidents for 2015/2016 and the year to date position for 2016/17. Tables 6 and 7 provide a breakdown of themes for the Trust during 2015/16 and 2016/17. The overall YTD reduction is accounted for by the significant reduction in Grade 3 and 4 hospital acquired pressure ulcers (20 YTD compared to 43 for same time period last year).

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			34
	CW	6	3	6	3	5	5	2	5	2	4			38
		13	6	12	9	8	7	3	9	4	8			72

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	5	4	3	2							20
Slips/trips/falls meeting SI criteria	2	1	1	1	1				1	4			11
Sub-optimal care of the deteriorating patient meeting SI	1		1	2	2		1	1		2			10
Diagnostic incident including delay meeting SI criteria	1	1			1	4		1	1				9
Maternity/Obstetric incident meeting SI criteria mother	2	1						2		1			6
Treatment delay meeting SI criteria		1			1				2	1			5
Surgical/invasive procedure incident meeting SI criteria			2	1				1					4
Maternity/Obstetric incident meeting SI criteria: baby	1		1			1		1					4
Abuse/alleged abuse of adult patient by staff		1	1					1					3
Apparent/actual/suspected self-inflicted harm meeting SI				1				1					2
Medication incident meeting SI criteria	1						1						2
Maternity/Obstetric incident meeting SI criteria: mother							1						1
Confidential information leak/information governance								1					1
HCAI/Infection control incident meeting SI criteria			1										1
Grand Total	13	6	12	9	8	7	3	9	4	8			79

The quality and clinical governance team continues to scrutinise all reported incidents to ensure that SI reporting is not compromised. For the first ten months there have been 27 less serious incidents reported in comparison to the same period last year, at this point in time this can be attributed to the reduction in pressure ulcers and zero SIs reported this year relating to communicable diseases.

The figures within the report do not include the SIs that were reported but have since been de-escalated by the Commissioners. Table 8 shows the number of incidents reported this year that have since been de-escalated (4) and the number of SIs the Trust has requested to be de-escalated (3).

Table 8 De-escalation requests

De-escalation Status	STEIS No.	Date of incident	Incident Type (STEIS Category)	Date SI report submitted	Site
De-escalation confirmed	2016/13029	13/05/2016	Pressure ulcer meeting SI criteria	03/06/2016	CW
De-escalation confirmed	2016/16106	14/06/2016	Surgical/invasive procedure incident meeting SI criteria	07/09/2016	CW
De-escalation confirmed	2016/24543	16/09/2016	Pressure ulcer meeting SI criteria	26/10/2016	CW
De-escalation confirmed	2016/25765	30/09/2016	Pressure ulcer meeting SI criteria	13/12/2016	CW
De-escalation requested	2016/13086	13/05/2016	Treatment delay meeting SI criteria	27/07/2016	W M
De-escalation requested	2016/16402	16/06/2016	Pressure ulcer meeting SI criteria	08/09/2016	CW
De-escalation requested	2016/18460	08/07/2016	Sub-optimal care of the deteriorating patient meeting SI criteria	03/10/2016	CW



Board of Directors Meeting, 2 March 2017

PUBLIC

AGENDA ITEM NO.	3.3/Feb/17																																
REPORT NAME	Integrated Performance Report – January 2017																																
AUTHOR	Robert Hodgkiss, Chief Operating Officer																																
LEAD	Robert Hodgkiss, Chief Operating Officer																																
PURPOSE	To report the combined Trust’s performance for January 2017 for both the Chelsea and 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 January 2017.</p> <p>Regulatory performance – The significant levels of non-elective demand, previously reported to the Committee and to Board, continued throughout January with the A&E waiting time not achieved on either site with combined Trust performance of 86.6%; this was deterioration for both sites from the previous month. Last month’s update reported that our aggregate performance for Quarter 3 was below the Sustainability and Transformation Fund (STF) trajectory by more than the allowed 0.5% tolerance, and that we would be seeking clarity from NHSI on the process for applying to adjust the trajectory in light of unprecedented and unplanned levels of demand. The appeal has now been submitted based on the follow demand increases:</p> <table border="1"> <thead> <tr> <th>Attendances</th> <th>Type 1</th> <th>Type 3</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Q3 15/16</td> <td>46,574</td> <td>20,513</td> <td>67,087</td> </tr> <tr> <td>Q3 16/17</td> <td>49,973</td> <td>22,904</td> <td>72,877</td> </tr> <tr> <td>% Increase</td> <td>7.3%</td> <td>11.7%</td> <td>8.6%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Ambulances</th> <th>CW</th> <th>WM</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Q3 15/16</td> <td>4,585</td> <td>5,975</td> <td>10,560</td> </tr> <tr> <td>Q3 16/17</td> <td>4,933</td> <td>6,666</td> <td>11,599</td> </tr> <tr> <td>% Increase</td> <td>7.6%</td> <td>11.6%</td> <td>9.8%</td> </tr> </tbody> </table> <p>The RTT incomplete target was achieved in January for the Trust overall with performance of 92.04% which was an improvement from the previous month. The Trust continued to have no patients waiting >52 weeks.</p>	Attendances	Type 1	Type 3	Total	Q3 15/16	46,574	20,513	67,087	Q3 16/17	49,973	22,904	72,877	% Increase	7.3%	11.7%	8.6%	Ambulances	CW	WM	Total	Q3 15/16	4,585	5,975	10,560	Q3 16/17	4,933	6,666	11,599	% Increase	7.6%	11.6%	9.8%
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	<p>The Cancer 62 target (85%) was achieved in December at 91.4%, which is above the STF trajectory of 86.3%. Q3 was also achieved at 85.5%. Unvalidated performance for January shows a compliant position at 87%, with 46.5 total treatment and 6 breaches.</p> <p>The 2WW Urgent Cancer Target (93%) continues to be challenged, with unvalidated performance for January showing the standard was not achieved. This is a particular issue on the Chelsea site, with referral numbers continuing to increase on a monthly basis. Improvement has been seen in a number of tumour sites including Skin following implementation of the 2WW action plan, however Colorectal continues to struggle with demand. Additional capacity in the service has been put in place during the month in line with the 2WW action plan and improvement trajectory, and it is expected that the Trust will return to compliance in March and Q4.</p> <p>The 2WW Breast Symptomatic target (93%) was not achieved in January at 92.45%. 12 patients breached the target, however all patients were offered appointments within 2 weeks of referral. In February the service have put on additional capacity to ensure patients are being offered appointments in both the first and second week following referral, with current performance showing a compliant position of 98%.</p> <p>The 31 day First Treatment target (96%) was achieved at 96.3%. There were 2 breaches of the target on Chelsea site, with both patients requiring plastic surgery for excision of skin cancers. Both breaches are being investigated by the Skin MDT to ensure there are no avoidable delays in the pathway when patients are referred from Dermatology to the Plastics team.</p> <p>There were 3 reported CDiff infections in January at WMUH. The Trust ytd figure of 12 is within the trajectory of 16 for the full year.</p> <p>Both sites have achieved all other regulatory performance indicators.</p> <p>Safety and Patient Experience: Incident reporting rates on both sites increased substantially in January and aggregate Trust performance is now approaching the target level. WMUH Incident Reporting increased further. There was a 1point drop to 6.9 at Chelsea. This was covered by an increase of 1.6 points at WMUH. (Incident reporting per 100 admissions).</p> <p>Access The Trust sustained its diagnostic waiting time performance, achieving 99.07%. The January ytd performance is 99.17%.</p>
<p>KEY RISKS ASSOCIATED:</p>	<p>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.</p>
<p>FINANCIAL IMPLICATIONS</p>	<p>The Trust reported a year to date underlying surplus of £5.42m, which is a favourable variance of £0.86m against the plan for the year to date. Two technical accounting adjustments made in month 9 relating to impairments and a loss on disposal of assets have increased the Trust's reported surplus to £10.03m for the year to date.</p>
<p>QUALITY IMPLICATIONS</p>	<p>As outlined above.</p>

EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	<p>Improve patient safety and clinical effectiveness</p> <p>Improve the patient experience</p> <p>Ensure financial and environmental sustainability</p>
DECISION/ ACTION	<p>The Board is asked to note the performance for January 2017 and to note that whilst a number of indicators were not delivered in the month, the overall YTD compliance still remains strong.</p>

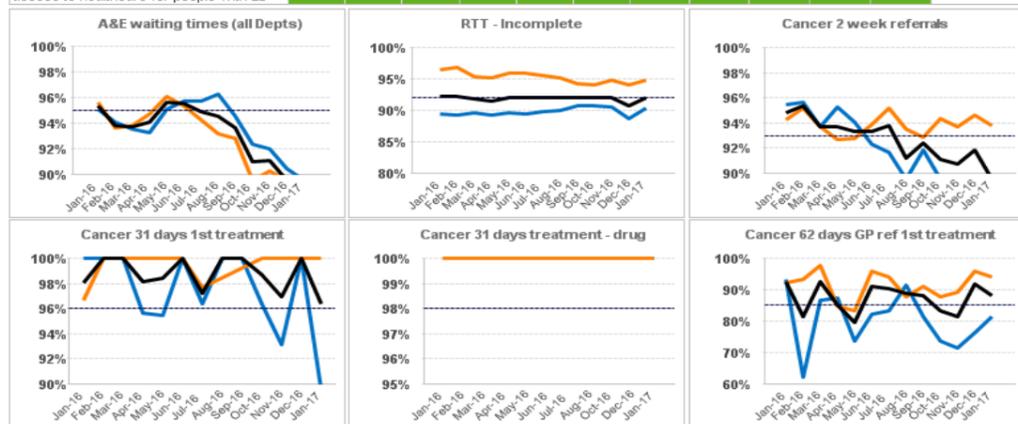


TRUST PERFORMANCE & QUALITY REPORT

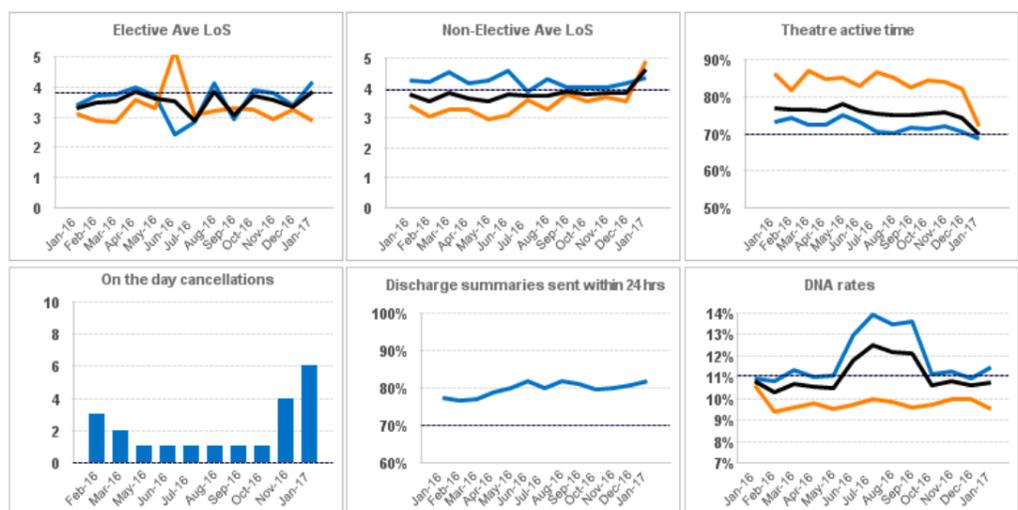
January 2017



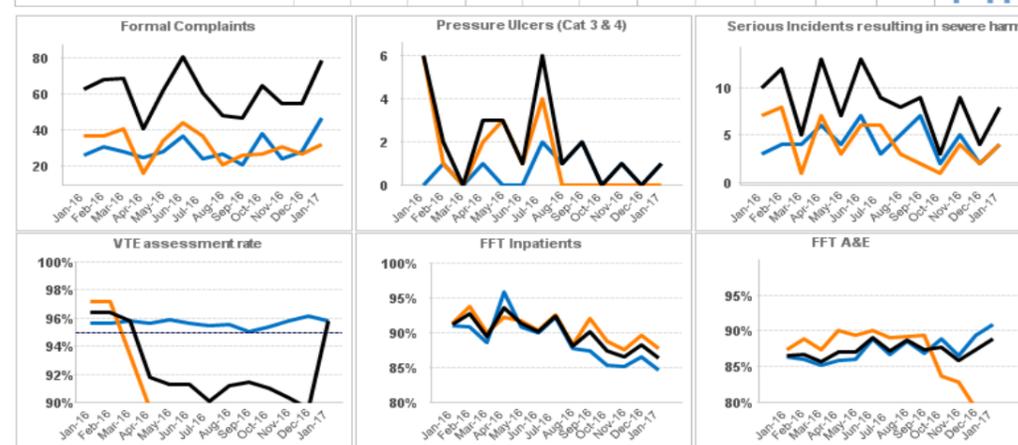
Regulatory Compliance												
Hospital Site	CWFT			WVUH			Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	92.0	90.5	88.8	90.3	86.8	84.7	91.1	88.4	86.6	86.6	92.5	
RTT - Incomplete (Target: >92%)	90.5	88.7	90.4	94.8	94.1	94.9	92.1	90.7	92.0	92.0	91.8	
Cancer 2 week urgent referrals (Target: >93%)	86.3	88.0	84.1	93.7	94.6	93.8	90.7	91.8	89.8	89.8	92.1	
Cancer 2 week Breast symptomatic (Target: >93%)	n/a	n/a	n/a	94.6	96.6	92.5	94.6	96.6	92.5	92.5	94.0	
Cancer 31 days first treatment (Target: >96%)	93.1	100	84.6	100	100	100	97.0	100	96.4	96.4	98.4	
Cancer 31 days treatment - Drug (Target: >98%)	n/a	0.0	100	n/a	100	100	n/a	66.7	100	100	97.1	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 62 days GP ref to treatment (Target: >85%)	71.4	76.2	81.4	89.1	96.1	94.1	81.4	91.8	88.3	88.3	86.8	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	60.0	100	100	60.0	100.0	100.0	100.0	93.1	
Clostridium difficile infections (Targets: CV: 7, VM: 9, Combined: 16)	0	0	0	0	0	3	0	0	3	3	12	
Self-certification against compliance for access to healthcare for people with LD	Comp	Comp	Comp	Comp	Comp							



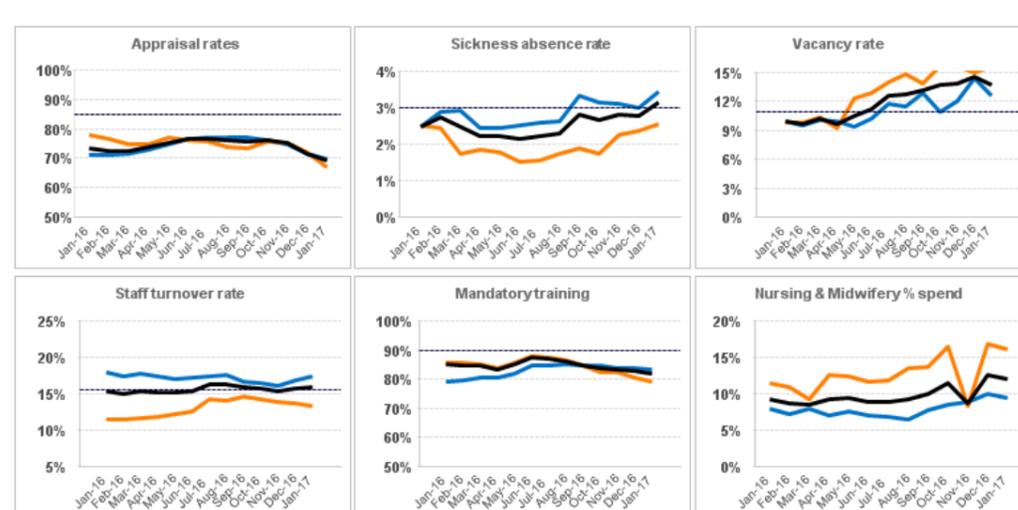
Efficiency												
Hospital Site	CWFT			WVUH			Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.8	3.4	4.2	2.9	3.3	2.9	3.6	3.4	3.9	3.9	3.5	
Non-Elective average LoS (Target: <3.95)	4.0	4.2	4.3	3.7	3.6	4.9	3.9	3.9	4.6	4.6	3.8	
Theatre active time (Target: >70%)	72.0	70.7	68.7	84.1	82.0	72.0	75.7	74.2	69.7	69.7	75.1	
Discharge summaries sent within 24 hours (Target: >70%)	80.0	80.7	81.8	dev	dev	dev	80.0	80.7	81.8	81.8	80.6	
Outpatient DNA rates (Target: <11.1%)	11.3	11.0	11.5	10.0	10.0	9.5	10.8	10.6	10.8	10.8	11.3	
On the day cancelled operations not re-booked within 28 days (Target: 0)	4	0	6	0	0	0	4	0	6	6	16	



Quality												
Hospital Site	CWFT			WVUH			Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Quarter	YTD	Trend
Hand Hygiene (Target: >=90%)	95.7	95.6	95.7	98.1	88.0	91.0	96.5	92.8	94.1	94.1	95.5	
Pressure Ulcers (Cat 3 & 4)	1	0	1	0	0	0	1	0	1	1	18	
VTE assessment % (Target: >=95%)	95.8	96.2	95.8	83.4	75.4		90.3	86.8	95.8	95.8	90.9	
Formal complaints number received	24	28	47	31	27	32	55	55	79	79	594	
Formal complaints responded to <25days	4	8	9	4	12	8	8	20	17	17	172	
Serious Incidents	5	2	4	4	2	4	9	4	8	8	83	
Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	1	
FFT - Inpatients recommend % (Target: >90%)	85.2	86.5	84.6	87.7	89.6	87.8	86.6	88.3	86.4	86.4	89.8	
FFT - A&E recommend % (Target: >90%)	86.6	89.4	91.0	82.9	77.9	78.6	85.9	87.3	88.9	88.9	87.7	
Falls causing serious harm	0	0	0	0	0	0	0	0	0	0	2	



Workforce												
Hospital Site	CWFT			WVUH			Combined: latest Quarter, YTD & 13m trend					
Indicator	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Nov-16	Dec-16	Jan-17	Quarter	YTD	Trend
Appraisal rates (Target: >85%)	75.0	71.5	69.9	75.3	72.0	67.1	75.1	71.7	69.1	69.1	74.6	
Sickness absence rate (Target: <3%)	3.10	3.00	3.46	2.27	2.39	2.57	2.82	2.79	3.16	3.16	2.54	
Vacancy rates (Target: CV<12%; VM<10%)	12.0	14.4	12.7	17.4	15.1	15.5	13.9	14.6	13.7	13.7	13.7	
Turnover rate (Target: CV<18%; VM<11.5%)	16.1	16.8	17.4	13.9	13.8	13.4	15.3	15.7	16.0	16.0	16.0	
Mandatory training (Target: >90%)	83.9	84.0	83.4	82.2	80.4	79.0	83.3	82.8	81.9	81.9	84.1	
Bank and Agency spend (£k)	£2,772	£2,438	£2,546	£1,798	£2,220	£2,291	£4,570	£4,658	£4,836	£4,836	£43,693	
Nursing & Midwifery: Agency % spend of total pay (Target: tbc)	8.9	10.0	9.4	8.3	16.9	16.0	8.7	12.6	12.0	12.0	10.0	





NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	92.0%	90.5%	88.8%	93.4%	90.3%	86.8%	84.7%	91.7%	91.1%	88.4%	86.6%	86.6%	92.5%		!
RTT	18 weeks RTT - Admitted (Target: >90%)	72.0%	77.6%	69.1%	73.2%	86.6%	85.0%	82.0%	85.9%	79.8%	81.8%	75.7%	75.7%	80.1%		!
	18 weeks RTT - Non-Admitted (Target: >95%)	91.8%	94.2%	91.9%	92.8%	93.2%	92.6%	93.1%	94.0%	92.3%	93.6%	92.3%	92.3%	93.3%		!
	18 weeks RTT - Incomplete (Target: >92%)	90.5%	88.7%	90.4%	89.9%	94.8%	94.1%	94.9%	95.0%	92.1%	90.7%	92.0%	92.0%	91.8%		!
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	86.3%	88.0%	84.1%	89.7%	93.7%	94.6%	93.8%	93.8%	90.7%	91.8%	89.8%	89.8%	92.1%		!
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	94.6%	96.6%	92.5%	94.0%	94.6%	96.6%	92.5%	92.5%	94.0%		-
	31 days diagnosis to first treatment (Target: >96%)	93.1%	100%	84.6%	96.3%	100%	100%	100%	99.7%	97.0%	100%	96.4%	96.4%	98.4%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	0.0%	100%	92.9%	n/a	100%	100%	100%	n/a	66.7%	100%	100%	97.1%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		-
	62 days GP referral to first treatment (Target: >85%)	71.4%	76.2%	81.4%	79.3%	89.1%	96.1%	94.1%	90.5%	81.4%	91.8%	88.3%	88.3%	86.8%		!
62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	60.0%	100%	100%	93.1%	60.0%	100%	100%	100%	93.1%		-	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	0	0	3	11	0	0	3	3	12		-
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 had their most challenging month to date with overall ED attendances 9% above the previous year and LAS attendances up 10%. This resulted in performance of 86.6%. The activity levels were 13% above planned levels with the key actions to recover performance being: "See and Treat" ED pathway used during increased pressure, a Surgical Assessment Unit has opened on Chelsea site and multiple actions on both to reduce length of stay now implemented (Red/Green days, and Frailty pathways).

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

The 2WW target continues to be significantly challenged on the Chelsea site, with unvalidated performance showing that this standard was not achieved in January. This is a particular issue on the Chelsea site, with colorectal 2WW breaches accounting for more than half of the total breaches for the Trust. Additional capacity has been created to respond to the increased referrals and is available from the 3rd week in February. Compliance with the standard is expected in Q4.

2 weeks from referral to first appointment all Breast symptomatic referral

The 2WW Breast Symptomatic target was narrowly missed in January at 92.5%. 12 patients breached the target, with 4 of these patients declining appointments in the first and second week following referral (patient choice breaches) and 8 patients declining appointments within the second week (avoidable breaches). In February the service have put on additional capacity to ensure patients are being offered appointments in both the first and second week, with the target currently being achieved at 98%.

Cancer - 31 days diagnosis to first treatment

The 31 day DTT to treatment target was achieved at a Trust level at 96.3% against a target of 96%. There were 2 breaches of the target on Chelsea site, with both patients requiring plastic surgery for excision of skin cancers. Both breaches are being investigated by the Skin MDT to ensure there are no avoidable delays in the pathway when patients are referred from Dermatology to the Plastics team

Cancer - 62 days GP referral to first treatment

Unvalidated performance for January shows achievement of the 62 day standard and STF trajectory at 88.3%. A total of 46.5 patients were treated with 6 breaches of the target. Details of breaches can be found beneath the Tumour by Site Dashboard

Clostridium Difficile infections

There were three reported CDiff infections at West Middlesex in January. The Trust year-to-date figure of 12 is within the trajectory of 16 for the full year



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	0	1	0	1	0	1	0	0	2		-
	Hand hygiene compliance (Target: >90%)	95.7%	95.6%	95.7%	95.3%	98.1%	88.0%	91.0%	96.0%	96.5%	92.8%	94.1%	94.1%	95.5%		-
Incidents	Number of serious incidents	5	2	4	45	4	2	4	38	9	4	8	8	83		-
	Incident reporting rate per 100 admissions (Target: >8.5)	6.5	7.9	6.9	6.9	8.3	8.7	10.3	8.1	7.3	8.3	8.2	8.2	7.4		!
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.03	0.05	0.02	0.03	0.04	0.02	0.10	0.03	0.03	0.04	0.05	0.05	0.03		!
	Medication-related (NRLS reportable) safety incidents per 100,000 FCE bed days (Target: >=280)	472.85	348.29	238.08	409.62	128.99	296.24	151.57	278.30	311.05	324.15	195.71	195.71	348.00		-
	Medication-related (NRLS reportable) safety incidents % with harm (Target: <=12%)	10.6%	13.2%	13.9%	11.9%	0.0%	10.3%	13.6%	6.0%	8.5%	12.0%	13.8%	13.8%	9.7%		-
	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1		-
Harm	Safety Thermometer - Harm Score (Target: >90%)	93.3%	95.6%	95.6%	95.7%	95.6%	90.8%	96.0%	94.5%	95.0%	93.1%	95.8%	95.8%	94.9%		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	1	8	0	0	0	10	1	0	1	1	18		-
	NEVNS compliance %	92.1%	91.3%	93.2%	91.5%	94.8%	98.9%	97.7%	95.0%	92.9%	93.1%	94.7%	94.7%	92.6%		-
	Safeguarding adults - number of referrals	19	17	33	204	37	15	20	209	56	32	53	53	413		-
	Safeguarding children - number of referrals	20	24	33	232	84	82	85	779	104	106	118	118	1011		-
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	35	50	313	57	78	100	689	89	113	150	150	1002		-
	Number of hospital deaths - Paediatric	0	1	0	7	0	0	0	0	0	1	0	0	7		-
	Number of hospital deaths - Neonatal	2	1	2	12	0	1	1	7	2	2	3	3	19		-
	Number of deaths in A&E - Adult	0	1	0	9	1	6	18	64	1	7	18	18	73		-
	Number of deaths in A&E - Paediatric	0	0	0	1	1	0	0	2	1	0	0	0	3		-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0		-

Please note the following

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

Number of serious incidents

There was an increase in the number of SIs reported in January 2017 (8) compared to December 2016 (4). 50% (4) of the incidents reported in January 2017 were patient falls. There was only one fall reported in December 2016. The YTD total for patient falls is 11

Incident reporting rate per 100 admissions

There is a continued increase in the proportion of incidents reported in January 2016.

Medication-related safety incidents

A total of 57 medication related patient safety incidents were reported in January 2017; 23 relate to WMUH site, and 34 to CWH site



Trust commentary continued

Rate of patient safety incidents resulting in severe harm or death

5 incidents resulted in Severe Harm in January 2017, of which two related to patient falls and were reported as SI's, a further two incidents related to a failure to recognise/respond to deteriorating patients, and one incident related to a failure to act on test results (Bilirubin).

2 incidents were reported to have led to a patient death in January; one related to a failure to recognise and escalate deteriorating patient, the other related to a patient who suffered a cardiac arrest in the ED waiting room. Both of these incidents were reported as Serious Incidents, and are reflected in the January 2I report to the Board.

Incidence of newly acquired category 3 & 4 pressure ulcers

One hospital acquired grade 3 pressure ulcer was reported and confirmed in January. This incident was reported externally on 3rd February, therefore will not feature in the January SI Report prepared for the Board.

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

Reporting rates for medication related safety incidents are below target during January for both sites. However the combined Trust reporting rate year to date of 348/100,000 FCE is better than the latest benchmarks published on the Carter dashboard. The National Median is 286 and the Peer Median is 279 (March 2016 data)

Medication-related (reported) safety incidents % with harm

The % of medication related safety incidents with-harm during January was higher than the target for both sites; this is mainly due to lower reporting rates of medication incidents with no-harm. The combined Trust performance of 9.7% year to date is the same as the latest National Benchmark data (9.7%) but worse than the Peer Median (8.2% March 2016 data). The Medication Safety Group continues to monitor and act upon incident trends and to promote reporting of no-harm and near-miss incidents, to further reduce the %.

NEWS compliance

Weekly audits continue to be carried out by senior nurses & the Trust has seen a steady improvement in compliance. Those areas which are not completing or non-compliant in any aspects have plans to support improvements

The Summary Hospital-level Mortality Indicator (SHMI)

SHMI reports on mortality at trust level across the NHS in England. This indicator is produced and published quarterly as a National Statistic by NHS Digital.

Mortality - in hospital Adult deaths

The crude mortality rate for January has seen an increase on both sites.

An initial review has been carried out and there have been no significant issues identified and none have an adverse CESDI grading. The first look strongly suggests that we are seeing a national trend rather than an issue with care delivery on either site with a significantly increased death rate in January – predominantly in elderly frail patients presenting with respiratory disease – this would triangulate with our attendance data, increased admissions and the anecdotal feedback from clinicians across both sites during January.

It is recognised that the vast majority of deaths were non elective admissions aged over 80 with respiratory conditions. Full mortality reviews will be carried out in line with the mortality surveillance process. Of note provisional office of national statistics (ONS) data for January suggests an excess of 6,000 deaths nationally in comparison to the previous 5 year January data. Thus we would expect 30-40 'excess' deaths in Jan in line with national stats and the size of our trust with 2 busy acute sites.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	Trend charts	
Friends and Family	FFT: Inpatient recommend % (Target: >90%)	85.2%	86.5%	84.6%	88.8%	87.7%	89.6%	87.8%	90.4%	86.6%	88.3%	86.4%	86.4%	89.8%		!
	FFT: Inpatient not recommend % (Target: <10%)	6.0%	6.2%	8.6%	6.1%	5.7%	4.4%	6.7%	4.4%	5.8%	5.1%	7.5%	7.5%	5.1%		-
	FFT: Inpatient response rate (Target: >30%)	31.8%	32.8%	31.5%	34.0%	26.1%	26.5%	21.6%	26.6%	28.2%	28.8%	25.1%	25.1%	29.0%		!
	FFT: A&E recommend % (Target: >90%)	86.6%	89.4%	91.0%	87.9%	82.9%	77.9%	78.6%	86.9%	85.9%	87.3%	88.9%	88.9%	87.7%		!
	FFT: A&E not recommend % (Target: <10%)	7.5%	6.2%	5.0%	7.0%	11.2%	14.1%	13.0%	8.1%	8.2%	7.6%	6.4%	6.4%	7.3%		!
	FFT: A&E response rate (Target: >30%)	14.3%	12.7%	14.5%	14.2%	12.7%	12.5%	14.1%	18.9%	14.0%	12.6%	14.5%	14.5%	15.0%		!
	FFT: Maternity recommend % (Target: >90%)	90.3%	92.8%	93.8%	90.8%	96.7%	89.4%	100.0%	93.2%	91.5%	92.2%	95.0%	95.0%	91.3%		-
	FFT: Maternity not recommend % (Target: <10%)	6.7%	4.5%	4.1%	5.5%	3.3%	6.1%	0.0%	4.1%	6.1%	4.8%	3.3%	3.3%	5.2%		-
	FFT: Maternity response rate (Target: >30%)	20.3%	21.8%	19.7%	21.7%	16.8%	15.5%	16.7%	17.6%	19.5%	20.3%	19.0%	19.0%	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	24	28	47	299	31	27	32	295	55	55	79	79	594		-
	Complaints formal: Number responded to < 25 days	4	8	9	90	4	12	8	82	8	20	17	17	172		-
	Complaints (informal) through PALS	133	97	113	929	54	21	57	328	187	118	170	170	1257		-
	Complaints sent through to the Ombudsman	0	0	0	0	1	1	1	11	1	1	1	1	11		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	1	0	8	0	1	0	0	8		-

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

Friends and Family Test - Inpatient recommend %

The recommendation rate is just below target of 90%. There are many high performing areas which achieve >90%. However some key areas are reducing the overall rate.

Friends and Family Test - Inpatient response rate

Some areas return 0% and this has been queried as a data issue. There are ward areas with extremely low response rate at the West Middlesex Hospital but other areas with the extreme high. Paediatrics Inpatients highlight data issues. There appears to be a low amount of registered telephone numbers which the Information Team are investigating.

Friends and Family Test - A&E recommend %

The performance at Chelsea has improved however the performance at the West Middlesex has decreased. This may be due to the building works in progress at the West Middlesex

Friends and Family Test - A&E response rate

The response rate needs improvement. Electronic/on-line surveys will be implemented February/March to help increase access to the survey. Poor data quality has been identified which shows that a third of patients do not have valid telephone numbers, impacting the amount of patients we can reach.

Friends and Family Test - Maternity response rate

The response rate is a challenge within the Maternity pathway however electronic devices are to be installed in Chelsea February/March with future plans for the West Middlesex.

Complaints (formal) Total

There was a spike of increased complaints at both sites during January with 'Clinical Treatment', 'Communication', 'Values and Behaviours' being the predominant theme across all Divisions. This is possibly linked to the winter pressures across the areas.

Complaints (formal) responded to within 25 working days

Overall there is a 30% compliance with the 25 days investigation timeframe: 30% Chelsea, 28% West Middlesex Hospital. There is work in place to clear the back log of complaints to free time for Divisions to concentrate on current and incoming complaints.

Complaints sent through to the Ombudsman

A case has been sent through to the Ombudsman involving complex care issues and involving the community agencies as well as the Trust.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.81	3.39	4.18	3.53	2.95	3.27	2.90	3.52	3.57	3.36	3.86	3.86	3.53		-
	Average length of stay - non-elective (Target: <3.9)	4.04	4.15	4.34	4.18	3.21	3.22	4.84	3.23	3.57	3.63	4.59	4.59	3.64		!
	Emergency care pathway - average LoS (Target: <4.5)	4.90	4.82	5.25	5.11	4.09	3.99	6.12	4.09	4.41	4.32	5.72	5.72	4.49		!
	Emergency care pathway - discharges	202	218	216	2065	310	332	252	3097	512	550	469	469	5162		-
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	2.62%	4.05%	3.43%	3.29%	9.08%	9.50%	9.04%	9.24%	5.48%	6.54%	5.60%	5.60%	5.96%		!
	Non-elective long-stayers	431	470	471	4371	572	572	548	4553	1003	1042	1019	1019	8924		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	78.9%	85.2%	84.7%	82.8%	78.9%	81.5%	86.3%	83.2%	78.9%	83.7%	85.3%	85.3%	82.9%		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.29%	0.04%	0.60%	0.23%	0.22%	0.27%	0.85%	0.52%	0.27%	0.11%	0.67%	0.67%	0.32%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	4	0	6	16	0	0	0	0	4	0	6	6	16		-
	Theatre active time (C&W Target: >70%; WVM Target: >78%)	72.0%	70.7%	68.7%	71.6%	84.1%	82.0%	72.0%	83.0%	75.7%	74.2%	69.7%	69.7%	75.1%		-
	Theatre booking conversion rates (Target: >80%)	87.6%	88.5%	87.1%	88.6%	52.4%	48.5%	43.9%	51.8%	76.9%	77.2%	73.3%	73.3%	76.4%		!
Outpatients	First to follow-up ratio (Target: <1.5)	1.67	1.73	1.63	1.70	1.26	1.30	1.28	1.16	1.36	1.40	1.37	1.37	1.35		!
	Average wait to first outpatient attendance (Target: <6 wks)	7.8	7.3	7.9	7.5	6.2	6.0	6.7	6.0	7.0	6.6	7.3	7.3	6.8		!
	DNA rate: first appointment	12.5%	12.5%	13.2%	13.3%	10.5%	10.8%	10.4%	10.3%	11.6%	11.7%	11.8%	11.8%	11.8%		-
	DNA rate: follow-up appointment	10.9%	10.4%	10.9%	11.7%	8.9%	8.8%	8.3%	8.8%	10.3%	9.9%	10.1%	10.1%	10.8%		-

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

Trust commentary

Elective average LoS

Overall elective LoS performance has declined in January but continues to improve at West Middlesex despite emergency bed pressures in January.

Non-Elective and Emergency Pathway LoS

Both sites have increased in January, with West Mid showing a very marked jump which is under investigation given the 'outlier' nature of the data. This work forms part of the 'deep dive' and planning for 2017/18 and is key to the bed productivity work.

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

This has improved on both sites but the differential between CW and WM is now the focus of the on-going divisional improvement work stream in March and April 2017

Procedures carried out as Daycases - basket of 25 procedures

West Middlesex had a higher than average day case rate due to the restrictions on beds in January due to winter bed pressures. Chelsea performance is in line with previous months.

On the day non-clinical cancellations as a % of Elective admissions

There were increased cancellations on the day across both sites due to bed pressures. This meant on both sites that elective bed capacity was used for Non-Elective patients.

On the day cancellations not re-booked within 28 days

Chelsea site was affected this month due to administrative process changes, and retraining has taken place with the new POD structures

Theatre Active Time - % of staffed time

Theatre capacity was reduced in line with NHSE directives to support winter bed pressures. The impact of this was felt at WM site in particular due to the high number of cancellations as a result of pressure surge policy. Chelsea site was additionally challenged as a result of the implementation of the Administrative Improvement Programme which has an action plan put in place to improve admissions processes.

Theatre booking conversion rates

West Middx had over 100 cancellations the day before surgery resulting in a deteriorated conversion performance.



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	84.5%	79.6%	85.2%	91.0%	90.8%	86.0%	83.2%	90.3%	88.0%	83.2%	84.1%	84.1%	90.7%		!
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	90.5%	94.1%		88.0%	55.0%	87.5%	85.7%	74.6%	73.2%	90.9%	85.7%	85.7%	81.3%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%		94.2%	100.0%	95.2%	100.0%	100.0%	96.7%		-
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0	1	1	3	10	1	1	3	3	10		-
	VTE risk assessment (Target: >95%)	95.8%	96.2%	95.8%	95.6%	83.4%	75.4%		84.3%	90.3%	86.8%	95.8%	95.8%	90.9%		-
TB	TB: Number of active cases identified and notified	1	4	5	23	6	2	0	77	7	6	5	5	100		-
	TB: % of treatments completed within 12 months (Target: >85%)															-

Please note the following

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Trust commentary

Fractured Neck of Femur

There was an issue at the Chelsea Site gleaning data for January for #NoF Time to Theatre.

VTE Hospital-acquired

C&W Site: A Root cause analysis required on hospital associated VTE events. Backlog of data requires screening.

VTE Risk assessments completed

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

WMUH site: WMUH IT steering group exploring technical options to improve the access and function of the electronic VTE risk assessment to allow completion

Notifications of TB cases

There were five cases notified. This is for C&W only as per London TB Register. C&W TB Service also manage TB cases at the Royal Brompton and the Royal Marsden



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	0	0	0	19	0	0	0	0	0	0	0	0	19		-
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.59%	99.45%	99.06%	99.43%	99.51%	99.40%	99.08%	98.98%	99.54%	99.43%	99.07%	99.07%	99.17%		-
	Diagnostic waiting times >6 weeks: breach actuals	9	14	20	129	16	18	30	321	25	32	50	50	450		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.8%	8.1%	7.1%	7.4%	7.8%	7.9%	8.8%	8.5%	7.8%	8.1%	7.7%	7.7%	7.8%		!
	A&E time to treatment - Median (Target: <60')	01:17	01:11	01:12	01:10	00:35	00:47	00:41	00:44	01:05	01:05	01:04	01:04	01:03		!
	London Ambulance Service - patient handover 30' breaches	42	76	84	391	84	0	0	544	126	76	84	84	935		-
	London Ambulance Service - patient handover 60' breaches	0	6	15	26	0	0	0	0	0	6	15	15	26		-
Choose and Book (available to Dec-16 only for issues)	Choose and book: appointment availability (average of daily harvest of unused slots)	1512	1701	1778	2220	0	0	0	1	1512	1701	1778	1778	2220		-
	Choose and book: capacity issue rate (ASI)	32.8%	28.0%		27.4%				35.0%	32.8%	28.0%			31.1%		-
	Choose and book: system issue rate															-

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Trust commentary

Diagnostic waits under 6 weeks

The diagnostic waiting time standard of 99% tests completed within 6 weeks of referral was achieved on both hospital sites in January 2017. The Chelsea site reported 99.06% with the WM site reporting 99.08%. Whilst maintaining compliance these 2 returns represent a small drop in performance across the diagnostic departments in the Trust.

The combined Trust performance for January is reported as 99.07%; the fifth consecutive compliant month. The combined YTD position remains compliant.

Diagnostic waits over 6 weeks

Across the combined site 50 diagnostic breaches are reported for January. The CW site was responsible for 20 breaches; 10 of them related to capacity issues in paediatric specialties. The remainder were mainly in adult Urology.

The 30 West Middlesex breaches are broken down as follows:

18 - Endoscopy

12 - Clinical measurement (Neurophysiology, Cardiology etc)

The WM breaches were due to lack of capacity in these specialties which may have been lag from Christmas.

A&E Unplanned Re-attendances

CW site has seen a decrease and WM site a rise, although the overall figure remains stable. Given the pressure on both sites, keeping re attendances steady reflects the on-going care and focus on avoiding readmissions within both hospitals.

A&E Time to Treatment

Overall a slowly improving reduction in A&E time to treatment giving a Trust wide performance which is now just 4 mins outside the 60 min target.

A&E LAS 30 min handover breaches

Data quality issues to be resolved for WM site, but the growth to 84 breaches on the CW site are only partly attributable to the conveyances increases. As stated below the ambulance offload process has also been reviewed within the department to attempt to provide a better "cohorting" arrangement during periods of multiple arrivals.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	Trend charts	
Birth indicators	Total number of NHS births	434	499	478	4685	375	434	366	4286	809	933	844	844	8971		-
	Total caesarean section rate (C&W Target: <27%; WMM Target: <29%)	31.7%	35.1%	34.6%	33.3%	27.5%	28.8%	25.4%	26.9%	29.7%	32.1%	30.5%	30.5%	30.2%		!
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7	1:31.3	1:31.3	1:31.3	1:31.3	1:31.3		!
	Maternity 1:1 care in established labour (Target: >95%)	96.9%	96.7%	97.6%	96.8%	98.1%	94.1%	94.9%	93.9%	97.5%	95.4%	96.3%	96.3%	95.3%		-
Safety	Admissions of full-term babies to NICU	17	25	15	180	n/a	n/a	n/a	n/a	17	25	15	15	180		-
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

Chelsea site continues to over perform against plan with West Middlesex continuing to perform under plan. Cross site we are on target to achieve plan. Staffing / budgets being reviewed to realign with activity

Total C-Section rate

Work continues to reduce C-section rate. Introduction of cross site pathway to manage maternal requests for caesarean due to be implemented in April

Midwife to birth ratio - births per WTE

Work being undertaken to review the accuracy of ratio in light of births being achieved on both sites and expected to be in place for the new financial year

Maternity 1:1 care in established labour

Despite increased activity Chelsea has maintained its high rate of 1 to 1 care in labour. West Mid data being reviewed as does not reflect the reduced activity but average staffing levels.



Workforce Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	Trend charts	
Staffing	Vacancy rate (Target: CW <12%; WMM <10%)	12.0%	14.4%	12.7%	12.7%	17.4%	15.1%	15.5%	15.5%	13.9%	14.6%	13.7%	13.7%	13.7%		!
	Staff Turnover rate (Target: CW <18%; WMM <11.5%)	16.1%	16.8%	17.4%	17.4%	13.9%	13.8%	13.4%	13.4%	15.3%	15.7%	16.0%	16.0%	16.0%		!
	Sickness absence (Target: <3%)	3.1%	3.0%	3.5%	2.9%	2.3%	2.4%	2.6%	1.9%	2.8%	2.8%	3.2%	3.2%	2.5%		-
	Bank and Agency spend (£ks)	£2,772	£2,438	£2,546	£24,471	£1,798	£2,220	£2,291	£19,223	£4,570	£4,658	£4,836	£4,836	£43,693		-
	Nursing & Midwifery Agency: % spend of total pay (Target: tbc)	8.9%	10.0%	9.4%	8.0%	8.3%	16.9%	16.0%	13.4%	8.7%	12.6%	12.0%	12.0%	10.0%		-
Appraisal rates	% of appraisals completed - medical staff (Target: >85%)	82.6%	82.7%	80.5%	83.3%	88.6%	93.2%	92.0%	89.5%	85.1%	87.1%	85.4%	85.4%	86.0%		-
	% of appraisals completed - non-medical staff (Target: >85%)	74.1%	70.3%	68.7%	73.8%	72.7%	67.5%	61.9%	71.0%	73.7%	69.5%	66.8%	66.8%	73.0%		!
Training	Mandatory training compliance (Target: >90%)	83.9%	84.0%	83.4%	84.0%	82.2%	80.4%	79.0%	84.1%	83.3%	82.8%	81.9%	81.9%	84.1%		!
	Health and Safety training (Target: >90%)	85.0%	84.0%	83.1%	85.5%	82.9%	80.9%	80.9%	82.7%	84.3%	83.0%	82.3%	82.3%	84.5%		!
	Safeguarding training - adults (Target: 90%)	89.2%	88.6%	87.8%	88.7%	82.1%	80.8%	81.5%	85.3%	86.7%	85.9%	85.7%	85.7%	87.5%		!
	Safeguarding training - children (Target: 90%)	91.1%	91.0%	90.6%	90.0%	90.1%	88.3%	87.8%	92.8%	90.8%	90.1%	89.6%	89.6%	91.0%		-

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
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Trust commentary

Vacancy rate

The Trust's general vacancy rate for January was 14.79%, up from 14.1% last month and up from 10.8% since April 2016. We are seeking to address this deteriorating picture through the development of our attraction strategy and streamlining of our recruitment processes. As part of this streamlining exercise our time to recruit was 65 working days in January, down 2 days from December's figure but above our 50 day target.

Staff turnover rate

The Trust's unplanned turnover rate was 16.2%, which is 0.2% higher than last month. Unplanned turnover is 17.2% at Chelsea and 14.5% at West Middlesex.

Appraisal rates

The appraisal rate for non-medical staff was 66.8% in January, 2.7% down on last month and below the 85% target. The appraisal rate for medical staff was 85%, down 4% from last month but achieving our 85% target. A new approach to performance and development reviews will be adopted in FY17/18 which will increase both quality and uptake.

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 82% against its target of 90%.



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		
		Nov-16	Dec-16	Jan-17	2016-2017	YTD breaches	Nov-16	Dec-16	Jan-17	2016-2017	YTD breaches	Nov-16	Dec-16	Jan-17	2016-2017 Q4	2016-2017	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Brain	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-
	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	97.5%	2	100%	100%	100%	100%	97.5%	2		-
	Colorectal / Lower GI	100%	0.0%	66.7%	78.6%	4.5	100%	66.7%	100%	90.9%	2.5	100%	40.0%	81.8%	81.8%	85.6%	7		-
	Gynaecological	50.0%	n/a	100%	68.0%	4	75.0%	100%	100%	92.7%	1.5	66.7%	100%	100%	100%	83.3%	5.5		-
	Haematological	80.0%	100%	100%	78.6%	1.5	66.7%	100%	100%	88.9%	2	75.0%	100%	100%	100%	86.0%	3.5		-
	Head and neck	n/a	n/a	n/a	0.0%	1	50.0%	100%	n/a	65.0%	3.5	50.0%	100%	n/a	n/a	59.1%	4.5		-
	Lung	100%	n/a	100%	97.5%	0.5	0.0%	100%	n/a	95.8%	0.5	87.5%	100%	100%	100%	96.9%	1		-
	Sarcoma	n/a	n/a	n/a	100%	0	n/a	n/a	n/a	0.0%	0.5	n/a	n/a	n/a	n/a	66.7%	0.5		-
	Skin	100%	100%	100%	91.7%	2.5	100%	100%	100%	94.8%	2	100%	100%	100%	100%	93.4%	4.5		-
	Upper gastrointestinal	100%	n/a	100%	83.3%	1.5	100%	100%	100%	96.3%	0.5	100%	100%	100%	100%	91.1%	2		-
	Urological	28.6%	75.0%	50.0%	63.0%	15	86.7%	92.9%	87.5%	82.4%	13	58.6%	88.9%	71.4%	71.4%	75.5%	28		!
	Urological (Testicular)	n/a	n/a	n/a	100%	0	100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	75.0%	100%	84.6%	1	n/a	100%	66.7%	90.9%	0.5	n/a	83.3%	90.9%	90.9%	87.5%	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

Chelsea and Westminster Site

Colorectal: 1.0 avoidable breach - delays to completing all investigations

Urology: 3.5 breaches in total of which:

- 0.5 unavoidable breach - patient did not attend multiple appointments
- 0.5 avoidable breach - delays in diagnostics and investigations
- 1.0 avoidable breach - delay in outpatient appointments contributed to by both capacity issues and patient choice
- 0.5 avoidable breach - delays in diagnostics and investigations
- 1.0 avoidable breach - delay in diagnosis at CW and surgery at Imperial

West Middlesex Site

Head and Neck: 0.5 unavoidable breach – patient required additional staging prior to treatment. This is currently showing as Site Not Stated.
Urology 1.0 unavoidable breach – patient delayed diagnostics



CQUIN Dashboard

January 2017

National CQUINs

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

Regional CQUINs

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

Local CQUINs

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

Commentary

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

NWL CCGs have now ratified the Q2 16/17 position at 97.5%. This combined with the Q1 position and the forecast achievement for NHSE represents an overall achievement of 92% for Q1 and Q2. The Trust has forecast 100% achievement of available NHSE CQUIN income for Q1 and Q2, excluding the CUR CQUIN with which the Trust declined to participate, and formal confirmation of assessment of Q2 evidence from NHSE is awaited.

All evidence for the Q3 milestones has been submitted to commissioners and the Trust is forecasting continued achievement of all schemes with the exception of partial achievement on Sepsis and non-achievement of CUR CQUIN, which the Trust has closed not to pursue.

NHS England have verbally notified the Trust of an internal review of CQUIN evidence, which may be a risk for the Trust's reported achievement and further information is expected from the commissioners regarding any impact of this process.

National CQUINs

The majority of projects met their Q3 milestones with a high level of confidence on recovery of the available income, with the exception of partial achievement forecast for the Sepsis CQUIN project.

Regional CQUINs

The Trust achieved 100% compliance against Q2 milestones. Quarter 3 milestones were achieved early with e-consult for Cardiology, Paediatrics and Acute Medicine at WMUH site going live in November. There remains a high level of confidence in delivery of the remaining CQUIN project milestones and income within the agreed timetable.

Local CQUINs

All Q3 & Q4 milestones remain on track for achievement in full. Formal confirmation of assessment of Q2 evidence from NHSE is awaited but expected to be 100%



Nursing Metrics Dashboard

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital Site

Ward Name	Average fill rate				CHPD			National bench mark
	Day		Night		Reg	HCA	Total	
	Reg Nurses	Care staff	Reg Nurses	Care staff				
Maternity	77.6%	59.5%	78.1%	67.7%	10.0	2.5	12.4	7-17.5
Annie Zunz	93.6%	92.5%	101.6%	100.0%	2.4	1.1	3.4	6.5-8
Apollo	92.4%	45.2%	101.3%	77.8%	19.0	1.3	20.3	
Jupiter	74.2%	16.4%	71.3%	0.0%	10.6	0.5	11.1	8.5-13.5
Mercury	67.0%	83.9%	84.4%	22.6%	7.1	0.7	7.8	8.5-13.5
Neptune	74.3%	87.1%	97.6%	67.7%	8.2	1.5	9.7	8.5-13.5
NICU	90.8%	-	91.8%	-	13.1	0.0	13.1	
AAU	103.5%	70.9%	112.2%	104.9%	9.6	1.6	11.2	
Nell Gwynn	114.2%	70.4%	167.7%	105.3%	5.7	3.4	9.0	6-8
David Erskine	110.3%	123.7%	131.2%	179.0%	3.9	3.2	7.1	6-7.5
Edgar Horne	94.7%	90.2%	117.2%	94.4%	4.7	4.3	9.0	6-7.5
Lord Wigram	100.8%	91.4%	110.8%	101.8%	3.5	2.4	5.9	6-7.5
St Mary Abbots	106.9%	105.6%	110.8%	133.9%	3.6	2.5	6.0	6-7.5
David Evans	81.7%	72.3%	85.9%	112.4%	5.1	2.1	7.2	6-7.5
Chelsea Wing	82.1%	58.7%	101.6%	96.8%	7.4	4.0	11.4	
Burns Unit	107.1%	49.0%	105.4%	100.0%	12.6	2.7	15.3	
Ron Johnson	88.3%	98.4%	105.4%	100.3%	4.7	2.5	7.2	6-7.5
ICU	87.5%	44.0%	96.2%	-	29.9	0.5	30.4	17.5-25

Summary for January 2017

The trust has just received a rough approximation of what the national benchmark is in relation to Care Hours Per Patient Day (CHPPD) for different specialties – please see final column for each hospital site. There are a number of anomalies. Annie Zunz is showing a low CHPPD because the total patient count is recorded including escalation beds but escalation staffing is not included. David Evans and Richmond ward both have in-patient beds and day surgery beds. However, because the patient census count is taken at midnight at West Mid the day surgery patients are not included showing an overly generous amount of CHPPD per in patient bed. Chelsea's census is taken at 8am so will include the day surgery patients on David Evans. Work will be undertaken to improve the accuracy of these reports and also the national team will be contacted to obtain a benchmark for AAUs.

Fill rates are high on Starlight this month due to additional beds being open. Increased fill rates of HCAs across the patch is due to increasing numbers of confused patients being admitted needing enhanced care. There is now a cross site assessment tool in place to evaluate the needs for enhanced care for these patients and the Apprenticeship pool for dementia patients is due to commence in March.

West Middlesex University Hospital Site

Ward Name	Average fill rate				CHPD			National bench mark
	Day		Night		Reg	HCA	Total	
	Reg Nurses	Care staff	Reg Nurses	Care staff				
Maternity	96.4%	-	98.2%	-	6.6	0.0	6.6	7-17.5
Lampton	96.7%	102.9%	91.3%	104.7%	2.7	2.0	4.7	6-7.5
Richmond	88.9%	91.2%	99.9%	100.0%	7.7	3.6	11.3	6-7.5
Syon 1	74.1%	170.4%	94.2%	145.2%	3.1	2.4	5.5	6-7.5
Syon 2	87.6%	155.9%	98.9%	174.0%	2.8	3.0	5.8	6-7.5
Starlight	125.5%	100.0%	159.8%	89.1%	8.6	1.4	10.0	8.5-13.5
Kew	95.5%	171.0%	93.4%	170.8%	2.8	3.6	6.4	6-8
Crane	88.2%	113.7%	94.4%	121.6%	3.0	2.5	5.4	6-7.5
Osterley 1	105.3%	190.8%	111.3%	180.2%	2.9	3.2	6.2	6-7.5
Osterley 2	95.1%	139.1%	115.8%	170.7%	3.6	3.3	6.9	6-7.5
MAU	93.2%	175.3%	114.7%	105.3%	4.7	2.4	7.1	
CCU	91.3%	100.0%	97.3%	-	4.8	0.8	5.6	6.5-10
Special Care Baby Unit	39.0%	-	38.1%	-	7.1	1.5	8.6	
Marble Hill	112.7%	105.4%	126.5%	73.7%	3.4	2.5	6.0	
ITU	97.7%	90.8%	110.9%	-	21.4	0.5	22.0	17.5-25



CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

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

Chelsea and Westminster commentary

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

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

West Middlesex University Hospital

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

West Middlesex Commentary

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

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



Finance Dashboard

Month 10 (January) Integrated Position

Financial Position (£000's)

£0	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	498,037	511,315	13,278
Expenditure	(464,292)	(478,967)	(14,675)
EDITDA	33,745	32,348	(1,397)
Adjusted EBITDA %	6.776%	6.326%	-0.45%
Interest/Other	(4,943)	(4,405)	538
Depreciation	(16,574)	(14,856)	1,718
PDC Dividends	(7,669)	(7,670)	(1)
Other			0
Adjusted Surplus	4,559	5,417	858

Comments

RAG rating ■

The year to date adjusted position at Month 10 is a £5,417k surplus, a favourable variance of £858k.

There are a number of non-operational adjustments to expenditure which are not included in the adjusted figures above. These include the net reversal of prior year impairments on property revaluation £7,166k, loss on disposal of assets £801k and the impairment of the investment in the joint venture (Sphere) £1,599k. These non-operational items do not form part of the financial control total agreed with NHSI but are reflected in the Trust's non-adjusted I&E position.

Income is favourable against plan by £13,278k year to date mainly relating to over-performance in clinical income. The over-performance is within elective, non-elective and outpatient activity across various specialities on both sites.

Pay is adverse by £3,432k year to date, predominantly due to the use of temporary staffing to cover vacancies, sickness and additional clinics and theatre sessions.

Non-pay is £11,243k adverse year to date mainly due contractual provisions and activity related costs.

Risk rating (year to date)

Use of Resource Rating (UOR)	M10 Actual
Use of Resource Rating	2

Comments

RAG rating ■

NHSI have introduced the UOR as the new measure of financial performance replacing the FSRR. There are 5 areas of performance which are measured to produce an overall rating. Under this measure 1 is the highest score and 4 the lowest. For January, the Trust is performing in line with plan except for agency spend which is over plan and I&E margin rating which is better than plan. There is no plan rating for I&E margin variance as control totals were not in place prior to 2016/17.

Cost Improvement Programme (CIPs)

Heading	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Service Improvement and Efficiency Workstream	1,517	1,510	(7)	14,369	13,020	(1,349)
Integration Workstream/Transformation	273	295	22	2,536	2,306	(230)
Q1 Quotas	0	0	0	1,153	1,157	4
Trust Total	1,790	1,805	15	18,058	16,483	(1,575)

Comments

RAG rating ■

The main areas of year to date slippage were:

Temporary Staffing (£471k)
Diagnostic Demand Management (£248k)
Outpatient productivity (£315k)
Bed Productivity (£123k)
Clinical Admin (£87k)
Commissioner Fines and Credits (£292k).

The Trust is forecasting an adverse variance of £815k against a plan of £21,622k

Cash Flow

Comments

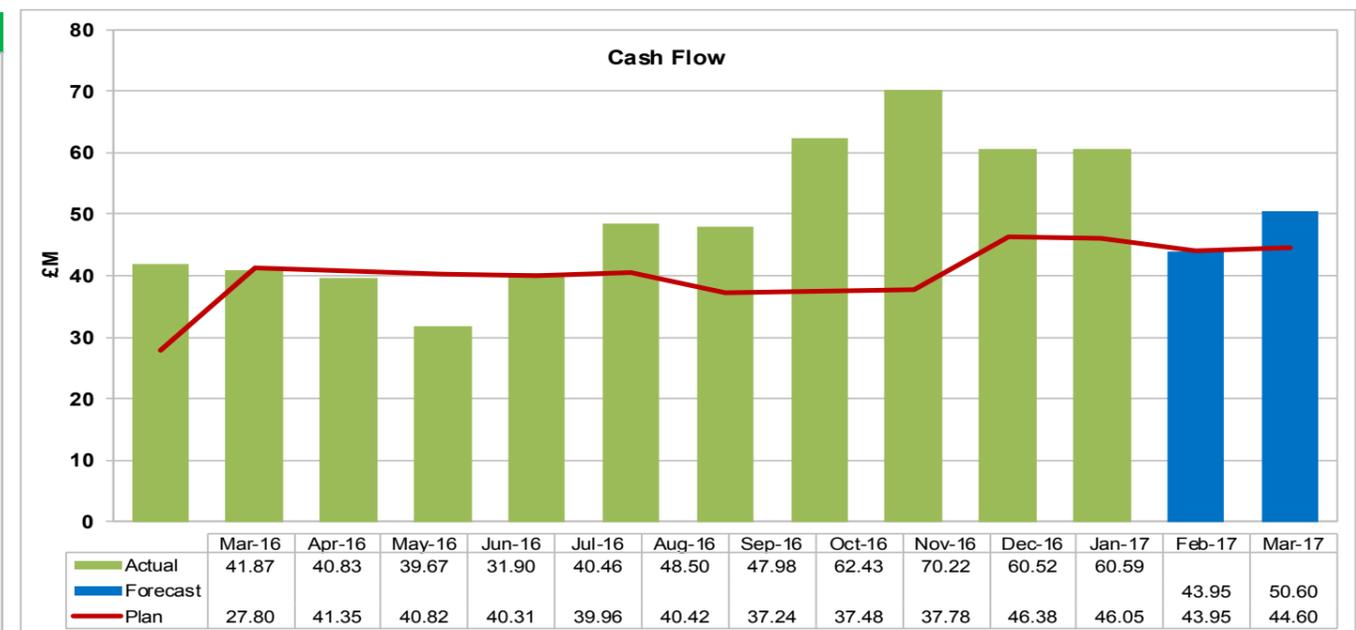
RAG rating ■

Cash at the end of January is £60.59m which is £14.54m more than plan of £46.05m.

This is mainly due to capital programme slippage on a cash basis of £8.7m and higher trade payables (mainly due to accruals and deferred income) which are offset by an increase in trade receivables, planned borrowing not drawn down and stock higher than plan.

The Trust has revised its year end cash FOT by £6m to £50.6m (previously £44.6m). Of this increase £4m is as a result of agreement to defer £10m of 2016/17 capital expenditure of which £6m was PDC funded.

The remaining £2m relates to additional STF funding under the incentive scheme.



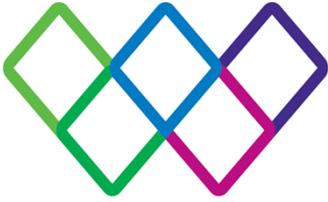


Board of Directors Meeting, 2 March 2017

PUBLIC

AGENDA ITEM NO.	3.4/Mar/17
REPORT NAME	Hospital Pharmacy Transformation Plan (HPTP)
AUTHOR	Deirdre Linnard, Chief Pharmacist
LEAD	Miss Zoe Penn, Medical Director & Trust Medicines Optimisation Lead Executive Presenter: Chisha McDonald, Head of Pharmacy
PURPOSE	In February 2016, Lord Carter of Coles published his final report on productivity and efficiency in the NHS. A key requirement of Lord Carter's report is that all Acute Trusts are required to submit a board approved Hospital Pharmacy Transformation Plan (HPTP) to NHS Improvement by April 2017. This draft Hospital Pharmacy Transformation Plan (HPTP) is a high level plan that informs how Chelsea and Westminster Hospital NHS Foundation Trust will meet the specific recommendations for transformation of hospital pharmacy in the Trust.
SUMMARY OF REPORT	<p>Lord Carter's report stated that the NHS could save at least £800m through transforming hospital pharmacy services and medicines optimisation. It made 8 specific recommendations at Acute Trust, national and regional levels, of which 6 recommendations apply to Acute Trusts. The linked <i>Model Hospital Project</i> created a national dashboard that allows comparisons between organisations to support improvement and reduce unwarranted variation. The Pharmacy dashboard is still a prototype in development and is subject to change; however it does allow for comparison between Trusts.</p> <p>The overall aim of the HPTP is to deliver the medicines optimisation agenda, placing the patient at the centre of everything that we do and to deliver Lord Carter's recommendations. There are areas of exemplary practice; the Trust Medicines Optimisation Steering Group has a proven and successful approach to ensuring cost-effective prescribing and reducing unwarranted variation. However, there are significant challenges in relation to the legacy of under-resourcing of the Pharmacy establishment at the West Middlesex Site and achieving the target of pharmacists actively prescribing of 50%.</p> <p>All 4 Acute Trusts in North West London (NWL), including CWFT, submitted their draft HPTPs to NHS Improvement (NHSI) at the end of October 2016. The CWFT plan was given a green rating by NHSI. One key element of further feedback for all 4 Acute Trusts was that the plans could be further improved by including <i>'more on the context of the emerging plans in the STP and how our HPTP and that of neighbouring trusts supports that'</i>. A joint statement of co-operation across NWL Pharmacy Teams has since been agreed and can be found in <i>Appendix 6</i> of the plan.</p>

KEY RISKS ASSOCIATED	<p>There are overarching risks relating to the HPTP (<i>Refer to Section 4 for full details of risks and mitigation</i>)</p> <ul style="list-style-type: none"> • Lack of funding or resource required to support multiple HPTP and Carter work streams and projects • Transformation may require additional Pharmacy resource for delivery. • Pharmacy time released by changes may not be enough to bring about transformational change to meet the Carter targets. • Progress may be dependent on NWL infrastructure changes. • Organisational change fatigue.
FINANCIAL IMPLICATIONS	<p>The premise of HPTPs, according to Lord Carter's report is to ensure that the pharmacy workforce is focussed to drive optimal outcomes and values from the £6.7bn it spends on medicines per year. This may require investment in Pharmacy to deliver savings.</p>
QUALITY IMPLICATIONS	<p>See under Financial Implications.</p>
EQUALITY & DIVERSITY IMPLICATIONS	<p>The vision of the North West London Sustainability and Transformation Plan is that everyone living, working and visiting here has the opportunity to be well and live well, to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country. The HPTP supports that aspiration through joint working with Pharmacy Teams across the STP footprint.</p>
LINK TO OBJECTIVES	<p>Linked corporate objectives to which the paper relates.</p> <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	<p>The draft HPTP is for approval by the Trust Board of Directors, prior to submission to NHS Improvement by the end of March 2017.</p>



Draft Hospital Pharmacy Transformation Plan HPTP Chelsea and Westminster Hospital NHS Foundation Trust

V6.0 22/02/2017

START DATE:	31/10/2016	NEXT REVIEW:	31/01/2017
COMMITTEE APPROVAL:	DATE: 22/09/2016	CHAIR'S SIGNATURE:	
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	ENDORSED BY:	DATE:	
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STAKEHOLDERS INVOLVED:	Pharmacy, All Trust Clinical Staff, Planned Care Division, Trust Non-medical Prescribing Lead, North West London Pharmacy Leads		
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23/10/2016	2.0	Deirdre Linnard	Incorporating comments from stakeholders including NHS Specialist Pharmacy Services - <i>A National Approach to Medicines Procurement. A contribution to local Carter responses.</i>
25/10/2016	3.0	Deirdre Linnard	Appendices added
28/10/2016	3.1	Deirdre Linnard	Minor updates to include impact of increasing percentage of Pharmacist Prescribers to 50%
31/10/2016	3.2	Deirdre Linnard	Final draft amendments
31/12/2016	4.0	Deirdre Linnard	Updated to include feedback form NHS England and Model Hospital dashboard metrics as at 31.12.2016
15/02/2017	5.0	Deirdre Linnard	Updated to include Joint Statement of Co-operation by NWL Pharmacy Teams
22/02/2017	6.0	Deirdre Linnard	Updated following approval at Executive Board 22/02/2107 to clarify that dashboard data at 31/12/2016 is the latest and to refresh information on Divisional Leads and stakeholders.
DATE EXPIRED			

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1 EXECUTIVE SUMMARY

In February 2016 Lord Carter of Coles published his final report on productivity and efficiency in the NHS, identifying £5bn of efficiency opportunities resulting from unwarranted variation. The report stated that the NHS could save at least £800m through transforming hospital pharmacy services and medicines optimisation. It made 8 specific recommendations at Acute Trust, national and regional levels. 6 of the principal recommendations apply to Pharmacy in Acute Trusts.

The *Model Hospital Project* created a national dashboard that allows comparisons between organisations and support improvement. The Pharmacy dashboard is still a prototype in development and data is subject to change as more up to date information becomes available.

A key requirement of Lord Carter's report is that all Acute Trusts are required to submit a board approved Hospital Pharmacy Transformation Plan (HPTP) to NHS Improvement by April 2017. This draft is a high level summary that informs how Chelsea and Westminster Hospital NHS Foundation Trust will meet the Model Hospital benchmarks and specific recommendations by April 2020.

Medicines Optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. Medicines optimisation applies to people who may or may not take their medicines effectively. The overall aim of the HPTP is to deliver the medicines optimisation agenda, placing the patient at the centre of everything that we do and to deliver Lord Carter's recommendations.

There are areas of exemplary practice in Medicines Optimisation for the Pharmacy Departments at Chelsea and Westminster Hospital NHS Foundation Trust, for example the *Trust Medicines Optimisation Steering Group* has a proven and successful approach to ensuring cost-effective prescribing. However, there are significant challenges in relation to the under-resourcing of the Pharmacy establishment at the West Middlesex Site and achieving the target of pharmacists actively prescribing of 50%.

The 8 key work streams in the HPTP will each have their own project plan:

	Work stream	Description
1	<i>Sustainability and Transformation (STP) Plan and Vanguard</i>	Work in partnership with pharmacy and other health care professionals across the health economy to close gaps in health and well-being, in care and quality and in finance and sustainability according to the NWL STP and emerging Vanguard.
2	<i>Reduce unwarranted variation in expenditure</i>	Continue the work of the Medicines Optimisation Steering Group in delivering cost-effective prescribing.
3	<i>Seven Day Services</i>	Ensure that Pharmacy resource is utilised and integrated effectively across sites, bringing economies of scale and delivering more equitable 7 day services across site.
4	<i>Workforce</i>	Utilise skill mix and the new Pharmacy apprenticeship schemes to ensure that pharmacist and pharmacy technician time is released for direct patient facing activities.
5	<i>Education and Training</i>	Work with the Health Education England London and South East and Trust Clinical Education and Training Leads to develop a strategy to increase the percentage of pharmacists who are actively prescribing.
6	<i>Electronic Prescribing and Medicines Administration (EPMA)</i>	Trust EPR and Digital Transformation Programme (<i>Trust Plan</i>)
7	<i>Pharmacy Procurement & Distribution Processes</i>	Increase electronic ordering and invoice management, reduce stockholding and waste
8	<i>Partnership Working</i>	Work in collaboration with neighbouring Trusts to review how services might be provided across the sector e.g. procurement of medicines, out-sourced ward box assembly and provision of Aseptic Services

2 CARTER METRICS AND MODEL HOSPITAL AND MODEL HOSPITAL BENCHMARKS

The Model Hospital Dashboard aims to provide a high level summary of the Trust's Pharmacy and Medicines Optimisation performance to identify areas for review and to reduce unwarranted variation. The first and second iterations of the data included data mainly from 2014-2015, with some more recent data from 2016-2017 e.g. biosimilar uptake. The third iteration of the data was published in December 2016.

It should be noted that the Dashboard is live and subject to frequent updates, so the information in the HPTP must be reviewed and updated frequently. The Trust can now select different peer group comparators on the dashboard compared to the original selected peer group (Appendix 3). The snapshot of data as at 31/12/2017 is the latest data prior to submission to Trust Board 02/03/2017.

2.1 Dashboard Metrics - Overview

Refer to Appendix 1 for a snapshot of the dashboard as at 31/12/2016. Out of 33 metrics, Chelsea and Westminster Hospital is RAG rated as red for 12 metrics. 3 of the red ratings are due to the Trust the having the fourth highest High Cost Medicines spend/WAU (pass through expenditure) of all 135 comparator Trusts. Any indicator that is rated as blue is where the indicator does not reflect Trust Performance; black indicates that data is not yet available.

2.2 What do we do well?

There are 11 indicators where the Trust is rated green and is significantly better than peer and national comparators, these include:

- Non-high cost drugs medicines spend/WAU
- Use of inhalation anaesthetics vs % spend on sevoflurane
- % e-prescribing - predominantly Chelsea site
- % medicines reconciliation within 24 hours
- Number of days stockholding – *to note the methodology for calculating this metric is to change*
- % of Pharmacy staff with appraisals completed
- % of Pharmacy staff with Statutory and Mandatory Training completed – *to note this is 2014-2015 data.*

2.3 Staff and Medicines Costs

Table 1

Metric	Performance 15-16	Comparators	Rating	Action
Non High Cost medicines/WAU (In-tariff drug spend)	£163/WAU	Peer = £227/WAU National = £196/WAU	Green	Maintain or improve performance
High Cost medicines/WAU	£270/WAU	Peer = £145/WAU National = £112/WAU	Red	Mainly driven by HIV Drug expenditure
Medicines Costs /WAU	£433/WAU	Peer = £365/WAU National = £312/WAU	Red	Combined measure driven by High Cost Drugs Spend
Pharmacy Staff & Medicines Costs /WAU	£474/WAU	Peer = £400/WAU National = £350/WAU	Red	Combined measure driven by High Cost Drugs Spend
% IV paracetamol vs total paracetamol spend	73%	Peer = 64% National = 66%	Red	Medicines Optimisation Steering Group

WAU = weighted average unit

There are 4 metrics where the Trust is significantly above the national and local medians.

In-tariff drug spend is much lower at £163/WAU compared to £227/WAU for Peers and £196/WAU for national comparators, indicating that in-tariff spend is cost-effective. The dashboard confirms that Chelsea and Westminster Hospital site has the fourth highest High Cost Medicines spend/WAU of £270/WAU nationally, the highest is the Royal Free Hospital at £385/WAU.

Chelsea and Westminster Hospital site is an outlier against measures related to combined medicines and staffing expenditure/WAU, however, this reflects High Cost Drugs that are pass-through and charged back to commissioners. When the data is triangulated with staffing costs from the Model Hospital Reports from November 2015, it confirms that combined staffing costs are below the benchmark.

A new indicator for 2015-2016 indicates that the Trust has a higher than average usage of IV paracetamol compared to total spend (73%), this is under review by the *Trust Medicines Optimisation Steering Group*.

Table 2- Staffing Cost per WAU

Staffing cost per WAU	Simulated per WAU	Actual 2014-2015	Actual 2016-2017
Chelsea and Westminster Hospital Pharmacy	£0.013	£0.014	Not yet available
West Middlesex University Hospital Pharmacy	£0.017	£0.012	Not yet available

Table 3 – Staffing FTE Simulated

Staffing FTE	Simulated	Actual 2014-2015	Actual 2016-2017	% of Benchmark
Chelsea and Westminster Hospital Pharmacy	102	109	103	101%
West Middlesex University Hospital Pharmacy	79	50	48	61.3%

2.4 Safe Care

Table 4

Metric	Performance 15-16	Comparators	Rating	Action
Total antibiotic consumption in Defined Daily Doses per 1,000 admissions	6,010/1,000 admissions	Peer = 4,673 National = 4,549	Red	Mainly driven by HIV/GUM usage which is largely out-patient based. NHSE CQUIN for 16-17 and 17-18

There is one metric out of 6 where the Trust is RAG rated as red compared to the benchmarks, this is for *Total antibiotic consumption in Defined Daily Doses (DDD) per 1,000 admissions*, driven by prescribing for HIV and GUM which skews the overall Trust usage. This has not been listed as a separate work stream within the HPTP as it is already being addressed by the work plan for the NHSE CQUIN on antimicrobial stewardship.

2.5 Effective

Table 5

Metric	Performance	Comparators	Rating	Action
% Pharmacists actively prescribing	10% 2014-2015	Peer = 7% National = 14%	Red	HPTP work stream
Number of medication incidents reported to the NRLS per 100,000 FCE	250.1 March 2016	Peer = 279.4 National = 285.6	Red	Medication Safety Group

% of medication incidents causing harm or death/all medication errors	10% March 2016	Peer = 8.2% National = 9.7%	Red	Medication Safety Group
e-commerce ordering (AAH)	77% 2015-2016	Peer = 76.6% National = 82%	Red	Pharmacy Procurement & Distribution Work Stream
Data Quality of NHSE monthly data set from providers	19 2015-2016	Peer = 21 National = 20	Red	Unclear how this is measured. Needs further validation by NHS England embedded Pharmacist

There are 5 metrics where the Trust is RAG rated as red compared to the benchmark.

% of pharmacists actively prescribing - the Trust is below the national median but it is better than the peer median for the

Number of medication incidents reported to the NRLS per 100,000 FCE - The Trust is also below the peer and national medians at March 2016; however since the introduction of electronic Datix reporting at the Chelsea site in February 2016, reporting rates have improved significantly.

% of medication incidents causing harm or death/all medication errors – the Trust rate is worse than the peer and national medians at March 2016; the Medication Safety Group reviews trend on a monthly basis and implements remedial actions to reduce the risk of reoccurrence.

e-commerce ordering (AAH) – this reflect the % of orders generated electronically and is similar to peers but lower than the national median.

Data Quality of NHSE monthly data set from providers – this is a new metric and it is unclear as to how this is measured. This metric needs further validation by NHS England embedded Pharmacist.

2.6 Responsive

Table 6

Metric	Performance 2014-2015	Comparators	Rating	Action
Sunday on ward clinical hours	5	Peer = 2 National = 5.5	Red	Work stream 4 - Workforce

There is one metric where the Trust Chelsea Site is significantly below the national median, although better than the peer median. Whilst Chelsea site has an on-ward presence for AAU at weekends, the West Middlesex site Pharmacy Team is not resourced to provide on on-ward service at weekends. This will be addressed via the Workforce work stream.

2.7 People, Management and Culture: Well-led

Table 7

Metric	Performance 2014-2015	Comparators	Rating	Action
% Sickness Absence rate	5.3% - CWH site 2.71% Sept 2016	Peer = 2.7% National = 3.3%	Red	

There is one metric where the Chelsea Site is significantly above the national and local medians, this is for staff sickness absence. This metric was driven by long term sickness in 2014-2015; but has since significantly improved to 2.71% (October 2016).

2.8 How will the Model Hospital benchmarks be used to drive Service Transformation?

The Model Hospital benchmarks will drive a programme of work across 8 work streams to ensure that Pharmacy utilises staff and medicines resource across sites to the maximum benefit, releasing time for direct patient care. It is recognised that collaborative working with colleagues across the *North West London Sustainability and Transformation Plan* footprint is essential to delivery of the Carter recommendations. Please refer to *Appendix 6 for a Joint statement of co-operation between North West London Pharmacy Teams*.

Some examples include:

- CWFT leading a Pharmacy procurement review including working with colleagues across North West London to develop a framework for out-sourcing of ward box assembly;
- reviewing medicines manufacturing and aseptic preparation, in conjunction with Fulham Road partners;
- working with colleagues across all sectors in North West London to reduce medicines waste as part of the North West London Sustainability and Transformation Plan;
- realising economies of scale and improving the dispensing process through EPMA implementation across CWFT and ICHT
- investing in Pharmacy Apprentices and skill mix of staff supporting ward based dispensing.

Pharmacist time released should be invested into ward round attendance. Medicines Management Technician time released will be used to increase their presence at discharge especially for counselling, referrals for community medication reviews and the new medicine service.

To reduce unwarranted variation in medicines expenditure, we will continue to use data sources that analyse medicines expenditure trends, in collaboration with CCGs.

3 HPTP PLAN SUMMARY – Key Themes

3.1 Recommendation 3a – HPTP Planning and Governance

The Trust has a process in place to develop the Hospital Pharmacy Transformation Plan, overseen by Miss Zoe Penn, Medical Director and Lead Executive for Medicines Optimisation and reported via the *Trust Medicines Optimisation Steering Group*.

3.2 Recommendation 3b - Clinical Pharmacy and Infrastructure Services

This is the most wide ranging recommendation and crosses the entire Pharmacy service. Key themes are to:

- a) ensure that Pharmacy resource is utilised effectively across sites bringing economies of scale;
- b) utilise skill mix and Pharmacy apprenticeship schemes to ensure that 80% of pharmacist time and additional pharmacy technician time is released for direct patient facing activities;
- c) increase the percentage of pharmacists actively prescribing to Carter target of 50%. As at December 2016, 11/70 pharmacists across site (16%) have the qualification. The target is 35/70 (50%), if this includes all pharmacist including Band 6 newly qualified pharmacists who have an

average length of employment of 1 year. 24 additional pharmacists would require an estimated backfill of 0.2 WTE/pharmacist/ for 1 year, or 2 WTE/year/over 3 years = £300,000. Health Education England (HEE) funding of £2,500/pharmacist/ year or £20,000/year over 3 years = £60,000, in addition to the requirement for 24 additional prescribing mentors. If the Carter target excludes Band 6 pharmacists, as has been suggested by many Chief Pharmacists, then the Trust is already at 20% and a target of an additional 5 pharmacist to train per year (1 WTE backfill) is more manageable.

- d) ensure that Pharmacy resource is utilised effectively across sites bringing economies of scale and delivering more equitable 7 day services across site.
- e) It is estimated that the current balance between core clinical and infrastructure activities is around 50:50, as some activities are not included in the current model as being core clinical e.g. clinical input to reducing unwarranted variation in expenditure. The aim will be to achieve a 70:30 ration overall between core clinical and infrastructure activities for the service, with 80% of pharmacist time dedicated to core clinical activities.

Work streams: Seven Day Services, Workforce, Education and Training

3.3 Recommendation 3c – Electronic Prescribing and Medicines Administration

The Pharmacy Department will engage with the Trust electronic prescribing and medicines administration (EPMA) programme and colleagues at ICHT to ensure a successful implementation and achieve 100% electronic prescribing by 2018.

Work stream: Electronic Prescribing and Medicines Administration (EPMA)

3.4 Recommendation 3d – Accurate Coding of Medicines

The Pharmacy Department has developed integrated reporting across sites in 2016-2017, ensuring that coding of medicines, particularly high cost drugs is accurately recorded within NHS reference costs. The aim will be to continue with this standard of reporting and support the Trust to identify drug costs down to service level.

Plan: maintain or improve current performance

3.4 Recommendation 3e - Top 10 Drugs Savings Opportunities

The Pharmacy team will continue to lead the work plan of the Medicines Optimisation Steering Group, identifying unwarranted variation in expenditure and delivering cost-effective prescribing.

Work stream: Reduce unwarranted variation in expenditure

3.5 Recommendation 3g - Medicines Stock holding and Supply Chain

A document has been prepared by the regional pharmacy procurement specialists in England (the National Pharmaceutical Procurement Specialists Committee NPPSC) as a guide to their joint national agenda and as a contribution to chief pharmacist's local transformation plans for the Carter Review. Pharmacy procurement and distribution processes will be reviewed to increase electronic ordering and invoice management, reduce stockholding and waste and investigate outsourcing of ward box assembly. Health Education England is developing Pharmacy apprenticeships in the form of pharmacy services assistant and senior pharmacy services assistant that offer opportunities for new ways of working.

Work streams: Pharmacy Procurement & Distribution Processes, Partnership Working, Workforce, Education and Training

3.6 Overarching recommendations and Sector Wide Transformation

Work in partnership with pharmacy and other health care professionals across the health economy to close gaps in health and well-being, in care and quality and in finance and sustainability according to the NWL Sustainability and Transformation (STP) Plans and emerging Vanguard.

Work stream: Sustainability and Transformation (STP) Plan and Vanguard

Collaborative working with colleagues across the *North West London Sustainability and Transformation Plan* footprint is essential to delivery of the Carter recommendations. Please refer to *Appendix 6* for a *Joint statement of co-operation between North West London Pharmacy Teams*.

In collaboration with NHS England Specialist Pharmacy Services who have provided project funding, CWFT Pharmacy team will lead a review of Pharmacy Procurement services across North West London in a 6 month project, from April to September 2017.

4 RISKS AND MITIGATIONS

Table 6

Risks	Mitigations
<p><i>Overarching</i></p> <ul style="list-style-type: none"> Lack of funding or resource required to support multiple HPTP and Carter work streams and projects Transformation may require additional Pharmacy resource for delivery Pharmacy time released by changes may not be enough to bring about transformational change to meet the Carter targets Progress may be dependent on NWL infrastructure changes Organisational change fatigue 	<ul style="list-style-type: none"> Medicines Optimisation Steering Group with Integration Team support has shown a proven return on investment of ~£5 for every £1 invested Prescribing pharmacists could mitigate for junior doctor shortages Innovative workforce solutions (using Apprentice Pharmacy Assistants) and advances in technology will release Pharmacist and Pharmacy Technician time from dispensing to direct patient care Joint statement of co-operation NWL STP Support via the North West London Sustainability and Transformation Plan
<p><i>Sustainability and Transformation (STP) Plan</i></p> <ul style="list-style-type: none"> Lack of IT interoperability with communication of information about medicines across sectors Commissioners are not always aligned in their policies for commissioning medicines 	<ul style="list-style-type: none"> Trust commitment to Digital maturity linked to a robust EPMA implementation plan Active local cross-sector Chief Pharmacist network Partnership working with CCGs and NHSE
<p><i>Reduce unwarranted variation in expenditure</i></p> <ul style="list-style-type: none"> Cost pressures due to increasing prevalence of long term conditions e.g. diabetes Patients may not agree to change to more cost effective treatments 	<ul style="list-style-type: none"> Medicines Optimisation Steering Group with Integration Team support has shown a proven return on investment of ~£5 for every £1 invested Strong clinical leadership
<p><i>Seven Day Services</i></p> <ul style="list-style-type: none"> Inequitable services and resourcing across sites 	<ul style="list-style-type: none"> Pharmacy Integration work streams

Risks	Mitigations
<p><i>Workforce</i></p> <ul style="list-style-type: none"> Pharmacy turnover vacancy rates Difficulty in recruiting to West Middlesex site 	<ul style="list-style-type: none"> Move to cross-site recruitment Recruitment and retention premia
<p><i>Education and Training</i></p> <ul style="list-style-type: none"> Implications of funding and day release for Pharmacist independent prescribing courses. Currently 11/70 (16%) with Pharmacist with prescribing qualifications and need to get to 35/70 (50%). Estimated cost = £360,000 over 3 years. Availability of Pharmacist prescribing courses 	<ul style="list-style-type: none"> HEE course funding required - £60,000. Work with Head of Clinical Learning & Development and Assistant Director of Learning & Organisational Development to bid for funding HEE to commission increased capacity for Pharmacist independent prescribing courses Release of local budget and better skill mix through Pharmacy Assistant apprentice schemes (partial)
<p><i>Electronic Prescribing and Medicines Administration (EPMA)</i></p> <ul style="list-style-type: none"> Digital maturity - EPMA is not delivered to project timescale 	<ul style="list-style-type: none"> Trust commitment to Digital maturity linked to a robust EPMA implementation plan
<p><i>Pharmacy Procurement & Distribution Processes</i></p> <ul style="list-style-type: none"> Functionality of Pharmacy Stock Control system and interoperability with Trust Finance systems Regional contracts issued to suppliers that do not have electronic ordering and invoicing capabilities Outsourcing may not be more cost-effective and lead to risk of reliance on a single supplier in the long term. 	<ul style="list-style-type: none"> Pharmacy led project already underway to increase electronic ordering and invoicing at Chelsea Site Regional pharmacy procurement specialists in England are committed to ensuring all trade with wholesalers is delivered electronically to meet the Carter metric of 90% trade (items) being electronically transferred.
<p><i>Partnership Working</i></p> <ul style="list-style-type: none"> Lack of stakeholder engagement Complexities of procurement processes 	<ul style="list-style-type: none"> Partners across the Utilise London Procurement Project expertise to negotiate framework agreements

5 ISSUES AND MITIGATIONS

Table 7

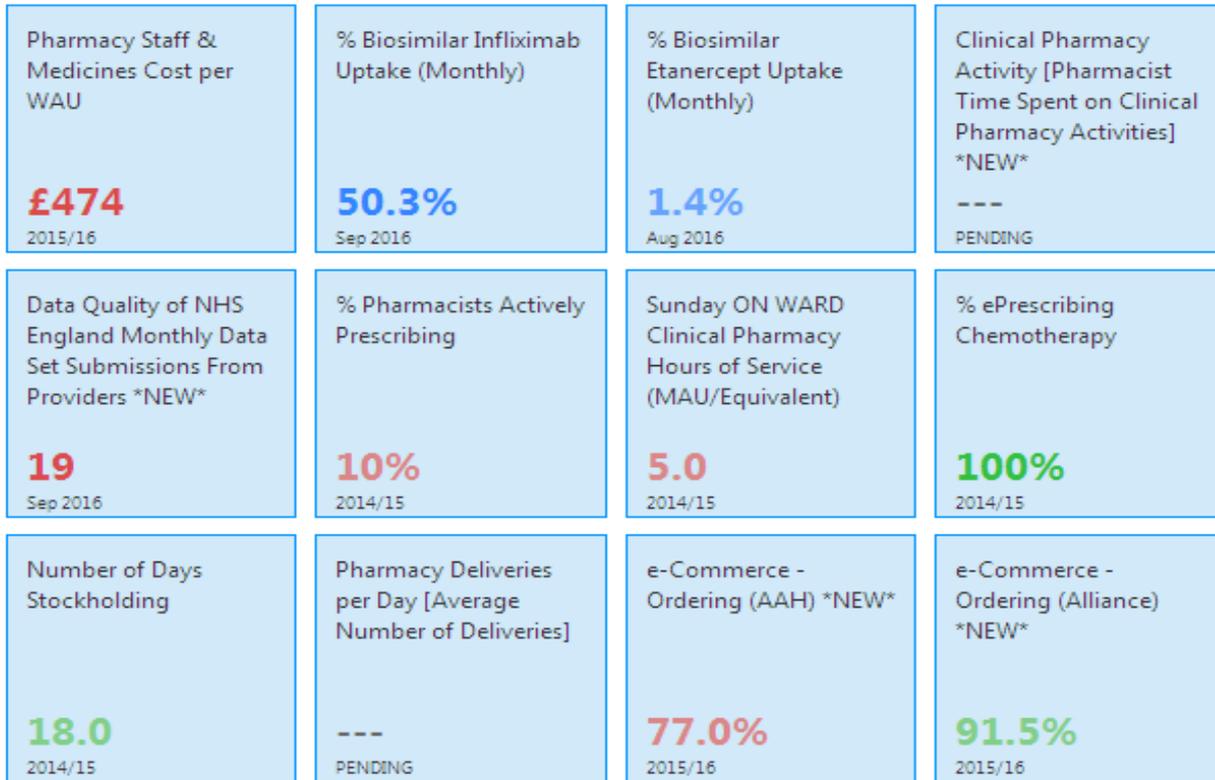
Issues	Mitigations
<p><i>Overarching</i></p> <p>Resources to manage integration project</p>	Trust Integration and Transformation Programme
<p><i>Seven Day Services</i></p> <p>Funding required to deliver 7 day services</p>	Pharmacy Integration work streams
<p><i>Workforce</i></p> <p>High vacancy rates and turnover</p>	HR support and link to nursing recruitment initiatives

6 APPENDICES

APPENDIX 1 – MODEL HOSPITAL DASHBOARD METRICS – EXTRACT 31/12/2016*

* Latest data available prior to submission to Trust Board 02/03/2017

Headline Metrics



Trust Level

Money & Resources	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Pharmacy Staff & Medicines Cost per WAU	2015/16	£474	£400	£350			No trendline available
Medicines Cost per WAU	2015/16	£433	£365	£312			No trendline available
High Cost Medicines per WAU	2015/16	£270	£145	£112			No trendline available
Non High Cost Medicines per WAU	2015/16	£163	£227	£196			No trendline available
Choice of Paracetamol Formulations [% IV Paracetamol vs Total Spend] *NEW*	2015/16	73%	56%	56%			No trendline available
Use of Generic Immunosuppressants [% Generic vs Total Spend (Selected Drugs)] *NEW*	-	NOT AVAILABLE	-	-			
Use of Inhalation Anaesthetics - % Spend on Sevoflurane *NEW*	2015/16	72%	64%	66%			No trendline available
Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Total Antibiotic Consumption in DDD*/1,000 Admissions	2015/16	6,010	4,673	4,549			
% Diclofenac vs Ibuprofen & Naproxen (Monthly)	Jun 2016	22.87%	9.32%	8.85%			
% ePrescribing Chemotherapy	2014/15	100%	100%	50%			No trendline available
% ePrescribing IP	2015/16	100%	40%	50%			No trendline available
% ePrescribing OP	2014/15	100%	20%	50%			No trendline available
% ePrescribing Discharge	2014/15	100%	100%	60%			No trendline available

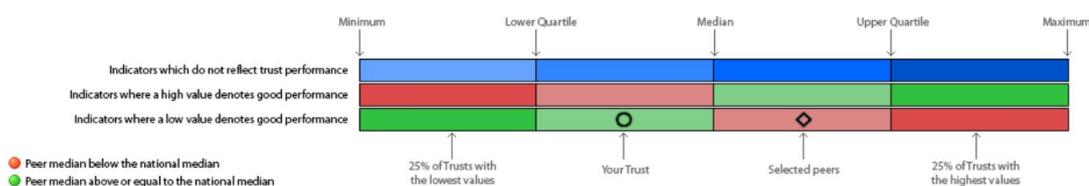
Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Clinical Pharmacy Activity (Pharmacist Time Spent on Clinical Pharmacy Activities) *NEW*	-	NOT AVAILABLE	-	-	i		
% Pharmacists Actively Prescribing	2014/15	10%	7%	14%	i		No trendline available
% Medicines Reconciliation Within 24 Hours of Admission	2014/15	70%	72%	62%	i		No trendline available
% Use of Summary Care Record (or Local System) per Month	Aug 2016	30.9%	52.3%	52.1%	i		
% Soluble Prednisolone of Total Prednisolone Uptake	Sep 2016	2.2%	3.0%	3.4%	i		
% Biosimilar Infliximab Uptake (Monthly)	Sep 2016	50.3%	69.3%	68.3%	i		
% Biosimilar Etanercept Uptake (Monthly)	Aug 2016	1.4%	-	17.0%	i		
Total Spend on Etanercept in 2015/16	2015/16	£1.7m	£1.9m	£1.1m	i		No trendline available
Dose-Banded Chemotherapy (Doses Delivered as Standardised Bands) *NEW*	-	NOT AVAILABLE	-	-	i		
Number of Medication Incidents Reported to NRLS per 100,000 FCEs of Hospital Care *NEW*	Mar 2016	250.1	279.4	285.6	i		
% Medication Incidents Reported as Causing Harm or Death/All Medication Errors *NEW*	Mar 2016	10.0%	8.2%	9.7%	i		No trendline available
Number of Days Stockholding	2014/15	18.0	20.0	18.9	i		No trendline available
Pharmacy Deliveries per Day (Average Number of Deliveries)	-	NOT AVAILABLE	-	-	i		
e-Commerce - Ordering (Alliance) *NEW*	2015/16	91.5%	89.0%	90.4%	i		No trendline available
e-Commerce - Ordering (AAH) *NEW*	2015/16	77.0%	76.6%	82.0%	i		No trendline available

Effective	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Data Quality of NHS England Monthly Data Set Submissions From Providers *NEW*	Sep 2016	19	21	20	i		No trendline available

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
National Inpatients Survey - Medicines Related Questions	2015/16	77.2%	73.9%	73.1%	i		

Responsive	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent)	2014/15	5.0	2.0	5.5	i		No trendline available

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
% Sickness Absence Rate	2014/15	5.3%	2.7%	3.3%	i		No trendline available
% Staff with Appraisals Completed	2014/15	97%	90%	88%	i		No trendline available
% Staff with Statutory and Mandatory Training	2014/15	88%	89%	86%	i		No trendline available
% Staff Turnover Rate	2014/15	16%	11%	12%	i		No trendline available
% Staff Vacancy Rate *NEW*	-	NOT AVAILABLE	-	-	i		



APPENDIX 2 – DEFINITION OF COST PER WEIGHTED AVERAGE UNIT (WAU)

Cost per WAU is a measure of the efficiency of a trust and can be broken down into constituent parts, allowing us to make comparisons of spend categories to trust size in a meaningful way.

The cost per WAU and the Adjusted Treatment Cost (ATC) are two equivalent measures of productivity and are calculated in much the same way. The cost per WAU represents the cost of providing £3,517.45 worth of healthcare at a given Trust, whereas the ATC represents the cost of providing £1 worth of healthcare in that trust.

Trusts with a high total cost per WAU ($>£3,517.45$) will have an ATC index over £1, and trusts with a low total cost per WAU ($<£3,517.45$) will have an ATC index less than £1.

Each Trust's own cost per WAU can be calculated by dividing its total costs (its reference costs quantum) by this weighted activity. So if a trust carries out 100 units of a certain Healthcare Resource Group (HRG) which has a national average cost of £4,000, then the cost weighted output assigned to the trust for that work would be $100 \times £4,000 = £400,000$ (or approximately 114 WAUs). If that trust spent £500,000 delivering those 100 units of activity, their cost per WAU for this area of clinical activity would be $£500,000 / 114 = £4,375$ per WAU. The same trust's ATC for that output would be $£500,000 / £400,000 = 1.25$.

APPENDIX 3 – SELECTED PEER GROUP

Selected peers (Minimum of 7)

Barking, Havering And Redbridge University Hospitals NHS Trust (RF4)
Brighton And Sussex University Hospitals NHS Trust (RXH)
Buckinghamshire Healthcare NHS Trust (RXQ)
Frimley Health NHS Foundation Trust (RDU)
Hampshire Hospitals NHS Foundation Trust (RN5)
Kingston Hospital NHS Foundation Trust (RAX)
Lewisham and Greenwich NHS Trust (RJ2)
Luton and Dunstable University Hospital NHS Foundation Trust (RC9)
Milton Keynes University Hospital NHS Foundation Trust (RD8)
Royal Berkshire NHS Foundation Trust (RHW)
Royal Free London NHS Foundation Trust (RAL)
West Middlesex University NHS Trust (RFW)

APPENDIX 4 – CARTER RECOMMENDATIONS FOR HOSPITAL PHARMACY

Recommendation 3: Trusts should, through the Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock-holding, in agreement with NHS Improvement and NHS England by April 2020; so that their pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities.

- a) *developing HPTP plans at a local level with each Trust board nominating a Director to work with their Chief Pharmacist to implement the changes identified, overseen by NHS Improvement and in collaboration with professional colleagues locally, regionally and nationally; with the Chief Pharmaceutical Officer for England signing off each region's HPTP plans (brigaded at a regional level) as submitted by NHS Improvement;*
- b) *ensuring that more than 80% of Trusts' pharmacist resource is utilised for direct medicines optimisation activities, medicines governance and safety remits and reviewing the provision of all local infrastructure services, which could be delivered collaboratively with another Trust or through a third party provider;*
- c) *each Trust's Chief Clinical Information Officer moving prescribing and administration from traditional drug cards to Electronic Prescribing and Medicines Administration systems (EPMA);*
- d) *each Trust's Finance Director, working with their Chief Pharmacist, ensuring that coding of medicines, particularly high cost drugs, is accurately recorded within NHS Reference Costs;*
- e) *NHS Improvement publishing a list of the top 10 medicines with savings opportunities monthly for Trusts to pursue;*
- f) *the Commercial Medicines Unit (CMU) in the Department of Health undertaking regular benchmarking with the rest of the UK and on a wider international scale to ensure NHS prices continue to be competitive, and updating its processes in line with the Department of Health's NHS Procurement Transformation Programme as well as giving consideration as to whether the capacity and capability of the CMU is best located in the Department of Health or in the NHS, working alongside NHS England's Specialist Pharmacy Services and Specialised Commissioning functions;*
- g) *consolidating medicines stock-holding and modernising the supply chain to aggregate and rationalise deliveries to reduce stock-holding days from 20 to 15, deliveries to less than 5 per day and ensuring 90% of orders and invoices are sent and processed electronically*

APPENDIX 5 – ACTION PLANNING TOOL AND CARTER RECOMMENDATIONS

The tool is divided into sections according to the principal recommendations in the final Carter report. For convenience, the relevant Carter recommendation is shown in *italics* at the start of each section. The sections are as follows:

- Recommendation 3(a) – HPTP planning and governance
- Recommendation 3(b) – clinical pharmacy and infrastructure services
- Recommendation 3(c) – Electronic prescribing and medicines administration
- Recommendation 3(d) – Accurate coding of medicines
- Recommendation 3(e) – Top 10 drug saving opportunities
- Recommendation 3(g) – Medicines stock-holding and supply chain
- Recommendation 3 – Overarching recommendation

APPENDIX 6 – JOINT STATEMENT OF CO-OPERATION - NWL PHARMACY TEAMS

The vision of the North West London Sustainability and Transformation Plan¹ (STP) is that everyone living, working and visiting here has the opportunity to **be well and live well**, to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country. Medicines are a key intervention to improve health and well-being but they consume a large proportion of the NHS non-pay budget within the sector. It is therefore important that the NWL STP is supported by a programme to optimise the use of medicines in order to improve outcomes and patient/carer experience, while reducing waste and costs along the entire patient pathway.

NWL sector hospital and CCG lead pharmacists are committed to delivering the aims of the STP through a joint medicines optimisation vision. Hospital Chief Pharmacists will build on a strong track record of co-operation to ensure delivery of safe, high quality and sustainable hospital pharmacy services.

Collaborative working by lead pharmacists, through the *North West London Medicines Optimisation Pharmacy Network*, is already well established in our region. The Imperial College Health Partners *Medicines Optimisation Roadshow* in March 2015 was the first of 15 national events that showcased local medicines research, best practice case studies and our commitment to a medicines optimisation strategy.

The network recognises that in the future, there are a number of areas where greater collaboration to release greater efficiencies is possible. First wave projects, where we are already establishing working groups to scope opportunities, include:

- Medicines manufacturing and aseptic preparation
- Homecare (in collaboration with London Procurement Partnership)
- Ward stock distribution
- Waste reduction

Future areas of joint work are likely to include procurement best practice; reducing unwarranted variation in expenditure; anti-infective stewardship; partnership working with primary care and community pharmacists to improve/support the increasing number of frail elderly in the community and new/expanded workforce roles, including adoption of apprenticeships.

There are also areas of common interest where the system as a whole can benefit from co-ordination and expertise sharing, including service centralisation, development of outsourcing arrangements, e-prescribing and use of medicines safety cabinets.

On an operational level, the group will continue to share good practice and innovation and strive for shared-approaches to issues of policy and delivery wherever practical and desirable. We look forward to continuing to work together to deliver pharmacy services into 2020 and beyond.

Deirdre Linnard, Chair of the North West London Medicines Optimisation Pharmacy Network

¹ <https://www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps/stp-october-submission-2016> p33

On behalf of

- Chief Pharmacists for North West London Acute, Community, Mental Health and Specialist Trusts
- NWL CCG Lead Pharmacists