

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

Zoom Conference: <https://zoom.us/j/7812894174>; Meeting ID 7812894174ORDial in: +441314601196;  
Meeting ID: 7812894174#

8 July 2021 11:00 - 8 July 2021 13:30

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**Date:** 6 May 2021  
**Time:** 11.00 – 13.30  
**Location:** Zoom Conference: <https://zoom.us/j/7812894174>; Meeting ID 7812894174  
 OR  
 Dial in: +441314601196; Meeting ID: 781 289 4174#

**Agenda**

	<b>1.0</b>	<b>GENERAL BUSINESS</b>		
11.00	1.1	Welcome and apologies for absence	Verbal	Chair (Interim)
11.02	1.2	Declarations of Interest, including register of interests	Paper	Chair (Interim)
11.05	1.3	Minutes of the previous meeting held on 6 May 2021	Paper	Chair (Interim)
11.10	1.4	Matters arising and Board action log, including e-governance	Paper	Chair (Interim)
11.15	1.5	Interim Chair's Report	Paper	Chair (Interim)
11.20	1.6	Chief Executive's Report	Paper	Chief Executive Officer
11.30	1.7	Patient / Staff Experience Story <i>Official launch of ICU/NICU video for watching in advance of the meeting – <a href="https://vimeo.com/552307003">https://vimeo.com/552307003</a></i>	Verbal	Chief Nursing Officer
	<b>2.0</b>	<b>FOR DISCUSSION</b>		
11.55	2.1	Elective Care Recovery update	Paper	Deputy Chief Executive / Chief Operating Officer
12.05	2.2	Integrated Performance and Quality Report – May 2021	Paper	Deputy Chief Executive / Chief Operating Officer
12.15	2.3	Improvement Programme and 2021/22 Quality Priorities update	Paper	Chief Nursing Officer
12.35	2.4	CW Innovation Update	Paper	Chief Executive Officer, CW+
12.50	2.5	Digital Patient Reported Outcome Measures (PROMs)	Paper	Chief Information Officer
	<b>3.0</b>	<b>FOR NOTING – HIGHLIGHTS BY EXCEPTION</b>		
13.05	3.1	Learning from Serious Incidents	Paper	Chief Nursing Officer
	3.2	Annual Complaints Report 2020/21	Paper	Chief Nursing Officer
	3.3	Annual Infection Prevention and Control Report 2020/21	Paper	Chief Nursing Officer
	3.4	People Performance Report – May 2021	Paper	Director of HR & OD (Interim)
	3.5	Digital Programme update	Paper	Chief Information Officer

	<b>4.0</b>	<b>ITEMS FOR INFORMATION</b>		
13.15	4.1	Questions from members of the public	Verbal	Chair (Interim)
13.25	4.2	Any other business	Verbal	Chair (Interim)
13.30		Date of next meeting: 9 September 2021; 11.00 – 13.30.		





**Chelsea and Westminster Hospital NHS Foundation Trust**  
**Register of Interests of Board of Directors**

Name	Role	Description of interest	Relevant dates		Comments
			From	To	
Stephen Gill	Chair (Interim)	Owner of S&PG Consulting	May 2014	Ongoing	
		Chair of Trustees, Age Concern Windsor	Jan 2018	Ongoing	
		Shareholder in HP Inc	April 2002	Ongoing	
		Shareholder in HP Enterprise	Nov 2015	Ongoing	
		Shareholder in DXC Services	April 2017	Ongoing	
		Shareholder in Microfocus Plc	Sep 2017	Ongoing	
		Member of the Finance and Audit Committee (FAC), Phyllis Court Members Club	Aug 2019	Ongoing	
Sir Thomas Hughes-Hallett	Chairman (Former)	Chair of HelpForce Community CIC & Trustee of Helpforce Community Trust	April 2018	Ongoing	
		Chair of Advisory Council, Marshall Institute, LSE	June 2015	Ongoing	
		Trustee of Westminster Abbey Foundation	April 2018	Ongoing	
		Son and Daughter-in-law – NHS employees	April 2018	Ongoing	
		Adjunct Professor at the Institute of Global Health Innovation, part of Imperial College	April 2018	Ongoing	
		Trustee, Civic	Jan 2020	Ongoing	
Aman Dalvi	Non-executive Director	Aman Dalvi Ltd (Housing & Planning Consultancy)	2017	Ongoing	
		Non-Executive Director of Fairplace Homes	2018	Ongoing	
		Non-Executive Chair of Goram Homes (Bristol)	2019	Ongoing	
		Non-Executive Chair of Kensington & Chelsea TMO Residuary Body	2019	Ongoing	
		Non-Executive Chair of Aspire Housing (Staffordshire)	Jan 2021	Ongoing	
		Non-Executive Chair of Newlon HT	Jan 2021	Ongoing	
		Chair of Homes for Haringey	2017	Until Mar 2021	
Nilkunj Dodhia	Non-executive Director	Directorships held in the following:			
		Express Diagnostic Imaging Ltd	Feb 2012	Ongoing	
		Macusoft Ltd - DigitalHealth.London Accelerator company	May 2017	Ongoing	

		Turning Points Ltd	Nov 2008	Ongoing	
		Examiner of St. John the Baptist Parish Church, Old Malden	April 2016	Ongoing	
		Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT	Jan 2019	Ongoing	
Nick Gash	Non-executive Director	Trustee of CW + Charity	Jan 2017	Ongoing	
		Lay Advisor to HEE London and South East for medical recruitment and trainee progression	Nov 2015	Ongoing	
		Chair North West London Advisory Panel for National Clinical Excellence Awards	Oct 2018	Ongoing	Lay Member of the Panel throughout my time as NED
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	Nov 2015	Ongoing	
		Associate, Westbrook Strategy	Feb 2020	Ongoing	
Eliza Hermann	Non-executive Director	Former Board Trustee and current Marketing Committee Chairman, Campaign to Protect Rural England, Hertfordshire Branch	2013	Ongoing	
		Committee Member, Friends of the Hertfordshire Way	2013	Ongoing	
		Close personal friend – Chairman of Central & North West London NHS Foundation Trust	Ongoing	Ongoing	
Ajay Mehta	Non-executive Director	Director and Co-Founder at em4 Ltd		Ongoing	Social Enterprise works with international funders and investors to build the capabilities of their grantees and partners in order to increase social impact
		Trustee, Watermans		Ongoing	The organisation showcases and delivers arts programmes to communities in West London
		Partner employee of Notting Hill Housing Trust		Ongoing	The Trust commissions the provision of care services to vulnerable people in LB Hammersmith and Fulham
		Head of Foundation, The Chalker Foundation for Africa		Ongoing	The Foundation invests in projects that build the capacity of health-related organisations, in particular healthcare workers, in sub-Saharan Africa.
		Volunteer with CWFT	01/03/2020	Ongoing	
Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	Ongoing	
		Director of Imperial College Health Partners	14/09/2015	Ongoing	
		Husband—consultant cardiology at Luton and Dunstable	01/04/2018	Ongoing	

		hospital			
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of Travill construction	01/04/2018	Ongoing	
		ICS CEO NWL	Apr 2020	Ongoing	
		Special Advisor to THHT Board	Aug 2020	Ongoing	Current and ongoing as part of NWL Integrated Care System mutual aid.
Robert Hodgkiss	Chief Operating Officer / Deputy Chief Executive	Lead Chief Operating Officer for NWL ICS	Feb 2020	Ongoing	
		Senior Responsible Officer for NWL Elective Care	Feb 2020	Ongoing	
Pippa Nightingale	Chief Nursing Officer	Trustee of Rennie Grove Hospice	2017	Ongoing	No direct conflict of interest.
		NWL ICS chief nurse and executive quality	Feb 2020	Ongoing	No direct conflict of interest.
		Member of the Birth rate plus national maternity safe staffing board	Jan 2021	Ongoing	No direct conflict of interest.
Virginia Massaro	Chief Financial Officer	Director of Cafton Lodge Limited (Company holding the freehold of block of flats)	22/03/2014	Ongoing	
		Member of the Healthcare Financial Management Association London Branch Committee	Jun 2018	Ongoing	
		Director of Systems Powering Healthcare Limited	29/01/2020	Ongoing	
		Sister works for the Trust	13/04/2021	Ongoing	No actual or potential conflict of interest.
Dr Roger Chinn	Chief Medical Officer	Private consultant radiology practice is conducted in partnership with spouse. Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)	1996	Ongoing	
		Providing support to The Hillingdon Hospitals NHS Trust executive team	Aug 2020	Ongoing	Current and ongoing as part of NWL Integrated Care System mutual aid.
		Trustee of CW+	16/03/2021	Ongoing	4 year term with option to stand for re-election for further 4 years.
Kevin Jarrold	Chief Information Officer	CWHFT representative on the SPHERE Board	01/10/2016	31/03/2021	
		Joint CIO role Imperial College Healthcare NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	01/10/2016	Ongoing	
		Joint CIO for the NW London Health and Care Partnership	01/01/2020	Ongoing	
Martin Lupton	Honorary NED, Imperial College London	Employee, Imperial College London	01/01/2016	Ongoing	
Chris Chaney	Chief Executive Officer CW+	Trustee of Newlife Charity	Jun 2017	Ongoing	

Susan Smith	Interim Director of HR & OD	Joint Chief People Officer /Interim Director of HR & OD The Hillingdon Hospitals NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	13/10/2020	Ongoing	
Gubby Ayida	Equality, Diversity and Inclusion Specialist Advisor to Board	Director, Women's Wellness Centre private healthcare facility	2005	Ongoing	
		Board of Governors, Latymer Upper School, London Audit and Risk Sub-Committee of Board	2015	Ongoing	
		Interim Medical Director, The Hillingdon Hospitals NHS Foundation Trust	14/10/2020	Ongoing	
Serena Stirling	Director of Corporate Governance and Compliance	Local Authority Governor at Special Educational Needs School (Birmingham)	2019	Ongoing	
		Mentor on University of Birmingham Healthcare Careers Programme	2018	Ongoing	
		Leadership Mentor for Council of Deans for Health	2017	Ongoing	
		Partner is Princess Royal University Hospital site CEO at King's College Hospital NHS Foundation Trust	Feb 2020	Ongoing	
		CW+ Fundraising Governance Committee Trust representative	Jul 2020	Ongoing	



**DRAFT**  
**Minutes of the Board of Directors (Public Session)**  
**Held at 11.00am on 6 May 2021, Zoom**

<b>Present:</b>	Stephen Gill	Chair (Interim)	(SG)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Deputy Chair	(NG)
	Eliza Hermann	Senior Independent Director	(EH)
	Ajay Mehta	Non-Executive Director	(AM)
	Lesley Watts	Chief Executive Officer	(LW)
	Roger Chinn	Chief Medical Officer	(RC)
	Rob Hodgkiss	Deputy Chief Executive/COO	(RH)
	Virginia Massaro	Chief Financial Officer	(VM)
	Pippa Nightingale	Chief Nursing Officer	(PN)
<b>In attendance:</b>	Kevin Jarrold	Chief Information Officer	(KJ)
	Sue Smith	Interim Director of HR & OD	(SSm)
	Chris Chaney	Chief Executive Officer CW+	(CC)
	Gubby Ayida	Equality, Diversity and Inclusion Specialist Advisor to Board	(GA)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Sophie Coronini-Cronberg (in part)	Public Health Consultant	(SCC)
	Dr Sadia Khan (in part)	Cardiology Consultant	(SK)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)
<b>Apologies</b>	Serena Stirling	Director of Corporate Governance & Compliance	(SS)

<b>1.0</b>	<b>GENERAL BUSINESS</b>
<b>1.1</b>	<b>Welcome and apologies for absence</b>  SG welcomed the Board members, those in attendance and members of the public to the Zoom Board public meeting. Apologies received as above were noted.
<b>1.2</b>	<b>Declarations of Interest</b>  None.
<b>1.3</b>	<b>Minutes of the previous meeting held on 4 March 2021</b>  The minutes of the previous meeting were approved as a true and accurate record of the meeting.
<b>1.4</b>	<b>Matters Arising and Board Action Log</b>  The Board noted that all actions were completed.
<b>1.5</b>	<b>Chairman's Report</b>  The Board noted the report.  SG highlighted Council of Governors' approval of extension of term of office for Non-Executive Director Nick Gash for a further year, until end October 2022.

	<p>He further highlighted Council of Governors' approval of the appointment of Nick Gash as Interim Deputy Chair and Eliza Hermann as Interim Senior Independent Director.</p> <p>SG advised, as Interim Chair, he has stepped down from People and Organisational Committee (PODC) (both as Chair and as a member) and from the Finance and Investment Committee (FIC) with effect from 1 April 2021. He congratulated Ajay Mehta on his appointment as Chair of PODC.</p>
<p><b>1.6</b></p>	<p><b>Chief Executive's Report</b></p> <p>The Board noted the report.</p> <p>LW advised in line with the government guidance the Trust continues holding virtual meetings while social distancing measures remain in place. Any changes to the current meeting structure will reflect government advice as it evolves.</p> <p>Currently, the number of COVID-19 positive patients is low, and the vaccination programme has made excellent progress. We are determined to learn from the pandemic and the Trust's Executive Team is focused on forward looking, to recovery and development of our services through mutual support and innovation, and planning for a potential wave 3 Covid surge.</p> <p>Staff health and wellbeing (H&amp;WB) is essential and the Trust has invested in a three-year H&amp;WB programme. To thank staff and to support their recovery from the COVID-19 pandemic the Trust has granted staff 2 additional days leave in 2021/22, a recovery day, and a day on or near their birthday.</p> <p>We have worked in partnership with our North West London (NWL) NHS colleagues and Local Authorities to deliver an extensive vaccination programme; Pippa Nightingale, Chief Nursing Officer, was commended for her commitment to leading the roll out of the NWL programme in hospital hubs and mass vaccine centres.</p> <p>We have benefited from the support of active volunteers contributing to patient and staff health and well-being and providing crucial support to our vaccination programmes. The team created a dynamic youth programme, for those aged 16+, which has brought nearly ninety lively young people into the Trust.</p> <p>The NICU/ITU redevelopment project is approaching completion. It will provide world class facilities on the Fulham Road site, expanding the Trust's capacity to treat the sickest patients.</p> <p>Innovation is key to our thinking and the way to deliver outstanding patient care. We encourage staff to work on ideas how to improve patient care and support them to deliver them. This is done through a joint venture between the Trust and its charity CW+.</p> <p>In response to AM's suggestion regarding support to India, LW stated that the Department of Health and Social Care and the NHS lead on national efforts to support India at this difficult time. CWFT and the NWL ICS are committed to supporting the health and care workforce impacted by current events in India.</p>
<p><b>1.7</b></p>	<p><b>Patient and Staff Experience Story – COVID-19</b> <i>Dr Sadia Khan, Cardiology Consultant</i></p> <p>Dr Sadia Khan (SK) shared her experience and reflections of working at CWFT and the recent digital innovation bid which supports the Trust's corporate objectives 'Be employer of choice' and 'Deliver high quality patient care'.</p> <p>Working with CW+ the Trust has developed a track record of delivering innovation. Dr Khan's Team won the recent RADICAL initiative for best staff idea for a digital solution – SMARTS - a smartphone atrial fibrillation testing app. The app will be used to measure pulse pressure signals in members of the local community who have recently suffered a stroke, and those at high risk of atrial fibrillation. Atrial Fibrillation (AF), an irregular</p>

	<p>heart rhythm, is a significant risk factor for stroke, heart failure, dementia, and hospitalisation. If diagnosed, it is treatable. In Hounslow it is estimated a third of those with AF have not been diagnosed. SMARTS allows people to use their smartphone camera with an app to take their pulse twice a day. Over time this identifies those who need further diagnostics. The project concentrates on high-risk groups to find and treat these missing AF sufferers and SK hopes the project will see a measurable reduction in strokes.</p> <p>EH congratulated SK on winning the innovation grant for her project from the CW+ ‘Dragon’s Den’ and commended the quality initiative. In response to EH’s question about timeline for the pilot/implementation phase and clinical outcomes, SK stated the pilot launch will commence in July; staff experience and diagnostic rates will be available in 12 months, and hard clinical outcomes will be available in 2 to 3 years. SK undertook to present feedback on findings to Board in 12-14 months.</p> <p><b>Action: SK to present feedback on findings to Board in 12-14 months.</b></p> <p>EH queried how potential medical candidates looking for a placement learn about the CWFT innovation and improvement offer and support. SK stated that there is strong Junior Doctors (JDs) network, in addition to JD Association and informal networks.</p> <p>ND asked how the broader NHS organisations benefit from this innovation and how CWFT intellectual property rights are protected within the NHS. SK stated expertise and knowledge are shared across NHS for benefit of patients and society as a whole through collaboration.</p> <p>SG congratulated SK on a great innovation initiative and for sharing her experience with the Board, and commended CW+ for their support.</p>
<b>2.0</b>	<b>QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE</b>
<b>2.1</b>	<p><b>Business Planning 2021/22</b> <i>Virginia Massaro, Chief Financial Officer</i></p> <p>VM provided an overview of the business planning and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The current block funding arrangements in 2020/21 will roll forward into the first half (H1) of 2021/22;</li> <li>• There will be separate planning process for the remaining 6 months (H2) of 2021/22; guidance to follow.</li> <li>• Overall capital allocations / budgets will be set at the ICS level;</li> <li>• The Trust is planning to deliver a breakeven position in H1 2021/22; the Cost Improvement Programme (CIP) target is 2% of turnover; it will be allocated proportionately across all clinical and corporate areas; the Trust’s capital plan is £29.3m; any additional investment or cost pressures would be funded by CIPs;</li> <li>• An elective recovery fund has been set up to support acute elective recovery at 120% of tariff payment for activity above 85% of 2019/20 levels at the ICS level; and</li> <li>• Additional funding has been allocated at the ICS level to support the implementation of the Ockenden Review for maternity safety.</li> </ul> <p>ND commented that the proposed CIP target 2% was roughly half of the usual annual target the Trust sets itself; given that, the Finance and Investment Committee at its recent meeting encouraged the Trust to develop plans to meet the target.</p> <p>In response to ND’s further comment, VM confirmed that the Trust has a capital plan that is within the NWL ICS overall capital allocation; it is broken down into: estates, ICT, medical equipment, and other, with number of key schemes within each area.</p> <p>In response to NG’s comment about the Ambulatory Diagnostic Centre (ADC) development on West Middlesex site, VM confirmed that this development is within the Trust’s capital plan for 2021/22. The 2021/22 capital plan is relatively low because significant capital expenditure schemes such as EPR and</p>

	<p>NICU/ITU were largely completed in 2020/21, and subsequent large schemes such as the ADC will not incur significant expenditure until 2022/23. Post-2021/22 the proposed capital expenditure plan is similar to historic levels of spend and the sector are aware of CWFT's plans.</p>
<p><b>2.2</b></p>	<p><b>Elective Care Recovery update</b>  <i>Rob Hodgkiss, Deputy Chief Executive Officer</i></p> <p>RH provided an overview of elective care recovery and the current position across all aspects of the Elective Care Programme. He highlighted the following:</p> <ul style="list-style-type: none"> <li>• How comprehensive the elective recovery programme is and the summary slides provide assurance on tracking of the overall programme</li> <li>• There is sufficient capacity within CWFT and the NWL ICS to see all patients on the P2 waiting list;</li> <li>• CWFT is currently meeting the national expectations 70% in April, and 75% in May of pre-Covid elective activity levels; CWFT will be paid at tariff prices for the above-threshold activity, in addition to their core funding. The outpatient and elective trajectory is on target to reach the national expectation of 80% in June and 85% of 2019/20 activity by July;</li> <li>• the Trust is working through trajectories, and ahead of plan reflecting a positive position for the Trust on 52-week wait patients; and</li> <li>• Cancer backlog: a good position has been maintained.</li> </ul> <p>EH stated the Quality Committee receives regular monthly updates on recovery and scrutinises Trust's performance; the Committee is assured that the Trust is on track with the elective care programme. RH added the outpatient and elective trajectory is on target to reach 85% of 2019/20 activity by July. There are also checks on the impact of recovery work on health inequalities across NWL.</p> <p>In response to ML's query, LW stated the NWL sector works in collaboration as one system to support each other with recovery of elective care, sharing resources and caring for patients.</p> <p>NG asked if we have started moving patients within the NWL ICS and if it is restricted to boundaries. RH stated that elective capacity is shared within the sector for the benefit of patients. This is discussed with patients and results in increased patient choice.</p> <p>AM reflected on an earlier point regarding the importance of effective communication with patients during the recovery period on accessing health and care and allocating the necessary resources in a challenging economic environment. LW stated the Trust and the NWL sector have been engaging and consulting with patients as far as possible in the transition phase; wider discussions around communicating and consulting with patient/the public on future care model will be held in due course.</p>
<p><b>2.3</b></p>	<p><b>Improvement Programme update and 2021/22 Quality Priorities</b>  <i>Pippa Nightingale, Chief Nursing Officer</i></p> <p>PN noted the report provides a comprehensive update on the progress of the Improvement Programme and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Quality priorities 2020/21: a summary of baseline position and year end achievements were provided in table 1 (p.46);</li> <li>• Patient experience 2020/21: a summary of year end baseline and progress outlined in table 1 (p.49);</li> <li>• 2021/22 Quality Priorities agreed with the Quality Committee and Board: Sepsis; Cancer care; Diabetes; Clinical handover.</li> <li>• To drive continuous improvement 2020/21 GIRFT reviews were conducted and the 2021/22 deep dive programme developed.</li> </ul> <p>EH advised that the Quality Committee input into deep dives programme and it is set up to meet emerging risks affecting the delivery of high-quality care, in line with the Trust's strategic objectives and includes a focus topic on the NHSR 10-point safety plan.</p>



<p><b>2.4</b></p>	<p><b>Maternity safety improvement plan</b>  <i>Pippa Nightingale, Chief Nursing Officer</i></p> <p>PN noted the paper was presented to Board for assurance on the progress in maternity with achieving compliance with national and local recommendations that will have the greatest impact on quality, safety and patient experience. All recommendations have been put together into a single comprehensive improvement plan for the directorate.</p> <p>In response to GA’s comment regarding the importance of reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic communities (BAME), PN stated that achieving equity in outcomes in maternity is a priority for the work of the Maternity Transformation programme. Improved communication and outreach with Black, Asian and minority ethnic communities will reduce maternal inequalities. To deliver safer, more personalised care local maternity groups reach out and engage local pregnant BAME women in co-production with their maternity voice’s partnerships and relevant community organisations.</p>
<p><b>2.5</b></p>	<p><b>Infection Prevention and Control Assurance update</b>  <i>Pippa Nightingale, Chief Nursing Officer</i></p> <p>The report provides assurance around infection prevention and control (IPC) strategies and processes during the pandemic, including lessons learned. The IPC team has done a fantastically responsive job, particularly as the second COVID-19 peak brought transmission rates that were three times higher than previously. There has recently been a dramatic decrease in the number of Covid inpatients and with this now comes the challenge of bringing the hospitals back from being Covid hospitals, to non-covid hospitals and stepping activity back up. To make sure we keep everyone safe in our hospitals infection prevention measures are strictly adhered to by sanitising hands, wearing a mask and providing a temperature check on arrival.</p> <p>PN added, every effort has been made to address staff vaccine hesitancy as vaccination is one of the most effective ways to prevent infectious diseases.</p>
<p><b>2.6</b></p>	<p><b>Equality, Diversity and Inclusion: Patient Equality Report 2020/21</b>  <i>Pippa Nightingale, Chief Nursing Officer</i></p> <p>PN noted the report provides an overview of the demographic profiles of our patients who have used the Trust services during 2020/21.</p> <p>The Trust continues to work towards full compliance with the Accessible Information Standard (AIS) identifying patients with a communication need and raising awareness to all staff. A working group has been established to oversee this project which will be a long-term ongoing commitment.</p> <p>In response to AM’s query regarding how data collected may drive better patient care, PN stated engagement and collaboration with diverse groups across the system will improve patient experience and outcomes. Together with our NWL partners we are tackling health inequalities in the sector.</p>
<p><b>2.7</b></p>	<p><b>Integrated performance and Quality Report – March 2021</b>  <i>Rob Hodgkiss, Deputy Chief Executive</i></p> <p>RH provided the key highlights:</p> <ul style="list-style-type: none"> <li>• A&amp;E performance – while remaining non-compliant there has been an improvement by almost 2% from 89.14% in February to 90.90% in March;</li> <li>• RTT 18 weeks performance – decline from 77.03% in February to 75.45% in March; this is primarily being driven by an increased level of demand post COVID-19 wave 2.</li> <li>• RTT 52-week performance – There has been an increase in patients waiting over 52 weeks between February and March 2021; however, across March and into April we had a reversal of this trend and the number of patients is now reducing.</li> <li>• Diagnostic wait times performance – This has improved, at 92.7% for March, and is significantly</li> </ul>

	<p>outperforming most national, London-based and other ICS providers.</p> <ul style="list-style-type: none"> <li>• Imaging performance – remains compliant at 99.5% for March.</li> <li>• Cancer performance – This is expected to improve in the coming months; robust management of pathways continues to ensure a significantly reduced backlog and a fuller restart of elective work will drive recovery.</li> <li>• C.Difficile – There was 1 Trust attributed case of C.Difficile in March at the West Middlesex site.</li> </ul>
<p><b>2.8</b></p>	<p><b>Responding to the national NHS Staff Survey 2020 results</b>  <i>Sue Smith, Interim Director of HR &amp; OD</i></p> <p>SSm advised the staff survey results have been shared with the Board, People and OD Committee, Workforce Development Committee and key stakeholders.</p> <p>Whilst there is much to be proud of within the report, the senior leadership team has engaged with the workforce to address the issues that have been raised about working in the Trust, in particular feedback around Equality, Diversity &amp; Inclusion, Health &amp; Wellbeing, Morale, and Safe Environment. One of the biggest influences on culture is the style of leadership and collective leadership is recognised as the key to creating a culture that will give staff the freedom and confidence to act in the interests of patients and support sustainable improvements.</p> <p>An existing programme of work is already in place at Trust level that will support how we address the 5 key themes identified within the report as below average when compared to our benchmark group – acute / acute community trusts.</p> <p>In addition to the national yearly Staff Survey, in April the Trust began the monthly People Pulse Survey, which allows for more frequent feedback from staff. There are other forums within the Trust through which staff feedback is gathered i.e. BAME Network. The network was established as a voice and a path for staff engagement, communication and inclusion across the organization. Gubby Ayida was commended for chairing the BAME Network.</p>
<p><b>2.9</b></p>	<p><b>Public Health at CWFT: priority setting for 2021/22 including Applied Research Collaboration NWL annual update report</b>  <i>Roger Chinn, Chief Medical Officer</i></p> <p>RC introduced Sophie Coronini-Cronberg (SCC), Public Health Consultant and noted the report provides high-level summary of outcomes achieved by the Public Health Team in 2020 and sets out priorities for 2021/22.</p> <p>SCC highlighted key achievements from the 2020 report:</p> <ul style="list-style-type: none"> <li>• CWFT remains committed to improving outcomes and experience for patients hence revising its strategic priorities in 2019 to extend and complement its traditional hospital responsibilities and embracing provision of wider health and wellbeing support for local population, and contributing to improvements in health outcomes and reductions in health inequalities in the population as a priority.</li> <li>• Fundamental to this is the appointment of a public health specialist to lead the strategic development, facilitation and implementation of population health programmes. The responsibility for many public health services moved from the NHS to local government and nowadays only few hospitals appoint a public health consultant. Even fewer NHS trusts have GMC-accredited training placements for public health registrars, making CWFT quite unique in this regard. The team currently has two permanent staff roles: A Consultant in Public Health, and a Public Health Programme Manager. The remainder of the team consists of various fixed-term posts.</li> <li>• During the 2020/21 the CWFT team delivered an active and varied work programme with almost all workstreams directly contributing to reducing the health inequalities and inequities through different pathways/services. The Research team will be engaged in these workstreams. The work has received national recognition, including by NHS Providers, and the HSJ Value Awards 2021.</li> <li>• The NWL Health Inequalities Strategy is in development at the current time the Public Health team</li> </ul>

	<p>will focus on the following four priorities for 2021/2022:</p> <ul style="list-style-type: none"> <li>- supporting the office of the Chief Medical Examiner and the Trust Quality Improvement agenda by leading the delivery of an Equitable Health strategy, aligned to NWL;</li> <li>- continue to grow the reputation of the Trust as a public health organisation;</li> <li>- maintaining GMC accreditation for public health specialty training, continuing to attract specialist expertise in the form of senior Registrar rotations; and</li> <li>- any future externally funded health improvement programmes.</li> </ul> <p>EH commended the report and asked where responsibility for public health will sit in the ICS. LW stated the ICS health and care partnership will be responsible for bringing together a wider set of system partners to promote and develop a plan to address the broader health, public health and social care needs of the population. The NIHR Applied Research Collaboration for Northwest London (ARC NWL) which is hosted by CWFT, with Imperial College London the lead academic partner, support the NHS in NWL to deliver improvements in health care and outcomes. The overarching ARC NWL goal is to build sustainable infrastructure for a continual improvement in health behaviours and population health, and a reduction in health inequalities for the people of North West London. The COVID-19 pandemic has shown the real advantages of the whole NWL system working together to meet the needs of local communities.</p> <p>In response to NG's query how health challenges facing particular communities in each borough will be addressed at the system level, LW explained that the balance of power between the ICS and the local Integrated Care Partnerships (ICPs) will be important and ICPs will be setting the local agenda with their communities while the ICS will steer the overall direction of travel for the system.</p>
<b>3.0</b>	<b>FOR NOTING – HIGHLIGHTS BY EXCEPTION</b>
<b>3.1</b>	<p><b>Ockenden maternity review – for noting</b></p> <p>PN summarised the paper, noting that as a result of Ockenden maternity recommendations, a single maternity improvement plan will be developed; this was presented earlier in the meeting under agenda item 2.4 Maternity safety improvement plan.</p> <p>The Board noted the paper.</p>
<b>3.2</b>	<p><b>Board Assurance Framework Q4 and year-end</b></p> <p>PN noted that the progress with a managing a number of strategic risks on the BAF in 2020/21 has been impacted by the prevalence of the COVID-19 pandemic. Key work programmes and personnel were diverted to deliver the organisational response during a number of pandemic surges.</p> <p>Key highlights:</p> <ul style="list-style-type: none"> <li>• Risk relating to the EPR programme was closed in September 2020 following the successful implementation of the Electronic Patient Record system. Following on from that, a new risk was identified with respect to the transformation capability and sustainability of the Digital Programme.</li> <li>• The COVID-19 pandemic impacted financial management and planning across the year, which has resulted in modifications to the national financial planning timetables and financial regime for 2021/22. The impact of this has been considered in the quality risk (Risk 2) and financial sustainability risk (Risk 4).</li> <li>• In line with the publication of the government's white paper, the North West London Integrated Care System, the system working risk (Risk 1) and financial risk (Risk 4) have been updated to acknowledge this potential impact on the Trust's position.</li> </ul>
<b>3.3</b>	<p><b>Learning from Serious Incidents</b></p> <p>PN noted that the report focuses on learning from serious incidents, ensuring the investigation findings lead to change and improvement.</p>

	The Board noted the paper.
<b>3.4</b>	<p><b>People Performance Report – March 2021</b></p> <p>SSm advised the Trust people performance KPIs are in a good position.</p> <p>The Board noted the paper.</p>
<b>3.5</b>	<p><b>Mortality Surveillance Report Q4</b></p> <p>RC stated the Q4 report was taken as read and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The report has been reviewed in detail by the Quality Committee earlier in the week;</li> <li>• The overall Summary Hospital-level Mortality Indicator (SHMI) is reported at 77.98, resulting in CWHFT being rated one of the top performing Trusts across the NHS. This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality; this position is monitored by the Mortality Surveillance Group.</li> <li>• Potential learning opportunities identified via Medical Examiner scrutiny are reported to the Mortality Surveillance Group.</li> </ul> <p>RC commended Medical Examiner’s contribution to Trust learning from mortality surveillance which directly supports the Trust culture of continuous quality improvement.</p> <p>The Board endorsed Medical Examiner’s contribution and noted the Q4 report.</p>
<b>3.6</b>	<p><b>Guardian of Safe Working Report Q4</b></p> <p>The Board noted the Q4 report.</p> <p>RC advised during winter and the COVID-19 second wave, Junior Doctors rota patterns changed to support the Trust’s response to the pandemic. The majority of the Emergency COVID-19 rotas were stepped down by services in March 2021 which meant that junior doctors returned to their business as usual rotas.</p> <p>The Junior Doctor forum has evolved since becoming a virtual meeting to become a cross site virtual event. There has been active attendance by senior management who has willingly shown dedication to provide support, direction and counsel during this time.</p>
<b>3.7</b>	<p><b>Emergency Preparedness Resilience and Response (EPRR) 2020/21 Update</b></p> <p>RH advised that while an external inspection has not taken place this year, a review was completed internally. The Trust was found to be fully compliant with NHSE EPRR Core Standards of Assurance.</p>
<b>3.8</b>	<p><b>Digital Programme update</b></p> <p>The Board noted the report.</p>
<b>3.9</b>	<p><b>Year-end report on use of the Company Seal 2020/21</b></p> <p>The Board noted the report.</p>
<b>4.0</b>	<b>ITEMS FOR INFORMATION</b>
<b>4.1</b>	<p><b>Questions from members of the public</b></p> <p>Governor Paul Kitchener commented on the challenges with setting the CIP target and asked how CIP schemes are identified. LW stated that staff are keen to work more effectively together to ensure they deliver the best possible value for money to the public and patient; CIP schemes release cash or resource</p>

	that could be reinvested in services; in 2021/22 we are linking divisional quality priorities with our financial priorities and the divisions are looking at redesigning and improving patient pathways.
<b>4.2</b>	<b>Any other business</b>  LW reflected on the departure of Sir Simon Stevens as NHS England Chief Executive, wished him well and all the best for the future. The Strategic direction of the NHS as set out in the NHS Long Term Plan remains.
<b>4.3</b>	<b>Date of next meeting – 8 July 2021; 11.00 – 13.30.</b>

The meeting closed at 13.20.



Trust Board Public – 6 May 2021 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
May 2021	1.7	SMARTS project	Dr Sadia Khan to present feedback on findings to Board in 12-14 months.	SK	This is on forward plan for September 2022 Board.



**Board of Directors Meeting, 8 July 2021**

**PUBLIC SESSION**

<b>AGENDA ITEM NO.</b>	1.5/Jul/21
<b>REPORT NAME</b>	Interim Chair's Report
<b>AUTHOR</b>	Stephen Gill, Interim Chair
<b>LEAD</b>	Stephen Gill, Interim Chair
<b>PURPOSE</b>	To provide an update to the Public Board on high-level Trust affairs.
<b>REPORT HISTORY</b>	N/A
<b>SUMMARY OF REPORT</b>	As described within the paper. Board members are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None
<b>FINANCIAL IMPLICATIONS</b>	None
<b>QUALITY IMPLICATIONS</b>	None
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	This paper is submitted for the Board's information.

## **Interim Chair's Report June 2021**

### **NHS short / medium term priorities**

The top 3 current NHS focus areas are: the Vaccination Programme; the Elective Recovery Programme; COVID-19 Wave 3.

On behalf of the Board, I want to express our gratitude to the Trust staff for their hard work and resilience throughout the pandemic to maintain a high standard of GRIP and achievement against the NHS performance metrics.

The Trust continues to invest in staff health and wellbeing programmes covering both physical and mental health together with working through the action plans from the Staff Survey. The Executive team are working with staff groups to enable staff to take planned time for personal rest and recovery.

The Trust has taken a leadership role across North West London (NWL) on the 3 focus areas (above) including leading the set-up of the mass-vaccination centres at Twickenham stadium on 31<sup>st</sup> May where over 15,000 people were vaccinated and at Stamford Bridge, Chelsea on 19<sup>th</sup> June where over 5,000 people were vaccinated, other high profile 'pop up' mass vaccination events are planned for July.

### **Critical Care – Chelsea site Official Opening – 29<sup>th</sup> June**

The new Critical care ICU / NICU provide world class facilities for patient care at the Chelsea site on Fulham Road. The official opening on 29<sup>th</sup> June was a 'Virtual' Event in compliance with current COVID-19 guidelines. A big 'thank you' to the Clinical and Estates teams for the work on this project, to CW+ for their fundraising and to all of the Trust supporters who generously donated.

### **Trust Annual General Meeting (AGM) – 22<sup>nd</sup> July**

The Trust Financial Report and Accounts plus the External Auditors Report for 2020/21 were approved by the Trust Board in June, these will be presented at the AGM which will be held on the afternoon of the 22<sup>nd</sup> July. The next Council of Governors Meeting is scheduled on the morning of 22<sup>nd</sup> July.

### **North West London Integrated Care System (ICS)**

The Department of Health & Social Care (DHSC) published a White Paper in February 2021 outlining the legislative proposals for the establishment of ICSs with effect from 1<sup>st</sup> April 2022. NHSE/I published further guidance on the ICS Design Framework and Oversight in June 2021.

ICSs will be made up of two parts: the ICS partnership, and the ICS NHS body.

The ICS NHS body will be a statutory body, whose functions will include planning to meet population health needs, allocating resources, and overseeing delivery.



ICS NHS bodies will have a unitary board. The statutory minimum membership of the board will be confirmed in forthcoming legislation but is expected to be comprised of: a chair and at least two independent non-executive directors (NEDs); a chief executive and three executive directors; plus, a minimum of three further members, representing Trusts, Primary Care and Local Authorities.

All Trusts providing acute and mental health services are expected to be part of one (or more) provider collaborative. The NHSE/I guidance sets out three potential models for provider collaboration (Provider leadership board; Lead provider board; Shared leadership board).

Chelsea and Westminster Hospital NHS Foundation Trust will be part of the NWL Acute Provider collaborative together with Imperial College Healthcare Trust; London NW University Healthcare Trust; and The Hillingdon Hospital Foundation Trust.

The Chairs and CEOs of the four NWL Acute Providers are working with the NWL ICS to develop the provider collaborative agreement, to agree the proposed collaborative model and related governance arrangements.

Providers will continue to be accountable for quality, safety, use of resources and compliance with standards, as well as the delivery of services and functions delegated to them by the ICS NHS body. Executives of providers will remain accountable to their boards for the performance of services and functions for which their organisation is responsible.

### **Council of Governors (COG) Briefing Sessions**

20<sup>th</sup> May – James Eaton (Operational Services Manager), on behalf of Rob Hodgkiss (Deputy CEO & COO), presented an update on the Elective Recovery programme.

The next COG briefing session is scheduled for 23<sup>rd</sup> September.

### **Chair Meetings**

The London Region Chairs meetings and North West London (NWL) ICS Chairs / CEOs meetings during May and June discussed the following topics: COVID-19 wave 3; Vaccination programme; Elective Recovery programme; NWL ICS Development plan and 'road map'; NHSE/I guidance on Provider collaboratives.

As part of the work on the NWL Acute Provider collaborative, noted above, I have had weekly meetings in June with Bob Alexander (Imperial College Healthcare Trust) and Lord Morse (Chair of Hillingdon Hospital Foundation Trust & London North West University Healthcare Trust). These weekly meetings are scheduled to continue throughout July.

### **Stephen Gill**

Interim Chair – June 2021



**Board of Directors Meeting, 8 July 2021**

**PUBLIC SESSION**

<b>AGENDA ITEM NO.</b>	1.6/Jul/21
<b>REPORT NAME</b>	Chief Executive's Report
<b>AUTHOR</b>	Lesley Watts, Chief Executive Officer
<b>LEAD</b>	Lesley Watts, Chief Executive Officer
<b>PURPOSE</b>	To provide an update to the Public Board on high-level Trust affairs.
<b>REPORT HISTORY</b>	N/A
<b>SUMMARY OF REPORT</b>	As described within the paper. Board members are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	This paper is submitted for the Board's information.

## Chief Executive's Report June 2021

### **Elective Recovery**

Alongside the vaccination programme, and preparing for any future surges our key priority has been the restoration of the elective work programme.

In the past two months as the number of Covid patients in hospital has remained at a relatively low level and we have seen the resumption of all or our planned care services. We, together with the other Trusts in our sector, have continued with the collaborative effort to ensure that we both stabilise and begin to address the expanded waiting lists.

This effort has been reinforced by the establishment of the Joint Acute Care Board. This will co-ordinate the work of all operational areas including planned surgery, out-patients, diagnostics, cancer and emergency and urgent care. Its membership includes all chief executives, chief medical officers, chief nurses and chief operating officers. The focus is on ensuring patients are prioritised according to clinical need, then by waiting time. Ensuring equity of access and outcome underpins this work.

### **Covid-19 and Vaccinations**

Although the easing of Covid-19 restrictions is welcome, we know that the pandemic continues to pose a threat to our communities, patients and staff. Currently, stringent infection control measures remain in place to ensure we are protecting everyone as much as possible.

Trust staff come from all over the world, and many have relatives or friends in other countries. The impact of Covid-19 in some of these countries has been truly distressing. We have heard particularly from staff with relatives in India, Nepal and the Philippines. We have both provided support for staff affected and discussed ways in which we can help support communities across the world. We have worked with national colleagues led by Prerana Issar, Chief People Officer, to support the response mounted for these countries.

Pippa Nightingale, Chief Nursing Officer has led the vaccination programme across North West London. The rate of uptake amongst our own staff is 94%.

In North West London 2.3 million vaccine doses have been administered and we continue to work hard to ensure our communities in every borough have access to the vaccine. Mass vaccinations e.g. at the Twickenham and Stamford Bridge Stadiums have proved popular. One off campaigns such as 'Let's take Covid down' and 'Grab a Jab' together with more bespoke pop-up clinics, touring buses, pharmacies and importantly the work of our primary care networks have ensured we have been able to support all of our communities to access the vaccine. It is clear this work needs to continue and will remain a priority for us.

### **Visit of His Royal Highness, The Prince of Wales**

We were delighted to receive a visit from HRH The Prince of Wales. His Royal Highness met apprentices and volunteers, supported to work by the Prince's Trust. The Trust has over 200 apprentices, many of them from local communities and underpins our ambition to be an anchor institution sitting at the heart of our community. The Prince officially opened our wellbeing garden which has been magnificently supported by the work of Jamie Butterfield of Butterworth Horticulture and provides a place of respite in the open air for our staff.

### **World class critical care facilities**

Our fantastic adult and neonatal intensive care facilities at Chelsea and Westminster Hospital were formally opened this month, enabling the treatment of more than 2,000 patients every year.

With support from our charity CW+ and underpinned by contributions from many generous donors we have created world-class units which demonstrate how clinically led innovations supported by great design, an understanding of the therapeutic importance of the environment can significantly improve the care and recovery of our most seriously unwell adults and babies. We hope to set a benchmark for Critical Care services improving clinical outcomes, reducing costs, improving efficiency and reducing risks for our patients.

We are so grateful for the contributions of so many people, including our amazing staff who, absolutely, love the new facilities.

### **Grip on quality**

We have resumed our ward accreditation scheme. This is a systematic approach to examining the environment and delivery of care in each ward and department by a multi-disciplinary peer-review. These provide invaluable opportunities to challenge ourselves and share learning as the exercise mirrors the CQC domains. Since relaunching on 23 April, 30 clinical areas – 16 at Chelsea and 14 at West Mid – have been accredited. I know you would want to join me in congratulating Children's outpatients, Josephine Barnes Ward, Kensington Wing, Kew Ward and Plastics outpatients who achieved Gold, the highest rating.

### **Continued commitment to learning and development**

I am pleased that our Year 3 OSCE and Year 5 PACES examinations for the Imperial Medical School Students have been successfully completed despite the restrictions created by Covid-19

We have received outstanding feedback from the Medical School's External examiners and Head of Assessments that the Exams ran effectively and were coordinated extremely well given the current circumstances.

We have continued to run our leadership development courses internally and supported our senior staff to continue with their studies to ensure we maintain our commitment to continuous improvement.

Project Search is one of my favourite programmes at West Middlesex, and we are proud of how it puts our compassionate values into action. It gives students with learning disabilities and autism supported work experience internships, which in some cases have led to paid employment in the Trust. The students enjoy the experience but provide very valuable learning experience for all our staff. From September we will expand this to the Chelsea site as well.

We are a research active Trust, always looking for better ways to improve the care to our patients. During the pandemic, 3000 patients were recruited in the Trust to 23 Covid-19 trials, including 730 to vaccine trials. These included trials which have validated better treatments for Covid-19 and proved that Covid-19 vaccines are safe and effective.

Innovations such as remote monitoring of patients, apps to deliver training to the pocket, and risk-assessment to help our teams better treat Covid-19 patients have been developed.

### **Our People-Equality Diversity and Inclusion**

We are committed to this being a Trust where everyone feels welcome, where everyone is treated fairly, and where everyone has the same opportunities to learn and progress.

Gubby Ayida who chairs the BAME network remains the advisor to the Trust Board. We have increased representation of our ethnic minority staff in leadership roles and we have seen significant increases on our leadership development/MSc programmes. We have also appointed cultural safety advisers in maternity and increased the diversity of our Freedom to Speak Up champions, health and wellbeing champions and mental first aiders – all areas where it is important that all voices are heard.

We became a Stonewall Diversity Champion, and maintained our Disabled Confident Employer status at level two, whilst we work towards level three. Four EDI networks are now in place – Women’s, BAME, LGBTQ+ and Disability.

Our latest figures show improvements in narrowing the gender pay gap, and I am determined we continue to make progress across all these important areas of inequality and inequity.

Our staff wellbeing remains both a concern and a priority. During the past year and in line with our staff health and wellbeing programme we have sought to understand the general and specific needs of our staff and our committed to investing in programmes that will provide sustainable support now and in the future.

### **The Trust and the ICS**

The Trust continues to be part of national, regional and sector discussions. NWL Integrated care system submitted its Development Plan on the 30<sup>th</sup> June and I have attached the summary slides to provide an update to our Board. We continue to operate as one system whilst legislative changes continue to be progressed.

Briefing meetings have been held with:

- All NHS provider Chairs
- NWL CCG Chairs
- All LA Council Leaders and Chief Executives
- All Provider CEOs
- Primary Care Network Directors
- Partnership Board
- Local MPs
- Scrutiny committees
- Local partnership and patient representatives

The Trust continues to support Hillingdon Hospital in its work to improve quality, operational delivery and use of resources.

### **Lesley Watts**

Chief Executive Officer

# North West London ICS System Development Plan

Submission 30<sup>th</sup> June: Lesley Watts, interim NW London ICS CEO  
Penny Dash, NW London ICS Chair

The vision of North West London ICS is to improve life expectancy and quality of life, reduce inequalities and achieve health outcomes on a par with the best global cities. Achieving this will require a radical shift in how, together, we identify and respond to population need. Partners have proven success through our collective response to Covid and the vaccination programme. We are hugely energised and determined to make a further difference to the health of the population in NW London.

## Context

- North West London is one of the biggest and most complex ICS; a highly diverse population of over 2.4 million people with multiple providers including eight local authorities and integrated care partnerships, 45 primary care networks, four mental health/community acute trusts and four acute trusts and numerous voluntary organisations, while we participate in alliances covering wider parts of London for specialist mental health and cancer services. NW London was one of the most affected areas of the country for Covid and collectively rose to the challenge.
- We have some of the best outcomes in care but face challenges of unacceptable variation in outcomes, access and experience, and a high underlying NHS financial deficit (~9% of financial envelope).
- We have some of the worst NHS estate in London and to improve patient care, NW London is developing plans for hospital rebuilds on the Imperial and Hillingdon sites as part of the new hospitals programme.
- The core functions of the ICS are a) to engage the local populations and all organisations to set health and care strategies; b) deliver care through our integrated care partnerships which include local authorities and NHS provider collaboratives; and c) provide support to and assurance of improved health as well as improved quality and productivity of care for the population of NW London.

## We are radically changing how we work . Our challenges and risks associated with change of this magnitude include:

- work in partnership, alongside our local communities to deliver our vision: use data to identify and address inequalities in outcomes, experience and access; allocate resource based on need rather on current models of care; identify and deliver at scale the interventions that improve health and well being, strengthen preventative and proactive care, and continually improve the quality and productivity of all our services;
- in the short term, ensure that we recover all health and care services, manage a potential third wave, deliver the vaccination programme, prepare for a statutory transition to ICS through new ways of working while improving underlying financial, quality and operational performance;
- developing a workforce for the future while also ensuring that we address ongoing shortages among critical groups of staff;
- maintaining and strengthening our much improved relationships across the members of our ICS, avoid disruption and distraction from delivery as we put the ICS on a statutory footing.

Trusting relationships between all partners in the ICS significantly developed throughout the pandemic, enabling partners to now focus on delivery of improved health and care with, and for, our population. Building on the strengths of our ICS, we will further operate in shadow form from October 2021 and we will develop further to take on new statutory duties from April 2022. However, this must not distract from delivery.

**1. What stage is the ICS currently at in terms of transition, against the conditions of success?**

- The ICS across NW London is focused on delivery. Working as a system, we are continuing to respond to COVID, recovering electives, delivering vaccines and supporting and overseeing system quality, operation, people and finance whilst reducing inequalities. To do so, we are building on our good population health management data, robust governance structures, continually improving relationships between health and care leaders and developing strong clinical leadership. The ICS has put in place specific strong measures to improve quality as required. We are developing our financial recovery plan and financial strategy to enable us to shift resource to areas of greatest need and developing teams to drive productivity and improve workforce planning to deliver new models of care and agree measures to track delivery across health and care.

**2. What are ICS plans for being able to operate in shadow form on 1 October 2021?**

- We expect to run in shadow form from October 2021 and to a large extent have started to do so. We will delegate as much as is practical from the CCG to the ICS shadow body and update governance structures as further guidance is published.
- Place based (ICP) delivery structures, leadership and plans are in place and continuing to develop. They, and our provider collaboratives, are increasingly working together to develop proposals to improve health and quality/productivity of care. We continue to develop in partnership how the ICPs will deliver the benefits of working as a system.
- Our approach to benchmarked data to enable measurement and monitoring of our success requires development but is on track.

**3. What are ICS plans for being able to take on new statutory responsibilities from 1 April 2022?**

- To take on its statutory role from April 2022, we will build on experience from shadow working and develop a CCG staff transition plan and ICS constitution, subject to further guidance.
- We have put in place teams and SROs to develop strategies and delivery plans to improve health and quality/productivity of care using population need to allocate resource through the ICS.

**4. What additional support needs does the ICS have?**

- Analytical and development support to improve the reach and functionality of our population health tools, to understand current performance and to identify/review opportunities for improvement.
- Work alongside our new Borough integrated teams to support them to design and embed new ways of working including reskilling, changing roles and behaviours and removing any structural barriers to integration.
- Clarity on national/ regional expectations on governance (though forthcoming publications will address this need)
- Retain focus on recovery and vaccine while developing ICS plans and structures.





**Board of Directors Meeting, 8 July 2021**

**PUBLIC SESSION**

<b>AGENDA ITEM NO.</b>	2.1/Jul/21
<b>REPORT NAME</b>	Elective Care Recovery Update
<b>AUTHOR</b>	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
<b>LEAD</b>	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
<b>PURPOSE</b>	To provide the Board with an overview of elective care recovery and our current activity position across all aspects of the Elective Care Programme.
<b>REPORT HISTORY</b>	Elective care recovery has been regularly reviewed and discussed by the Executive Management Board, Quality Committee and Board.
<b>SUMMARY OF REPORT</b>	As attached.
<b>KEY RISKS ASSOCIATED</b>	As noted in the paper.
<b>FINANCIAL IMPLICATIONS</b>	As noted in the paper.
<b>QUALITY IMPLICATIONS</b>	As noted in the paper.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	As noted in the paper.
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"><li>• Deliver high quality patient centred care</li><li>• Delivering better care at lower cost</li></ul>
<b>DECISION/ ACTION</b>	For information and discussion.



# Chelsea and Westminster Elective Care Recovery

Recovery Update - Summary 21<sup>st</sup> June 2021



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# P2 prioritisation and risk mitigation

## P2 weekly process

Day	Action	Owner
Mon AM	Data extract from OnePTL and WAR	ICS BI Team
Tues AM	Latest data pack and exception report template sent to trust teams following review and compilation.	ICS Programme team
Wed Midday	Trusts submit exceptions report	Trust teams
Wed PM	Chair and CRO review	Julian / Roger
Thurs AM	Discussion at Prioritisation Meeting	All

Trusts	14.05.21	21.05.21	28.05.21	04.06.21	Trends
CWFT	404	405	432	448	
ICHT	1,158	976	1,145	1,177	
LNWUHT	459	532	580	580	
THHT	128	105	84	68	
<b>NWL Total</b>	<b>2,149</b>	<b>2,018</b>	<b>2,241</b>	<b>2,273</b>	

## Headlines

1. CWFT – no P2 capacity concerns
2. ICHT – no P2 capacity concerns
3. LNWUHT – mutual aid for P3/P4 requested to free up capacity to do more complex work in house. Discussions underway with London Clinic on continuation of complex CR.
4. THHT – no P2 capacity concerns.

Source: OnePTL

# Trust reported activity delivered across NWL w/e 30 May

P2 activity and percentage against total **elective activity** over the last 4 weeks

Trusts	09.05.21		16.05.21		23.05.21		30.05.21	
	P2 Activity	% of total elective activity	P2 Activity	% of total elective activity	P2 Activity	% of total elective activity	P2 Activity	% of total elective activity
CWFT	313	39%	253	29%	358	38%	259	30%
ICHT	464	26%	551	27%	625	29%	621	30%
LNWUHT	0	0%	15	1%	132	9%	98	9%
THHT	13	4%	23	6%	17	4%	22	5%
<b>NWL Total</b>	<b>790</b>		<b>842</b>		<b>1,132</b>		<b>1,000</b>	

## Headlines from Prioritisation Meeting

1. Nulls decreasing.
2. Trusts working to understand different types of “null” records.  
I.e.
  - What proportion of the admitted PTL relate to non-surgical pathways?
  - What proportion of the admitted PTL relate to those awaiting Prioritisation or Intended Procedure?

‘Null’ % by Trust on 28/05/2021

Trusts	14.05.21	21.05.21	28.05.21
CWFT	19%	20%	21%
ICHT	15%	24%	14%
LNWUHT	28%	22%	22%
THHFT	46%	48%	50%

Source: Weekly activity report (WAR)

# Executive summary

	Latest Freeze Position (w/e 06-Jun)					H1 Plans	Latest Freeze Position - % BAU by ICS				
	Activity	Var	% BAU <sup>(1)</sup>	London Regional Rank <sup>(2)</sup>	4 Week Change in Activity	Jun-21	NWL	NCL	NEL	SEL	SWL
Elective	24,859	▲	93.5%	2	1.6%	103,029	88.9%	106.5%	83.4%	89.8%	92.7%
Outpatients	229,270	▼	84.8%	6	-13.6%	1,417,761	85.8%	87.2%	86.5%	78.6%	87.0%
Endoscopy	4,226	▲	87.9%	6	-9.8%	19,370	83.0%	99.9%	103.5%	72.4%	85.1%
Imaging	66,093	▲	106.7%	3	0.0%	239,990	96.6%	119.4%	110.2%	109.0%	100.6%
Echocardiography	6,604	▼	98.3%	1	-2.4%	23,982	81.0%	126.3%	86.1%	107.3%	93.3%

(1) Prior year baselines from March are based on unadjusted data submitted to SUS by providers for 2019/20

(2) Regional Rank is based on % BAU

## Headlines

- Activity levels increased in 3 of the 5 key pods in the week to the 6th June.
- There are anecdotal descriptions from systems of referrals rising faster and higher than previous waves, with one system noting medical specialty referrals are as high as 110-115% of pre pandemic levels.
- The largest week on week growth occurred in Imaging activity, which grew in absolute activity volumes by 8.5%.
- When compared to baseline relative to other regions, London now ranks 2nd for Elective activity (previously 5th) and continues to rank 6th in Outpatient activity.
- Of the diagnostic modalities, London ranks 1st in Echocardiography relative to other regions.
- Overall 52+ week waits have decreased by 2,334 since last week, now totalling 45,403. Overall 104+ week waits increased by 10 to a total of 1,029.
- The Total PTL has increased by 0.9% in the last week (up by 7,669).

\*Please note we have switched to using the National Weekly Activity Return for Endoscopy activity, which has caused the drop in position.

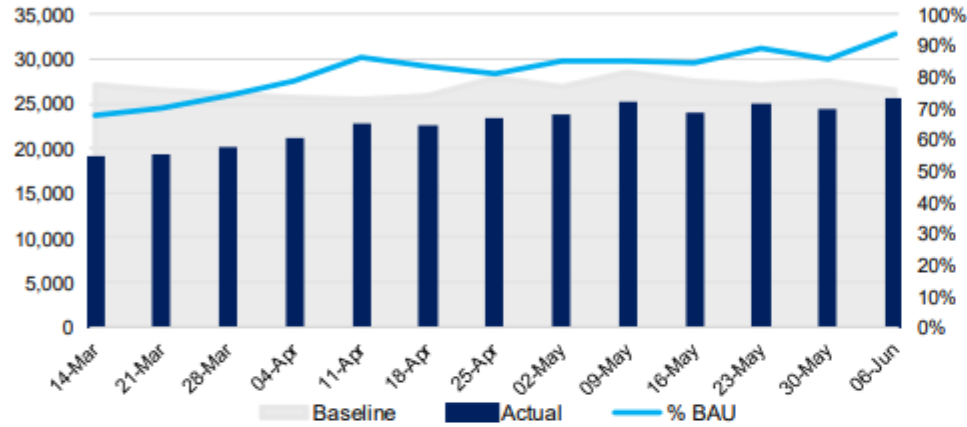
		06-Jun	13-Jun	Var
52 ww	NWL	4,711	4,525	-186
	NCL	17,935	17,083	-852
	NEL	14,113	13,523	-590
	SWL	2,145	1,940	-205
	SEL	8,833	8,332	-501
	<b>London</b>	<b>47,737</b>	<b>45,403</b>	<b>-2,334</b>
104 ww	NWL	88	99	11
	NCL	568	537	-31
	NEL	234	256	22
	SWL	17	10	-7
	SEL	112	127	15
	<b>London</b>	<b>1,019</b>	<b>1,029</b>	<b>10</b>
Waitlist	Admitted PTL	130,017	128,856	-1,161
	Non-Admitted PTL	753,041	761,871	8,830
	Cancer DTT Backlog	215	234	19
	Cancer No DTT Backlog	2,258	2,133	-125
	Cancer 104 Day Waits	618	583	-35
	Imaging Waitlist <sup>(3)</sup>	134,624	-	-3,467

(3) Diagnostic waitlists show latest freeze position and variance on prior week

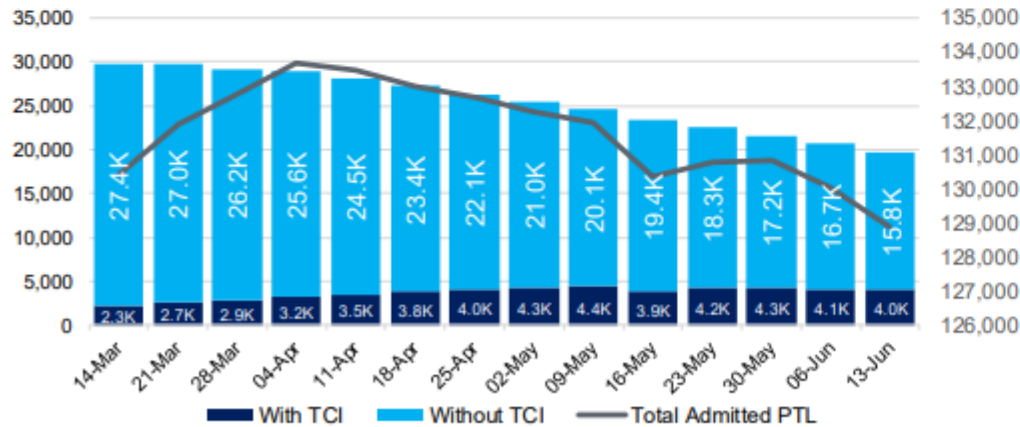
# Elective Activity



Elective Activity Volumes and % of Baseline



Admitted Pathway: 52 ww and Total PTL



Total Electives (Latest Freeze Data: w/e 06-Jun)

Provider	% BAU	Actual Activity	4 Week Change	Jun-21 Plan
<b>NEL</b>	<b>83.4%</b>	<b>3,011</b>	<b>-2.2%</b>	<b>13,519</b>
Homerton	90.4%	520	2.2%	
BHRUT	88.8%	995	-0.5%	
Barts	78.1%	1,496	-4.8%	
<b>NCL</b>	<b>106.5%</b>	<b>7,518</b>	<b>7.7%</b>	<b>30,323</b>
UCLH	123.3%	3,186	20.2%	
NMUH	116.0%	644	-3.2%	
GOSH	113.8%	791	0.5%	
Whittington	95.0%	483	-7.0%	
RFL	90.6%	1,530	10.2%	
RNOH	89.6%	288	0.4%	
Moorfields	84.6%	596	-12.6%	
<b>NWL</b>	<b>88.9%</b>	<b>5,159</b>	<b>5.5%</b>	<b>19,909</b>
Imperial	100.6%	2,344	5.0%	
ChelWest	91.8%	1,008	-0.1%	
Hillingdon	83.3%	421	1.5%	
LNW	74.1%	1,386	12.5%	
<b>SEL</b>	<b>89.8%</b>	<b>5,789</b>	<b>-0.4%</b>	<b>23,832</b>
LGT	105.5%	1,064	21.9%	
Kings	88.0%	2,199	-4.9%	
GSTT	85.9%	2,526	-3.8%	
<b>SWL</b>	<b>92.7%</b>	<b>3,383</b>	<b>-8.8%</b>	<b>15,446</b>
Royal Marsden	112.3%	388	-16.9%	
Epsom	99.9%	871	-5.7%	
Croydon	94.7%	566	-0.4%	
St George's	86.0%	1,168	-8.4%	
Kingston	81.9%	390	-17.9%	
<b>LONDON</b>	<b>93.5%</b>	<b>24,859</b>	<b>1.6%</b>	<b>103,029</b>

Source: Weekly Activity Return

Admitted PTL (w/e 13-Jun)

PTL Size	4 Week Change	52ww
<b>23,131</b>	<b>1.2%</b>	<b>5,669</b>
3,190	-1.8%	93
4,222	34.3%	594
15,719	-4.5%	4,982
<b>31,994</b>	<b>-2.4%</b>	<b>5,313</b>
8,507	-0.8%	1,558
1,199	-0.8%	77
1,975	-1.3%	218
2,106	1.6%	319
9,958	-6.4%	2,934
2,364	-2.2%	192
5,885	0.2%	15
<b>23,267</b>	<b>0.3%</b>	<b>3,082</b>
8,995	-0.4%	1,130
5,225	3.6%	478
3,379	-3.4%	674
5,668	0.6%	800
<b>32,843</b>	<b>-1.8%</b>	<b>4,530</b>
6,340	-1.4%	1,382
11,197	-0.2%	1,290
15,306	-3.1%	1,858
<b>17,621</b>	<b>-2.5%</b>	<b>1,150</b>
220	1.9%	3
5,869	2.2%	110
2,085	-4.2%	19
6,757	-2.6%	996
2,690	-10.1%	22
<b>128,856</b>	<b>-1.2%</b>	<b>19,744</b>

Source: RTT Weekly PTL

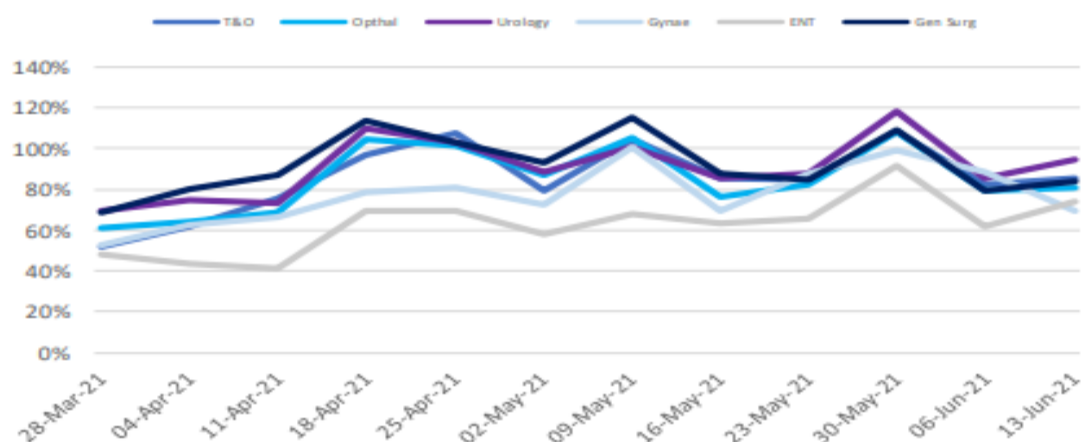
London elective activity in the equivalent baseline period: 26,573.



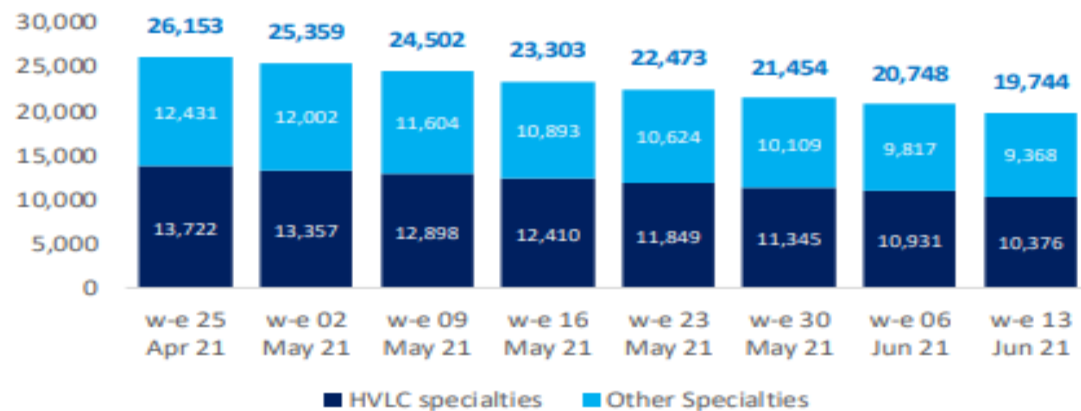
# London Elective – HVLC Specialties



Elective Activity % BAU - HVLC



London - 52+ ww - HVLC specialties proportion of Admitted 52 ww



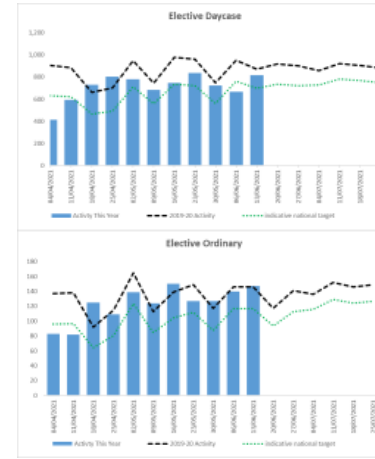
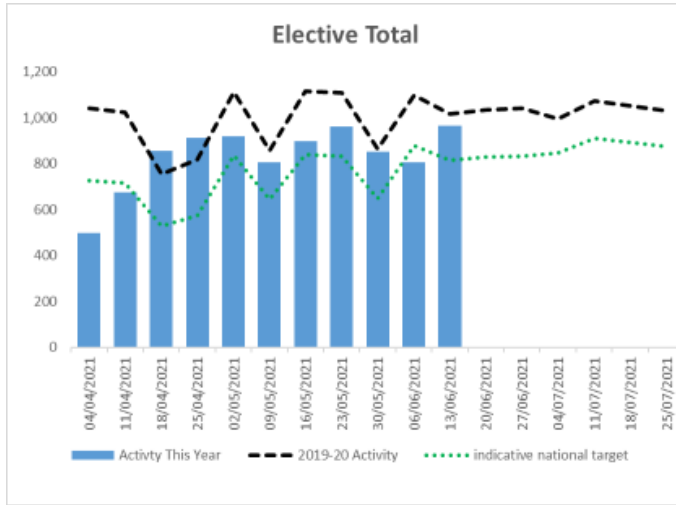
London - HVLC specialties Elective Activity						
Rank	Provider	Current Elective Activity	Prior week	Current Elective Activity volume	Change	5 week Trend
1	Royal Marsden	178.8%	117.6%	118	▲	
2	RFL	140.2%	96.7%	457	▲	
3	ChelWest	120.9%	75.6%	318	▲	
4	RNOH	113.1%	114.2%	225	▼	
5	Homerton	104.6%	79.6%	248	▲	
6	BHRUT	102.1%	93.5%	442	▲	
7	Epsom	96.0%	94.1%	551	▲	
8	Kingston	91.7%	89.7%	188	▲	
9	Croydon	89.2%	113.6%	215	▼	
10	UCLH	88.3%	112.7%	347	▼	
11	Hillingdon	87.4%	97.1%	167	▼	
12	Kings	86.2%	94.2%	604	▼	
13	NMUH	81.7%	81.6%	165	▲	
14	GSTT	78.5%	74.2%	322	▲	
15	St George's	78.4%	60.4%	178	▲	
16	Moorfields	75.7%	84.6%	603	▼	
17	LGT	74.8%	81.6%	181	▼	
18	Imperial	73.6%	67.6%	376	▲	
19	Barts	67.7%	62.6%	397	▲	
20	Whittington	64.7%	63.6%	88	▲	
21	LNW	61.3%	72.2%	320	▼	
1	SWL	95.2%	91.9%	1,250	▲	
2	NCL	91.8%	94.0%	1,885	▼	
3	NEL	86.5%	77.6%	1,087	▲	
4	SEL	81.8%	85.7%	1,107	▼	
5	NWL	79.4%	74.1%	1,181	▲	
	<b>London</b>	<b>87.2%</b>	<b>85.3%</b>	<b>6,510</b>	▲	

Note: the specialties where HVLC opportunities have been identified are are T&O, Ophthalmology, Urology, Gynae, ENT and general surgery. The data on this page relates to all activity not just HVLC procedures in these specialties.

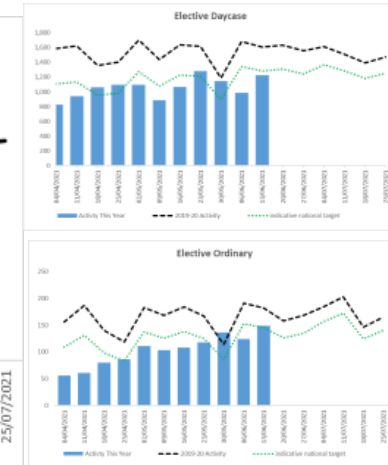
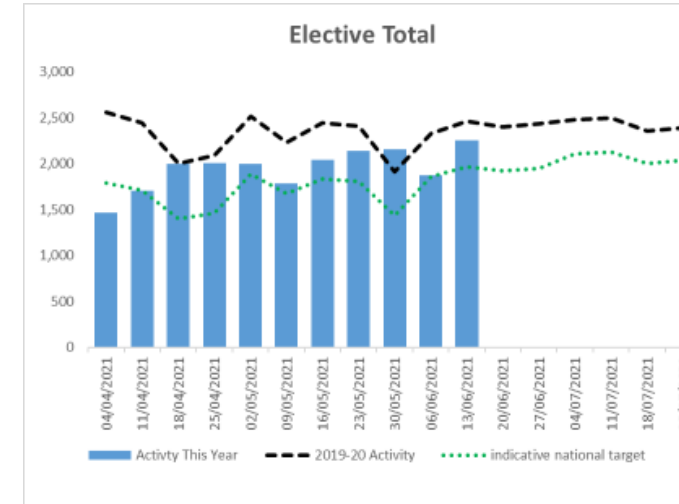


# Phase 2: Recovery Plan. Elective Weekly performance by Trust against Plan

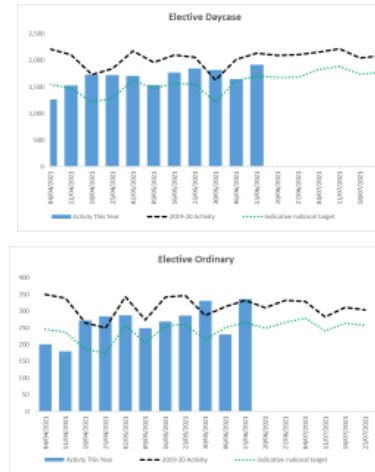
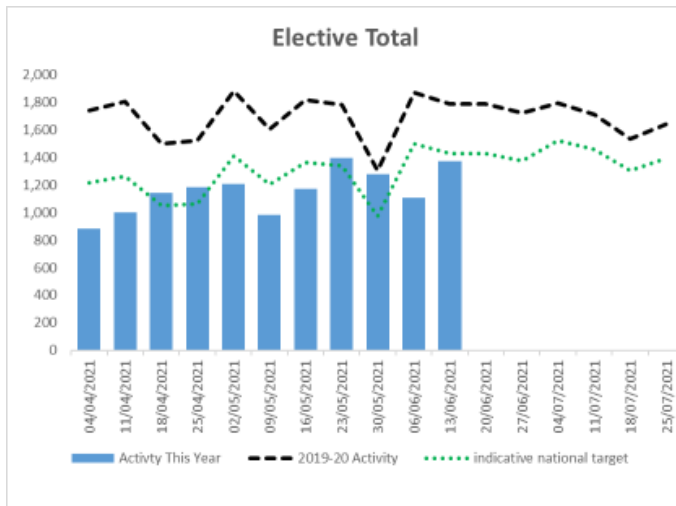
CWFT



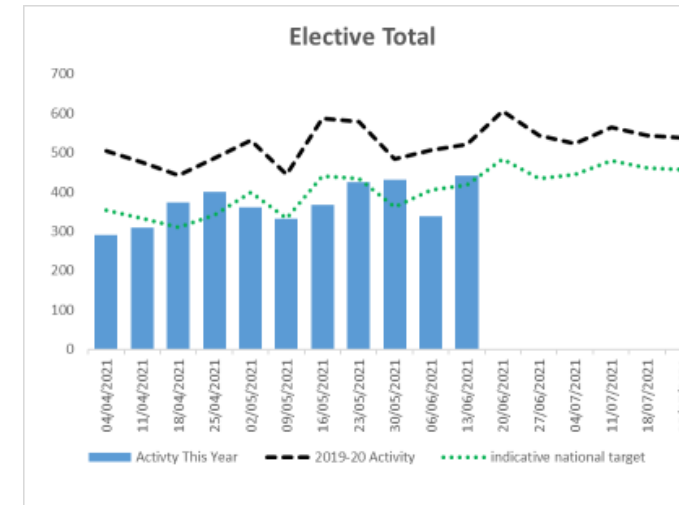
ICHT



LNWUHT



THHFT



N.b. This report includes unvalidated operational data which needs to be viewed in conjunction with exception reports from trust teams.

Confidential information - not for further distribution

# Phase 1: NHS Theatre throughput NHS theatre activity in numbers

W/E 14/06/2021

represents bank holiday week

## NHS activity / capacity

Rolling 8 weeks

**1,601 elective patients** received surgery in NHS theatres **last week**

W/E	Peak Recovery 06/12/2020	25/04/21	02/05/21	09/05/21	16/05/21	23/05/21	30/05/21	07/06/21	14/06/21
Trust	Week 49	Week 03	Week 04	Week 05	Week 06	Week 07	Week 08	Week 09	Week 09
CWHFT	540	389	480	350	447	426	436	302	512
ICHT	521	469	496	390	483	545	539	382	555
LNWUHT	484	335	326	306	366	347	384	285	371
THHFT	168	147	131	122	148	172	167	155	163
<b>TOTAL</b>	<b>1,713</b>	<b>1,340</b>	<b>1,443</b>	<b>1,104</b>	<b>1,444</b>	<b>1,490</b>	<b>1,526</b>	<b>1,124</b>	<b>1,601</b>

N.b. This report includes unvalidated operational data which needs to be viewed in conjunction with exception reports from trust teams.  
Confidential information - not for further distribution

**Sources:**

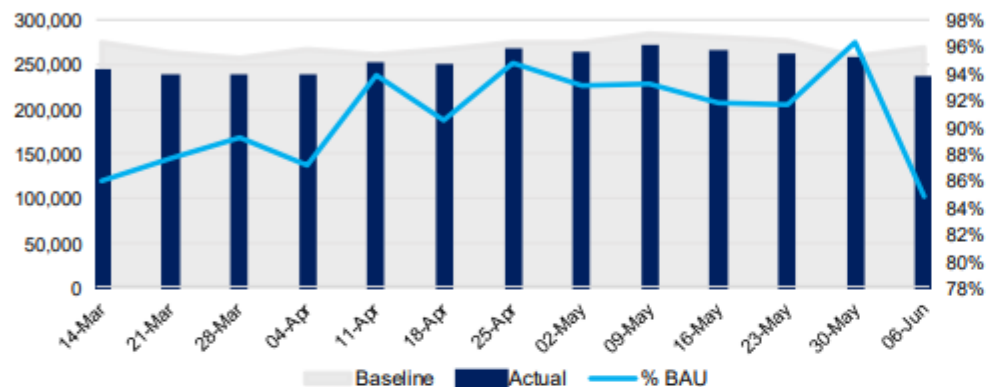
Weekly theatre submission W/E 14/06/2021

# Outpatient activity

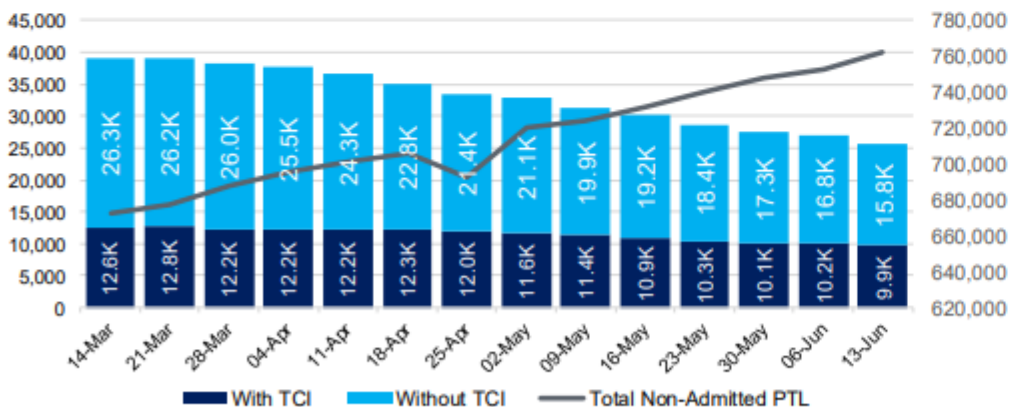
Note: Epsom has been removed whilst baselines are updated in national dataset (see page 4). We are also investigating a potential discrepancy in the way radiology is captured (see page 4).



Outpatient Activity Volumes and % of Baseline



Non-Admitted Pathway: 52 ww and Total PTL



Outpatients (Latest Freeze Data: w/e 06-Jun)

Provider	% BAU	Actual Activity	4 Week Change	Jun-21 Plan
<b>NEL</b>	<b>86.5%</b>	<b>31,715</b>	<b>-13.6%</b>	<b>213,769</b>
Homerton	111.2%	5,839	-6.0%	
BHRUT	84.2%	7,886	-5.4%	
Barts	81.6%	17,990	-18.8%	
<b>NCL</b>	<b>87.2%</b>	<b>67,378</b>	<b>-13.6%</b>	<b>418,588</b>
NMUH	113.8%	8,026	-26.2%	
GOSH	101.6%	3,245	-20.3%	
RNOH	91.4%	1,956	-9.1%	
UCLH	88.8%	21,939	-10.1%	
Moorfields	86.6%	10,589	-7.6%	
Whittington	86.3%	5,496	-12.2%	
RFL	74.7%	16,126	-14.1%	
<b>NWL</b>	<b>85.8%</b>	<b>42,486</b>	<b>-11.8%</b>	<b>240,322</b>
ChelWest	92.0%	12,735	-16.6%	
LNW	87.7%	12,608	1.0%	
Imperial	80.9%	13,473	-16.6%	
Hillingdon	79.2%	3,671	-13.9%	
<b>SEL</b>	<b>78.6%</b>	<b>49,916</b>	<b>-15.2%</b>	<b>313,056</b>
LGT	83.5%	8,464	-13.4%	
GSTT	79.8%	24,558	-15.4%	
Kings	74.7%	16,895	-15.7%	
<b>SWL</b>	<b>87.0%</b>	<b>37,775</b>	<b>-13.6%</b>	<b>232,026</b>
Croydon	110.5%	8,858	-8.6%	
St George's	87.3%	13,189	-11.0%	
Kingston	87.0%	6,069	-23.0%	
Royal Marsden	86.3%	4,491	-11.5%	
<b>LONDON</b>	<b>84.8%</b>	<b>229,270</b>	<b>-13.6%</b>	<b>1,417,761</b>

Source: Weekly Activity Return

Non-Admitted PTL (w/e 13-Jun)

PTL Size	4 Week Change	52ww
<b>148,537</b>	<b>6.1%</b>	<b>7,854</b>
19,573	40.5%	32
46,746	0.0%	965
82,218	3.6%	6,857
<b>190,386</b>	<b>4.3%</b>	<b>11,770</b>
13,114	4.7%	11
4,928	5.1%	132
3,869	3.7%	48
40,909	3.6%	1,191
27,523	2.6%	30
15,026	1.8%	545
85,017	5.6%	9,813
<b>154,159</b>	<b>4.5%</b>	<b>1,443</b>
34,534	6.1%	229
38,350	3.9%	325
63,892	3.0%	681
17,383	8.0%	208
<b>160,871</b>	<b>2.8%</b>	<b>3,802</b>
48,310	4.2%	1,202
58,732	3.7%	732
53,829	0.5%	1,868
<b>107,918</b>	<b>2.9%</b>	<b>790</b>
19,141	4.7%	18
38,956	2.2%	501
19,562	2.7%	24
1,019	-4.9%	0
<b>761,871</b>	<b>4.2%</b>	<b>25,659</b>

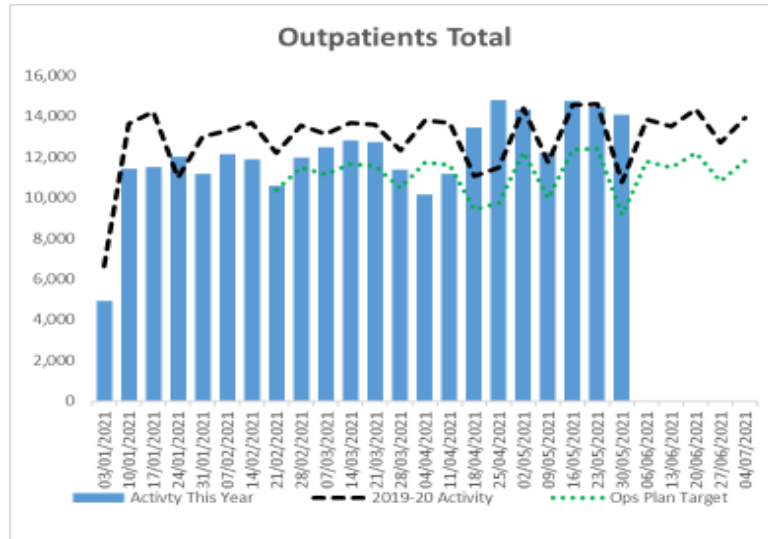
Source: RTT Weekly PTL

London outpatient activity in equivalent baseline period: 270,367.

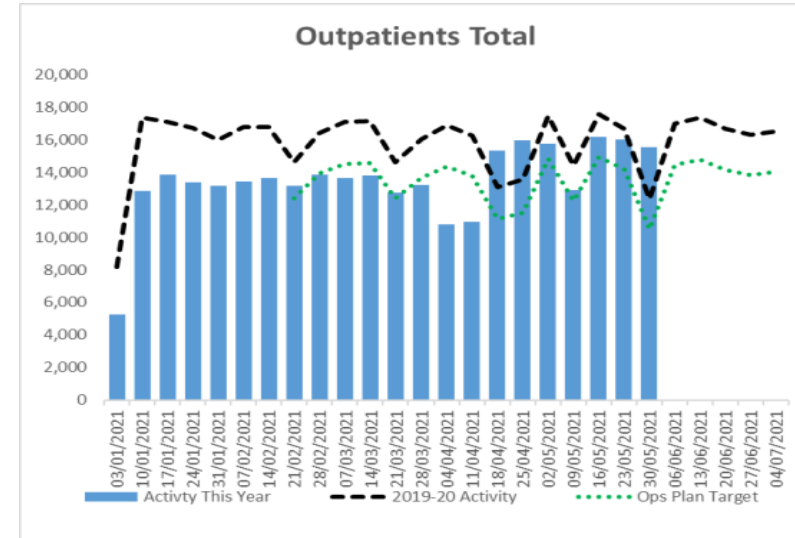
\*Please note Chelsea & Westminster identified issues in their RTT PTL submission for w/e 25 April.

# Phase 2: Recovery plan Outpatients Weekly performance by Trust against Spring Recovery Plan

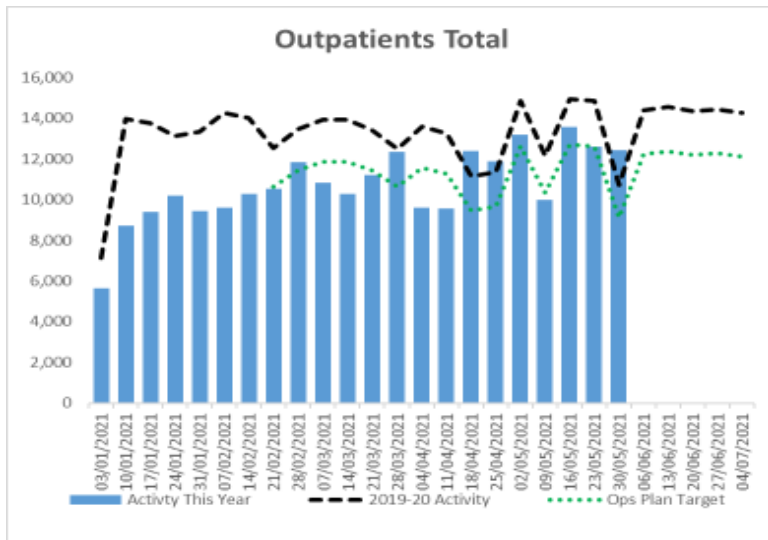
CWFT



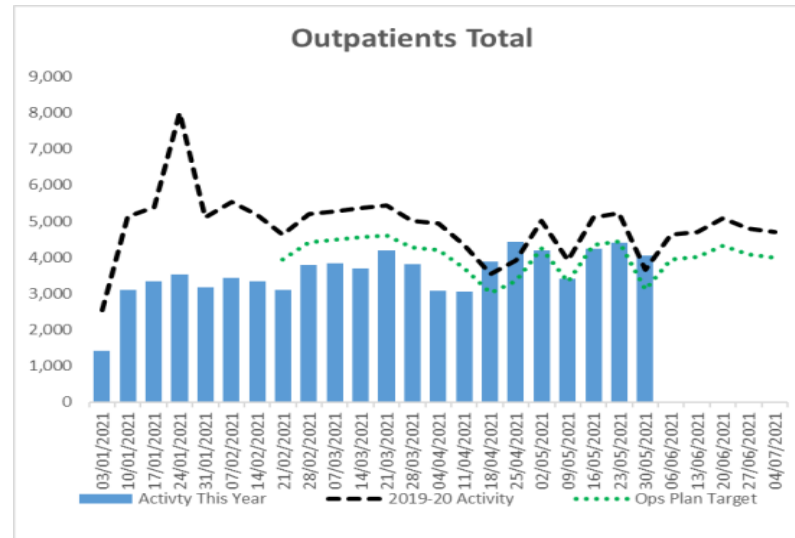
ICHT



LNWUHT



THHFT



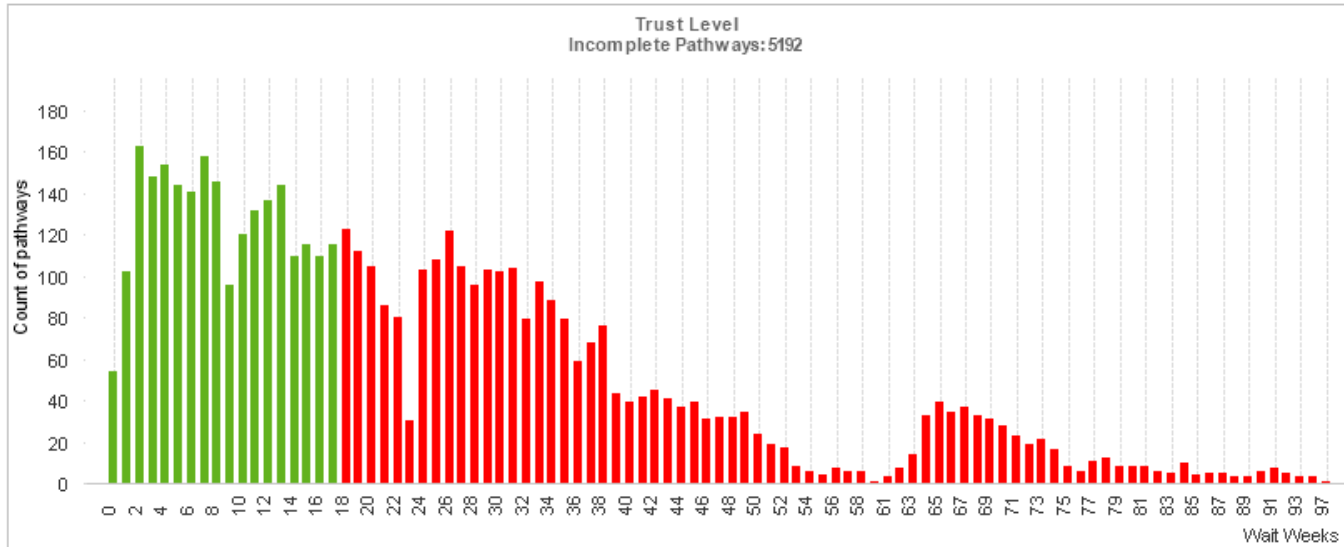
N.b. This report includes unvalidated operational data which needs to be viewed in conjunction with exception reports from trust teams.  
Confidential information - not for further distribution

Source: COVID-19 NHS Weekly Phase 3 Activity Report

# Current PTL Position 17th June



## Admitted

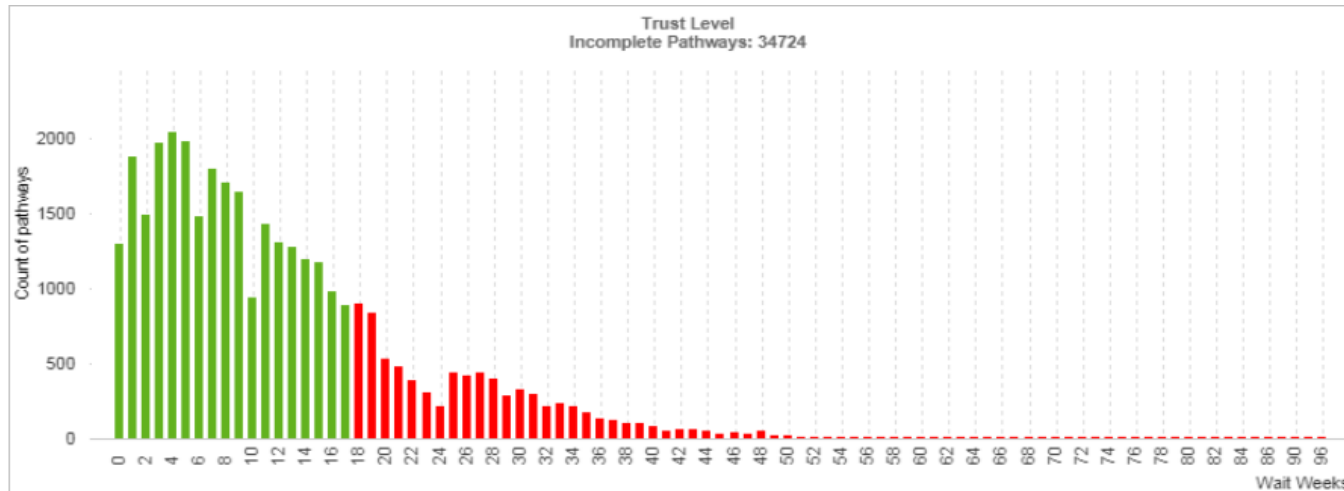


### Admitted Summary

(previous data)

- **52ww** - ↓**500** (515)
- **Dated** - ↓**1,198** (1,204)
- **Undated** - ↑**3,994** (3,988)

## Non-Admitted



### Non-Admitted Summary

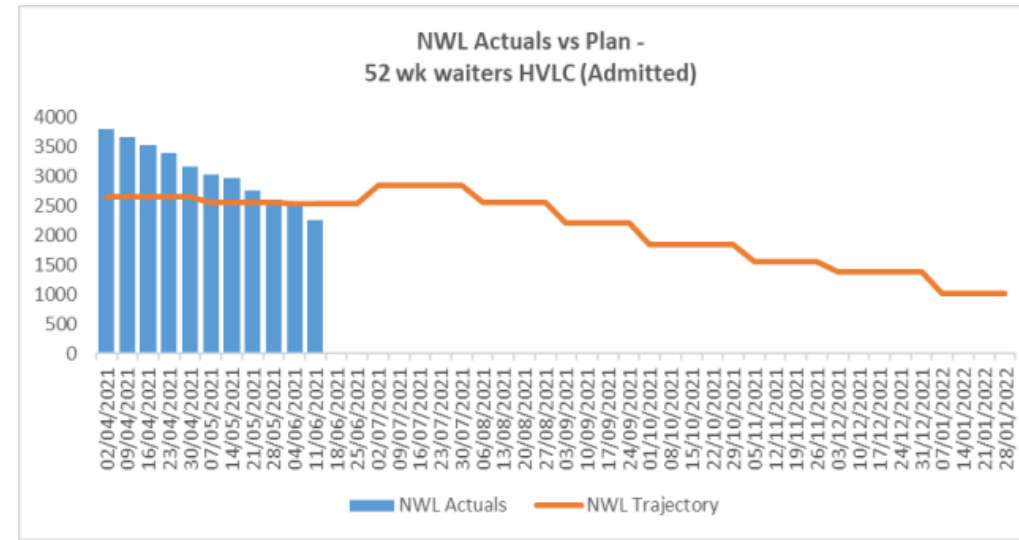
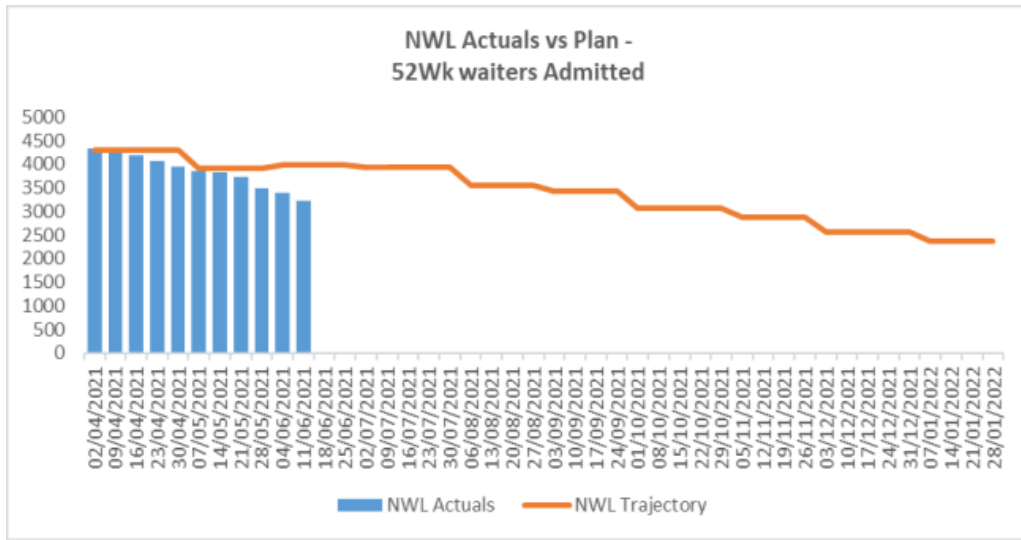
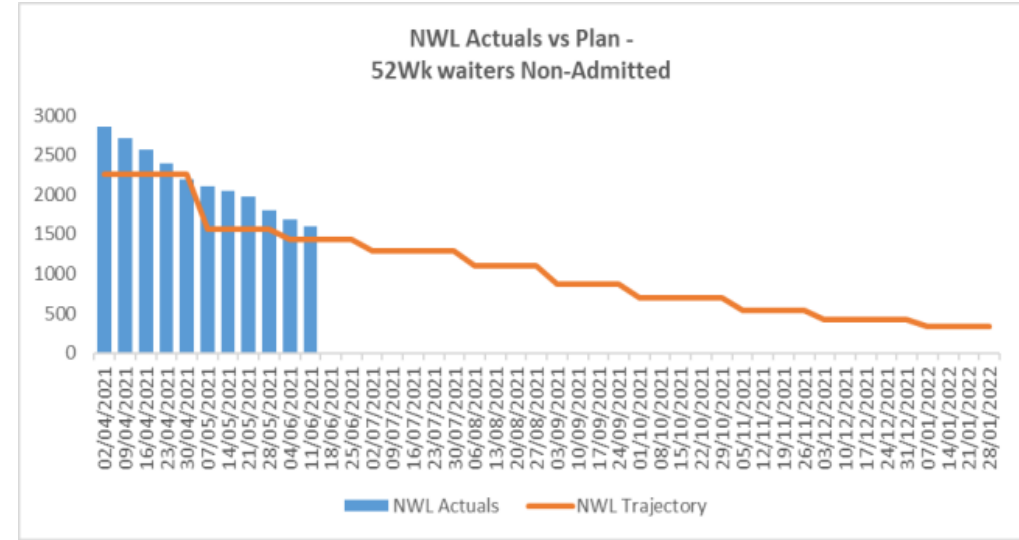
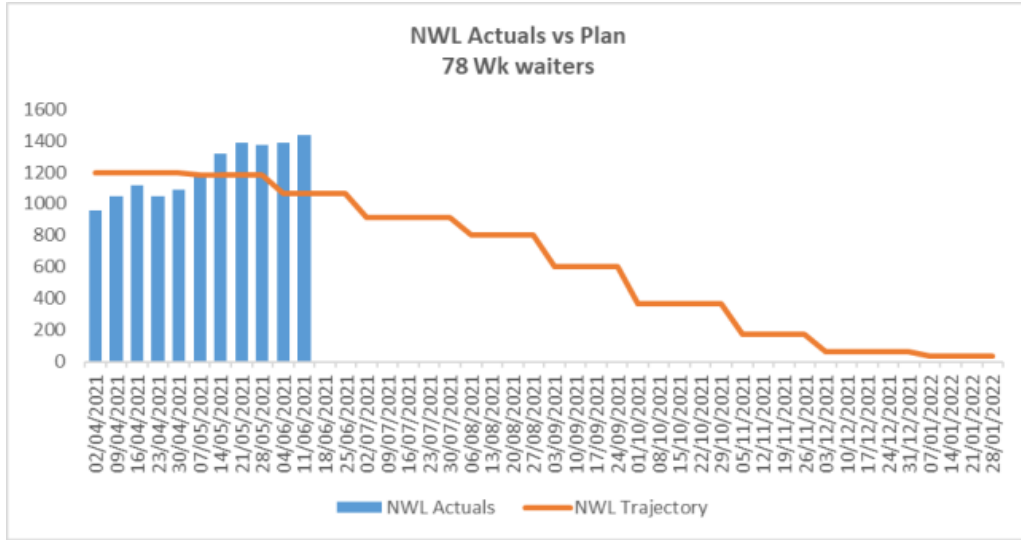
(previous data)

- **52ww** - ↓**231** (240)
- **Dated** - ↑**23,456** (22,663)
- **Undated** - ↑**11,268** (10,838)



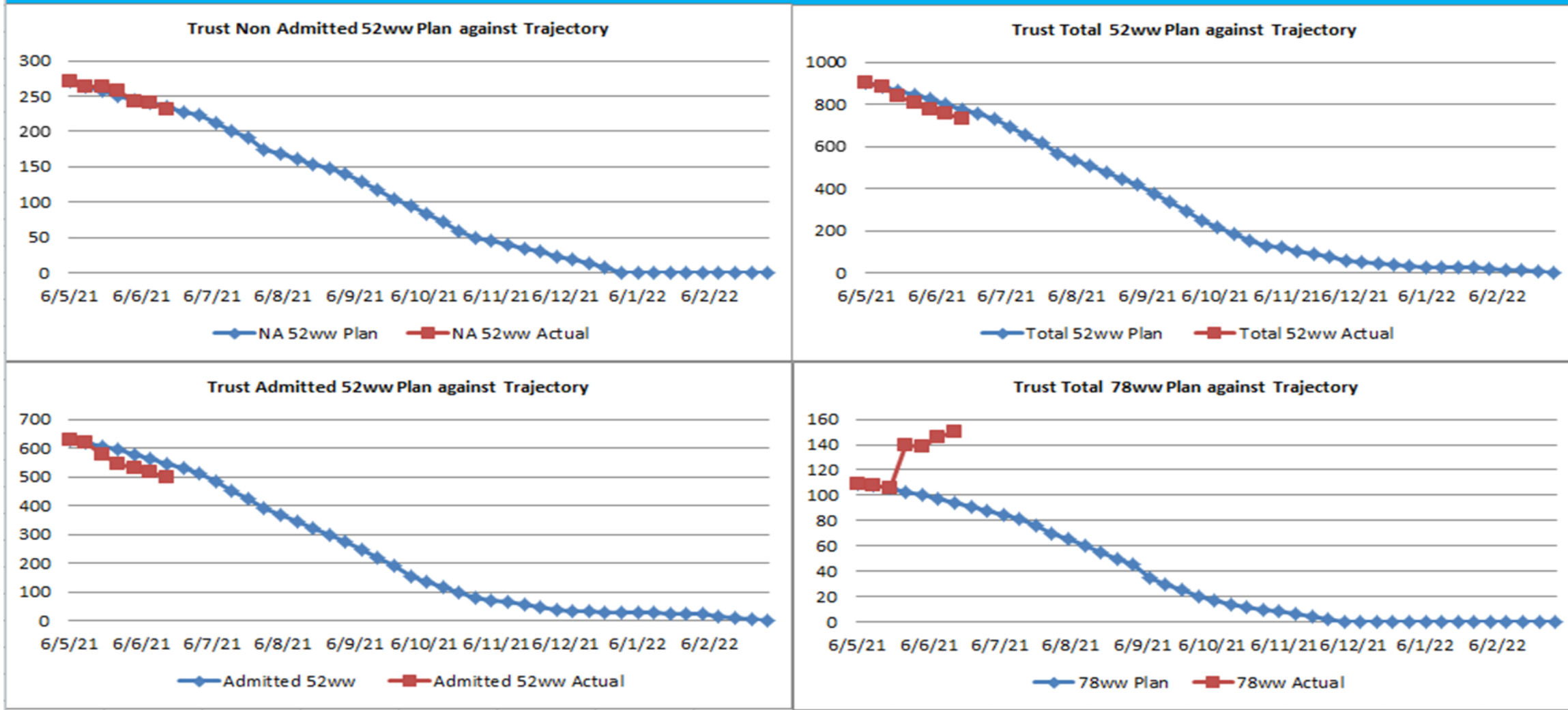
# NWL Actuals vs Trajectories

Actual activity: Un-validated data

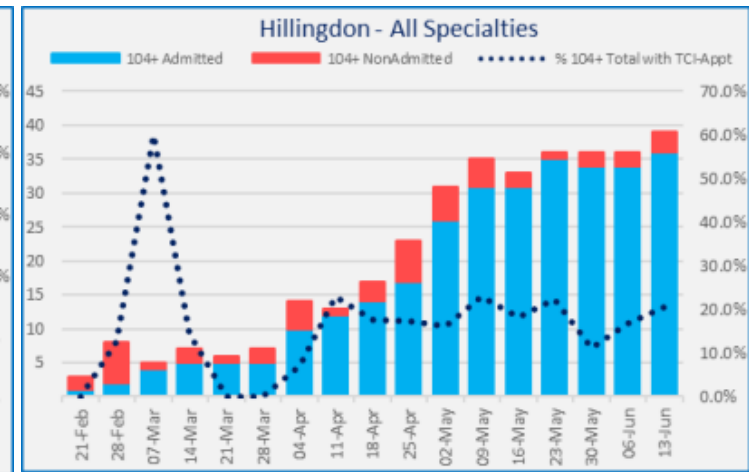
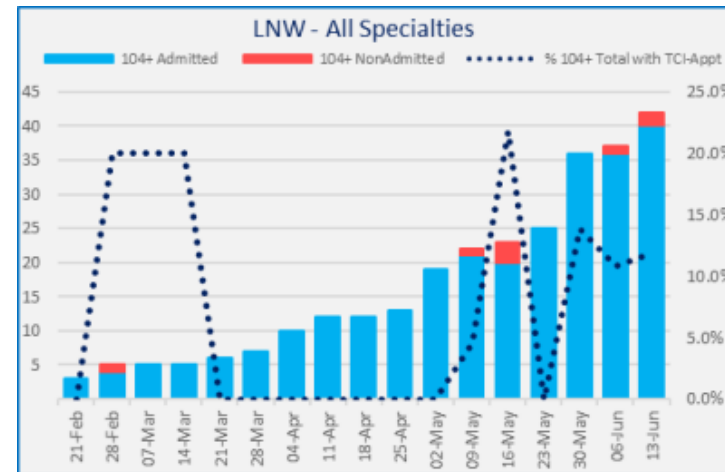
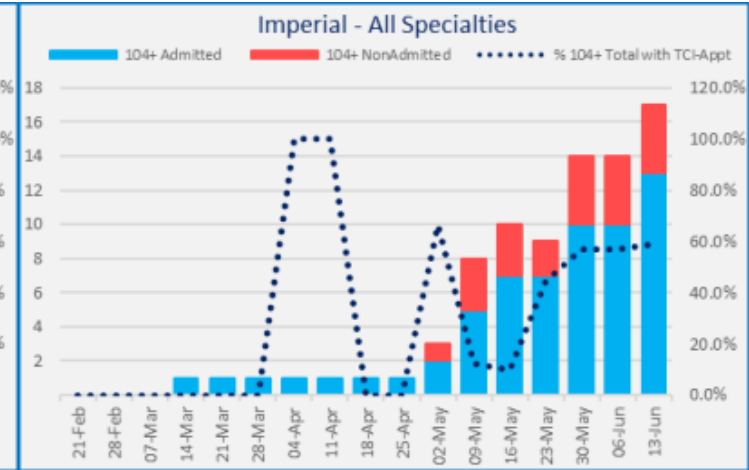
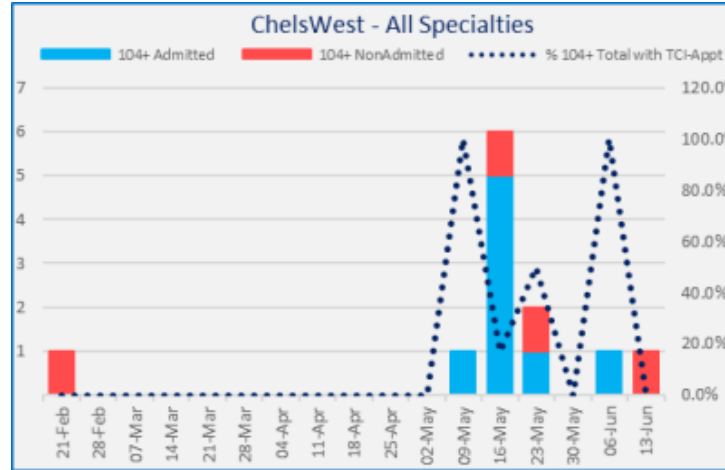
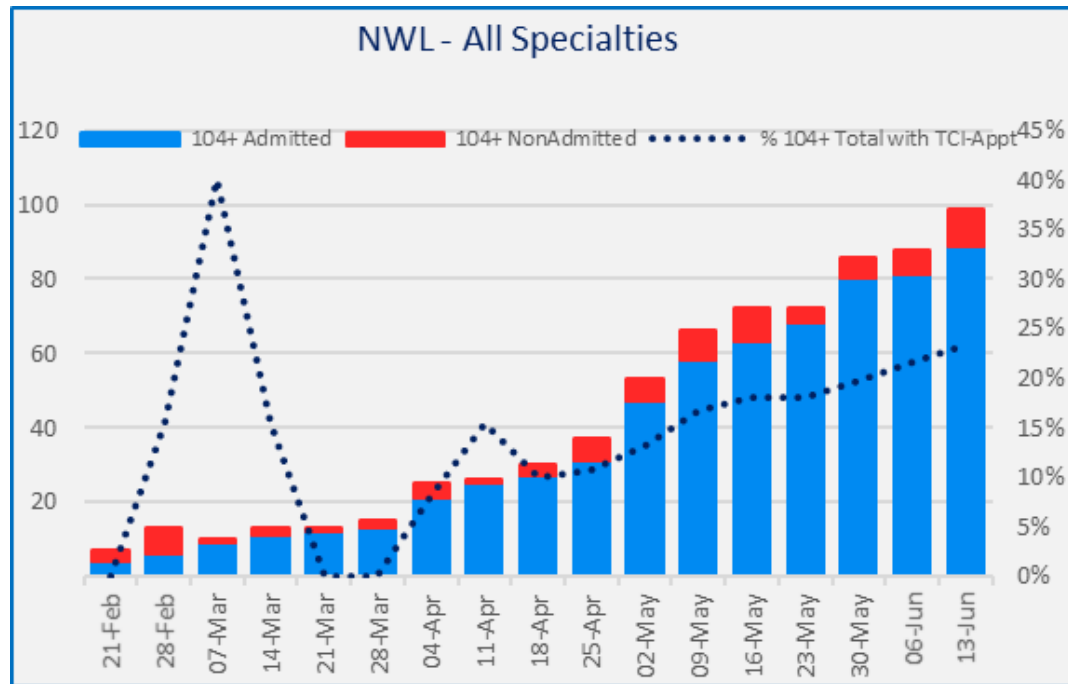


# CW Actuals vs Trajectories

## Chelsea & Westminster Hospital Long Wait Trajectory

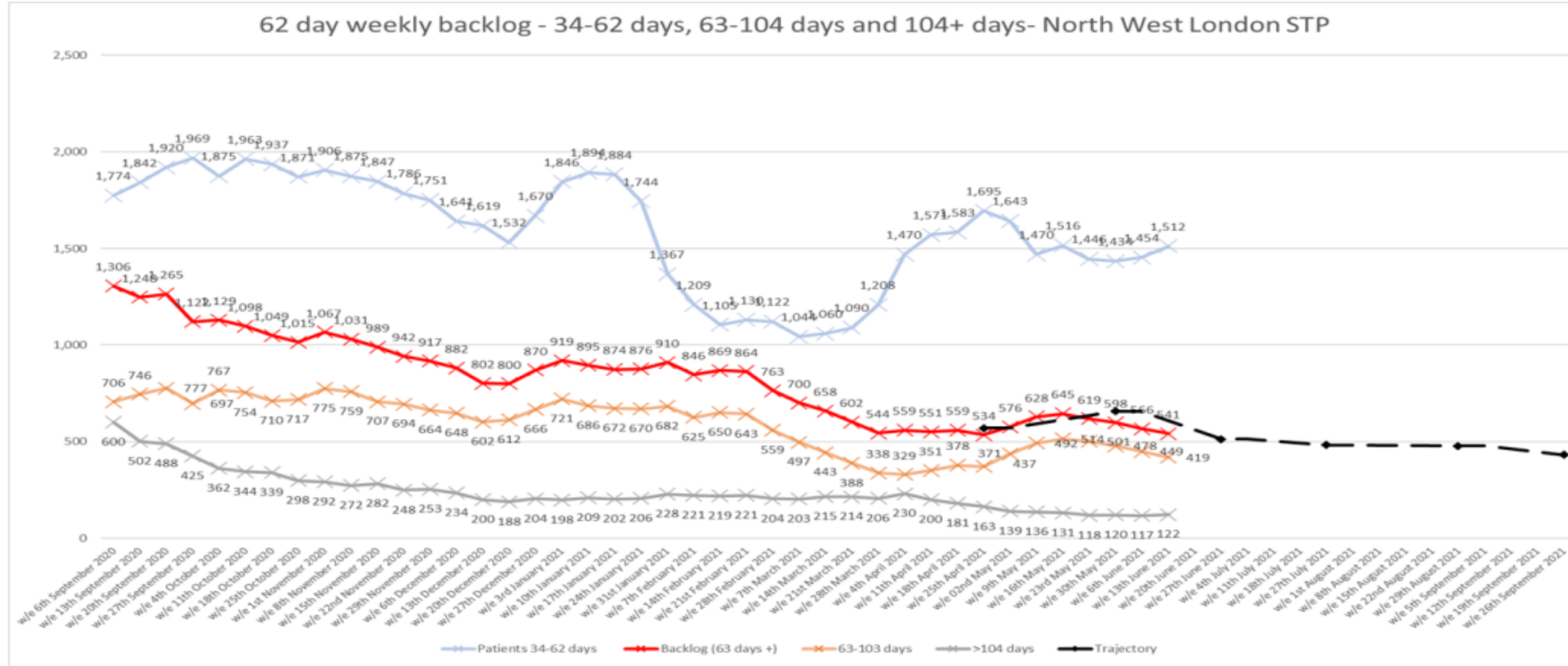


# NW London 104ww – there are 99 patients as of 17<sup>th</sup> June





# North West London – w/e 13th June 2021



## Change in last week by patients:

Provider	34-62 days	63-103 days	104+ days	63 days +	Total 63+ day backlog
Chelsea & Westminster	+28	-13	-2	-15	96
Imperial	+8	-21	+4	-17	240
London North West	+23	+5	+4	+9	165
Hillingdon Hospitals	-1	-1	-1	-2	40
Royal Brompton & Harefield					
<b>North West London</b>	<b>+58</b>	<b>-30</b>	<b>+5</b>	<b>-25</b>	<b>541</b>

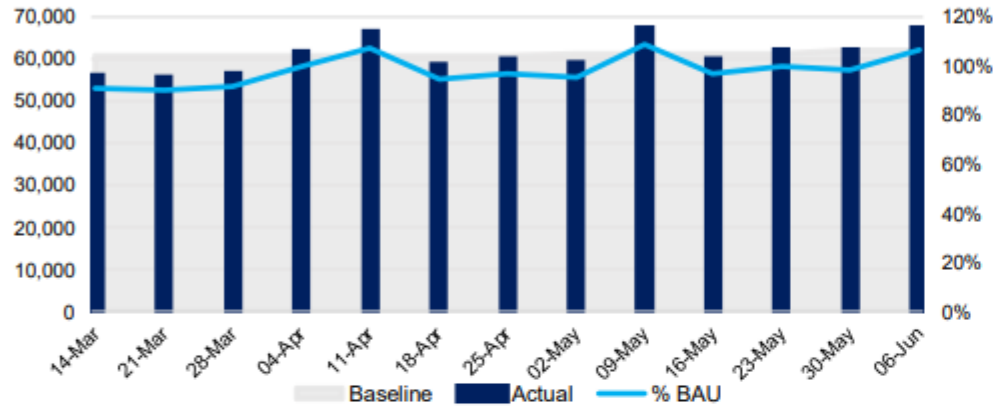
## Totals:

NWL	34-62 days	63-103 days	104+ days	63 days +
RMP w/e 13.06.2021	1,512	419	122	541
Baseline (w/e 01.03.20)	1,644	725	158	883
Difference to baseline	-132	-306	-36	-342

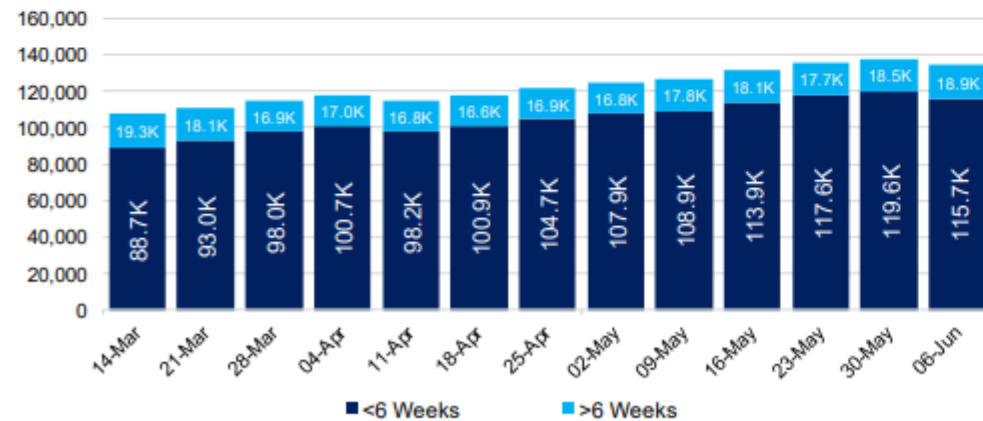
# Imaging activity



Imaging Activity Volumes and % of Baseline



Imaging: Total Wait List



Imaging (Latest Freeze Data: w/e 06-Jun)

Provider	% BAU	Actual Activity	4 Week Change	Jun-21 Plan
<b>NEL</b>	<b>110.2%</b>	<b>14,626</b>	<b>-2.1%</b>	<b>52,961</b>
Homerton	121.0%	2,380	2.9%	
Barts	112.3%	7,260	-8.1%	
BHRUT	102.9%	4,986	5.6%	
<b>NCL</b>	<b>119.4%</b>	<b>13,100</b>	<b>2.1%</b>	<b>48,307</b>
NMUH	192.6%	1,846	-3.9%	
UCLH	154.5%	4,108	7.6%	
Whittington	125.3%	1,440	-7.8%	
GOSH	111.3%	440	20.5%	
RNOH	97.7%	491	10.7%	
RFL	90.3%	4,671	2.4%	
Moorfields	80.3%	104	-36.6%	
<b>NWL</b>	<b>96.6%</b>	<b>13,961</b>	<b>5.5%</b>	<b>48,561</b>
LNW	105.9%	4,470	19.8%	
Imperial	100.4%	4,934	-2.7%	
ChelWest	93.4%	3,310	7.2%	
Hillingdon	70.5%	1,248	-7.0%	
<b>SEL</b>	<b>109.0%</b>	<b>13,213</b>	<b>-3.3%</b>	<b>48,199</b>
Kings	120.3%	5,371	-3.6%	
LGT	103.9%	3,425	-0.4%	
GSTT	101.3%	4,416	-5.1%	
<b>SWL</b>	<b>100.6%</b>	<b>11,193</b>	<b>-2.2%</b>	<b>41,962</b>
Croydon	120.6%	2,465	-0.7%	
Epsom	107.7%	2,480	-2.6%	
Royal Marsden	104.4%	1,675	4.9%	
St George's	88.9%	2,993	-2.2%	
Kingston	87.6%	1,580	-10.0%	
<b>LONDON</b>	<b>106.7%</b>	<b>66,093</b>	<b>0.0%</b>	<b>239,990</b>

Source: Weekly Activity Return

Waitlist (w/e 06-Jun)

Waitlist	4 Week Change	>6 Weeks
<b>45,503</b>	<b>7.5%</b>	<b>12,403</b>
4,925	6.0%	188
31,691	5.5%	11,002
8,887	16.0%	1,213
<b>20,872</b>	<b>8.1%</b>	<b>1,637</b>
999	-20.2%	20
7,389	14.8%	855
2,912	4.3%	7
1,216	-3.9%	300
2,036	13.7%	252
6,180	7.9%	201
140	150.0%	2
<b>23,788</b>	<b>3.5%</b>	<b>1,556</b>
6,722	-1.1%	33
7,865	0.2%	309
4,358	0.1%	38
4,843	21.7%	1,176
<b>21,806</b>	<b>6.4%</b>	<b>2,408</b>
7,189	3.9%	433
6,015	8.2%	1,159
8,602	7.2%	816
<b>22,655</b>	<b>4.6%</b>	<b>907</b>
6,797	-2.6%	488
7,115	20.1%	240
0	-	0
5,899	-2.8%	156
2,844	5.8%	23
<b>134,624</b>	<b>6.2%</b>	<b>18,911</b>

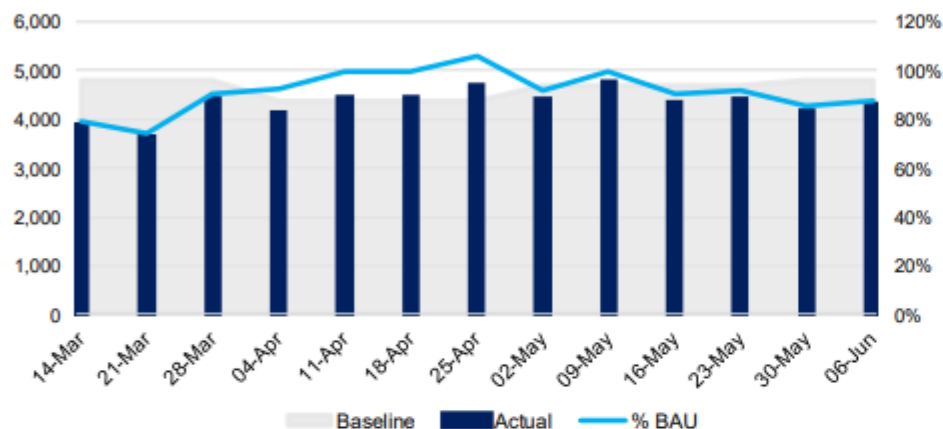
Source: Weekly Activity Return

London Imaging Activity in the equivalent baseline period: 61,936.

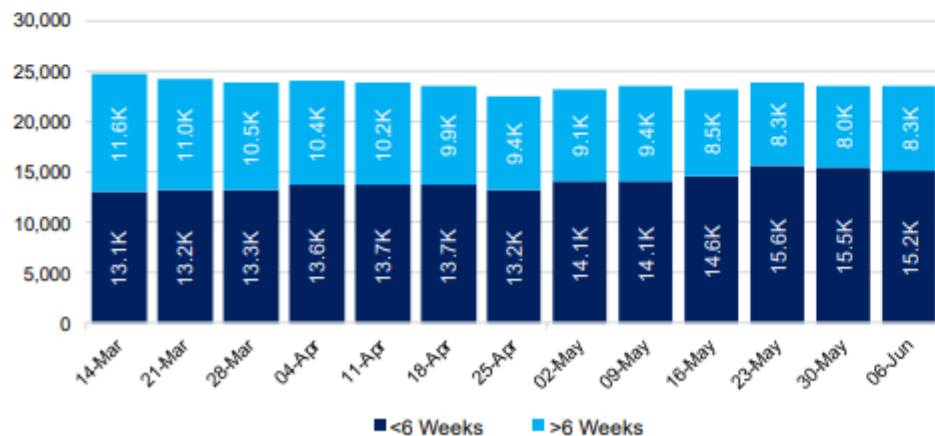
# Endoscopy activity



Endoscopy Activity Volumes and % of Baseline



Endoscopy: Total Wait List



Endoscopy (Latest Freeze Data: w/e 06-Jun)

Provider	% BAU	Actual Activity	4 Week Change	Jun-21 Plan
NEL	103.5%	879	11.9%	3,778
BHRUT	173.2%	241	43.0%	
Barts	92.1%	459	5.2%	
Homerton	84.4%	179	-0.7%	
NCL	99.9%	870	-15.6%	4,038
UCLH	236.7%	624	-11.8%	
Whittington	115.2%	165	-11.4%	
NMUH	37.8%	50	-44.4%	
RFL	9.7%	31	-34.2%	
GOSH	0.0%	0	-	
NWL	83.0%	915	-22.9%	4,257
Hillingdon	306.5%	129	-25.4%	
ChelWest	125.0%	309	-16.3%	
LNW	59.2%	295	-2.9%	
Imperial	58.0%	183	-46.5%	
SEL	72.4%	724	-2.7%	3,812
LGT	141.8%	449	12.2%	
Kings	53.5%	274	-18.0%	
GSTT	0.7%	1	-87.5%	
SWL	85.1%	839	-10.8%	3,485
Croydon	139.9%	194	-6.1%	
Royal Marsden	111.5%	39	24.0%	
Kingston	76.8%	138	-6.8%	
St George's	74.6%	270	2.4%	
Epsom	73.3%	199	-31.8%	
<b>LONDON</b>	<b>87.9%</b>	<b>4,226</b>	<b>-9.8%</b>	<b>19,370</b>

Source: Weekly Activity Return

London Endoscopy Activity in equivalent baseline period: 4,807.

Waitlist (w/e 06-Jun)

Waitlist	4 Week Change	>6 Weeks
5,551	1.3%	2,606
671	19.6%	42
4,189	-2.1%	2,511
691	8.3%	53
4,989	-1.3%	1,936
1,956	8.7%	959
388	-39.4%	111
1,063	6.2%	340
1,464	-1.5%	481
118	-6.3%	45
6,686	0.6%	2,421
978	6.4%	462
1,163	-12.1%	242
1,350	-8.7%	178
3,195	9.2%	1,539
3,571	-5.3%	1,077
971	-0.7%	247
1,449	-10.6%	509
1,151	-2.0%	321
2,653	3.0%	248
602	7.5%	36
0	-	0
535	3.7%	13
687	-9.4%	106
829	11.7%	93
<b>23,450</b>	<b>-0.3%</b>	<b>8,288</b>

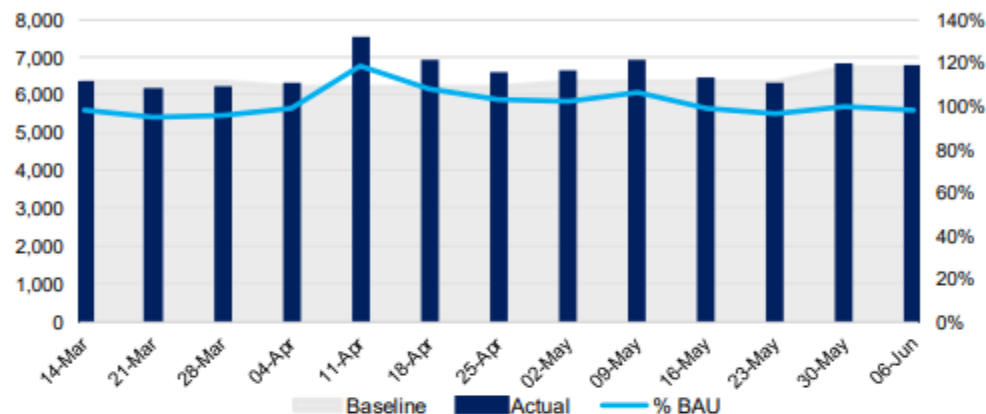
Source: Weekly Activity Return

\*Please note we have switched to using the National Weekly Activity Return for Endoscopy activity, which has caused the drop in position.

# Echocardiography activity



Echocardiography Activity Volumes and % of Baseline



Echocardiography: Total Wait List



Echocardiography (Latest Freeze Data: w/e 06-Jun)

Provider	% BAU	Actual Activity	4 Week Change	Jun-21 Plan
NEL	86.1%	1,184	-8.6%	4,429
Barts	96.8%	891	-9.2%	
Homerton	88.4%	146	-14.0%	
BHRUT	50.7%	146	1.7%	
NCL	126.3%	1,176	-8.2%	4,182
GOSH	179.5%	296	0.9%	
UCLH	167.2%	416	-17.4%	
Whittington	119.3%	125	7.5%	
RFL	96.8%	211	-15.9%	
NMUH	65.6%	128	9.7%	
NWL	81.0%	1,041	10.6%	4,104
LNW	187.7%	495	147.5%	
Hillingdon	78.4%	126	-12.9%	
ChelWest	66.5%	139	-33.9%	
Imperial	43.1%	281	-27.2%	
SEL	107.3%	2,189	2.5%	7,301
Kings	112.4%	799	11.7%	
GSTT	109.9%	1,219	0.3%	
LGT	77.8%	171	-17.0%	
SWL	93.3%	1,014	-8.9%	3,966
Epsom	116.8%	221	-4.8%	
Croydon	85.4%	171	-33.8%	
St George's	84.8%	478	-2.8%	
Kingston	62.6%	84	11.7%	
<b>LONDON</b>	<b>98.3%</b>	<b>6,604</b>	<b>-2.4%</b>	<b>23,982</b>

Source: Weekly Activity Return

London Echo Activity in the equivalent baseline period: 6,719.

Waitlist (w/e 06-Jun)

Waitlist	4 Week Change	>6 Weeks
9,460	1.4%	5,436
8,209	0.8%	5,283
703	9.0%	96
548	1.1%	57
2,287	-8.0%	465
180	-4.3%	47
664	18.8%	86
428	-3.6%	49
817	1.9%	282
198	-59.8%	1
2,730	-8.3%	591
939	23.1%	9
517	-9.9%	124
871	-29.8%	352
403	0.5%	106
4,663	-6.9%	1,650
2,671	-20.7%	1,324
1,130	3.0%	323
862	58.5%	3
3,697	7.1%	1,158
749	17.4%	41
713	9.0%	20
1,102	27.0%	124
1,133	-12.4%	973
<b>22,837</b>	<b>-1.8%</b>	<b>9,300</b>

Source: Weekly Activity Return





**Board of Directors Meeting, 8 July 2021**

**PUBLIC SESSION**

<b>AGENDA ITEM NO.</b>	2.2/Jul/21
<b>REPORT NAME</b>	Integrated Performance Report – May 2021
<b>AUTHOR</b>	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
<b>LEAD</b>	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
<b>PURPOSE</b>	To report the combined Trust’s performance for May 2021 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
<b>REPORT HISTORY</b>	Executive Management Board, 23 June 2021 Quality Committee, 6 July 2021
<b>SUMMARY OF REPORT</b>	<p><b>A&amp;E Waiting Times</b> Performance against this indicator has declined for the month of May 2021 to 90.74% from 91.85% in April 2021. The Trust is experiencing a significant surge in activity and is reflective of the regional and national demand profile. Work is underway to better understand what is driving the volumes attending the departments</p> <p><b>18 Weeks RTT – Incomplete</b> Performance has seen an improvement from 73.31% in April to 75.81% in May 2021. Both Inpatient and Outpatient activity continues to increase across sites mitigating any growth in the longer waiting patients. Despite this referral rates continue to rise which will drive an increase in the overall waiting list. The Trust waiting list has grown by 2,276 patients during the month to 39,369.</p> <p><b>Cancer – 62 days GP Referral to first treatment</b> The Trust achieved the Cancer – 62 days GP Referral to first treatment standard for the first time at both sites since August 2019 with a performance of 85.93%. Maintaining this performance and reduction of the backlog further remains the focus to ensure timely care for our cancer patients</p> <p><b>RTT Incompletes 52 week Patients at month end</b> Numbers of patients waiting over 52 weeks has continued to reduce for the third month in a row. As at the end of May there were 766 patients waiting over 52 weeks. This number looks to continue to reduce as activity increases.</p> <p><b>Diagnostic waiting times</b> The final May performance figure 95.55%, up again from last month at 94.78% and at the highest post-Covid level. Diagnostic Imaging is compliant at 99.9%, Audiology compliant at 100%. Physiology on track to be compliant from July 2021. Plans are in place to achieve remaining specialties by August 2021.</p>

<b>KEY RISKS ASSOCIATED:</b>	There are significant risks to the achievement of all of the main performance indicators, including A&E, RTT, Cancer & Diagnostics.
<b>QUALITY IMPLICATIONS</b>	As outlined above.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Deliver high quality patient centred care</li> <li>• Be the employer of choice</li> <li>• Delivering better care at lower cost</li> </ul>
<b>DECISION / ACTION</b>	For noting.



# TRUST PERFORMANCE & QUALITY REPORT

## May 2021



## NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months Trend charts
		Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022 Q1	2021-2022	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	90.41%	92.46%	90.29%	91.30%	91.26%	91.37%	91.09%	91.22%	90.90%	91.85%	90.74%	91.26%	91.26%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	76.09%	75.04%	77.00%	76.05%	74.58%	71.87%	74.13%	73.03%	75.45%	73.71%	75.81%	74.79%	74.79%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (May-21) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.34%	95.99%	95.07%	95.99%	99.00%	98.95%	97.85%	98.95%	98.32%	97.73%	96.65%	97.73%	97.73%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	97.60%	100%	98.43%	100%	97.60%	100%	98.43%	100%	100%	
	31 days diagnosis to first treatment (Target: >96%)	98.18%	97.56%	100%	97.56%	94.32%	96.00%	93.44%	96.00%	95.80%	96.70%	96.19%	96.70%	96.70%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (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%)	69.86%	80.39%	85.71%	80.39%	69.29%	80.77%	86.08%	80.77%	69.50%	80.62%	85.93%	80.62%	80.62%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	1	1	2	0	2	2	4	1	3	3	6	6	
Learning Difficulties	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	

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
- Note that all Cancer indicators show interim, unvalidated positions for the latest month (May-21) and are not included in quarterly or yearly totals

### A&E Waiting Times

Performance against this indicator has declined for the month of May 2021 to 90.74% from 91.85% in April 2021. The Trust is experiencing a significant surge in activity and is reflective of the regional and national demand profile. Work is underway to better understand what is driving the volumes attending the departments

### 18 Weeks RTT – Incomplete

Performance has seen an improvement from 73.31% in April to 75.81% in May 2021. Both Inpatient and Outpatient activity continues to increase across sites mitigating any growth in the longer waiting patients. Despite this referral rates continue to rise which will drive an increase in the overall waiting list. The Trust waiting list has grown by 2,276 patients during the month to 39,369.

### Cancer – 62 days GP Referral to first treatment

The Trust achieved the Cancer – 62 days GP Referral to first treatment standard for the first time at both sites since August 2019 with a performance of 85.93%. Maintaining this performance and reduction of the backlog further remains the focus to ensure timely care for our cancer patients

### Patient Safety – C.diff infections

There were 3 *Clostridium difficile* nosocomial infections in May, 2 at WMH and 1 at CWH. RCA meetings were held and it was established that no lapses in care contributed to the development of each *C. diff* case. Each clinical area did identify areas for improvement e.g.

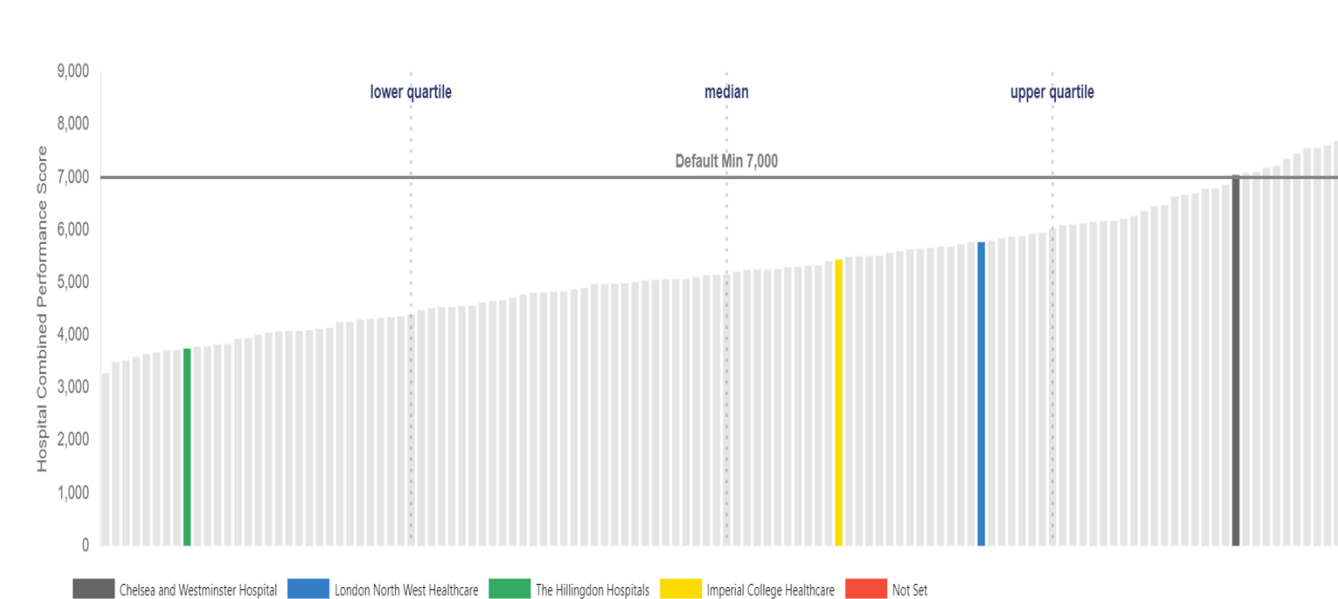
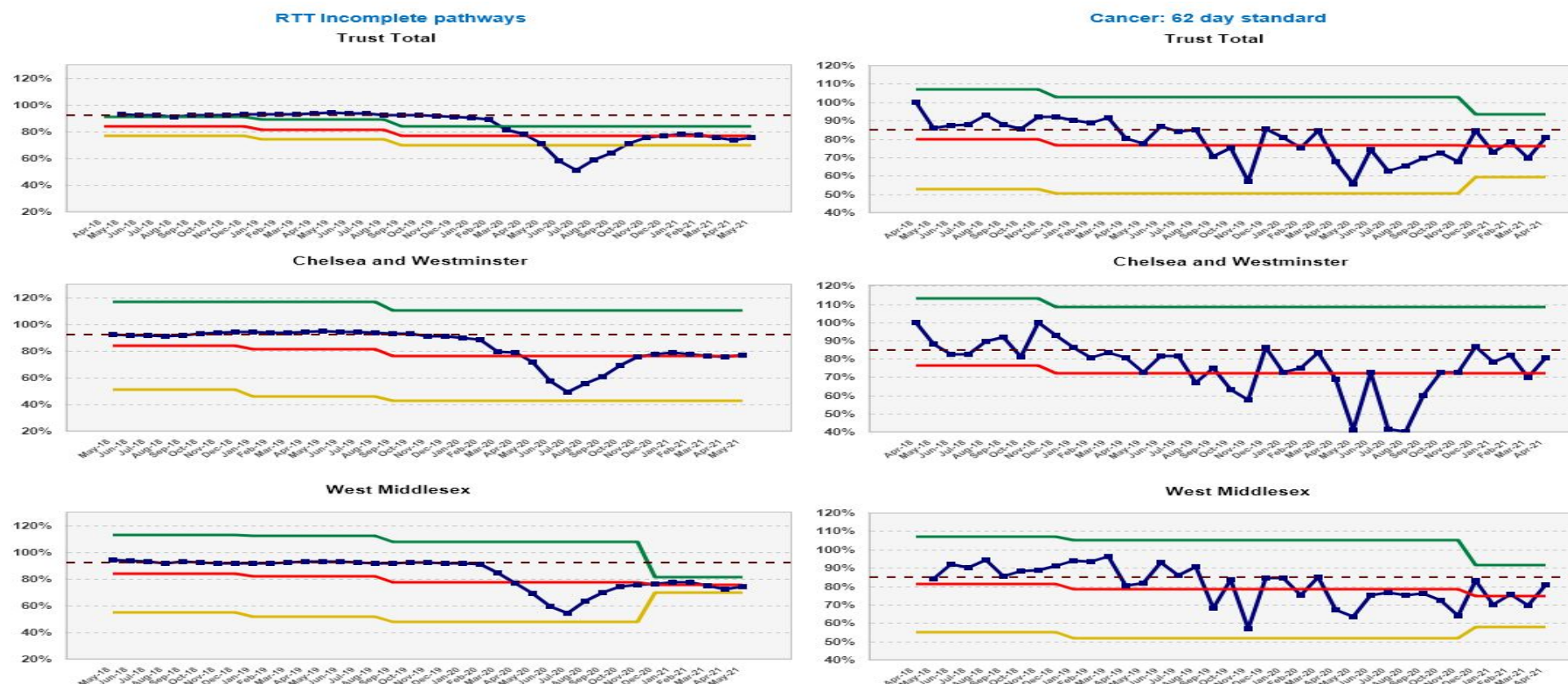
- Staff training on the process for requesting a *C.diff* test
- Documentation of stool charts on Cerner
- Delay in isolation of patient with suspected *C. diff*
- Inappropriate antibiotic prescription
- Inappropriate PPI prescription once patient stepped down from ITU





## SELECTED BOARD REPORT NHSI INDICATORS

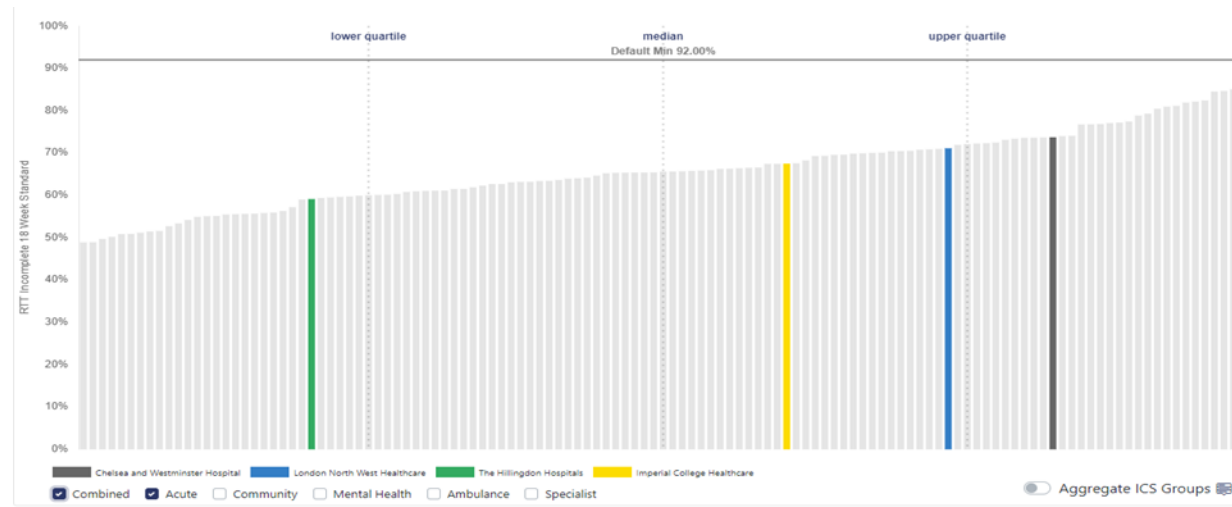
### Statistical Process Control Charts for the last 37 months April 2018 to May 2021



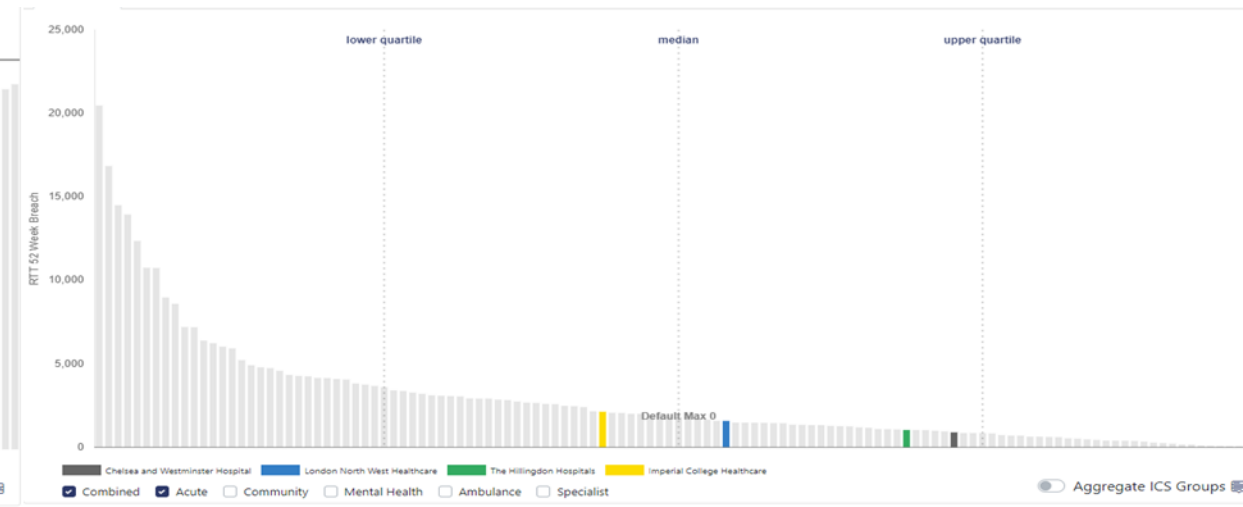
**Hospital Combined Performance Score**

For the month of May the Trust is ranked in 10<sup>th</sup> position nationally which is an improved position.

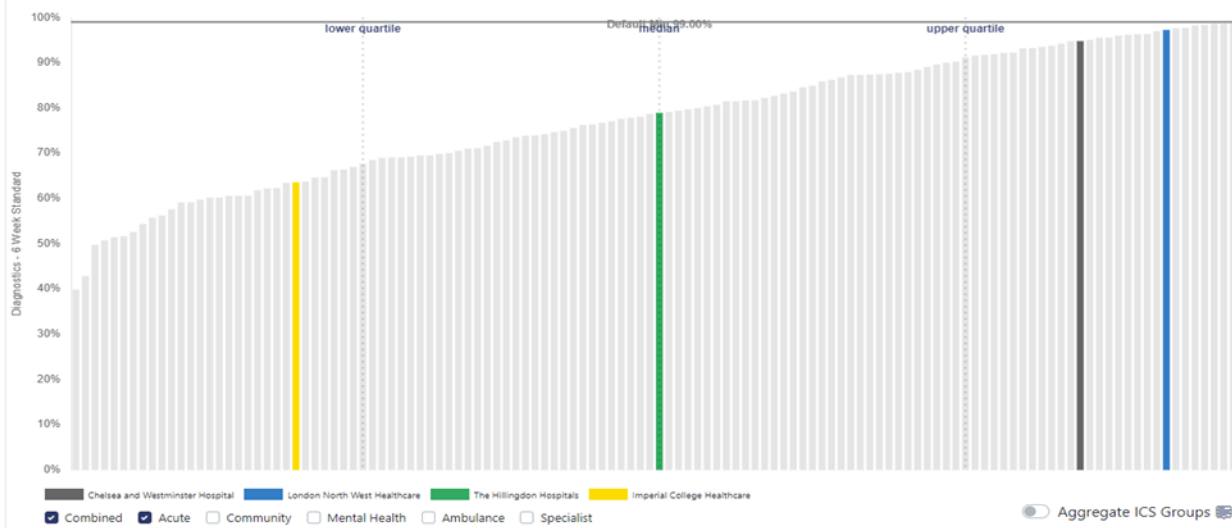
Please note, the below charts are for comparative purposes only and are 1 month retrospective – April 21. There have been an additional 14 trusts added to the national reporting so some positions may differ from last month's report.



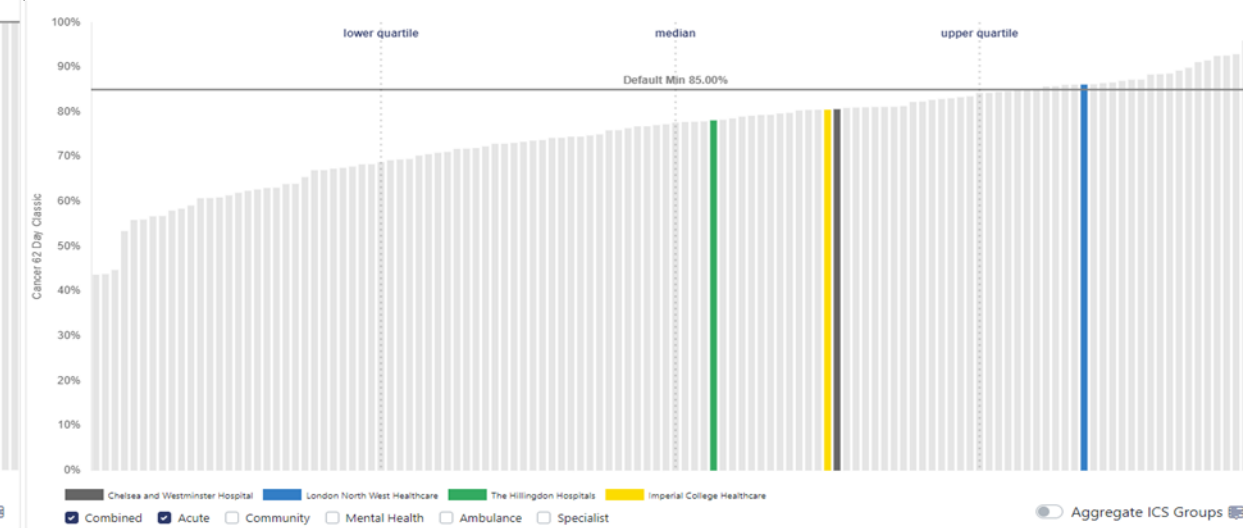
The chart above shows the relative ranking against the RTT 18 week standard. The Trust is currently ranked 21<sup>st</sup> of 123 Trusts nationally which is a positive improvement. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the RTT 52ww standard. The Trust is currently ranked 33<sup>rd</sup> of 123 Trusts nationally which is an improved position from March 2020. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the 6 Week Diagnostic Standard. The Trust is currently ranked 18<sup>th</sup> of 123 Trusts nationally which is an improvement. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the 62 Day Cancer Standard. The Trust is currently ranked 45<sup>th</sup> of 123 Trusts nationally which is an improved position. The chart also demonstrates the position across the ICS.



## Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022 Q1	2021-2022	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	1	0	1	0	1	0	1	1		-
	Hand hygiene compliance (Target: >90%)	95.2%	96.7%	88.0%	91.2%	96.3%	84.9%	89.6%	86.7%	95.6%	89.4%	88.6%	89.0%	89.0%		-
Incidents	Number of serious incidents	4	4	4	8	5	1	7	8	9	5	11	16	16		-
	Incident reporting rate per 100 admissions (Target: >8.5)	10.3	8.5	9.0	8.8	10.5	9.7	10.2	10.0	10.4	9.1	9.6	9.4	9.4		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.02	0.06	0.05	0.04	0.02	0.02	0.02	0.02	0.02	0.04	0.04	0.04	0.04		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	6.16	5.67	4.42	5.01	3.44	2.77	4.34	3.59	4.80	4.18	4.38	4.29	4.29		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	1.6%	0.0%	0.9%	0.0%	3.1%	0.0%	1.2%	0.0%	2.1%	0.0%	1.0%	1.0%		-
Harm	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	1	1	0	0	1	1	1		-
	Safeguarding adults - number of referrals	18	16	21	37	49	42	52	94	67	58	73	131	131		-
	Safeguarding children - number of referrals	54	34	44	78	169	130	153	283	223	164	197	361	361		-
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.77	0.78	0.77	0.77	0.77	0.78	0.77	0.77	0.77	0.78	0.77	0.77	0.77		-
Mortality	Number of hospital deaths - Adult	29	24	28	52	65	53	49	102	94	77	77	154	154		-
	Number of hospital deaths - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Number of hospital deaths - Neonatal	2	0	2	2	3	0	1	1	5	0	3	3	3		-
	Number of deaths in A&E - Adult	4	1	0	1	4	4	1	5	8	5	1	6	6		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	1	1	0	0	1	1	1		-

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

### Hand Hygiene

Performance has seen a second month of decline from 89.4% in April to 88.6% in May against the >90% target.

### Medication-related safety incidents

A total of 129 medication-related incidents were reported in May 2021. CW site reported 62 incidents, WM site reported 65 incidents and there were 2 incidents reported in community. The number of incidents reported in May has increased for WM site since April (44) and has remained consistent at CW site.

### Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days

The Trust position of medication-related incidents involving patients (NRLS reportable) for May 2021 was 4.38 per 1,000 FCE bed days which is above the Trust target of 4.2 per 1,000 FCE bed days. There has been an increase in





## Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022 Q1	2021-2022	Trend charts	
Complaints	FFT: Inpatient satisfaction % (Target: >90%)	92.4%	95.0%	94.5%	94.8%	93.4%	93.5%	93.3%	93.4%	92.9%	94.2%	93.8%	94.0%	94.0%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	4.1%	2.7%	2.4%	2.6%	3.9%	3.4%	3.4%	3.4%	4.0%	3.1%	3.0%	3.0%	3.0%		-
	FFT: Inpatient response rate (Target: >30%)	40.5%	56.0%	47.9%	51.7%	60.3%	65.3%	65.9%	65.6%	49.2%	60.6%	57.0%	58.7%	58.7%		-
	FFT: A&E satisfaction % (Target: >90%)	87.6%	87.2%	85.3%	86.2%	83.0%	84.0%	89.0%	87.2%	86.3%	86.4%	86.6%	86.5%	86.5%		!
	FFT: A&E not satisfaction % (Target: <10%)	7.1%	7.0%	9.2%	8.1%	9.3%	10.2%	5.9%	7.5%	7.7%	7.8%	8.0%	7.9%	7.9%		-
	FFT: A&E response rate (Target: >30%)	16.2%	22.3%	21.4%	21.8%	15.9%	20.0%	30.3%	25.6%	16.1%	21.7%	23.8%	22.8%	22.8%		!
	FFT: Maternity satisfaction % (Target: >90%)	92.7%	89.6%	87.1%	88.0%	100.0%	91.7%	100.0%	95.5%	93.2%	89.7%	87.6%	88.4%	88.4%		-
	FFT: Maternity not satisfaction % (Target: <10%)	4.1%	6.3%	10.0%	8.6%	0.0%	8.3%	0.0%	4.5%	3.8%	6.4%	9.6%	8.4%	8.4%		-
	FFT: Maternity response rate (Target: >30%)	39.3%	26.3%	24.6%	25.2%	100.0%	17.6%	100.0%	28.2%	41.2%	25.4%	25.4%	25.4%	25.4%		-
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints (informal) through PALS	32	59	53	32	21	26	13	39	45	41	30	71	71		-
	Complaints formal: Number of complaints received	24	15	17	13	9	10	4	14	19	16	11	27	27		-
	Complaints formal: Number responded to < 25 days	10	6	7	112	34	31	19	50	66	90	72	162	162		-
	Complaints sent through to the Ombudsman	0	0	0	0	1	0	0	0	1	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	2	0	0	0	2	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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Regarding Friends and Family Tests: These metrics are currently suspended and will be re-instated if this report when brought back on line

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## Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022 Q1	2021-2022	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.06	1.75	2.79	2.27	1.04	0.98	1.60	1.43	1.98	1.67	2.53	2.14	2.14		-
	Average length of stay - non-elective (Target: <3.95)	4.63	3.57	3.44	3.50	2.97	3.00	3.05	3.03	3.62	3.25	3.22	3.23	3.23		-
	Emergency care pathway - average LoS (Target: <4.5)	5.62	3.45	3.52	3.49	3.27	3.28	3.42	3.35	3.97	3.34	3.46	3.40	3.40		-
	Emergency care pathway - discharges	151	236	252	488	358	385	410	796	510	621	662	1284	1284		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.54%	5.45%	7.10%	6.30%	11.85%	9.87%	10.59%	10.24%	8.45%	7.74%	8.86%	8.31%	8.31%		!
	Non-elective long-stayers	352	339	310	649	307	321	319	640	659	660	629	1289	1289		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	80.0%	71.1%	80.7%	75.4%	95.0%	95.4%	81.3%	89.9%	83.2%	80.1%	80.9%	80.5%	80.5%		!
	Operations cancelled on the day for non-clinical reasons: actuals	0	0	0	0	0	1	1	2	0	1	1	2	2		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.09%	0.08%	0.00%	0.03%	0.03%	0.03%	0.03%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	0	0	0	1	1	2	0	1	1	2	2		-
	Theatre Utilisation (Target >85%)	66.9%	68.1%	66.3%	67.2%	73.6%	70.4%	73.7%	72.0%	67.6%	68.8%	68.5%	68.7%	68.7%		!
Outpatients	First to follow-up ratio (Target: <1.5)	2.41	2.57	2.54	2.55	1.91	1.91	2.00	1.95	2.19	2.27	2.30	2.28	2.28		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.6	9.6	9.0	9.3	7.6	9.9	10.3	10.1	9.2	9.8	9.6	9.7	9.7		!
	DNA rate: first appointment	7.4%	8.3%	7.4%	7.9%	7.3%	8.4%	8.0%	8.2%	7.4%	8.4%	7.7%	8.0%	8.0%		-
	DNA rate: follow-up appointment	7.3%	7.2%	7.6%	7.4%	7.1%	7.2%	7.3%	7.3%	7.2%	7.2%	7.5%	7.3%	7.3%		-

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### Emergency Readmissions

Performance against this target has increased from 7.74% in April to 8.86% in May.

### Daycase Rate

Performance has increased to 80.1% in May against the 80.9% target.

### Operations cancelled on the same day and not rebooked within 28days

There was 1 recorded operation that was cancelled on the same day and not booked within 28days. Much effort is being put in place to ensure robust management of the inpatient waiting list and communication between theatres and scheduling teams to ensure patients are sighted for rebooking as soon as possible

### Theatre Utilisation

Performance has remained relatively stable over the last three months. May performance was 68.5% against the >85% target





## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022 Q1	2021-2022	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	92.9%	92.6%	97.2%	94.9%	95.4%	96.0%	98.7%	97.3%	94.4%	94.6%	98.1%	96.3%	96.3%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	84.6%	83.3%	100.0%	92.0%	95.7%	76.5%	82.6%	80.0%	91.7%	79.3%	88.9%	84.6%	84.6%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	85.7%	83.3%	100.0%	90.9%	88.0%	94.1%	100.0%	97.5%	87.2%	89.7%	100.0%	95.2%	95.2%		-
VTE	VTE: Hospital acquired	0	0	0	0	1	0	1	1	1	0	1	1	1		-
	VTE risk assessment (Target: >95%)	89.1%	90.1%	91.3%	90.7%	95.9%	95.1%	95.3%	95.2%	92.5%	92.8%	93.4%	93.1%	93.1%		!
TB Care	TB: Number of active cases identified and notified	1	2	3	5	5	6	2	8	6	8	5	13	13		-
Sepsis	ED % of patients with high NEWS score screened for Sepsis	93.6%	93.3%	89.8%	91.6%	89.9%	90.0%	91.2%	90.6%	91.6%	91.7%	90.5%	91.1%	91.1%		-
	ED % of patients at risk of developing sepsis receiving antibiotics	75.7%	71.9%	68.4%	70.3%	89.3%	88.7%	87.1%	87.9%	84.8%	81.9%	79.7%	80.9%	80.9%		-
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	42.9%	34.4%	34.2%	34.3%	57.9%	61.7%	63.8%	62.6%	52.9%	50.6%	52.1%	51.3%	51.3%		-
	AAU/AMU % of patients with high NEWS score screened for Sepsis	55.5%	85.9%	87.5%	86.8%	50.7%	86.4%	94.9%	90.8%	53.2%	86.1%	90.1%	88.4%	88.4%		-
	AAU/AMU % of patients at risk of developing sepsis receiving antibiotics	76.9%	72.4%	70.3%	71.2%	66.7%	78.3%	58.1%	65.2%	71.4%	75.0%	63.7%	68.2%	68.2%		-
	Inpatient Wards % of patients with high NEWS score screened for Sepsis	59.3%	85.5%	84.3%	84.8%	58.2%	84.4%	92.0%	88.4%	58.8%	85.0%	87.9%	86.5%	86.5%		-
Improving outcomes for Inpatient diabetes patients	% of patients identified and triaged as having diabetes															-
	Number of inpatient nurses/HcAs that have received 10-point training	0	7	7	14	0	0	0	0	0	7	7	14	14		-
	Length of stay for elective (surgical specialties only) patients with recorded diabetes	2.2	1.9	2.6	2.3	1.0	1.2	2.1	1.9	2.1	1.7	2.3	2.1	2.1		-
Improving clinical handover	% staff trained on the principles of safe and effective handover (Target >=50%)	These indicators are currently unavailable - awaiting services to provide data														
	% utilisation of handover tool within Cerner (Target >=70%)	These indicators are currently unavailable - awaiting services to provide data														

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### #NoF Time to Theatres

CW Site May 2021 NOFF data update: 100% of medically fit patients achieved theatre within 36 hours. At the WMUH site performance improved from 76.5% in April to 82.6% in May 2021. WMUH performance was 82.6%, resulting in a trust performance of 88.9% against the >90% target.

### VTE Risk Assessments

WMUH site achieved the ≥ 95% target. CW site performance shows improvement (91.3%) but remains below target. VTE performance is tracked weekly through the TW3 performance meetings to ensure improved compliance.

### Hospital Associated thrombosis (HATs)

In May, 0 HAT reported for CW site; and 1 HAT reported for WMUH site. VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning.

### Sepsis

Sepsis: Consistent compliance with screening (>90%) across ED and AMU. Significant improvement in Medical and Surgical wards. Improved timely administration of antibiotics (though not compliant at >90%).



## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022 Q1	2021-2022	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	667	555	460	1015	387	362	306	668	1054	917	766	1683	1683		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	91.98%	93.55%	95.49%	94.53%	93.22%	95.70%	95.60%	95.65%	92.70%	94.77%	95.55%	95.15%	95.15%		!
	Diagnostic waiting times >6 weeks: breach actuals	203	202	143	345	240	175	168	343	443	377	311	688	688		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.0%	8.4%	8.0%	8.2%	8.1%	8.1%	7.6%	7.8%	8.7%	8.3%	7.9%	8.1%	8.1%		!
	A&E time to treatment - Median (Target: <60')	00:28	00:28	00:28	00:28	00:58	00:57	00:58	00:58	00:43	00:43	00:41	00:42	00:42		-
	London Ambulance Service - patient handover 30' breaches	2	3	3	6	58	47	53	100	60	50	56	106	106		-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	1	0	0	0	1	0	0	0	0		-

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### RTT Incompletes 52 week Patients at month end

Numbers of patients waiting over 52 weeks has continued to reduce for the third month in a row. As at the end of May there were 766 patients waiting over 52 weeks. This number looks to continue to reduce as activity increases.

### Diagnostic waiting times

The final May performance figure 95.55%, up again from last month at 94.78% and at the highest post-Covid level. Diagnostic Imaging is compliant at 99.9%, Audiology compliant at 100%. Physiology on track to be compliant from July 2021. Plans are in place to achieve remaining specialties by August 2021.



## RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site		West Middlesex University Hospital Site		Combined Trust Performance	
		Apr-21	May-21	Apr-21	May-21	Apr-21	May-21
RTT waiting list positions	Total RTT waiting list	21899	23080	15395	16290	37294	39370
	Total Non-Admitted waiting list	18537	19451	13555	14313	32092	33764
	Non-Admitted with a date	10834	11426	9644	10375	20478	21801
	Non-Admitted without a date	7703	8025	3911	3938	11614	11963
	Total Admitted waiting list	3362	3629	1840	1977	5202	5606
	Admitted with a date	1132	874	712	576	1844	1450
	Admitted without a date	2230	2755	1128	1401	3358	4156
	Patients waiting >78 weeks	40	59	51	56	91	115
	Patients waiting >104 weeks	0	0	1	1	1	1

## RTT 52 week waiters

## Specialty Dashboard

Local Specialty	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Position		
	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21
<b>Total</b>	<b>557</b>	<b>460</b>	<b>0</b>	<b>344</b>	<b>306</b>	<b>0</b>	<b>901</b>	<b>766</b>	<b>0</b>
Burns Care	1	1					1	1	
Colorectal Surgery	3	3		6	2		9	5	
Community Paediatrics	1	2					1	2	
Dermatology		1			1			2	
ENT				16	12		16	12	
Gastroenterology				2			2		
General Surgery	37	31		45	32		82	63	
Gynae Colposcopy					1			1	
Interventional Radiology				1	1		1	1	
Maxillo-Facial Surgery	2	1					2	1	
Ophthalmology	35	24					35	24	
Oral Surgery				11	23		11	23	
Paediatric Cardiology	1	1					1	1	
Paediatric Clinical Immunology and Allergy	16	17					16	17	
Paediatric Dentistry	161	132					161	132	
Paediatric Dermatology	4	2					4	2	
Paediatric ENT	27	27		26	22		53	49	
Paediatric Gastroenterology					1			1	
Paediatric Maxillo-Facial Surgery	17	16					17	16	
Paediatric Plastic Surgery	13	14					13	14	
Paediatric Surgery	32	28		11	10		43	38	
Paediatric Trauma and Orthopaedics	2	2		4			6	2	
Paediatric Urology	10	8		8	6		18	14	
Paediatrics	1	1		2	3		3	4	
Pain Management	1						1		
Plastic Surgery	78	64		27	21		105	85	
Podiatric Surgery					1			1	
Podiatry				18	11		18	11	
Trauma and Orthopaedics	87	60		81	66		168	126	
Urology	12	13		43	47		55	60	
Vascular Surgery	16	12		43	46		59	58	





## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022	Mar-21	Apr-21	May-21	2021-2022 Q1	2021-2022	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:27	1:27	1:27	1:27	1:28	1:28	1:28	1:28	1:27.5	1:27.5	1:27.5	1:27.50	1:27.5	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:77	1:77	1:77	1:77	1:98	1:98	1:98	1:98	1:87.5	1:87.5	1:87.5	1:87.50	1:87.50	-
Birth indicators	Total number of NHS births	478	434	483	917	398	367	371	738	876	801	854	1655	1655	-
	Total number of bookings	672	613	565	1178	502	478	461	939	1174	1091	1026	2117	2117	-
	Maternity 1:1 care in established labour (Target: >95%)	98.8%	99.3%	98.5%	98.9%	96.5%	97.9%	95.5%	96.7%	97.7%	98.6%	97.1%	97.8%	97.8%	-
Safety	Admissions >37/40 to NICU/SCBU	25	13	22	35	n/a	n/a	n/a	n/a	25	13	22	35	35	-
	Number of reported Serious Incidents	0	1	0	1	2	1	1	2	2	2	1	3	3	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	5.3%	8.3%	7.2%	7.7%	4.8%	6.9%	5.8%	6.3%	5.1%	7.7%	6.6%	7.1%	7.1%	-
	Number of stillbirths	0	3	0	3	0	3	1	4	0	6	1	7	7	-
	Number of Infant deaths	3	0	2	2	3	0	1	1	6	0	3	3	3	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	19.8%	16.6%	17.4%	17.0%	15.4%	8.0%	11.0%	9.5%	17.6%	12.3%	14.2%	13.3%	13.3%	-
	Spontaneous unassisted vaginal births	30.4%	25.1%	31.8%	28.6%	38.8%	33.6%	34.8%	34.2%	34.2%	29.0%	33.1%	31.1%	31.1%	-
	Vaginal Births - spontaneous & induced	65.0%	60.3%	64.4%	62.4%	66.3%	62.8%	63.3%	63.0%	65.6%	61.4%	63.9%	62.7%	62.7%	-
	Instrumental deliveries	19.1%	16.5%	13.6%	15.0%	13.0%	15.0%	10.4%	12.7%	16.3%	15.8%	12.2%	14.0%	14.0%	-
	Pre-labour elective caesarean sections	65	69	66	135	50	45	47	92	115	114	113	227	227	-
	Emergency caesarean sections in labour	56	52	55	107	54	61	56	117	110	113	111	224	224	-

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

The above dashboard has been updated since last report to include metrics for workforce, birth indicators, safety and clinical outcomes.

**Workforce:** The current midwifery ratio's on each site are 1:27 at Chelsea and 1:28 at West Middlesex. The recently commissioned birth rate plus analysis of the midwifery workforce recommends that the ratio's are 1:24.9 for the Chelsea site and 1:21.7 West Middlesex site. The metric for 98 hours dedicated consultant presence is achieved at West Middlesex, however at the Chelsea site this is currently 77 hours. Two obstetric jobs were approved to increase the hours of consultant presence at the Chelsea site to 88hrs. Furthermore, a national submission has been put forward to achieve both the enhanced ratio's and 98 hours dedicated labour ward cover at the Chelsea site.

**Birth indicators:** The last 12 months has seen a slight drop in the birth rate particularly at Chelsea (on average 25-40 births per month), this is being monitored closely and in May the births were on plan. We remain achieving the target for one to one care in labour.

**Safety:** SIs there was one SI for the month of May at West Mid and none for Chelsea. There were no cases of HIE on both sites. All SIs are reviewed both locally and at the regional SIs meetings.

The preterm birth rate at the Chelsea site is currently at 7.2% and the national ambition is to reduce rate to <6%. The West Mid site had a preterm birth rate of 5.5% for May. Both sites had a higher than expected preterm birth rate for April. We are currently undertaking a cross site preterm birth audit to (i) determine our own local population rate rather than that associated with in utero transfers and (ii) review the April cases to determine if there were any trends or care/service delivery issues. Both sites have established preterm birth prevention services and pathways are in place for prediction, prevention and preparation of preterm birth. We are currently implementing the BAPM toolkit for optimisation of preterm infants <34weeks.

Both sites had similar and expected fluctuations with respect to the stillbirth and infant death. We are compliant across both sites with SBLV2 and aiming to reduce by 50% our stillbirths by 2025.

There were no never events for month of May.

**Outcomes indicators:** Our proportion of women experiencing instrumental and caesarean births show similar trends across both sites and also with our regional neighbouring units. The caesarean section activity is higher on the Chelsea site due to increased complexity and also higher demand for maternal choice caesarean birth.



## 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		
		Mar-21	Apr-21	May-21	2021-2022	YTD breaches	Mar-21	Apr-21	May-21	2021-2022	YTD breaches	Mar-21	Apr-21	May-21	2021-2022 Q1	2021-2022		YTD breaches	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	100%	100%	0	100%	100%	100%	100%	100%	0		-
	Colorectal / Lower GI	61.5%	76.9%	66.7%	76.9%	2	56.3%	66.7%	100%	66.7%	0.5	57.8%	75.0%	85.7%	75.0%	75.0%	2.5		!
	Gynaecological	100%	100%	50.0%	100%	0.5	33.3%	100%	100%	100%	0	66.7%	100%	66.7%	100%	100%	0.5		-
	Haematological	100%	100%	100%	100%	0	100%	100%	71.4%	100%	1	100%	100%	77.8%	100%	100%	1		-
	Head and neck	n/a	100%	n/a	100%	0	n/a	n/a	100%		0	n/a	100%	100%	100%	100%	0		-
	Lung	50.0%	100%	100%	100%	0	100%	n/a	66.7%		1	66.7%	100%	71.4%	100%	100%	1		-
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a			-
	Skin	78.8%	87.5%	92.3%	87.5%	1.5	87.0%	62.5%	100%	62.5%	1.5	82.1%	75.0%	94.7%	75.0%	75.0%	3		-
	Upper gastrointestinal	n/a	n/a	100%	n/a	0	100%	75.0%	50.0%	75.0%	2.5	100%	75.0%	70.0%	75.0%	75.0%	2.5		-
	Urological	52.9%	64.7%	77.8%	64.7%	5	48.7%	64.0%	81.0%	64.0%	6.5	50.0%	64.3%	79.5%	64.3%	64.3%	11.5		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	n/a	n/a			100%	n/a	n/a	n/a	n/a			-
	Site not stated	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0		-

### Improving personalised cancer care at diagnosis

Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review

% patients receiving an (HNA) & care plan																			
Patients with an end of treatment summary																			

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

Please note that all indicators show interim, unvalidated positions for the latest month (May-21) and are not included in quarterly or yearly totals

Split by Tumour site the breaches and treatment numbers for May 2021 were as follows:

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			0	12
Gynaecology		2	0	2
Haematology	0	0.5	0	1.5
Head and Neck		2.5	0	0
Colorectal	1.5	6.5	0.5	1.5
Lung		1.5	0	0
Other			0	1.5
Skin	0.5	4	1.5	4
Upper GI			1	4
Urology	3	8.5	4.5	12.5
<b>Total:</b>	<b>5</b>	<b>25.5</b>	<b>7.5</b>	<b>39</b>



## Safe Staffing & Patient Quality Indicator Report – Chelsea Site

May 2021

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total				Qualified	Un-qualified	No harm and mild		Moderate and severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Maternity	102%	87%	100%	92%	7.8	2.7	10.5	15.3		4.6%	8.3%	12.3%									89.23%
Annie Zunz	137%	74%	100%	104%	10	3.5	13.4	7.6		0.0%	0.0%	0.0%							1		97.59%
Apollo	99%	-	91%	-	16.6	0	17.4	10.9		16.6%	20.9%	31.3%	1	1							100.00%
Jupiter	-	-	-	-	-	-	-	10.9		56.4%	63.6%	0.0%									
Mercury	104%	90%	102%	-	7.5	0.6	8.1	9.3		20.9%	15.8%	40.0%									95.83%
Neptune	1.3	1.81	1.38	-	21.9	6.4	28.3	10.9		18.3%	13.9%	66.7%									88.89%
NICU	98%	-	98%	-	14.9	0	14.9	26		3.7%	14.5%	12.9%									100.00%
AAU	102%	62%	100%	69%	8.2	1.9	10.1	7.8		13.9%	13.6%	47.1%	6	14							88.66%
Nell Gwynne	108%	52%	155%	65%	5.3	2.7	8.4	7.3		5.8%	5.0%	26.4%	5	10							83.33%
David Erskine	93%	64%	96%	72%	7.2	4.1	11.6	7		11.3%	14.0%	13.1%									
Edgar Home	110%	74%	122%	86%	4	2.4	6.6	6.9		9.9%	0.0%	25.8%	6	15							100.00%
Lord Wigram	90%	82%	100%	100%	4.6	2.9	7.6	7		12.0%	0.0%	0.0%	2	5							94.05%
St Mary Abbots	103%	69%	86%	99%	4.3	2.8	7.4	7.2		10.3%	9.3%	0.0%	5	5							94.90%
David Evans	73%	111%	94%	100%	7.2	3.7	10.9	7.2		0.9%	9.9%	10.9%	3	8							97.09%
Chelsea Wing	0.99	1.13	1.02	0.89	7.8	6.4	14.2	7.2		29.4%	14.9%	31.0%	1	1							80.00%
Burns Unit	0.91	0.92	0.98	0.98	15.7	4.2	19.8	N/A		9.9%	21.2%	15.5%		2							89.47%
Ron Johnson	-	-	-	-	-	-	-	7.4		13.5%	11.4%	23.8%									94.44%
ICU	110%	60%	114%	-	28.9	0.4	30.2	26		4.0%	13.6%	0.0%									
Rainsford Mowlem	77%	53%	80%	57%	4.9	3	7.9	7.3		13.4%	12.9%	10.5%	1	10							87.5%





## Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

May 2021

Ward	Day		Night		CHPPD Reg	CHPPD HCA	Total	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff						Qualified	Un- Qualified	Moderate		Severe		Month	YTD	Month	YTD	
							Month	YTD	Month	YTD	Month	YTD	Month	YTD						
Lampton	94%	74%	102%	97%	3.8	3.1	6.8	7.3	6.90%	0.00%	0.00%	3	3							93.22%
Richmond	-	-	-	-	-	-	-	7.2	0	0.00%	0.00%	1	1							100.00%
Syon 1 cardiology	99%	101%	101%	106%	4.2	2.1	6.3	8	10.10%	0.00%	16.67%	3	6							94.44%
Syon 2	110%	102%	102%	106%	3.9	3.3	7.3	7.3	9.40%	8.63%	6.45%	5	8			1				94.44%
Starlight	112%	-	123%	-	9.5	0	9.5	10.9	5.20%	16.80%	0.00%									84.85%
Kew	102%	107%	100%	137%	3.6	3.8	7.5	6.9	-4.20%	4.44%	19.59%	12	19						1	80.00%
Crane	78%	48%	78%	72%	4	2.6	6.7	6.9	10.20%	3.35%	6.13%	2	3							93.62%
Osterley 1	99%	99%	97%	118%	3.9	3.1	7.2	7	5.30%	18.49%	0.00%	10	17							89.39%
Osterley 2	88%	93%	98%	126%	3.8	2.9	6.7	7.2	3.40%	0.00%	20.42%	5	7							85.53%
MAU	117%	119%	120%	118%	8.3	3	11.4	7.8	8.70%	10.76%	16.35%	2	10	1	1					100.00%
Maternity	105%	86%	107%	93%	4.9	1.5	6.4	15.3	3.60%	3.80%	2.27%	1	1							90.20%
Special Care Baby Unit	92%	109%	93%	107%	11.5	1.6	13.2	10.9	12.70%	0.00%	11.05%									100.00%
Marble Hill 1	105%	101%	102%	143%	4	3	7.2	7.3	22.90%	7.93%	14.69%	7	14							88.24%
Marble Hill 2	96%	109%	100%	172%	3.3	3.4	6.7	6.5	9.10%	15.57%	17.52%	1	5		1					89.80%
ITU	120%	-	117%	-	29.5	0	30.9	26	-1.00%	7.14%	0.00%					1				100.00%



## Safe Staffing & Patient Quality Indicator Report

### May 2021

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD). This is then benchmarked against the national benchmark and triangulated with associated quality indicators and patient experience for the same month. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on patient outcomes and experience. Wards at the Chelsea Site such as Ron Johnson, David Erskine, Edgar Horne, David Evans and Saint Marys Abbots are referred to by their roster name rather than their present physical location.

SMA and David Evans had lower activity during May, hence staffing levels were reduced. The establishment for SMA is currently under review. On David Evans staffing was titrated to accommodate elective lists including the 2 Bank Holidays and staff were redeployed to other wards or moved to days when theatre activity was higher. The high fill rate for Neptune was due to the number of CAMHS patients and resulting requirement for 1:1 care.

Some beds were closed on Lampton, Crane, Rainsford Mowlem and David Erskine during May which accounts for lower staff fill rates. In all these instances this did not negatively impact on CHPPD. Ron Johnson is currently hosted on Rainsford Mowlem therefore staff fill rates are not completed for this ward but are included in Rainsford Mowlem figures.

Following the required change to include number of babies as well as mothers on maternity units, this data submission is still being refined for the West Mid Site. For now, the number of WM maternity cots has been based on the number of bed days on the top floor of QMMU. Benchmarking data for CHPPD will be updated once this is updated on Model Hospital.

Kew and Osterley 2 had high fill rates for HCAs at night which was to care for confused patients at high risk of falls and Marble Hill 1 and 2 was due to a requirement for enhanced monitoring. Nell Gwynne has 2 HCAs on long term sickness and had a number of patients who were confused and wandering at risk of falls and absconding and therefore needed additional HCAs. This was partially mitigated by additional Registered Nurses to care for patient with tracheostomies. Increased RN fill rates on Edgar Horne was due to patients requiring 2 RMNs per shift and low HCA fill rate due to long term sickness which were not replaced but mitigated by RMNs on shift. Annie Zunz had high day fill rate for RNs due to the requirement of an extra RN to cover patients admitted through the Surgical Admissions Lounge. AAU had a number of HCAs vacancies which are currently being recruited hence the low fill rate but this did not compromise CHPPD when compared to the national benchmark.

During May there was one fall on Acute Medical Unit with severe harm. There were two unstageable pressure ulcers this month on WM ICU and Syon 2 and a category 3 full thickness pressure ulcer on WM ICU. All mechanisms are in place to minimise pressure with involvement of the tissue viability team.

The Friends and Family test showed 3 wards at WM and 3 wards at CW wards scored 100% and all other wards scoring above 80%.



## Finance Dashboard M1 2021/22

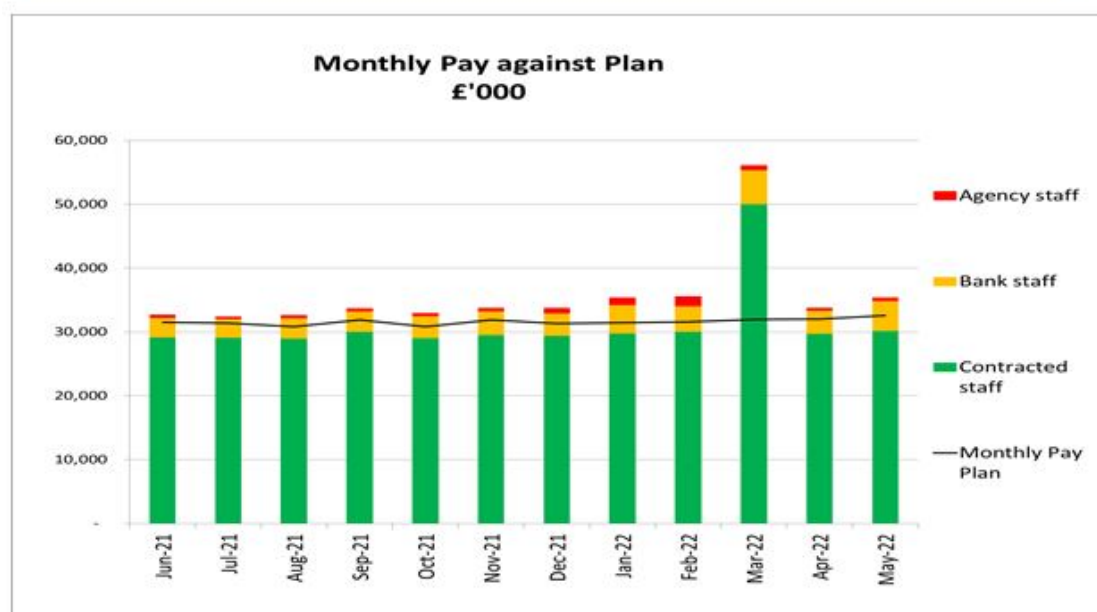
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	123,791	125,294	1,504
Expenditure			
Pay	(64,596)	(69,200)	(4,605)
Non-Pay	(52,723)	(48,332)	4,390
<b>EBITDA</b>	<b>6,472</b>	<b>7,761</b>	<b>1,289</b>
EBITDA %	5.23%	6.19%	1.0%
Depreciation	(3,850)	(3,850)	0
Non-Operational Exp-Inc	(2,895)	(2,990)	(95)
<b>Surplus/Deficit</b>	<b>(273)</b>	<b>921</b>	<b>1,195</b>
Control total Adj - Donated asset, Impairment & Other	(161)	(161)	(0)
<b>Adjusted Surplus/Deficit</b>	<b>(434)</b>	<b>760</b>	<b>1,195</b>

At month 2 the Trust is reporting a YTD surplus of £0.76m, when adjusted for the financial impact of donated assets. This is £1.2m favourable against plan year to date.

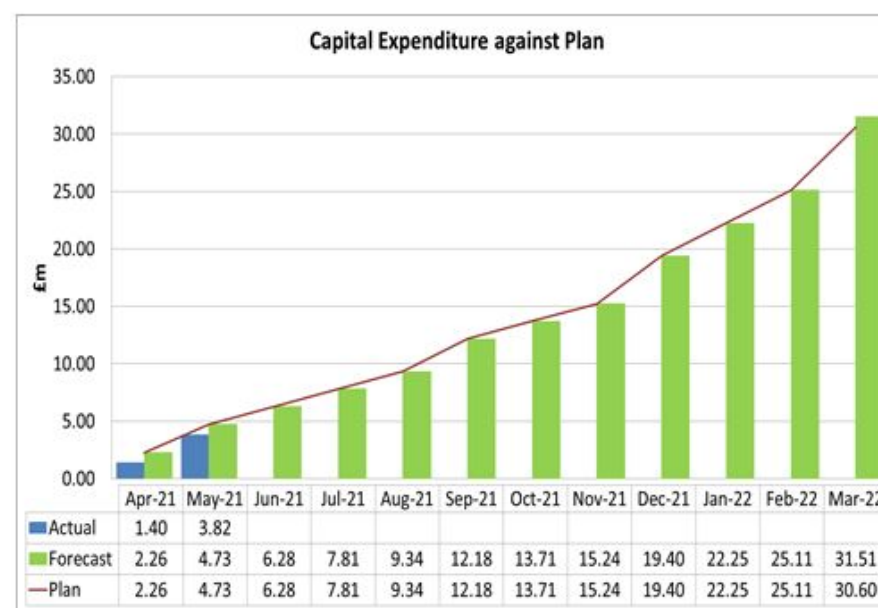
**Pay:** Pay is overspent by £2.8m in month and by £4.6m YTD. The position includes £1.9m COVID-19 spend in month (including costs of the vaccination programme) and £2.9m YTD; and unidentified CIP targets of £0.8m in month and £1.6m YTD (this includes prior year CIPs).

**Non-Pay** excluding pass through drugs, is £2.6m favourable in month and £4.4m YTD. The position in month and YTD includes adjustment of the non-clinical budget to match the NHSI plan.

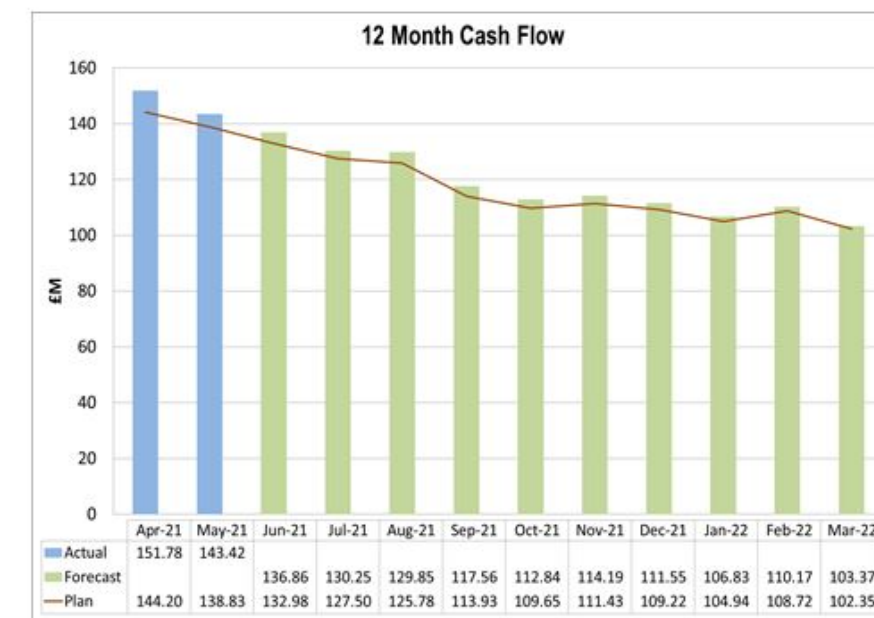
**Income:** Contractual income from CCG and NHS England continues on a block at the same level as 2020/21. NHS Non-contracted activity income has been added to the sector baseline and added to the top-up now received from CCGs. There has been an increase in the sector block (NWL CCG) for drugs & devices, CNST and complex knees procedures. Sexual health contracted activity is back to cost and volume in 21/22 and PreP has been included on the baseline. This is the first month we have included the Elective Recovery Framework (ERF) performance, which showed an over performance for M1 & M2.



Month 12 payroll figures include additional spend for 6.3% Pension contribution - £15.16m (a notional figure) and £4.8m movement in holiday accrual and additional two day accrual; these are all matched with equivalent income.



The Trust has spent £2.42m in period 2 compared to the budget of £2.46m, resulting in an underspend of £0.04m. The YTD variance against plan is an underspend of £0.90m, actual spend of £3.82m compared to budget of £4.72m. The underspend mainly relates to timing differences, with a number of schemes yet to be worked up and business cases prepared. It is envisaged that the capital spend will be incurred in later months as seen in previous years



The favourable cash variance to plan in M2 of £4.59m is favourable cash variance b/fwd from M1 of £7.58m, lower receipts to plan of £3.19m (Lower LA Income -£1.74m, Lower FT's income -£1.1m, Lower Donations -£328K, Lower AR -£427k, Lower NHS England -£325K, offset by CCG £760k higher, PP Income £122k higher) offset by lower cash outflows to plan £194k (lower Direct Debit payments).



## CQUIN Dashboard

### 2021/22 CQUIN Schemes

As contracting with NHS commissioning organisations has been suspended during the period of the COVID-19 response, the position relating to CQUIN remains unclear. Whilst national CQUIN schemes have been published, delivery of them has been postponed. The Trust is currently receiving block funding which includes CQUIN payments in full.





**Board of Directors Meeting, 8 July 2021**

**PUBLIC SESSION**

<b>AGENDA ITEM NO.</b>	2.3/Jul/21
<b>REPORT NAME</b>	Improvement Programme 2021/22 – Quarterly Report
<b>AUTHOR</b>	Victoria de La Morinière, Head of Improvement
<b>LEAD</b>	Pippa Nightingale, Chief Nursing Officer
<b>PURPOSE</b>	Assurance
<b>REPORT HISTORY</b>	Improvement Board, 20 May 2021 Executive Management Board, 26 May 2021 Quality Committee, 1 June 2021
<b>SUMMARY OF REPORT</b>	This report provides an update on the progress of the Improvement Programme: <ul style="list-style-type: none"><li>• Quality Priorities for 2021/22, focus topics – sepsis and cancer care</li><li>• Continuous improvement; 2021/22 deep dives schedule, GIRFT</li></ul>
<b>KEY RISKS ASSOCIATED</b>	Failure to continue to deliver high quality patient care
<b>FINANCIAL IMPLICATIONS</b>	As above
<b>QUALITY IMPLICATIONS</b>	Equality and Diversity implications have been considered as part of the embedded Quality, Equality and Health Inequality Impact Assessment process of the Improvement Programme, which is led by the Chief Nursing Officer and Chief Medical Officer
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	These are considered as part of the embedded Quality, Equality and Health Inequality Impact Assessment process of the Improvement Programme, which is led by the Chief Nursing Officer and Chief Medical Officer.
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"><li>• Deliver high-quality patient-centred care</li><li>• Deliver better care at lower cost</li></ul>
<b>DECISION/ ACTION</b>	For assurance.



## 1. Quality Priorities 2021/22

The quality priorities for 2021/22 are:

1. Improving sepsis care
2. Improving cancer care
3. Improving inpatient diabetes care
4. Improving clinical handover

A summary of baseline position and April 2021 achievement is outlined below.

Priority	Key indicator	Baseline	Target	Progress	Delivery Status update
Improve sepsis screening and timely management	% of patients screened in emergency department and wards within 1hour	73% Screened <60mins in ED	90%	<u><b>ED (April 21 average)</b></u> Screened overall: 92% Screened <1 hour: 72% Treated with IV abx overall: 82% Treated with Iv abx <1 hour: 51%	<u><b>Emergency Department</b></u> Improving Screening in < 1 hour Re-starting Early Antibiotic QIP Continued work with pharmacy team to ensure anti-microbial stewardship maintained.
		45% IV antibiotics in ED		<u><b>ED (6 week rolling average)</b></u> Screened overall: 91% Screened <1 hour: 68% Treated with IV abx overall: 80% Treated with Iv abx <1 hour: 53%	<u><b>Acute Medical Unit</b></u> Improving performance in all 3 metrics on AMU/AAU. Focus on Screening in < 60 mins
	% of patients who receive IV antibiotics within 1 hour	12% wards screening		<u><b>AMU / AAU (April 21 average)</b></u> Screened overall: 86% Screened <1 hour: 29% Treated with IV abx overall: 75%	<u><b>Ward Teams</b></u> Ward teams set up, concentrating on screening metrics, now achieving >80% across most wards on overall screening Education program for Theatre nurses
				<u><b>Wards (April 21 average)</b></u> Screened overall: 89% Screened <1 hour: 34% Treated with IV abx overall: 67%	<u><b>Trust Wide</b></u> Comms plan initiated across wards Paeds are moving to PEWS and Cerner Maternity still completing paper audits

Priority	Key indicator	Baseline	Target	Progress	Delivery Status update
				<p><b>Paediatrics</b>  Screened overall: 100%  Screened &lt;1 hour: 100%  Medical review &lt;1 hour: 85%  Antibiotics &lt;1 hour: 76%</p> <p><b>Maternity</b>  Triage/MAS screened: 99%  Reviewed &lt;1 hour: 100%  Antibiotics &lt;1 hour: 100%  LOS: 3.75 days</p>	
<b>Improve personalised cancer care at diagnosis</b>	<p>% patients receive a holistic needs assessment (HNA) and personalised care plan</p> <p>Number of patients with end of treatment summary</p>	62%*	>75%	21/22 data only commenced collection on April 1st. HNA to be completed within 31 days of diagnosis.	<p>Increase upward trend of completed HNAs, End of Treatment Summaries and Personalised Care Plans.</p> <p>All new staff joining the department will have details of the HNAs, EoT Summaries and Personalised Care Planning as a key part of their induction programme.</p>
<b>Improving outcomes for inpatient diabetes</b>	Establish a method of identifying and reporting	885 per month 131 HCA	300 HCA staff trained	In April 2021, 7 HCAs received diabetes training through the Excellence of Care	<p><u>Identification of patients</u></p> <p>Our current focus is to cross check against patients on diabetic medications to ensure correct</p>

Priority	Key indicator	Baseline	Target	Progress	Delivery Status update
patients	<p>patients who have diabetes at point of admission</p> <p>Increase the nurses and HCAs who receive 10-point training</p> <p>Reduction in length of stay for diabetes patients across elective surgery pathways</p> <p>Reduction in inpatient diabetes harms</p>	<p>staff trained</p> <p>20 Nurses trained</p> <p>LOS for elective patients with recorded diabetes – 4.3</p> <p>*Data from 2019/20</p>	<p>40 Nurses trained</p> <p>LOS for elective patients with recorded diabetes reduced to 4.0 days</p>	<p>Programme</p> <p>LOS for elective surgery patients with recorded diabetes in April:  2.0 days (CW)  1.2 days (WM)  1.8 days (Trust-wide)  <i>Being currently validated</i></p>	<p>identification of patients admitted with diabetes.</p> <p><u>Training and education</u></p> <p>We are moving to track training on ESR so this data can be pulled electronically for tracking.</p> <p>Diabetes training is delivered to HCAs through the Excellence of Care programme. These sessions recommenced in March and are due to run on a monthly basis. Diabetes training is also delivered to nurses through the nursing preceptorship programme. We are increasing the number of training sessions delivered.</p> <p>We will be running campaigns to raise awareness around inpatient diabetes harms and glucose THINK criteria. The criteria will be taken to the dietetics and palliative care teams and through grand rounds initially.</p> <p>We suspect that inpatient diabetes harms is underrepresented and are driving to improve diabetes harm reporting. We will expect an increase in incidents before seeing an improvement as a result of education.</p> <p><u>New models of care</u></p> <p>We are currently scoping the feasibility of having a</p>

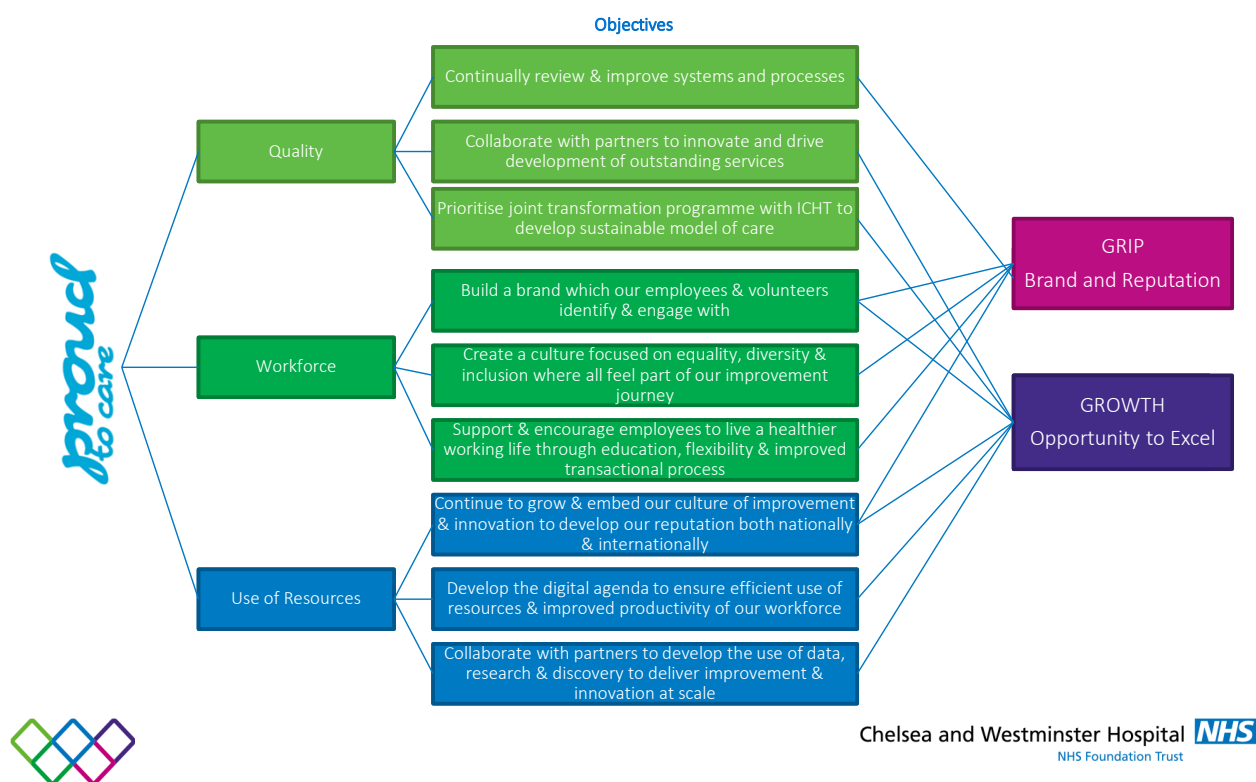
Priority	Key indicator	Baseline	Target	Progress	Delivery Status update
					<p>7-day nurse led inpatient diabetes service.</p> <p>To do this we are using QI tools such as process mapping to understand the elective pathways for patients with diabetes. We will be improving pre-op/perioperative care with anaesthetic and surgical teams to reduce LoS. We also plan to improve DNS coverage to prevent and address diabetic issues arising in elective surgical patients, especially at weekends.</p>
Improve clinical handover	<p>% staff trained on the principles of safe and effective handover</p> <p>% utilisation of handover tool within Cerner</p>	<p>Tools and training need to be developed, not in place currently (0%).</p>	<p>Year 1: 50% staff trained</p> <p>Year 2: 70% utilisation of Cerner tool</p>	<p>Still at baseline position (0)</p>	<p>We are establishing baseline data re incidences that cite handover or communication between teams as a root cause or action.</p> <p>We are currently process mapping the current medical handover from AAU to downstream ward and H@N handover to understand improvement opportunities in these processes.</p>

## 2. Building a culture of research, innovation and quality improvement

'RIQI' is our collaboration across Research, Innovation and Quality Improvement.

RIQI is a shared approach across departments and clinical divisions to build our organisational culture and to enable and accelerate delivery of our Trust strategy and improvement priorities.

The work plan for 2021/22 involves building a clear brand which our staff and volunteers identify and engage with, and empowering and encouraging more staff involved with RIQI so they feel part of our improvement journey.



Below are highlights of our 2021/22 programme of work, which details how we will continue to support our organisation to continue to develop a culture of research, innovation and quality improvement and develop our reputation both nationally and internationally. For more information see appendix 2.

- We will run a comprehensive 'RIQI' learning and development programme to grow skills and capabilities across the organisation at all levels.

- We will create opportunities for staff to share learning, ideas and successes through a number of communications channels and events. For example, we will hold our annual RIQI event where staff showcase their work. We will run a comprehensive RIQI internal communications programme for all staff to celebrate achievements and inspire future projects.
- We will cultivate partnerships—by working closely with our hospital charity CW+ we will form partnerships with external organisations to bring new innovation and insights to improve our services.
- We will develop and nurture new RIQI leaders. For example, in May we launched an Improvement Leaders Apprenticeship. We are investing in non-Medical research leads in each clinical division.
- We will work with CW+ to increase opportunities for ‘ideas generation’ by providing seed funding for projects and running targeted calls for ideas, for example in April we ran ‘RADICAL’ (Rapid Adoption Innovation Call).
- We will work with our patients and communities to co-produce improvements and research projects, leading to better outcomes for all who use our services.

### **3. Continuous Improvement**

#### **Getting It Right First Time (GIRFT)**

The GIRFT programme is restarting now that we are in Covid19 recovery.

The programme has two main areas of focus going forward;

#### **1. NW London GIRFT programme**

NWL Integrated Care Systems (ICS) are managing the elective recovery workstreams. Each clinical reference group are reviewing and self-assessing their elective pathway against top decile GIRFT performance. This is called a ‘gateway review’. Once the review has been completed, each specialty will be invited to a ‘gateway review meeting’, chaired by the specialty clinical lead to review the submission and discuss areas for improvement. The outcomes of the review meeting and self-assessment will form the basis of a network-wide improvement plan.

The following gateway framework self-assessments have been received at ICS level:

- Orthopaedics
- General Surgery
- Ear, Nose and Throat

- Gynaecology
- Urology

## 2) Trust-level GIRFT programme

Due to COVID-19, there are a number clinical workstreams which have not yet received a 'traditional' GIRFT review and need to be completed to close the programme. The next visit is paediatrics trauma and orthopaedic which is scheduled on Monday 7<sup>th</sup> June, 2-4pm (pre-meet scheduled on Friday 28<sup>th</sup> May, 2-3pm).

We are also expecting a number of embargoed national GIRFT reports to be officially released in the near future. The reports will cover the following workstreams:

- Breast surgery
- Critical care
- Dermatology
- Endocrinology
- Gastroenterology
- Hospital dentistry
- Paediatric surgery
- Geriatric medicine
- Cardiology
- Rheumatology
- Renal medicine
- Respiratory medicine
- Mental Health – Adult Crisis and Acute Care (not applicable)

The national reports will be reviewed by the relevant specialty and any further best practice shared/implemented.

## Deep dive programme

The Deep Dive Programme is a fluid programme to meet emerging risks in a timely manner. These explore specific challenges that are affecting the delivery of high quality care in line with the Trust's strategic objectives, which may focus on a range of quality, workforce, performance, and/or finance issues.

Please find below the full deep dive programme for 2021/22. The forward plan also includes planned deep dives for the four Trust quality priorities for this year:

	Planned Care	W&C	EIC	CSS	Corporate/Trustwide
Apr 2021	Surgical Wards WM/CW and Assessment Unit (20 Apr)	Early Pregnancy (27 Apr)	Discharge (6 Apr)	-	Research and Development (13 Apr)
May 2021	-	-	Sepsis incl. quality priority summary (11	Cancer Services incl. quality priority (18 May)	Estates and Facilities (25 May) Clinical Handover

	Planned Care	W&C	EIC	CSS	Corporate/Trustwide
			May)		(28 May)
<b>Jun 2021</b>	General Surgery (30 Jun)	-	Diabetes incl. quality priority summary (8 Jun)	Diagnostics Demand/Radiology (15 Jun)	Finance Topic TBC (22 Jun) HR; Learning and Development (29 Jun)
<b>Jul 2021</b>	ITU – incl. Medical Workforce Focus (6 Jul)	Obs and Gynae incl. 10 Point Plan (13 Jul)	-	Decontamination Services (20 Jul)	Digital/IT Topic TBC (27 Jul)
<b>Aug 2021</b>	Trauma and Orthopaedics (3 Aug)	-	Delirium/Dementia (10 Aug)	Outpatients Letter Turnaround (17 Aug)	Command Centre and Clinical Site Teams (24 Aug) Health and Safety (31 Aug)
<b>Sep 2021</b>	Colorectal (7 Sept)	Paeds Surgery (14 Sept)	Clinical Hub 6 month review (21 Sept)	Endoscopy (28 Sept)	-
<b>Oct 2021</b>	ENT/Audiology (5 Oct)	Dermatology (12 Oct)	Syncope (19 Oct)	Pharmacy (26 Oct)	-
<b>Nov 2021</b>	Anaesthetics (2 Nov)	ACU/Fertility (9 Nov)	-	Phlebotomy (16 Nov)	Procurement (23 Nov) Research, Innovation and Improvement (30 Nov)
<b>Dec 2021</b>	Urology (7 Dec)	Private Patients (14 Dec)	VTE (21 Dec)	-	-
<b>Jan 2022</b>	-	HIV (4 Jan)	Acute Medicine incl. AEC (11 Jan)	Interventional Radiology (18 Jan)	Corporate Nursing; Patient Experience (25 Jan)
<b>Feb 2022</b>	Pain (1 Feb)	GUM (15 Feb)	Frailty (8 Feb)		HR; Staff Health and Wellbeing (22 Feb)
<b>Mar 2022</b>	Podiatry (1 Mar)	Paeds Nursing (8 Mar)	AHP Services (29 Mar)	Patient Access – Appointments (15 Mar)	Fire Safety (22 Mar)



## **Appendix**

### **Focus topics – quality priority**

#### **Improve sepsis screening and timely management**

##### Vision statement

To provide high quality and patient-centred care for those presenting or deteriorating with sepsis.

##### Specific aims

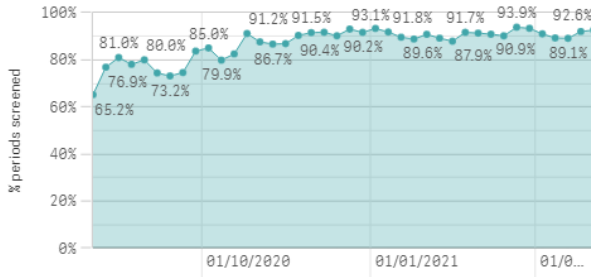
- Improve early recognition of deteriorating patient in our emergency departments and inpatients so that at least 90% patients who meet the relevant criteria are screened for sepsis within 1 hour
- Improve the timely commencement of appropriate antimicrobial therapy for patients found with suspected red flag sepsis so that at least 90% of patients receive IV antibiotics within 1 hour

##### Progress in 2020/21

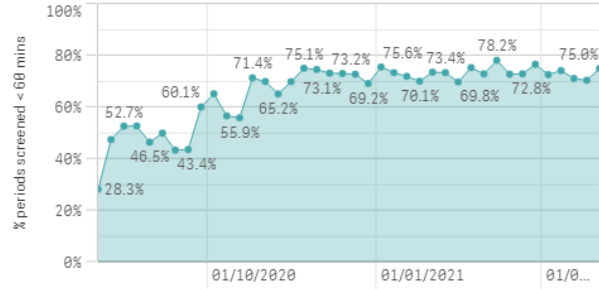
- Sepsis has been a quality and safety focus for the Trust for a number of years. With the development of a digital tool to assist in the early detection of deteriorating patients and a real-time sepsis dashboard, the sepsis measures improved significantly in 2020/21.
- The programme of work was focused on behaviour change and a culture shift around early recognition and management of sepsis in all areas of the hospital; ED, maternity, paediatrics and adult wards.
- With the disrupted year due to Covid19 and a number of serious incidents relating to sepsis and the deteriorating patient, there is a need to keep focus on achieving the 90% screening target in ED and to ensure 90% of patients receive IV antibiotic treatment within 1 hour. There is extensive work to do in 2021/22 around sepsis management in inpatient to improvement outcomes.

## 4. Emergency Department programme – April 2021

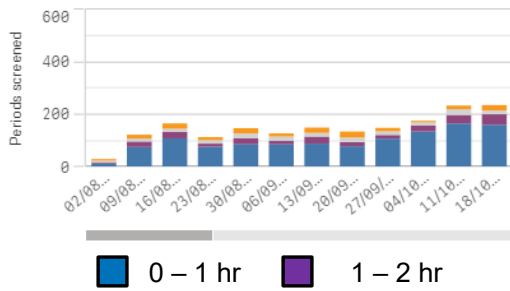
### Screening overall (92.6%)



### Screening < 60 mins (77%)



### Screening Touch-points



Total	9748	
0-1 Hours	7535	77%
1-2 Hours	1139	12%
2-4 Hours	584	6%
4+ Hours	490	5%

**\*89% of patients screened within 2 hours**

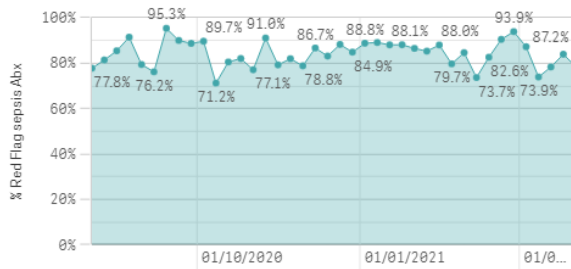
Chelsea and Westminster Hospital **NHS**  
NHS Foundation Trust



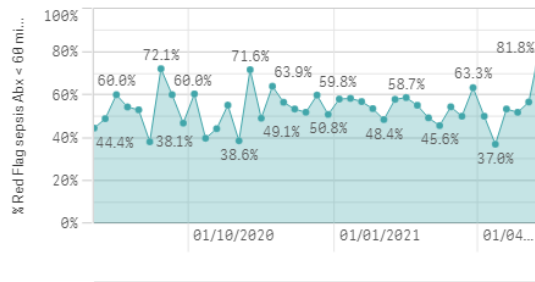
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## ED – April 2021

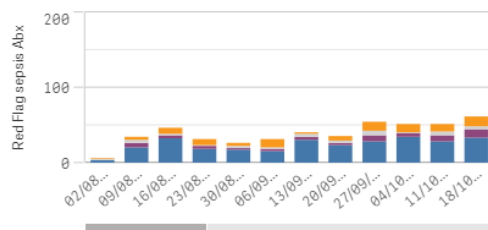
### Antibiotics (87%)



### Antibiotics < 60 mins (82%)



### Antibiotics Touch-points

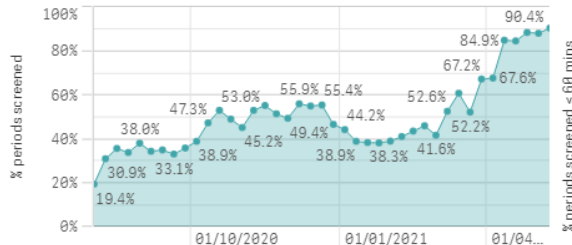


Chelsea and Westminster Hospital **NHS**  
NHS Foundation Trust

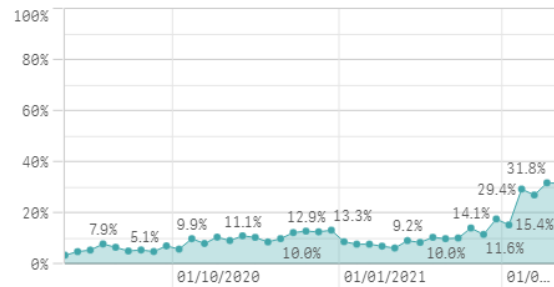
11

## Medical/surgical wards – April 2021 screening and antibiotics

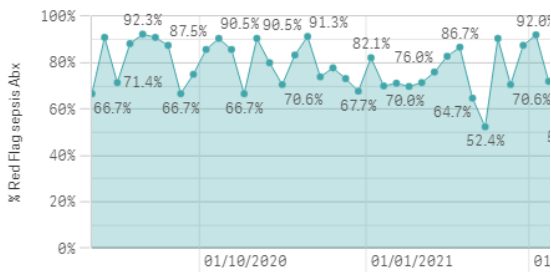
Screening overall (90.4%)



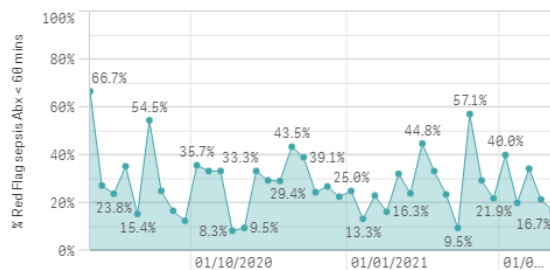
Screening <60 mins (29.3%)



Abx given overall (92%)



Abx given <60 mins (25.4%)



24

### Forward plan – focus for Q1 2021/22

- Creating sustainability within ED
- Focus on achieving all metrics within AAU/AMU
- Focus on achieving screening metric within inpatient wards

### Risks, issues and dependencies

- Sepsis flags turned off in recovery but alerting to ward nurses when patient not yet returned to ward
- Maternity using paper notes and audit method
- Ensuring nil adverse risks of early antibiotic QIP within ED

### **Improve personalised cancer care at diagnosis**

#### Specific aims

- >70% of patients have a Holistic Needs Nurse Assessment (HNA) appointment after a diagnosis of cancer and a personalised cancer care plan with 31 days of their diagnosis
- Quarterly increase in the number of patients having an End of Treatment (EoT) Summary and an accompanying Personalised Cancer Care Plan.

### Progress YTD 2021/22

- Organised and agreed meeting dates with key stakeholders for Monthly Cancer Quality Priority Group
- Project manager to produce monthly activity and performance reports on the numbers of HNAs, EoT summaries and Care plans completed for the Steering group.
- For example – In March 2021, 139 contacts were made across all tumour sites, 66 HNAs were done and out of these, 52 care plans were formulated from HNAs.
- A Chelwest Personalised cancer care steering group to monitor and provider assurance on the project, was launched on 28 April 2021.
- The NHS England Long Term Plan expects that over the next three years every patient with cancer will get a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing.”

### Forward plan – 2021/22

- Increase upward trend of completed HNAs, End of Treatment Summaries and Personalised Care Plans.
- All new staff joining the department will have details of the HNAs, EoT Summaries and Personalised Care Planning as a key part of their induction programme.
- All new and existing members of the Team (Cancer Services ) will have a refresher of full training about the best way to use Somerset Care Records to enhance understanding and get the best outcomes.
- Increase completed care plans to match HNA and EOT completion

### Risks, issues and dependencies

- Reduction in face to face encounters and conversion to virtual consultations could make it more difficult to complete HNAs, EoT Summaries and Personalised Care Plans
- A post Covid surge in diagnosis rates may challenge compliance
- Inconsistencies in the completion of all patient activities on SCR for accurate records.
- No live link between SCR and the Quality Dashboard ( Any extracted data will be inaccurate)
- Challenges of getting validated data from SCR. Current published data in SCR does not automatically link to Cerner.

Appendix 2.

Priorities	Lead	Plan	Milestones and KPIs	Progress
<b>Improve learning and development offer across research, innovation and quality improvement</b>	Victoria dLM	<ul style="list-style-type: none"> <li>•Pilot of improvement leader apprenticeship</li> <li>•Increase no of coaches with RIQI skills</li> <li>•Launch ‘lunch and learn’ programme</li> <li>•Re-launch QI clinics</li> <li>•Update leadership courses with research modules</li> </ul>	<ul style="list-style-type: none"> <li>•Full evaluation of apprenticeship via provider; no of applications/ no in cohort</li> <li>•No of coaches registered</li> <li>•No of staff who access coaching</li> <li>•No of attendees at L&amp;Ls, clinics</li> <li>•No. staff trained</li> </ul>	<ul style="list-style-type: none"> <li>•12 staff in cohort 1 L6 improvement apprenticeship (from 25 applications); launch date 17 May</li> <li>•RIQI Coaching 8 June Emerging leaders added new research module</li> </ul>
<b>Internal RIQI comms and engagement campaign</b>	Victoria dLM	<ul style="list-style-type: none"> <li>•Re-launch RIQI Newsletter and deliver 12 themed issues p.a.</li> <li>•Host RIQI 2021 event with &gt;30 posters showcased</li> <li>•Increase social media engagement</li> <li>•F2F engagement / events</li> </ul>	<ul style="list-style-type: none"> <li>•% readers per issue</li> <li>•Engagement/ impressions on social</li> <li>•No of attendees at events and feedback</li> </ul>	<ul style="list-style-type: none"> <li>•Issue 1 RIQI newsletter; read by 45% of staff</li> <li>•April newsletter focused on ‘Quality’; read by 49% of staff (6% higher than the weekly communications email)</li> <li>•Built improvement content within new staff app</li> </ul>
<b>Create single point of access for sharing ideas</b>	Victoria dLM	<ul style="list-style-type: none"> <li>•Develop ideas form; pilot within staff app &amp; intranet</li> <li>•Create virtual problem solving surgery, align to Microsoft 365 roll-out</li> </ul>	<ul style="list-style-type: none"> <li>•No of projects through SPA aligned to challenges framework</li> <li>•On-going evaluation of effectiveness;</li> </ul>	<ul style="list-style-type: none"> <li>•Launched w/c 26<sup>th</sup> April</li> <li>•13 submissions in the first 2 weeks</li> <li>•9 projects registered, 4 receiving support prior to registration</li> </ul>

		<ul style="list-style-type: none"> <li>and use of Teams</li> <li>•Extensive comms to promote</li> </ul>	<ul style="list-style-type: none"> <li>accurate registration and management of active projects</li> </ul>	<ul style="list-style-type: none"> <li>•£100 prize awarded to best idea per month</li> </ul>
<b>Implement cloud-based project management tool</b>	Victoria dLM	<ul style="list-style-type: none"> <li>•Development and sign off of business case</li> <li>•Implementation of tool aligned to Improvement Programme</li> <li>•Embed culture change to ensure utilisation and reporting</li> </ul>	<ul style="list-style-type: none"> <li>•Business case sign off</li> <li>•Metrics within tool</li> </ul>	<ul style="list-style-type: none"> <li>•Business case in development</li> <li>•Excel project tracker on intranet as interim</li> </ul>
<b>Delivery of CW+ Horizon Programme</b>	Chris Chaney/ James Porter	<ul style="list-style-type: none"> <li>•Development of physical ideas hub</li> <li>•Support calls for ideas, e.g. RADICAL, dragons den</li> <li>•Launch of horizon fellowship</li> </ul>	<ul style="list-style-type: none"> <li>•No of projects through funding calls/ no funded</li> <li>•Full evaluation of horizon fellowship/ ideas hub</li> </ul>	<ul style="list-style-type: none"> <li>•Paper to EMB 14 April</li> <li>•RADICAL 5 shortlisted; all received funding</li> <li>•Horizon Fellows planning for Sept 2021</li> </ul>



**Board of Directors Meeting, 8 July 2021**

**PUBLIC SESSION**

<b>AGENDA ITEM NO.</b>	2.4/Jul/21
<b>REPORT NAME</b>	CW Innovation Update
<b>AUTHOR</b>	Rachel Vrettos, Head of Communications CW+ (Maternity Cover)
<b>LEAD</b>	Chris Chaney, Chief Executive, CW+
<b>PURPOSE</b>	To provide an update on CW Innovation programme from January – June 2021
<b>REPORT HISTORY</b>	Executive Management Board, 23 July 2021
<b>SUMMARY OF REPORT</b>	The paper presents a calendar of communications activity from January to June 2021. Current partners of the programme are presented along with programme activity.
<b>KEY RISKS ASSOCIATED</b>	No risks associated to this paper.
<b>FINANCIAL IMPLICATIONS</b>	None identified.
<b>QUALITY IMPLICATIONS</b>	None identified.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None identified.
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"><li>• Deliver high quality patient centred care</li><li>• Be the employer of choice</li><li>• Delivering better care at lower cost</li></ul>
<b>DECISION/ ACTION</b>	For information.

## CW Innovation January – June 2021

### Highlighted Ongoing Company Partnerships

<b>DrDoctor*</b>	Multiple projects including virtual consultations, text messaging, re-scheduling of appointments, digital letters
<b>ChelWest Foundry</b>	End to End Pathway Management for clinical and non-clinical staff, surfacing relevant data and empowering users to take action. Project being in done in collaboration with NHS Digital and in partnership with Palantir, DrDoctor and ISLA.
<b>FibriCheck*</b>	Rapid Adoption of Digital Innovation Call (RADICAL) winner: With BMS PulseAI project to identify patients at high-risk of AF
<b>Gilead</b>	Digital management of HIV
<b>Amazon</b>	AWS Comprehend Medical and Lex platform
<b>BT Lockers</b>	Patient collection point for Rx and home devices
<b>Skin Analytics*</b>	AI skin cancer identification
<b>Airthings</b>	Environmental sensors
<b>Sonitus</b>	Acoustic sensors in clinical settings
<b>Kintsugi</b>	Voice journaling and AI-driven depression and anxiety monitoring and scoring
<b>Peppy Health*</b>	Pitchfest winner: An app providing access to specialist support and resources specific to major life transitions eg: menopause, fertility and parenthood
<b>HoloLens</b>	Using Microsoft's HoloLens 2 Glasses across the Trust's hospitals, enabling medical students to remotely stream into clinics
<b>DBm-Health (extension)</b>	Extension to include patients without diabetes treated with steroids while having chemotherapy with elevated glucoses
<b>Hand Therapy App (extension)</b>	New functionality and an extra 50 videos working with Imagineer
<b>Virtual Bodyworks</b>	RADICAL finalist: Equality, Diversity and Inclusion training for staff using virtual embodiment experiences via Virtual Reality

\*Digital Health.London Accelerator company



Current Innovation and Charity Partners



## Calendar of CW Innovation Communications Activity Jan-June 2021

Project summary	Partner	Coverage in target media (excl social)
<b>January</b>		
<b>Digital postnatal discharge system</b> – addition of new capabilities through the pandemic	Lumeon*	<b>2:</b> Med-Tech Innovation News, Digital Health
<b>Klick app</b> – remote, digital care for patients with stable HIV	ViiV	<b>9:</b> Computer Weekly, Health Tech World, Digital Health Net, Health Tech Newspaper, Pharmiweb, Pharmaphorum, Pharmafield, Pharmafile, PharmaTimes
<b>COVID Virtual Wards</b> - portable pulse oximeter device + HUMA app	HUMA*	Internal comms
<b>February</b>		
<b>M&amp;B app</b> adopted across six additional Local Maternity Services in the NHS	Imagineear	<b>4:</b> British Journal of Midwifery, Digital Health, Mums & Dads, MIDIRS
<b>DBm-Health app</b> – remote care for patients with diabetes	Sensyne	<b>7:</b> Digital Health, Health Tech Digital Health Tech Newspaper, Med Tech Innovation News, Pharmiweb, Computer Weekly, Pharmafile
<b>March</b>		
<b>SYNE-OPS-1</b> - AI algorithm predicting ventilator and non-mechanical support requirements in ICU	Sensyne	<b>6:</b> Digital Health, Med-Tech Innovation News, Digital Health, LaingBuisson Proactive Investors, Pharmiweb
<b>PitchFest</b> – our partnership with this year’s Digital Health Rewired PitchFest 2021		<b>2:</b> Med Tech Innovation News, Digital Health
<b>True Colours Trust</b> – national roll out of neonatal palliative care project		<b>4:</b> Nursing Times, Infant Journal, British Journal of Midwifery, Independent Nurse
<b>April</b>		
<b>ISLA</b> – imaging technology adopted across North West London	ISLA*	<b>8:</b> Health Tech Digital, Digital Health Health Tech World, Art Daily, National Health Executive, London News Today, Health Tech Newspaper
<b>ThermaFY</b> – roll-out of unique thermal screening technology across the Trust	ThermaFY	<b>5:</b> Digital Health, Health Tech Digital Health Tech World, MobiHealth News, Health Tech Newspaper

<b>RADICAL</b> - call for innovation ideas and announcement of winner, FibriCheck (a smartphone atrial fibrillation testing app)		Internal comms + social
<b>May</b>		
<b>Colorectal E-PROMS</b> – UK-first digital platform for colorectal patients		<b>6:</b> Health Tech Digital, DigitalHealth.London, Red Trousers Day, Digitalisation World, Med-Tech Innovation News, Pharmiweb
<b>Wayfinding app</b> – indoor way-finder app	Buzzstreets	<b>11:</b> The Telegraph, HTN, Digital Health Health Tech World, Building Better Healthcare, National Health Executive, Business Mondays, Pharmiweb, Healthcare Global, SME Web, London TV
<b>June</b>		
<b>National Clinical Entrepreneur Programme</b> – involvement of Trust as London clinical partner		<b>4 to date:</b> Digital Health, Health Tech World, Pharmiweb, Med Tech Innovation News

### Addition Engagement Activity

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#### Film Production

[Film](#) summarising development of AI algorithm with Sensyne to provide ICU clinicians with near real-time risk prediction for COVID-19 patients, predicting the risk of ICU admission, the need for mechanical ventilation and in-hospital mortality.

[Film](#) interview with Alex Mancini, the country's first National Lead Nurse in Neonatal Palliative Care discussing the national roll-out of our pioneering regional *Lead Nurse for Neonatal Palliative Care Project* after a successful five-year London pilot.

#### Blog Series

Published:

- Mike Wright: Test and scale success: five top tips to a successful pilot.

Written and awaiting publication:

- Bruno Botelho: Digital transformation: Has COVID enabled tomorrow's world today?
- Sadia Khan: Remote patient monitoring is not the future. It's the now.
- Mike Wright: AI in healthcare: Smarter delivery of care at Chelsea and Westminster.

#### Calls for Ideas

- RADICAL – Sadia Khan FibriCheck win - a smartphone atrial fibrillation testing app. Call co-funded by Rosetrees Trust, Kasuma Trust and CW+.

### **Innovation Fellowships**

- Tom Carlisle appointed as a Digital Innovation Fellow, initially focussing on digital mental health tools for children and young people and health and wellbeing tools for FT staff. New post funded through a gift from Rosetrees Trust.
- Debbie Van Der Velden appointed as our first Nurse Innovation Fellow thanks to generous support from the Burdett Trust for Nursing.

### **Internal Communications**

- Programme promoted through All Staff Webinar, RIQI newsletter, new ChelWest Me app and Trust bulletin.

### **Upcoming Milestones**

- September – CW Innovation 2nd Anniversary
- October – Annual Nurses Call
- November - Internal RIQI event
- November – Second RADICAL



**Board of Directors Meeting, 8 July 2021**

**PUBLIC SESSION**

<b>AGENDA ITEM NO.</b>	2.5/Jul/21
<b>REPORT NAME</b>	Digital Patient Reported Outcomes
<b>AUTHOR</b>	Bruno Botelho, Director of Digital Operations
<b>LEAD</b>	Rob Hodgkiss, Deputy Chief Executive/Chief Operating Officer Kevin Jarrold, Chief Information Officer
<b>PURPOSE</b>	The purpose of the paper is to provide the Trust Board with an update on digital patient reported outcome measures (PROMs) and work taking place within Colorectal Team.
<b>REPORT HISTORY</b>	Executive Management Board, 23 June 2021
<b>SUMMARY OF REPORT</b>	As attached.
<b>KEY RISKS ASSOCIATED</b>	Currently reviewing.
<b>FINANCIAL IMPLICATIONS</b>	N/A
<b>QUALITY IMPLICATIONS</b>	N/A
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	N/A
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"><li>• Deliver high quality patient centred care</li><li>• Be the employer of choice</li><li>• Delivering better care at lower cost</li></ul>
<b>DECISION/ ACTION</b>	For noting.



# Digital Patient Reported Outcome Measures (PROMs) in Colorectal Services. Establishing tools for continuous improvement and service transformation.

PI: Christos Kontovounisios MD, PhD, FACS, FRCS  
Clinical Senior Lecturer  
Consultant Colorectal and General Surgeon

Department of Surgery and Cancer  
Imperial College London

Chelsea and Westminster and the Royal Marsden Hospital





## PROPOSED SOLUTION

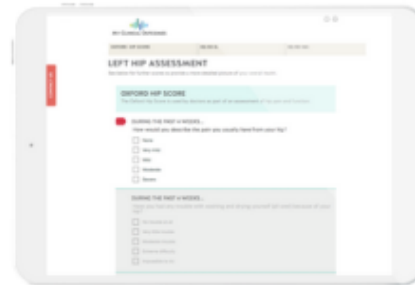


### MY CLINICAL OUTCOMES

My Clinical Outcomes Ltd. | [www.myclinicaloutcomes.com](http://www.myclinicaloutcomes.com) | @myclinoutcomes

- Novel paperless PROMs and PREMs collection
- 5 domains platform to deliver internationally validated questionnaires online
- patient-centric, domain-specific

### HOW DOES MCO WORK?



#### PATIENTS

- Patients register and complete their first assessment on any device at home or in clinic
- Reminder emails prompt the



#### CLINICIANS

- Data is made available to clinicians in real-time
- Individual patients' results can be viewed, analysed and used to



#### MANAGEMENT

- Meaningful variation in outcomes can be identified by comparing differences between sites, clinicians and treatment cohorts





<p><b>Aim</b></p>	<p>Digital PROMs for Patients with colon and rectal disease: standardized, validated questionnaires that are completed by patients' during the perioperative period to ascertain perceptions of their health status, perceived level of impairment, disability, and health-related quality of life</p>	
<p><b>Objectives / Challenges we aim to address</b></p>	<ul style="list-style-type: none"> <li>• Monitor patient deterioration through PROM data, requesting re-referral , preventing avoidable complications</li> <li>• Deliver patient-centred care and improve quality of life by enabling clinicians to tailor treatment to individual needs</li> <li>• Allow the efficacy of a clinical intervention to be measured from the patients' perspective</li> <li>• Estimate the average cost per quality adjusted life year (QALY) gained from different colorectal procedures</li> <li>• Increased PPI</li> <li>• Enable scalability for other specialities</li> </ul>	
<p><b>Strategic Focus</b></p>	<p>Digitise patient care in and out of hospital walls</p>	<p>Smarter management and delivery of care</p>
<p><b>What are we doing to meet our objectives ?</b></p>	<p>Established a partnership with MyClinicalOutcomes to use their platform to digitise PROMS collection</p> <p>We are targeting all adult patients referred to CWFT for consideration of benign/malignant suspicious colorectal pathology</p>	
<p><b>Next Steps</b></p>	<ul style="list-style-type: none"> <li>• Continuation of PROM and PREM data collection</li> <li>• Impact report and learnings</li> <li>• Publication and dissemination of results</li> <li>• Establish sources of funding and resource provision for Trust wide roll out</li> </ul>	



## Board of Directors Meeting, 8 July 2021

<b>AGENDA ITEM NO.</b>	3.1/Jul/21
<b>REPORT NAME</b>	Learning from Serious Incidents (April/May 2021 data)
<b>AUTHOR</b>	Stacey Humphries, Quality and Clinical Governance Assurance Manager
<b>LEAD</b>	Pippa Nightingale, Chief Nursing Officer
<b>PURPOSE</b>	This paper provides an update on the process compliance, key metrics and learning opportunities arising from Serious Incident investigations.
<b>REPORT HISTORY</b>	Patient Safety Group 23 <sup>rd</sup> June 2021 Executive Management Board, 23 <sup>rd</sup> June 2021 Quality Committee, 6 <sup>th</sup> July 2021
<b>SUMMARY OF REPORT</b>	<p>During April/May 2021 the Trust declared 15 External Serious Incidents:</p> <ul style="list-style-type: none"> <li>• Maternal, fetal, neonatal (4 x External)</li> <li>• Patient falls (3 x External)</li> <li>• Diagnosis/Observations (1 x External)</li> <li>• Provision of care / treatment (2 x External)</li> <li>• Death: Unexpected / unexplained (1 x External)</li> <li>• Access to care / admissions (2 x External)</li> <li>• Assault, abuse and aggression affecting patients ( 1 x External)</li> <li>• Appointments and clerical issues (1 x External)</li> </ul> <p>There were 11 SI reports approved by the Divisional Serious Incident panel and the Chief Nurse/Medical Director and submitted to the NWL Collaborative (Commissioners).</p> <p>The organisation is implementing a process designed to measure the effectiveness of actions arising from serious incident investigations. The focus will be on type of control recommended (Hierarchy of controls) and the impact (criticality score 1-5) the control is expected to have at migrating the likelihood and/or consequence.</p> <p>Quality improvements projects are being undertaken to embed the learning identified from the Trusts highest reported SI categories relating to maternity safety and patient falls.</p> <p>A Never Event was reported in June 2020 relating to the unintentional connection of a patient requiring oxygen to an air flowmeter (ref 2020/10575). A second never event occurred in December 2020 concerning the retention of a guide wire (ref 2020/23436).</p>
<b>KEY RISKS ASSOCIATED</b>	<ul style="list-style-type: none"> <li>• Critical external findings linked patient harm</li> <li>• Reputational risk associated with Never Events.</li> </ul>
<b>FINANCIAL IMPLICATIONS</b>	Penalties and potential cost of litigation relating to serious incidents and never events
<b>QUALITY IMPLICATIONS</b>	Serious Incident investigation provides clinical teams with a structured approach to care and service delivery evaluation and supports the identification of learning opportunities designed to reduce the risk of harm to patients, staff and the public.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	Delivering high quality patient centred care
<b>DECISION/ ACTION</b>	This paper is for information/discussion.



## 1. Introduction

The Chelsea and Westminster NHS Foundation Trust is committed to the provision of high quality, patient centred care. Responding appropriately when things go wrong is one of the ways the Trust demonstrates its commitment to continually improve the safety of the services it provides.

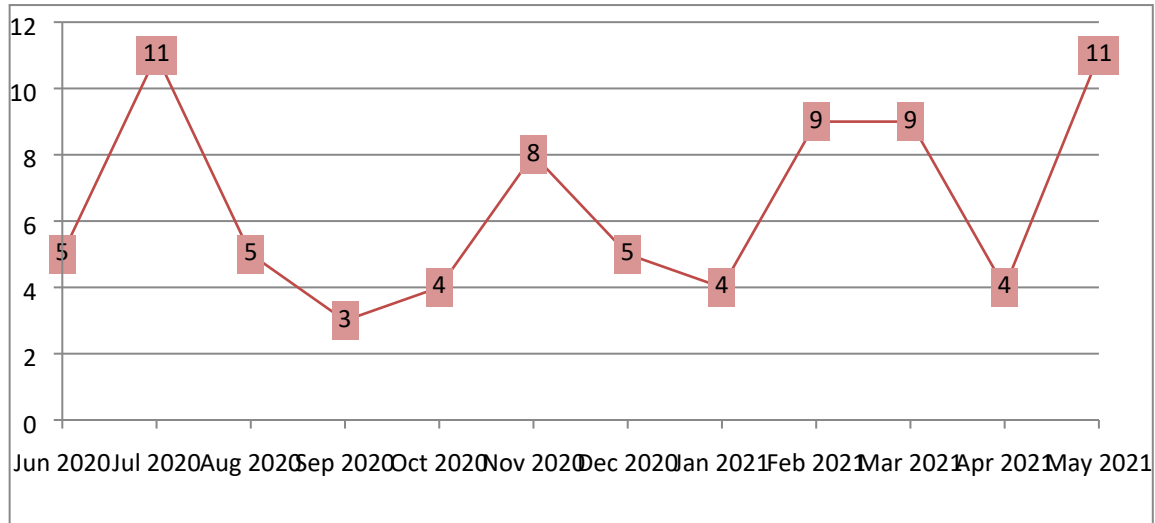
Serious Incidents are adverse events where the consequences to patients, families, staff or the organisations are so significant or the potential for learning so great, that a heightened level of response is justified. When events of this kind occur the organisation undertakes comprehensive investigations using root cause analysis techniques to identify any sub-optimal systems or processes that contributed to the occurrence. The Trust is mandated to report these events on the Strategic Executive Information System (StEIS) and share investigation reports with our commissioners; for this reason these events are referred to as External Serious Incidents within the organisation.

The Trust recognises that some events that do not meet the criteria of an External Serious Incident can also benefit comprehensive RCA investigations; as part of our commitment to improving patient safety the Trust undertakes detailed investigation of these incidents using the same methodology and with the same oversight as Serious Incidents. The Trust is not mandated to report these events on StEIS or share the reports with our commissioners; these events are referred to as Internal Serious Incidents and are part of the Trust's routine incident investigation processes.

Outcomes from both External Serious Incidents and Internal Serious Incidents are considered at Divisional Quality Boards, Patient Safety Group, Executive Management Board, and the Quality Committee so that learning can be shared and improvements enacted.

## 2. External Serious Incidents activity June 2020 – May 2021

Between June 2020 and May 2021 the Trust reported 78 External Serious Incidents (38 WM / 40 CW)



Graph 1: External SIs declared by level and month declared, June 2020 – May 2021

A never event was reported in June 2020 relating to the unintentional connection of a patient requiring oxygen to an air flowmeter (ref 2020/10575). A second never event occurred in December 2020 concerning the retention of a guide wire (ref 2020/23436).



### 3. External Serious Incidents declared April/May 2021

The Trust started 15 External Serious Incident Investigations:

April 2021			
Site	Specialty	Ref	Sub category
CW	Emergency Department	INC78134	Fall whilst walking/standing
CW	General Surgery	INC78629	Delay or failure to monitor
CW	Maternity / Obstetrics	INC77876	Maternal - IUD/Still birth >24/40
WM	Maternity / Obstetrics	INC78062	Neonatal - Intrapartum fetal death (Case referred to HSIB)
May 2021			
CW	Critical Care Outreach Team	INC79062	Failure / Delay to act on results
CW	Emergency Department	INC80295	Death: Unexpected / unexplained
CW	Emergency Department	INC80398	Patient Fall
CW	Maternity / Obstetrics	INC79421	Neonatal admission to SCBU from postnatal Ward
CW	Ophthalmology	INC79102	Delay / failure in access to hospital / care
WM	Acute Medicine	INC79802	Patient Fall
WM	Cancer Performance	INC79767	Delayed or Missed Diagnosis
WM	Cardiology	INC79349	Delay / failure in access to hospital / care
WM	Colorectal	INC78983	Delayed or Missed Diagnosis
WM	Maternity / Obstetrics	INC79237	Maternal - Post-partum haemorrhage > 1500mls (MOH)
WM	Physiotherapy	INC79759	Abuse/alleged abuse of adult patient by staff

Table 1: External SIs declared in April/May 2021

The investigations into these events will seek to identify any care or service delivery problems that impacted the outcome and establish actions to reduce the risk or consequence of the event recurring.

### 4. External Serious Incident completed April/May 2021

Following review and agreement by the Divisional Serious Incident Panel and the Chief Nurse / Medical Director 11 Serious Incident reports were submitted to the NWL Collaborative (Commissioners).

StEIS Category	Site	Specialty	StEIS ref.	Degree of harm
April 2021				
Surgical/invasive procedure incident	CW	Anaesthetics	2020/23314	Moderate
Surgical/invasive procedure incident (Never Event – Retained foreign object)	CW	ITU	2020/23436	Low
Treatment delay	CW	Emergency Department	2021/7670	Severe
Slips/trips/falls	CW	Acute Medicine	2020/23395	Severe
May 2021				
Treatment delay	CW	Ophthalmology	2021/2628	Moderate
Medical equipment/ devices/disposables incident	CW	ITU	2021/4235	Death
Apparent/actual/suspected self-inflicted harm	CW	Stroke	2021/4319	Moderate
Slips/trips/falls	WM	Trauma / Orthopaedics	2021/2469	Severe
Slips/trips/falls	WM	Emergency Department	2021/4454	None
Maternity/Obstetric incident: baby only	WM	Maternity / Obstetrics	2021/884	Moderate
Maternity/Obstetric incident: baby only	WM	Maternity / Obstetrics	2021/3404	Moderate

Table 2: External SI reports submitted to the Commissioners in April/May 2021



## 5. Learning from Serious Incidents

The Serious Incident investigations are designed to identify weaknesses in our systems and processes that could lead to harm occurring. It is incumbent on the Trust to continually strive to reduce the occurrence of avoidable harm by embedding effective controls and a robust programme of quality improvement.

### 5.1. Serious Incident action plans

The RCA methodology seeks to identify the causal factors associated with each event; an action plan is developed to address these factors. Action plan completion is monitored by the Patient Safety Group and the Executive Management Board to ensure barriers to completion are addressed and change is introduced across the organisation (when required). At the time of writing there are 21 SI actions that have passed their expected due date.

#### 5.1.1. Measuring the effectiveness of Serious Incident actions

In the majority of cases serious incidents occur not because there were no controls in place at the time but because the existing controls failed. The organisation is implementing a process designed to measure the effectiveness of actions arising from serious incident investigations. The focus will be on type of control recommended and the impact the control is expected to have at migrating the likelihood and/or consequence.

### 5.2. Thematic review

Serious Incident investigations explore problem in care (what?), the contributing factors to such problems (how?) and the root cause(s)/fundamental issues (why?). To support understanding a process of theming across these areas has been undertaken to identify commonalities across External Serious Incidents submitted to commissioners since 1st April 2020 (excluding HSIB maternity SIs).

The review did not seek to weight the themes according to their influence on an event but merely to identify their occurrence; this provided increased insight into the more common factors associated with serious incident investigation and increased the opportunity to identify overarching improvement actions.

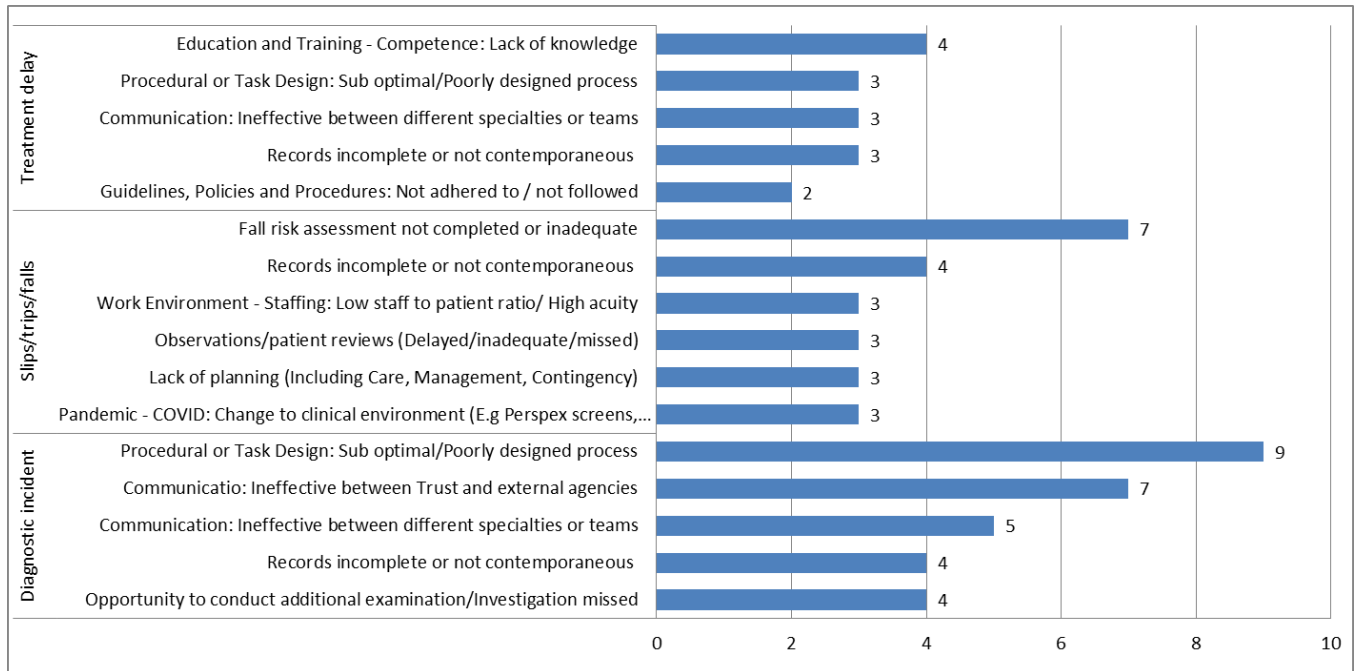
Since the 1<sup>st</sup> April 2020, 54 reports have been reviewed and 248 themes were identified. Key themes contributing to the serious incident were:

- Guidelines, Policies and Procedures: Not adhered to / not followed – 19 SIs
- Documentation: Records incomplete or not contemporaneous– 18 SIs
- Procedural or Task Design: Sub optimal/Poorly designed process – 17 SIs
- Communication: Ineffective between different specialties/teams – 16 SIs
- Education: Lack of knowledge/awareness – 16 SIs

19 (35%) of the Serious Incidents reviewed identified issues with non-adherence to guidance/process/policy. This theme frequently appeared in incidents relating to patient falls, surgical/invasive procedure incidents and diagnostic incidents.

18 (33%) of the Serious Incidents reviewed identified issues with incomplete or missing documentation; the identification of this theme does not mean missing documentation led to the event occurring but highlights the issue of poor documentation standards identified by the investigation process.

The figure below highlights the most common root cause, contributory factor and care/service delivery issue themes for the highest reported SI incident categories.



Graph 2: Common themes for the highest reported external SI categories

Key themes will be submitted to the Patient Safety Group and the Executive Management Group for consideration of requirement for further Quality Improvement Projects, deep-dives, or targeted action. Updates on these programmes of work will be reported to the Quality Committee.

### 5.3. Quality Improvement projects

Quality improvements projects are commenced to embed the learning identified from the Trusts highest reported SI categories including; Maternity Safety and Patient falls. Outcomes from QI and deep dives will be reported up through the Patient Safety Group and Executive Management Board.

#### 5.3.1. QI Project: Maternity Safety

Computerised CTG provides an objective CTG interpretation and allows the communication of robust, numeric facts instead of opinion. The Dawes/Redman analysis has a database of 100,000 traces; by using this vast numeric data and relating it to outcomes, it acts as an expert assistant for CTG interpretation and accurate interpretation criteria. Whilst final clinical judgement will be based on the entire clinical assessment the introduction of cCTG will support decision making, reduce risk of human error, and address a key theme identified through maternity SIs.

#### 5.3.2. QI Project: Patient Falls

Reducing in-patient falls was set as a two-year quality priority in 2018/19 and formed part of the Trust's overall frailty improvement plan; the trust achieved its aim to reduce fall rate through successful educational programmes and the introduction of standardised falls assessment care plans. The falls steering group aims to continue this trajectory through the delivery of a quality improvement project designed to address key themes identified within serious incidents.

## 6. Conclusion

Patient safety incidents can have a devastating impact on our patients and staff; the Trust is committed to delivering a just, open and transparent approach to investigation that reduces the risk and consequence of recurrence. Correctable causes and themes are tracked by the Patient Safety Group and the Executive Management Board to ensure change is embedded in practice.



**Board of Directors Meeting, 8 July 2021**

<b>PUBLIC SESSION</b>
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<b>AGENDA ITEM NO.</b>	3.2/Jul/21
<b>REPORT NAME</b>	PALS and Complaints Annual Report
<b>AUTHOR</b>	Lee Watson, Director of Nursing
<b>LEAD</b>	Pippa Nightingale, Chief Nursing Officer
<b>PURPOSE</b>	The purpose of this paper is to provide the Board with the annual overview of performance against complaints targets, an overview of the top reasons for complaints and PALS concerns.
<b>REPORT HISTORY</b>	Executive Management Board, 12 May 2021 Quality Committee, 1 June 2021
<b>SUMMARY OF REPORT</b>	<p>The number of complaints received by the Trust and investigated during 2020/21 has reduced to 390 from 840 the previous financial year. Similarly the number of PALS concerns has also reduced to 896 from 2,870.</p> <p>The COVID-19 Pandemic is thought to be the primary reason for the reduction.</p> <p>PALS resolution is achieving an average of 67% of all concerns received immediately at source.</p> <p>The most frequently complained about thee in 2020/21 is communication with patients and their families. The COVID-19 Pandemic is thought to be the primary reason for this and the Corporate Nursing team have identified this as a Quality priority theme for the team.</p> <p>The PHSO assessed 11 complaints throughout 2020/21 and took on 3 for investigation. We received a further 5 outcomes of other investigations, which were delayed due to the PHSO backlog/COVID restrictions.</p> <p>The new PALS model was halted due to the 2<sup>nd</sup> wave COVID-19 surge, however the model of PALS team visiting wards and departments is now up and running and is being well received by inpatients and ward staff alike.</p>
<b>KEY RISKS ASSOCIATED</b>	Reputational risk associated with not meeting Quality priorities and the Trust targets.
<b>FINANCIAL IMPLICATIONS</b>	None
<b>QUALITY IMPLICATIONS</b>	Poor patient experience due to not meeting the required time frame for response.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Deliver high quality patient centred care</li> <li>• Be the employer of choice</li> <li>• Delivering better care at lower cost</li> </ul>
<b>DECISION/ ACTION</b>	For noting.



**Annual Report**

**Patient Advice and Liaison Service (PALS) and  
Complaints Team**

**2020-2021**

## 1. Introduction

Chelsea & Westminster NHS Foundation Trust comprise two acute hospital sites; West Middlesex University Hospital and Chelsea and Westminster Hospital. Both sites deliver specialist and general hospital care to our patients, have major A&E departments and the Trust also provides the second largest maternity service in England.

Our specialist hospital care includes the burns service for London and the South East, children's inpatient and outpatient services, cardiology intervention services and specialist HIV care. We also manage a range of community-based services, including our award winning sexual health clinics, which extend to outer London areas.

The Trust serves a catchment area in excess of one million people and employs over 6,000 staff. The Trust's main health commissioning and social care partnerships cover two STP footprints and the following areas:

- West London CCG
- Hounslow CCG
- Hammersmith and Fulham CCG
- Central London CCG
- Ealing CCG
- Richmond CCG
- Wandsworth CCG
- NHS England (NHSE) for Specialised Services Commissioning

The Trust values are firmly embedded across the organisation and demonstrate the standard of care and experience our patients and members of the public should expect from any of our services.

They are:

- **P**utting patients first
- **R**esponsive to patients and staff
- **O**pen and honest
- **U**nfailingly kind
- **D**etermined to develop

This report summarises the activity in relation to informal concerns and formal complaints for Chelsea and Westminster NHS Foundation Trust during 2020/21.

## 2. Definitions

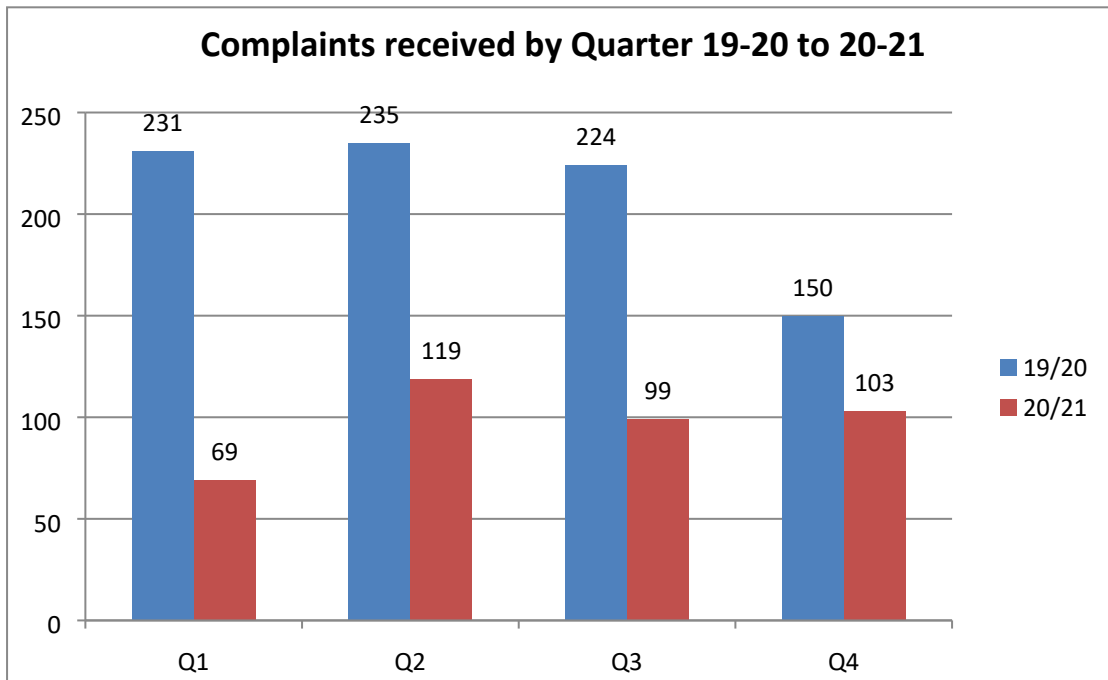
**Informal concerns** relate to those issues raised to the Patient Advice and Liaison Service (PALS) which aims to resolve issues quickly and at source and where this is not possible to resolve the issue within 5 working days.

**Formal complaints** relate to concerns raised through the formal trust process. Complaints are acknowledged within 2 working days, assigned to the appropriate division and investigated and responded to within 25 working days.

## 3. Complaints received during 2020/21

During 2020-21, the Trust received a total of **390** complaints which equates to an average of 8 complaints per week. This is a decrease of 54% against the number of complaints received during 2019-20 (840).

The graph below demonstrates the number of complaints received in each quarter during 2020-21 compared to the previous year.



The graph below shows the number of complaints received by Division and site:

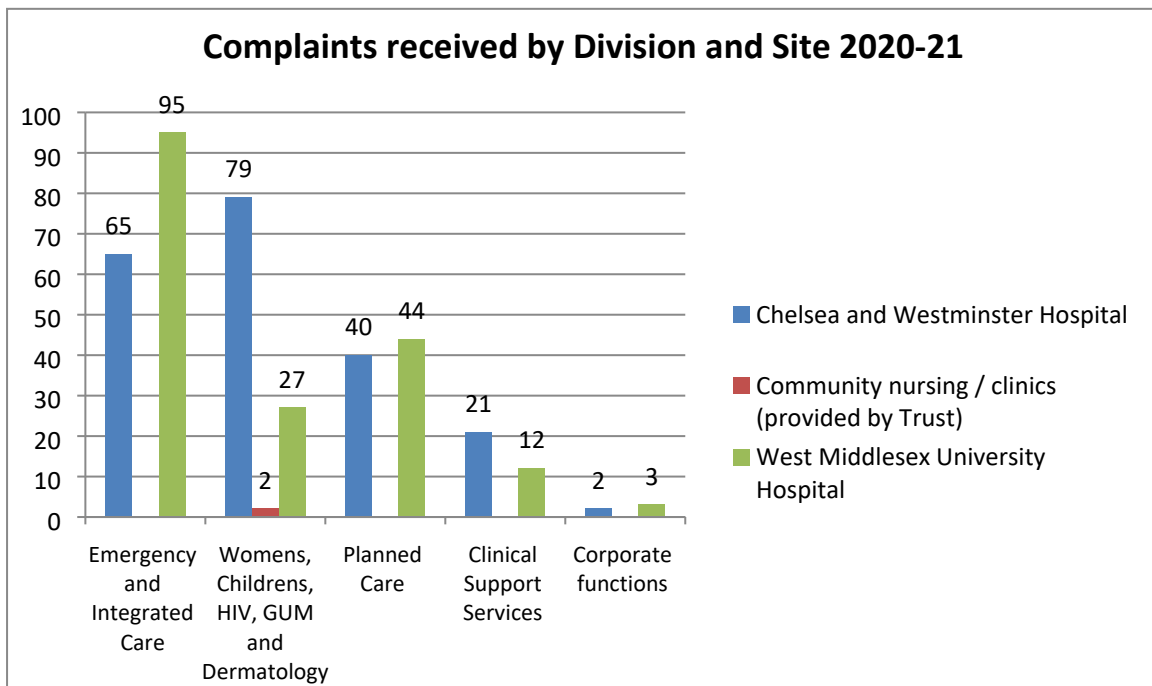


Table 1 shows the number of complaints received by Division compared with the previous year.

Division	Complaints 2020/21	Concerns 2020/21	Divisional Total 2020/21	Complaints 2019/20	Concerns 2019/20	Divisional Total 2019/20
Corporate	5	17	22	12	81	93
Emergency and Integrated Care	160	222	383	267	359	626
Planned Care	84	209	293	206	337	563
Clinical Support Service	33	263	296	106	1,597	1,703
Womens Division	108	185	293	249	496	745
<b>TOTAL</b>	<b>390</b>	<b>896</b>	<b>1,286</b>	<b>840</b>	<b>2,870</b>	<b>3,710</b>

There has been a large decrease in complaints and PALS concerns received across the board. This is primarily due to the COVID-19 pandemic, however the PALS and Complaints Team have actively de-escalated complaints where possible in order to provide instant resolution for the patient and their representative.

#### 4. Complaint themes

The Trust categorises complaints using the criteria set by the Department of Health. A complaint may involve more than one issue, however the main issue of the complaint will determine the subject it is logged under.

The table below identifies the themes and trends from complaints and highlights whether there has been an increase or decrease.

Complaint theme	Total complaints 2020/21	Total complaints 2019-20
Access to treatment or drugs	3	20
Admissions, discharges and transfers	25	45
Appointments	13	77
Clinical treatment (across all specialties)	119	215
Communication	121	121
Consent to treatment	2	0
End of life care	0	2
Facilities	0	4
Patient care	49	187
Prescribing errors	1	10
Privacy, dignity and wellbeing	5	4
Restraint	0	1
Trust administration	5	20
Values and behaviours	43	120
Waiting times	0	7
Other	4	7

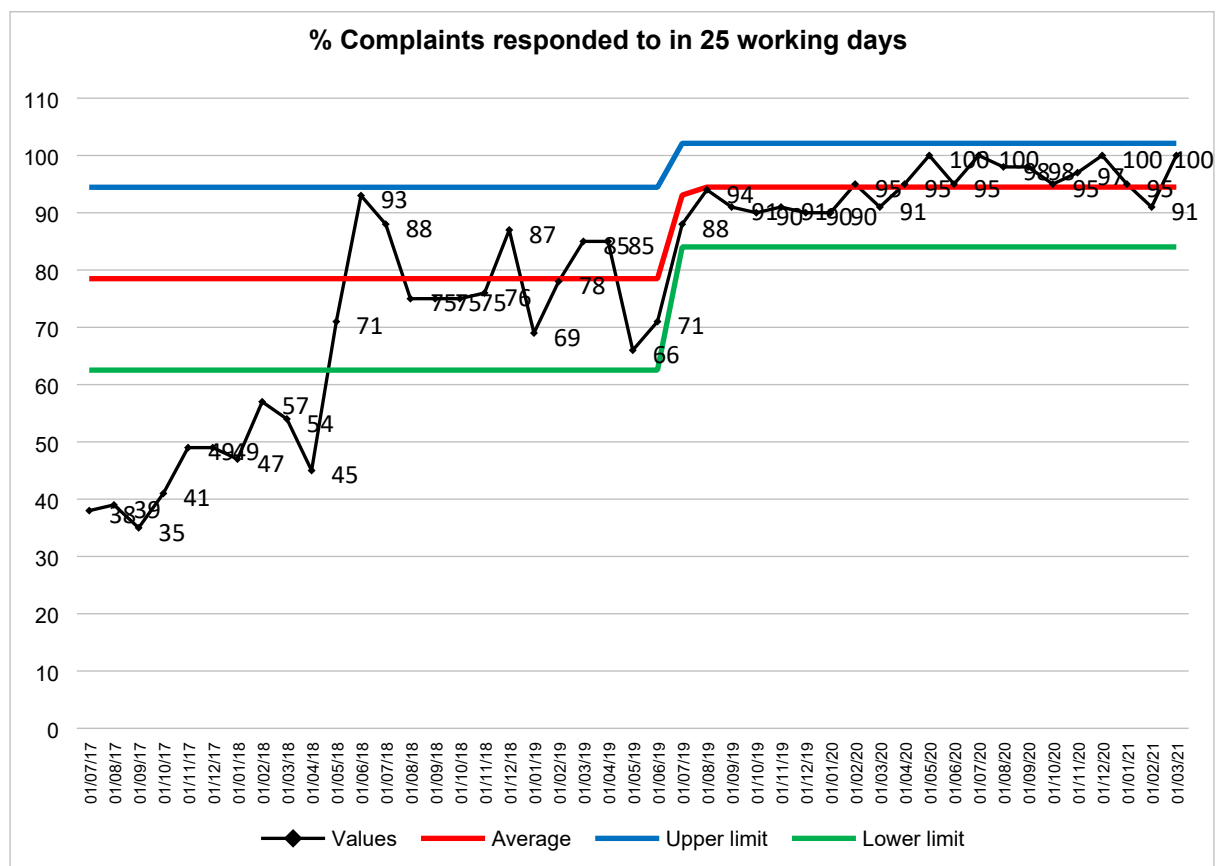
There has been a 17% increase in the number of complaints received which are primarily about communication, these encompass communication with the patient, with relatives/carers and giving conflicting information.

There has been a marked decrease in complaints relating to access to treatment or drugs and a decrease in complaints about patient care.

### 5. Performance in responding to complaints

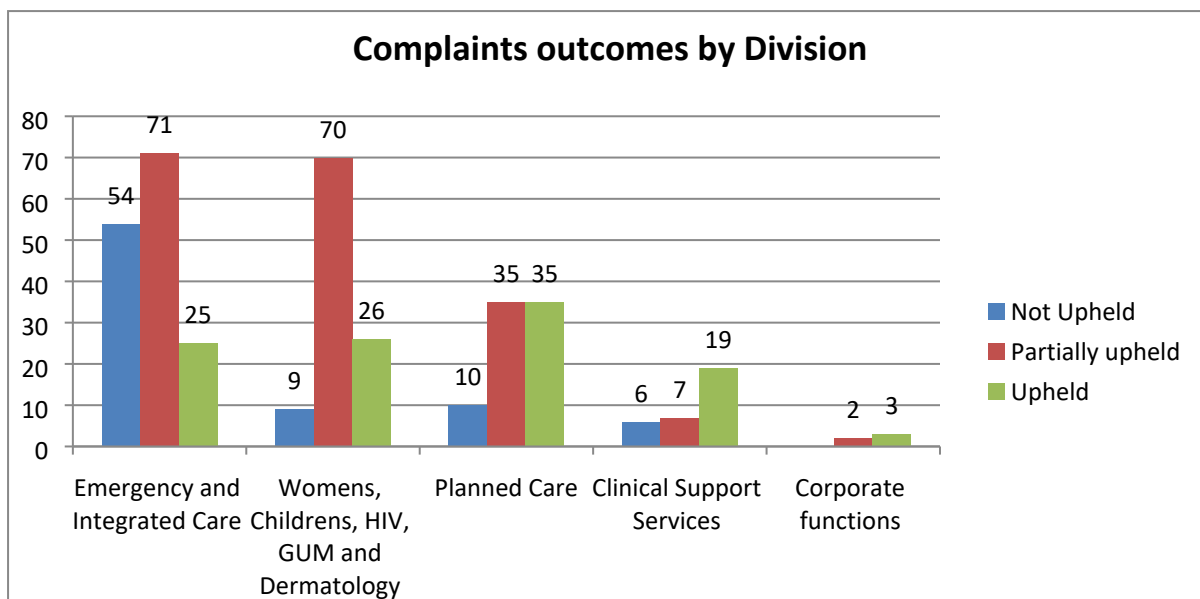
In addition to monitoring the number of complaints received by our Trust we also monitor our performance against locally set timescales. These are to ensure that we acknowledge all complaints within two working days and that we respond to 95% of complaints within 25 working days. The performance has been consistently on or above target during the past year.

The chart below tracks our progress with achieving the 25 day response rate.



As you will see, from August 2019 the PALS and Complaints Team has consistently met or exceeded the previous target of 90% of responses being sent within 25 working days of receipt of the complaint.

372 out of the 390 complaints investigated during 2020-21 were completed at the time of this report. The chart below shows the outcomes from each of these complaints by Division:



## 6. Learning from complaints

Here are some examples of changes to our services arising from the complaints we have received:

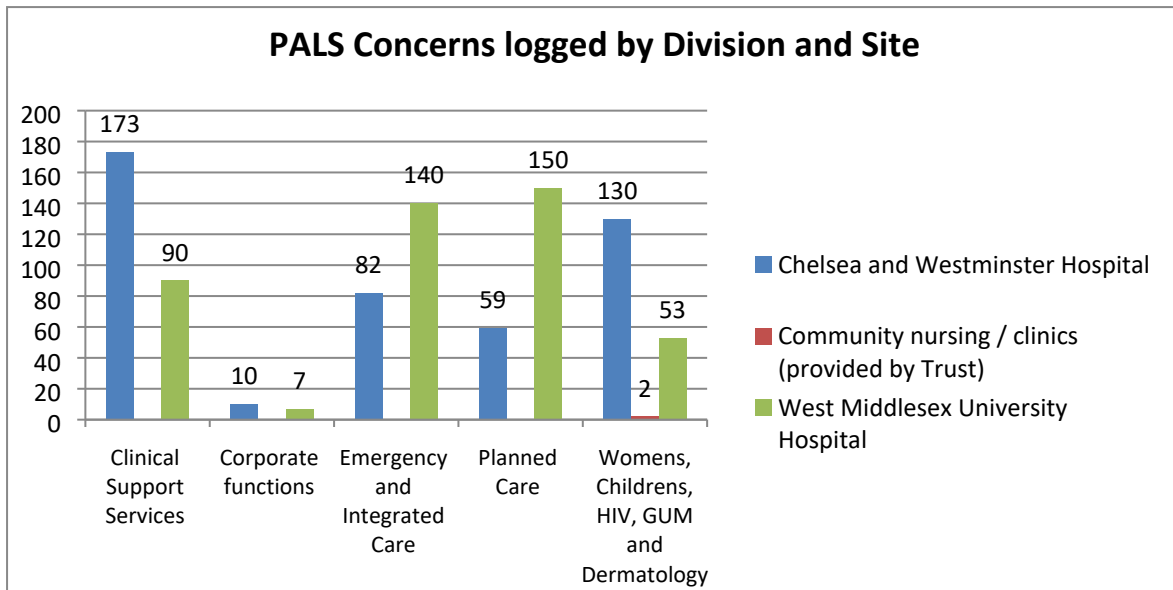
- Hospital visiting – staff to ensure that they are clear on the visiting rules and ensure that appropriate visiting takes place.
- End of Life Care – to ensure specialist Palliative Care Team are involved with the delivery of end of life care and additional training to ward staff on this subject.
- Handover meetings in a location to ensure that all can attend.
- Clinic templates changed to ensure the appropriate patients are booked into the correct clinic.
- Mobile phone torches not to be used for examinations.
- Ward teams to provide phone number to patients on discharge so that patients can contact with queries.
- Patient Access Digital Dictation SOP updated to require that the admin team check the hospital number in the letter against the clinician's clinic list and any corroborating information in the letter, before sending on to the author to approve.
- Examples where complaints about communication have been anonymised and used as a learning tool for people to understand the impact of their communication.

## 7. Parliamentary and Health Service Ombudsman

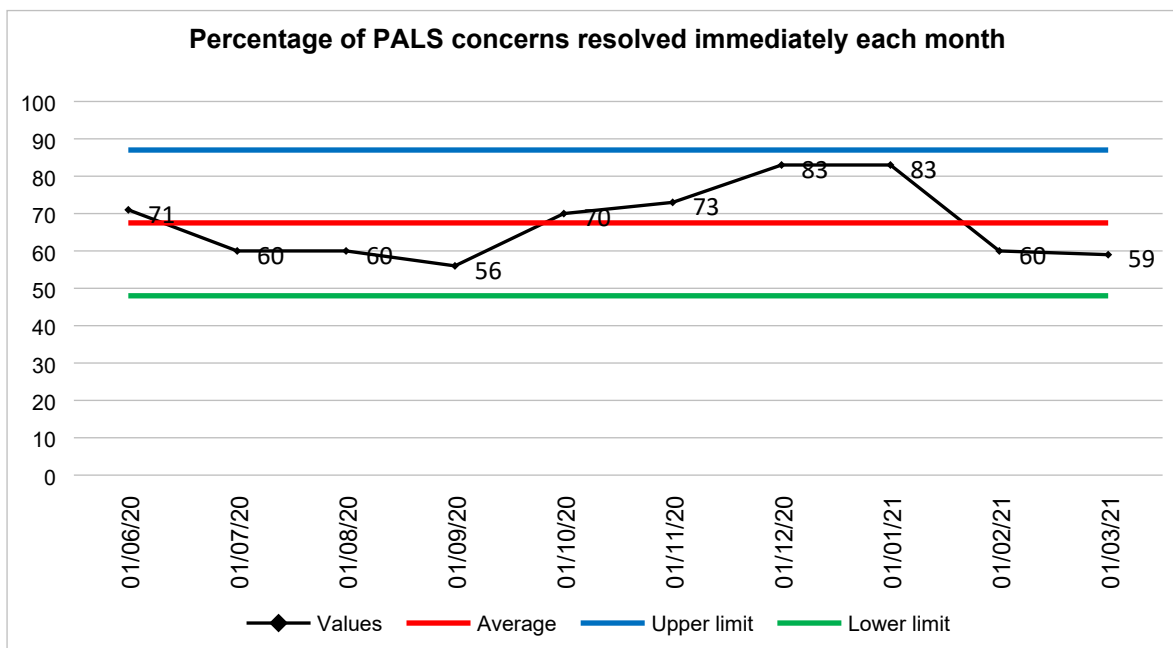
The PHSO were investigating four complaints as at April 2020. They then suspended much of their work until July 2020 due to the pandemic. During the year, we received contact from the PHSO regarding 11 complaints they assessed during 2020-21. Three were subsequently taken on for investigation. We received a decision on five cases, all of which were partly upheld. Four were for EIC Division and one was for Planned Care Division.

## 8. Informal concerns (Patient Advice and Liaison Service)

During 2020-21, the PALS team resolved **896** concerns, this is a decrease of 69% from 2019-20 (2,870).



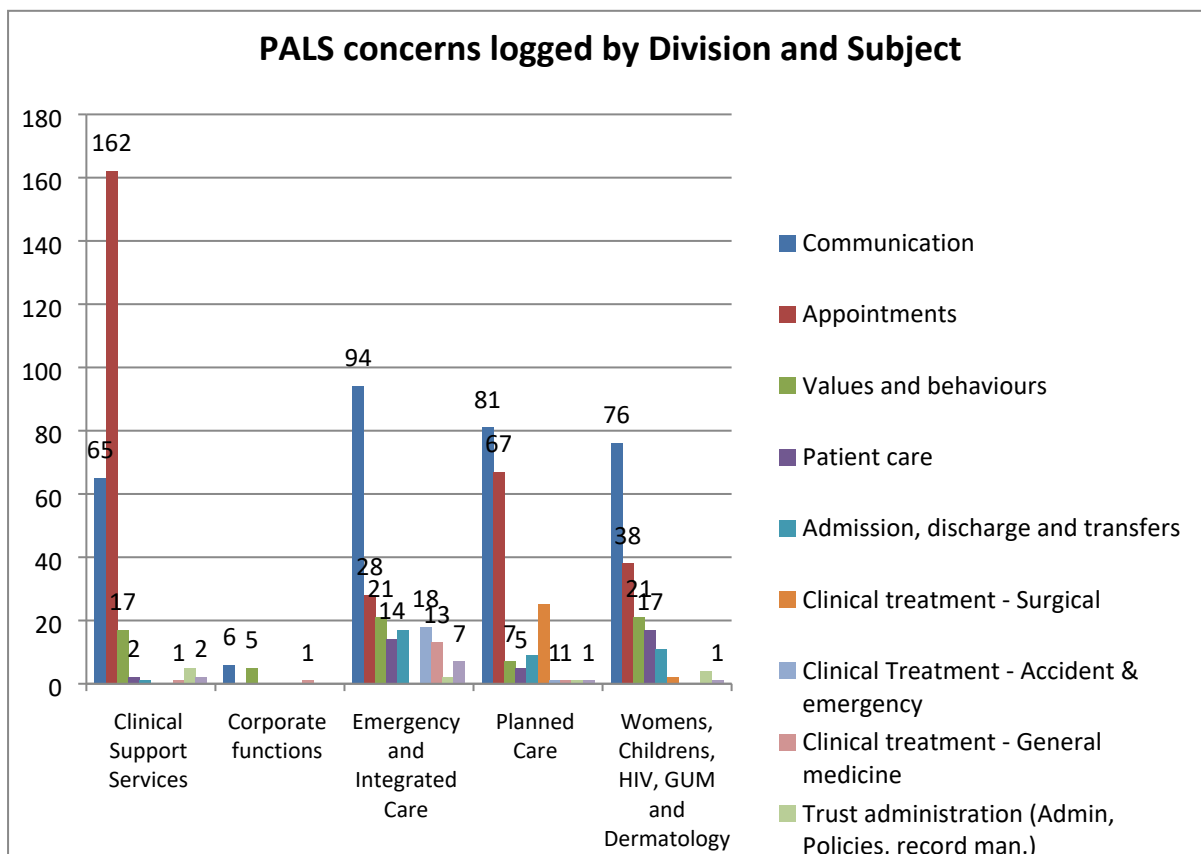
These figures do not include any concerns raised at ward or service level that were immediately resolved or concerns received by the PALS and Complaints team that were immediately resolved. We are now counting these and since June 2020 we have seen a trend for 50% or more concerns being received being de-escalated and resolved immediately:



We receive contact from patients and their representatives by email or phone. The PALS offices at our hospital sites have been closed since the COVID-19 pandemic began. However we have now started a programme of ward visits to visit our patients and provide early resolution to any concerns they may have or to discuss the a potential complaint.

The top seven subject from concerns are demonstrated in the chart below.

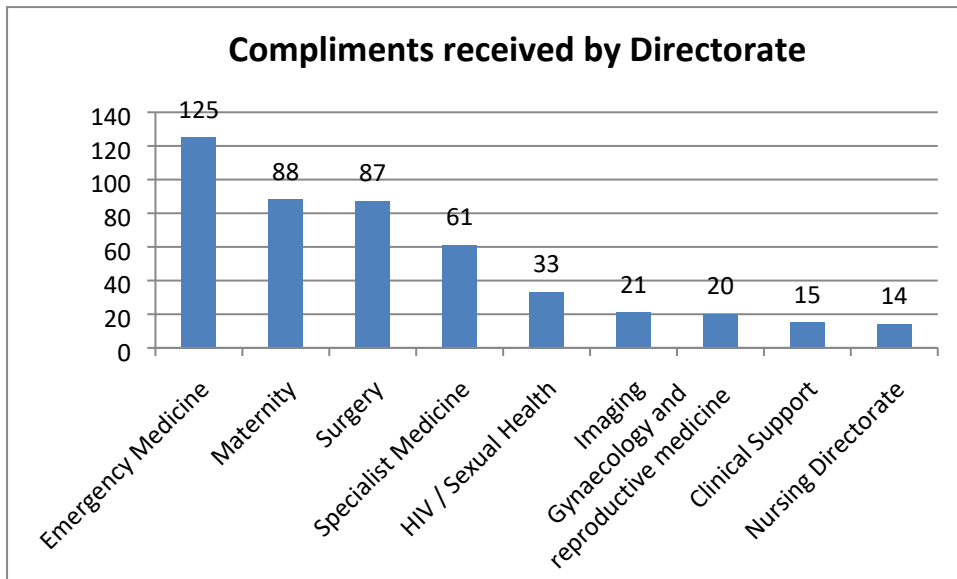




As you will see, the principle reason for contacting the PALS service is in relation to concerns about appointments – cancellations, bookings and changes. The PALS team continue to work with colleagues within Patient Access to resolve appointment queries as quickly as possible.

## 9. Compliments

The PALS team logged a total of **499** compliments on Datix during the year 2020-21 an decrease from 919 the previous year. This is in keeping with the reduced number of contacts and also reflects that a number of plaudits have been publicly displayed around both hospitals instead during the past year. Please see the table below for a breakdown of the compliments received by Division and site:



## 10. Service Improvements

The PALS and Complaints team has worked hard to respond to concerns and complaints that they receive and are reliant on good working relationships with their operational and clinical colleagues to achieve this.

The following objectives have been achieved in the past year:

- The current PALS service had been redesigned with a focus on providing immediate resolution to patients so they leave the hospital with their concerns resolved.
- There has been a consistent focus on early resolution of complaints, resolving the issues for patients and decreasing the formal complaint response rate.
- We have reviewed our systems and processes to ensure that learning and improvements from complaints and concerns is captured and implemented.
- We have consistently achieved 90% compliance in responding to complaints within 25 working days.
- We are linked into working groups with colleagues in the Patient Access Directorate to reduce the number of appointment based concerns received by PALS.



**PUBLIC SESSION**

**Board of Directors Meeting, 8 July 2021**

<b>AGENDA ITEM NO.</b>	3.3/Jul21
<b>REPORT NAME</b>	Infection Prevention and Control (IPC) Annual Report 2020-2021
<b>AUTHOR</b>	<p>Dr Berge Azadian; Consultant Microbiologist, Director of Infection Prevention and Control (DIPC)</p> <p>Jane Callaway; Lead Nurse Infection Prevention and Control</p> <p>Martyn Case; Deputy Lead Nurse Specialist Infection Prevention and Control</p> <p>Elizabeth Cunningham; Infection prevention and Control Nurse</p> <p>Maria Dineen; Clinical Nurse Specialist Infection Prevention and Control</p> <p>Dr Hugo Donaldson; Microbiology Consultant/Infection Control Doctor (WM)</p> <p>Kirsty Eyles: Hard FM facilities CW</p> <p>Stephen Hughes; Lead Antibiotic Pharmacist</p> <p>Anneliese Hayes; Occupational Health Advisor</p> <p>Eleanor Long: Interim Decontamination Lead</p> <p>Dr Nabeela Mughal, Infectious Diseases and Microbiology Consultant/Infection Control Doctor (CW)</p> <p>Margaret Outaleb: Estates and Facilities; Soft Services</p> <p>Jaysun Tuffin: Hard FM facilities WM</p> <p>Winola Xavier; Clinical Nurse Specialist Infection Prevention and Control</p>
<b>LEAD</b>	Pippa Nightingale, Chief Nursing Officer
<b>PURPOSE</b>	DIPC / Infection Prevention and Control Team (IPCT) Annual Report 2020/21 as an assurance to the Board
<b>REPORT HISTORY</b>	<p>Executive Management Board, 12 May 2021</p> <p>Patient Safety Group, 26 May 2021</p> <p>Quality Committee, 1 June 2021</p>
<b>SUMMARY OF REPORT</b>	<p>The provision of an annual report on infection prevention and control is the duty of the Director of Infection Prevention and Control. The IPCT implements the annual programme and policies; makes clinical decisions on the prevention and control of infection and advises staff.</p> <p>The IPCT ensures that there are processes to manage risks associated with IPC by demonstrating compliance with the Code of Practice for the prevention and control of infection and associated guidance (2015) the Care Quality Commission core standards.</p> <p>This paper outlines the assurance measures related to infection prevention and control, performance against these and mandatory targets and sets the strategy plan for the year ahead.</p> <p>This paper reflects the year of the COVID-19 pandemic and the IPC activities that supported the Trust during the pandemic.</p>

<b>KEY RISKS ASSOCIATED</b>	<p>Key risks include :</p> <p>COVID-19 Pandemic</p> <p>The continuing rise of antimicrobial resistance and resistant organisms</p> <p>Recognised IPC risks are included on the Trust risk register.</p> <p>Live risks</p> <ul style="list-style-type: none"> <li>• MRSA trajectory</li> <li>• Increase in multi-drug resistant infections</li> <li>• <i>E.coli</i> bloodstream infections</li> <li>• Viral haemorrhagic fever preparedness</li> <li>• <i>Legionella</i> in water outlets</li> <li>• <i>Pseudomonas aeruginosa</i> in water outlets</li> </ul> <p>Accepted risks</p> <ul style="list-style-type: none"> <li>• High coliform counts in the hydrotherapy pool</li> <li>• Lack of compliance with IPC policies</li> <li>• <i>Clostridium difficile</i> trajectory</li> </ul>
<b>FINANCIAL IMPLICATIONS</b>	No financial implications
<b>QUALITY IMPLICATIONS</b>	To protect patients and staff against hospital acquisition and provide assurance to the Trust in relation to compliance with the Health Act 2008 and the Code of Infection Prevention and control guidance 2015.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	No known equality & diversity implications.
<b>LINK TO OBJECTIVES</b>	Deliver high quality patient centred care
<b>DECISION/ ACTION</b>	For information.

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## 1.0 Introduction

This is the report of the Director of Infection Prevention and Control (DIPC) and summarises the work undertaken in Chelsea and Westminster NHS Foundation Trust (CWFT) for the period 1 April 2020 to 31 March 2021.

The report summarises the measures taken to protect patients and staff against infections, and provides assurance in relation to the Trust's compliance with the requirements of the Health Act 2008 and the Code of Practice on the prevention and control of infection and related guidance (2015).

The paper outlines the developments undertaken by the Infection Prevention and Control Team (IPCT) and summarises the following:

- Management of COVID-19
- Mandatory surveillance reporting and progress against targets
- Decontamination and cleaning
- Incidents and outbreaks
- Hand hygiene and infection prevention audit and surveillance programme
- Education and training
- IPC link professionals
- Antibiotic stewardship
- Body fluid exposure
- Seasonal influenza
- Hard services
- The IPCT annual programme.



## 2.0 Executive summary

- 2.1 There were 4 case of Trust apportioned MRSA bacteraemia against a trajectory of 0.
- 2.2 There were 25 cases of Trust apportioned *Clostridium difficile* infection (CDI) during this period, no targets were set for this financial year. The Trust has the lowest reported rates of healthcare-associated *C. difficile* infection across the average reported rates of acute Teaching trusts in England (FingerTips April 2021), see section 12 Figure 6.
- 2.3 There were 79 Trust apportioned *E.coli* bacteraemias reported during 2020– 21 and 230 non-apportioned *E.coli* bacteraemias, this increase is largely due to a change in the apportionment algorithm introduced by PHE in July 2020 (see section 4 for changes). Of the 79 Trust apportioned cases this year, 50 are directly comparable with the 43 cases in 2019/20.
- 2.4 The average hand hygiene compliance score was 92% and overall completion of reporting was 90%.
- 2.5 Surveillance of surgical site infection (SSI) was undertaken for all quarters on each site as required by the Department of Health. The number of elective procedures fell considerably during this period due to the impact of COVID-19 on hospital services.
- 2.6 Enhanced monitoring for *Pseudomonas aeruginosa* in water outlets continues in augmented care units. Mitigations on positive outlets are agreed by the DIPC, the Infection Prevention and Control Team and the hard FM providers in conjunction with Estates and Facilities. The Water Safety Group continues to meet monthly however meetings throughout this period were reduced due to COVID-19.
- 2.7 There were no influenza outbreaks identified at CWFT.
- 2.8 NHS England set a CQUIN of 90% of frontline healthcare workers to receive influenza immunisation which was achieved by the Trust. 93% of frontline staff were vaccinated.
- 2.9 The Infection Prevention and Control Team supported the Trust in their response to the COVID-19 pandemic and supported the Trust in preparing for planned meetings with the Care Quality Commission.
- 2.10 There were 20 COVID-19 ward outbreaks during 2020– 21.
- 2.11 Cleaning audits conducted across the Trust exceeded the minimum targets set out in the National Specification of Cleanliness.
- 2.12 All NHS England sponsored CQUINs have been suspended for the financial year due to the pandemic. The CWFT AMS team have continued to optimise historic AMS targets from previous CQUINs in line with NHS England and Improvement criteria.
- 2.13 Decontamination successfully passed the annual two-day External Audit recently to confirm compliance with the requirements of the European Directive MDD/93/42/EEC and the ISO 13485:2016 Standard. From 20/21 the service is registered with NQA and will no longer be accredited against European Directive MDD/93/42/EEC .

The EDU units at both sites have also recently passed the JAG Accreditation Audit in March.

2.14 92% of Trust staff were compliant with mandatory infection prevention and control training.

### **3.0 Background**

The Trust is required to demonstrate compliance with the Health and Social Act 2008 and the Code of Practice on the prevention and control of infection and related guidance (2015). In addition there is a requirement to demonstrate compliance with NICE and best practice guidance. The Infection Prevention and Control Team (IPCT) aims to ensure there are processes in place to manage risks associated with infection prevention and control.

The IPCT covers all sites of the Trust. The funded establishment for the nursing team is currently 6 WTE infection prevention and control nurses, 1 WTE data manager and 1 WTE administrative support and 2 WTE infection surveillance officers.

Other members of the wider IPC team include the DIPC, infection control doctors, medical microbiologists, infectious diseases physicians, antimicrobial pharmacists and the decontamination lead.

The core infection control service includes an infection control advisory service, proactive infection prevention work and education and training throughout the organisation. The IPC team also undertake audit and surveillance, policy revision, report generation and outbreak management. Another aspect of their work is advising on the planning of new builds and refurbishments.

The team meets regularly to review clinical cases, infection control issues and mandatory data. A cross site team meeting is also held weekly and daily team huddles throughout the COVID-19 Pandemic.

The Trust IPC group is chaired by the DIPC and meets monthly with representatives from all divisions and key service areas. Quarterly reports are provided by the Occupational Health Department, the Decontamination Lead, the infection control surveillance officers, Pharmacy and Public Health England (PHE). The IPC group notes are made available on the Trust intranet. This group reports to the Quality Committee and the Terms of Reference for the group are available at appendix 1. The Lead Nurse maintains the IPC elements of the corporate risk register.

### **4.0 Mandatory reporting**

The Trust is required to report the following healthcare associated infections to Public Health England.

In July 2020 a new apportionment algorithm was introduced by PHE and applies to all blood stream infections reported. The 3 categories are:

**Hospital-onset healthcare-associated (HOHA):** cases that are detected in the hospital two or more days after admission.

**Community-onset healthcare-associated (COHA):** cases that occur in the community (or within two days of admission) when the patient has been a recent discharge from the reporting organisation with 28 days of their positive blood culture.

**Community-Onset Community-associated (COCA):** cases that occur in the community with no patient history of a recent admission.

Due to the algorithm changes, the Trust attributed blood stream infection rates have risen.

Further analysis has been conducted to review all Trust attributed cases.

#### 4.1 **Meticillin resistant *Staphylococcus aureus* bacteraemia (MRSA)**

Chelsea and Westminster NHS Foundation Trust had four Trust apportioned MRSA bacteraemia against our target of zero for the year 2020/2021 all occurring at the CW site.

See appendix 3 for a summary report of the four MRSA bacteraemia cases.

#### 4.2 ***Clostridium difficile* infection (CDI)**

From April 2019, a new PHE apportionment algorithm was introduced. Trust apportioned cases now include:

- **Hospital-onset healthcare-associated (HOHA):** cases that are detected in the hospital two or more days after admission.
- **Community-onset healthcare-associated (COHA):** cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

There were 25 Trust apportioned CDI cases. The Trust did not receive a target in 2020/21.

There were also 12 cases of non-Trust apportioned cases of CDI (see summary data on page 36).

A root cause analysis (RCA) of each Trust apportioned case was undertaken by the IPCT and senior medical and nursing staff caring for each patient. Action plans were subsequently developed to address lessons learnt which are monitored at the quality and risk meetings.

The following lapse in care was identified in one case of Trust attributed CDI:

- Inappropriate antibiotic prescribing.

The lapse in care identified was due to inappropriate antibiotic prescribing/ review and occurred at the WM site, this risk will be mitigated in future by the programming algorithms on ICNet due to be introduced at the WM site in 2021.

Analysis of the RCAs concluded that the following lessons were important in preventing CDI:

- Appropriate clinical assessment and pathology request (not MC&S) by educating ward staff.

- Antibiotic stewardship .
- The importance of maintaining high levels of hand hygiene compliance. Compliance is measured monthly via IPC audits and data is reported at the monthly IPC group.
- The importance of maintaining high standards of environmental cleanliness.
- The importance of appropriate glove use.
- Isolation of infectious patients – continue to ensure prompt recognition of CDI cases and prompt isolation.
- Completion of stool charts.

The antimicrobial stewardship programme with antimicrobial pharmacists and ID/microbiology continues on both sites to optimise antimicrobial prescribing.

#### **4.3 Meticillin sensitive *Staphylococcus aureus* bacteraemia (MSSA)**

There were 24 cases of Trust apportioned MSSA bacteraemias compared to 55 community apportioned cases (see summary data on page 37). No upper limit is currently set by the Department of Health.

This is an increase from 19 Trust apportioned cases in 2019/20.

#### **4.4 *E.coli* bacteraemia**

There were 79 cases of Trust apportioned *E.coli* bacteraemias and 230 community apportioned cases, with no official upper limit set for 2019/2020 (see summary data on page 38). Of the 79 cases attributed to the Trust in 2020/21 only 50 cases are comparable with last year's data.

This is an increase of 45.56%, from 43 hospital attributed cases and 277 community attributed cases in 2019 – 20.

#### **4.5 *Klebsiella spp.* bacteraemia**

There were 26 cases of Trust apportioned *Klebsiella spp.* bacteraemias and 62 community apportioned cases (see summary data on page 39).

This compares to 20 and 61 cases respectively for 2019 – 20.

#### **4.6 *Pseudomonas aeruginosa* bacteraemia**

There were 16 cases of Trust apportioned *Pseudomonas aeruginosa* bacteraemias and 8 community apportioned cases (see summary data on page 39).

This compares to 10 and 15 cases respectively for 2019 – 20.

#### **4.7 Orthopaedic Surgical Site Infection (SSI) Surveillance:**

It is a requirement for the Trust to collect data on an orthopaedic surgical procedure for at least one quarter per year using criteria set by Public Health England (PHE). In accordance with this requirement, the Infection Prevention & Control (IPC) Surveillance Officers at the two hospital sites collect SSI data in liaison with Theatres and ward staff and enter it onto the national SSI website. From April 2020 – March 2021 the surveillance officers have continuously carried out surveillance of

total hip and knee replacement procedures. However, due to the COVID-19 pandemic, all elective operations were cancelled.

The SSI data collected for the past four periods are presented in the tables below; each hospital site is reported individually as per PHE guidelines.

From April 2020 to March 2021 no SSIs were identified at CW (Table 1) or WM (Table 2) for hip procedures. A joint report is also shown in Table 3 for Chelsea and Westminster NHS Foundation Trust.

**Table 1: CW Site – Total Hip replacement**

Surveillance Period	Number of Procedures	Number of Infections	Infections rate %	National Average
Apr – Jun 2020	0	0	0.0%	0.4%
Jul – Sep 2020	14	0	0.0%	
Oct – Dec 2020	66	0	0.0%	
Jan – March 2021	3	0	0.0%	
Total	83	0	0.0%	

**Table 2: WM Site – Total Hip Replacement**

Surveillance Period	Number of Procedures	Number of Infections	Hospital % Infections	National Average
Apr – Jun 2020	4	0	0.0%	0.4%
Jul – Sep 2020	4	0	0.0%	
Oct – Dec 2020	4	0	0.0%	
Jan – March 2021	3	0	0.0%	
Total	15	0	0.0%	

**Table 3: Chelsea and Westminster NHS Foundation Trust – Total Hip Replacement**

Joint data – Total Hip Replacement				
Surveillance Period	Number of Procedures	Number of Infections	Hospital % Infections	National Average
Apr – Jun 2020	4	0	0.0%	0.4%
Jul – Sep 2020	18	0	0.0%	
Oct – Dec 2020	70	0	0.0%	
Jan – March 2021	6	0	0.0%	
Total	98	0	0.0%	

There were no SSIs identified at both CW (Table 4) and WM (Table 5) sites for knee procedures. Table 6 is a joint report for Chelsea and Westminster NHS Foundation Trust.

**Table 4: CW Site – Knee Replacement**

Surveillance Period	Number of Procedures	Number of Infections	Infections rate %	National Average
Apr – Jun 2019	0	0	0.0%	0.3%
Jul – Sep 2019	1	0	0.0%	
Oct – Dec 2019	42	0	0.0%	
Jan – March 2020	5	0	0.0%	
Total	48	0	0.0%	

**Table 5: WM Site – Knee Replacement**

Surveillance Period	Number of Procedures	Number of Infections	Infections rate %	National Average
Apr – Jun 2019	0	0	0.0%	0.3%
Jul – Sep 2019	0	0	0.0%	
Oct – Dec 2019	4	0	0.0%	
Jan – March 2020	0	0	0.0%	
Total	4	0	0.0%	

**Table 6: Chelsea and Westminster NHS Foundation Trust– Knee Replacement**

Surveillance Period	Number of Procedures	Number of Infections	Infections rate %	National Average
Apr – Jun 2019	0	0	0.0%	0.3%
Jul – Sep 2019	1	0	0.0%	
Oct – Dec 2019	46	0	0.0%	
Jan – March 2020	5	0	0.0%	
Total	52	0	0.0%	

All patients who underwent the above orthopaedic operations are initially monitored by the surveillance officers for 30 days post operatively and contacted via telephone to monitor wound healing. Patients continue to be monitored for surgical site infections for up to a year after their surgery; hence the above data are subject to change.

The report generated by PHE in every quarter is shared with the orthopaedic surgeons and is presented to the IPC team for information and action if necessary.

#### 5.0 Screening for Carbapenemase-producing Enterobacterales(CPE)

A Carbapenem Resistant Organism (CRO) risk assessment is carried out on all patients on admission to the Trust; this identifies patients that require screening for CRO. There were 14 cases of CPE identified at the CW site and 19 cases identified at the WM site from April 2020 - March 2021.

#### 6.0 COVID-19 Pandemic

The COVID-19 pandemic was a large focus of the work alongside the usual work carried out by the IPC team in 2020/2021 and the IPC team was responsive and actively involved in implementing PHE

guidance to ensure the Trust was always in line with the up to date guidance to keep patients and staff safe. This was delivered actively through review of and writing of guidelines, patient pathways, education of both nurses, doctors and allied health care workers, Trust wide webinars, updated communication bulletins and divisional training days. The team supported ward huddles and IPC training and produced a video on the correct donning and doffing of PPE to help staff training during the pandemic. In addition, the IPC team attended national IMT calls with PHE and the high consequences infectious diseases unit to help manage early COVID-19 cases.

Throughout the pandemic the IPC team led on the development of staff and patient testing pathways including regular liaison with the Public Health England and the Test and Trace cells, providing advice at daily COVID-19 briefings, including the early isolation hotel and quarantine advice, IPC team briefings, COVID-19 pods and mobile corona car community testing pathways including the safe transfer of staff and patients and PPE. This included the infectious diseases and microbiology consultants carrying out risk assessments on any patients and returning travelers to the Corona pod in order to arrange appropriate testing and isolation advice. In addition, the IPC team developed a risk assessment process for staff exposed to COVID-19 in line with PHE guidance. The team were also involved in the daily sitreps of cases and attendance at the bed and site meetings to help with patient management and flow whilst providing ongoing data management with a review of case definitions for purposes of reporting.

The IPC team played an active role at Gold and governance meetings and led on the management of outbreaks, continually feeding back any lessons learnt and learning in order to help improve patient care and safety and ensured cross site harmonization of policies and practice. An outbreak SOP and staff and patient testing pathways were developed with active engagement with colleagues at 10HB to help support testing and outbreak management. During the second wave, outbreak management formed the bulk of IPC work with both internal and external reporting, ward management and high visibility and presence of IPC nursing and medical staff on the wards to help support and monitor practice.

A regular and engaged liaison with the NWLP IPC ICS sector continues to help harmonize IPC practice across the sector and helps provide peer support and aid. In addition ongoing advice on PPE and procurement both locally and in working groups across the sector has been important along with establishing safe patient pathways for zoning of the hospital for accreditation of the site and services, with review across both waves in line with evolving PHE guidance with clear and effective communication and signage for all visitors and staff. The IPC team has supported the COVID-19 vaccination programme and continues to play a pivotal role in reviewing restart pathways for the safe and effective opening of services in the restart and recovery of the hospital and elective programmes. This has included the development of an assessment tool and screening questionnaires and additional support for new ward refurbishments or configurations to ensure that the patient and staff environment provides the appropriate level of IPC assurance. This has also included a cross site review of the Trusts meeting and training rooms to ensure safe and effective working and capacity for all staff.

## **6.1 Management of COVID-19**

A coordinated hospital-wide approach was taken to infection prevention and control including close collaboration with Public Health England (PHE). PHE guidance was interpreted and implemented by the Trust particularly on the application of Standard Infection Control Precautions (SICPs) and the requirement for physical distancing and extended use of face coverings whilst in hospital settings and the implementation of staff lateral flow testing and a staff vaccination programme.



An effective communication strategy disseminated the plethora of policies, standard operating procedures and guidance developed by the IPC team on the management of COVID-19, including guidance on IPC precautions, staff and patient testing, patient transfers etc. A range of training sessions were also delivered by the IPC team including participation in Grand Rounds and Quality Rounds, ITU training days, Trust wide webinars to help disseminate and implement new guidance.

Throughout both waves, 'COVID-19 managed' wards were opened to manage positive patients and patient flow was aided by adherence to step down of IPC precautions guidance for COVID-19 patients. The second wave saw a marked increase in COVID-19 positive admissions and the introduction of new and emerging variants of concern (VOC). In December 2020, a new SARS-CoV-2 variant (Variant of Concern (VOC) 202012/01, also known as B.1.1.7 lineage) was identified in the south west of England. SAGE/NERVTAG stated there is 'high confidence' that this variant spreads faster than other SARS-CoV-2 virus variants circulating in the UK at that time, with apparent evidence that is consistent with an increase in transmissibility.

This resulted in significant bed pressures for the Trust and ward outbreaks of COVID-19. Between the months of October 2020 and March 2021, the Trust experienced and managed 20 outbreaks, see Appendix 4 for an outbreak summary and appendix 5 for lessons learnt from the outbreaks.

Since February 2021 the prevalence of COVID-19 has continued to fall and the IPCT are continuing to support the Trust with reopening services and the restart programme to ensure services provide users and staff with the appropriate IPC assurance.

Finally the IPC team continues to keep the Trust updated on the requirements for managing emerging COVID-19 variants to ensure patient flow and patient and staff safety.

## **7.0 Incidents, Outbreaks and Clusters (excluding COVID-19)**

### **Chelsea and Westminster Hospital:**

#### **Cluster of *Staphylococcus capitis* on the Neonatal Unit (August 2020)**

14 babies on the Neonatal Unit over a 1 year period tested positive for *S.capitis* from blood samples. Upon typing results, all 14 babies had the same strain of *S.capitis*. At the time, other Neonatal units across London also reported a rise in *S.capitis*.

Multiple incident meetings were held in collaboration with Public Health England; support was given to the unit by Infection Prevention and Control nurses and doctors, ward IPC practices were reviewed alongside the clinical environment. Local actions identified at the meetings were met appropriately. At present, there is an ongoing Public Health England investigation to review and understand the rise of cases across all London units and improve Infection Prevention and Control practices through multiple working groups.

#### **Smear Positive Tuberculosis (TB) Exposure on AAU (October 2020)**

4 staff and 4 patients were considered close contacts following exposure to a TB positive patient in October 2020 and an incident meeting held. Warn and inform letters were sent to the contacts' GPs and staff contacts were informed.

#### **Smear Positive TB Exposure (October 2020)**

In October 2020, multiple staff contacts and 4 patients were identified following a positive TB smear result for a patient with multiple admissions to 4 different wards. An Incident meeting took place

and all contacts were risk assessed. Warn and inform letters were sent to the contacts' GPs and all close contacts were offered a TB screen. Ward staff were given further education on the IPC precautions required in the management of TB patients.

### TB Exposure (January 2021)

A patient tested smear positive for TB in January 2021. 11 patients and 19 staff were considered close contacts on both Edgar Horne and AAU. An incident meeting took place and all contacts were offered TB screening at 6 weeks.

### West Middlesex Hospital:

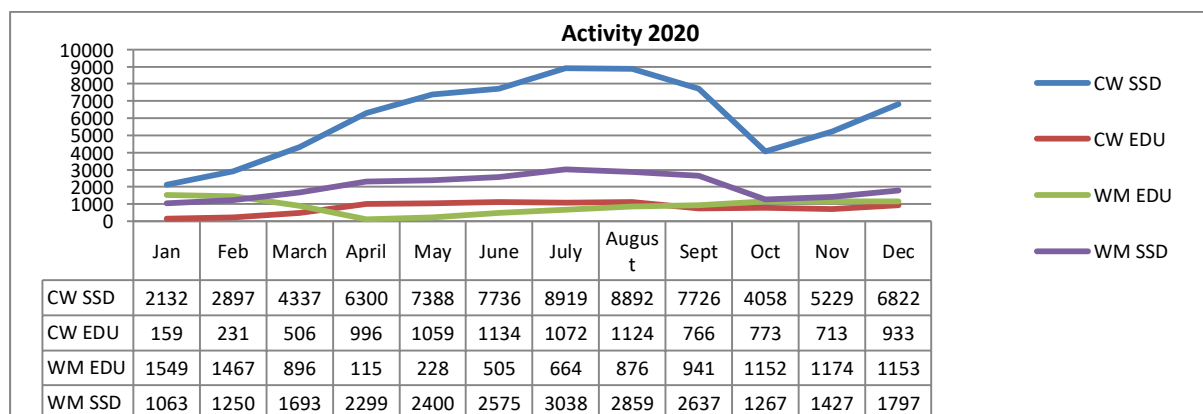
#### Carbapenem Resistant Organism (CRO) Outbreak - Marble Hill 2 (August 2020)

3 patients were identified on Marble Hill 2 with *Klebsiella pneumoniae* OXA 48 between 14/08/2020 to the 28/08/2020. As a result all patients on the ward were screened for CRO and the affected patients were isolated in side rooms. The CRO screening for the ward did not identify further cases. An outbreak meeting was conducted and the IPC team emphasised the importance of hand hygiene and appropriate use of gloves.

#### Increased Incidence of Diarrhoea - Syon 2 (July 2020)

There was an increased incidence of diarrhoea on Syon 2 including 9 patients from the 26/07/2020 to the 31/07/2020. The ward was closed and monitored closely and reviewed daily in incident meetings. No cases of infectious diarrhoea were reported and the ward re-opened on 31/07/2020.

## 8.0 Decontamination



Both units successfully passed the annual two-day External Audit recently to confirm compliance with the requirements of the European Directive MDD/93/42/EEC and the ISO 13485:2016 Standard. From 20/21 the service is registered with NQA and will no longer be accredited against European Directive MDD/93/42/EEC.

The EDU units at both sites have also recently passed the JAG Accreditation Audit in March. This great achievement provides both quality assurances for customers and effective quality management for the Trust.

Chelsea & Westminster Hospital Update:

- Washer steriliser failures were a major risk in the department this year. Procurement was completed for replacement machines, with installation completion due October 2021.
- The RO system has been upgraded to ensure compliance.
- The Quality Management System was digitised in 2019/20. The new system was not fully embedded and additional staff familiarisation needs to take place.

West Middlesex University Hospital update:

- The performance of the ventilation system highlighted in the Annual JAG Report from 1<sup>st</sup> July 2019 has been addressed and rectified. The unit passed the JAG Accreditation Audit in March 2021.
- The upgrading of the RO system previously reported was successfully completed.

Quality Improvement

Significant issues around staff feeling able to report significant safety concerns were raised in the 2019/20 NHS Staff Survey. The culture of the department is being actively addressed to change this.

A review of people management processes to increase accountability and communication is underway.

A Health and Safety review is underway in order to provide staff members with a safe work environment.

Quality and Governance reporting of Decontamination Services will feed up to Patient Safety via CSD Quality and Risk.

## **9.0 Trust's Estates & Facilities Monitoring**

### **9.0.1 Cleanliness**

2020 to 2021 has been an unprecedented year. This has impacted a number of the Facilities Services provided across the Trust, namely waste, patient catering and most obviously cleaning. Over the course of the year, increased cleaning has been implemented in all areas across the Trust, including staff-only and public facing areas. Routine cleaning of all areas with Chlor Clean became standard practice during the peaks of the pandemic, which is not without its own issues, as daily usage on surfaces such as flooring and vinyl fabric causes damage over time. Chairs and flooring have already begun to be replaced.

The cleaning workforce, in particular on the COVID-19 managed wards was significantly increased, as the task of emptying waste bins alone took an extra person per shift due to the exceptional use of personal protective equipment. All 270 cleaning staff as well as other staff groups were fit tested for FFP3 masks, and the requirement for all subcontractors to maintain a level of fit tested staff within their teams has been made mandatory.

Consumables have also significantly increased over this period, notably curtain changes, as well as the purchase of over 200 additional waste bins at each site, and an increased spend on alcohol gel by £135,000 (for the year) at Chelsea site alone, with a similar increase at West Middlesex.

Given the challenges of the last year it has been acknowledged that the support from ISS and our Service Partners has been exemplary, and the losses in the ISS team have been felt as much as any other Trust employee.

Going forward in 2021 to 2022, the new National Standards of Cleanliness (NSoC 2021) will be rolled out. This was put on hold in March 2020. Decisions on the proposed changes to the risk category of areas will be presented to IPCG for approval.

### 9.0.2 Chelsea and Westminster Hospital

Between April 2020 and March 2021, a total of 1,890 cleaning audits were undertaken in accordance with The National Specification of Cleanliness in the NHS (2007), 170 cleaning audits were cancelled due to Covid-19 ward closures or restricted access.

Within the very high-risk category, all functional areas were inspected weekly except for closed areas or restricted access areas, resulting in a total of 871 audits. All audits achieved the minimum target score of 98%. The overall average score achieved for this category was 98.4% showing consistency with the previous year's score of 98.5%.

In the high-risk category, all functional areas were inspected monthly resulting in a total of 765 audits for the year, except for closed areas or restricted access areas due to COVID-19. All audits achieved the minimum target score of 95%. The overall average score achieved for this category was 97.3%.

Functional areas within the significant risk category have all been audited accordingly making it a total of 16 audits for the year. The average score achieved for this risk category for was 95.1% against a KPI target of 85%.

Compliance in respect of cleaning audits being carried out jointly with a member of clinical staff was 100% in all risk categories reported above.

Where access was permitted, the below areas were deep cleaned and/or enhanced cleaned between April 2020 and March 2021 as part of the deep cleaning programme. A full deep cleaning programme for 2020 was shared with Estates and Facilities Department:

1. Main Theatres
2. Daniel Turner Theatres
3. Paediatric Theatre
4. Burns Theatre & Burns Unit
5. TSSU
6. Intensive Care Unit
7. Endoscopy
8. Labour ward & Theatres
9. Treatment Centre
10. Diagnostic Centre
11. NICU
12. Birth Centre
13. Mars
14. Apollo Ward
15. Ann Stewart Ward
16. Josephine Barnes Ward
17. *Neptune/Jupiter (not part of deep cleaning programme)*

18. *Annie Zunz (not part of deep cleaning programme)*
19. *Chelsea Wing (not part of deep cleaning programme)*
20. *Lord Wigram (not part of deep cleaning programme)*
21. *Edgar Horne (not part of deep cleaning programme)*
22. *SMA (not part of deep cleaning programme)*
23. *Nightingale (not part of deep cleaning programme)*
24. *David Erskine (not part of deep cleaning programme)*
25. *Rainsford Mowlem (not part of deep cleaning programme)*
26. *Fracture Clinic (not part of deep cleaning programme)*
27. *Gazzard Day Unit (not part of deep cleaning programme)*
28. *POA (not part of deep cleaning programme)*
29. *Gate 3 (not part of deep cleaning programme)*
30. *Public Toilets (not part of deep cleaning programme)*
31. *Lifts (not part of deep cleaning programme)*
32. *Walkways (not part of deep cleaning programme)*
33. *Mortuary (not part of deep cleaning programme)*

### 9.0.3 West Middlesex Hospital

Between April 2020 and March 2021, a total of 1,242 cleaning audits were undertaken in accordance with National Specification of Cleanliness in the NHS (2007).

Within the very high-risk category, all functional areas were inspected weekly making it a total of 427 audits for the year April 2020 and March 2021. All audits achieved the minimum target score of 95%. The overall average score achieved for this category was 98.6% showing a slight decrease compared to last year's score of 99%.

In the high-risk category, all functional areas were inspected monthly making it a total of 489 audits for the year April 2020 and March 2021. All audits achieved the minimum target score of 90%. The overall average score achieved for this category was 96.4% showing a slight decrease compared with the previous year's score of 96.8%.

Functional areas within the significant risk category, which mainly includes Outpatients' clinics, were audited monthly rather than quarterly making it a total of 144 audits for the year. The average score achieved for this risk category for was 96.2% against a KPI target of 85% showing a slight decrease from last year's score, which was 96.3%.

Compliance in respect of cleaning audits being carried out jointly with a member of clinical staff reached 100% in the very high-risk category showing an improvement 0.25% from the previous year. Within the high-risk category joint auditing compliance achieved 97.1%, showing an improvement from last year.

Between April 2020 to March 2021, the ISS special projects team completed a total of 52 deep cleans.

- 16 deep cleans included the annual deep clean of Main Theatres and the quarterly deep clean of Aseptic Suite in Pharmacy
- 36 deep cleans were related to COVID-19 including pre/post construction works and ward conversions from "Red zones" to "Green zones".

### 9.0.4 Cross-site Coronavirus Update

#### Mask Fit Testing

In October 2020, due to the change of the FFP3 mask type, ISS commenced re-testing of ISS staff working in high-risk areas. ISS fit tested a total of 69 members of staff at West Middlesex Hospital and 95 members of staff at Chelsea and Westminster Hospital who worked in red zone areas. ISS have 3 trained Fit Testers on each site.

#### **Lateral Flow Devices**

In December 2020 ISS distributed COVID-19 lateral flow devices (home testing kits) to patient facing staff. Staff were provided with a demonstration and briefing on how to use the kit and test results are recorded manually on a 'Statutory Report Form' which is checked by Supervisors on a weekly basis to ensure compliance.

#### **Cleaning after Aerosol Generating Procedures (AGPs) are carried out**

Updated guidance from Infection Prevention and Control stated that where 'AGP' procedures were carried out, staff had to wait 30 minutes before entering negative pressure rooms and 45 minutes for neutral pressure rooms after the AGP had finished. These instructions were put in place with the ISS dispatch desk and domestic staff were briefed before undertaking cleaning.

#### **PPE requirements for COVID-19 areas - 'Changing of Masks'**

In January 2021 ISS staff were briefed on a recent update from IPC regarding 'changing of masks' i.e. staff should perform hand hygiene before and after removing masks and change their fluid repellent surgical masks when leaving and entering a ward/clinical area or patient bay.

#### **Risk Assessments**

COVID-19 workplace, BAME and individual risk assessments were carried out for ISS staff returning to work following shielding or recovery from Covid-19.

#### **Vaccination**

Roll out of staff vaccinations commenced late December 2020. To date 83% of ISS staff & sub-contractors received their first vaccination. 90% of BAME staff have received their vaccination at West Middlesex Hospital and 75% of BAME staff have been vaccinated at Chelsea and Westminster Hospital.

### **9.0.5 Infectious Cleans**

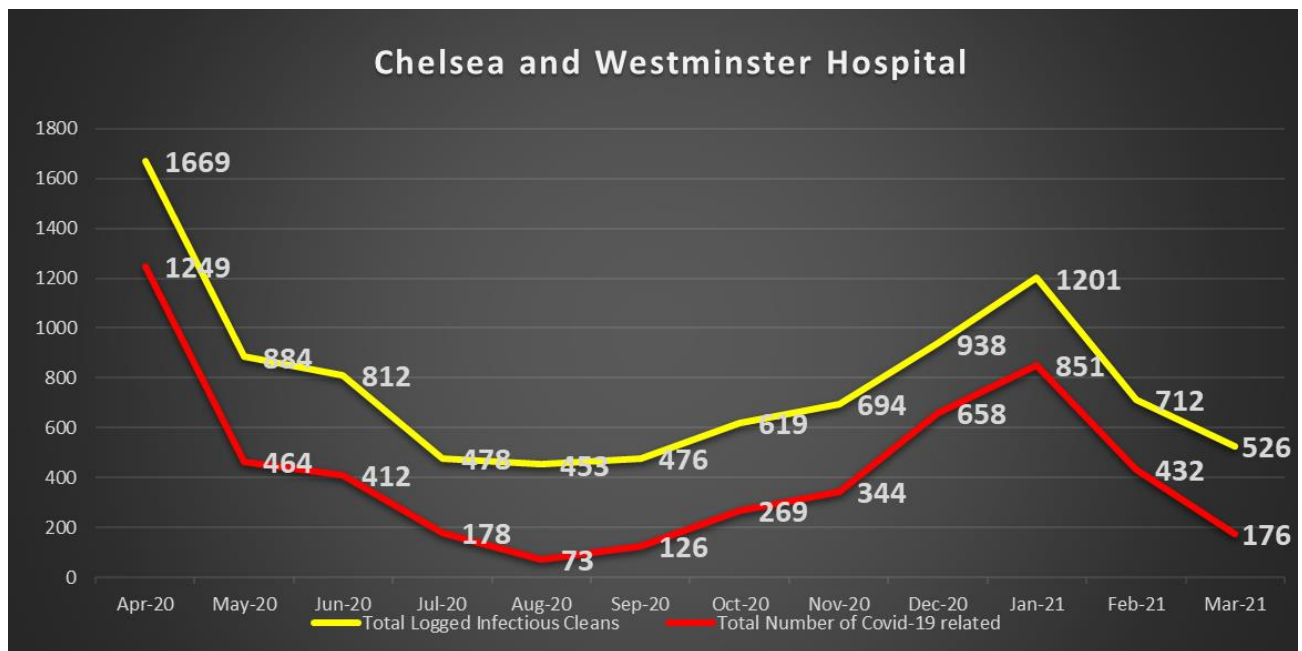
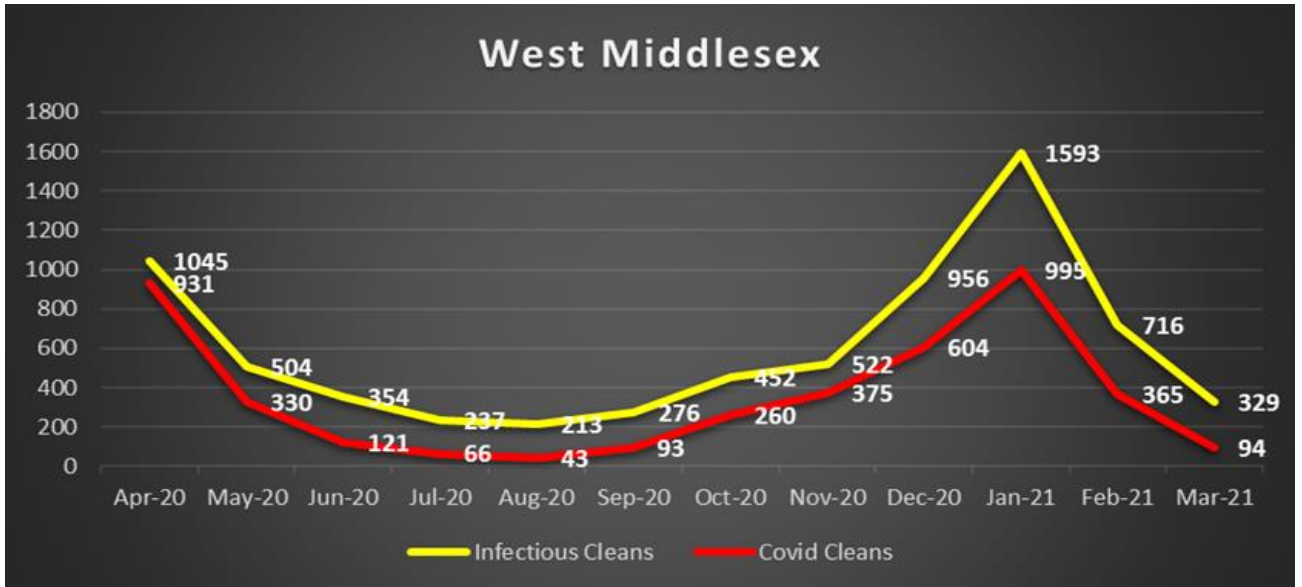
#### **West Middlesex Hospital**

In addition to the standard discharge cleans carried out between April 2020 and March 2021, the cleaning teams completed 7,197 infectious cleans. This is an increase of 48% compared to the previous year. 59% of infectious cleans were related to COVID-19 cleans.

#### **Chelsea and Westminster Hospital**

In addition to the standard discharge cleans carried out between April 2020 and March 2021, the cleaning teams completed 9,758 infectious cleans which is an increase of 38% compared to the previous year. Of the 9,758 infectious cleans, 5,232 (46.38%) were related to COVID-19.

The graphs below represents the number of COVID-19 related cleans out of all infectious cleans carried out on each site between April 2020 and March 2021 which was consistent with each hospital's clinical activity in relation to the number of COVID-19 patients.



**9.1 JCA – Chelsea and Westminster Hospital**

JCA continue to contribute to the monthly Water Safety Group (WSG). ZetaSafe is constantly reviewed by the team on site and when necessary additional outlets are added. The red readings on Zeta temperatures outside of the required parameters have been reported at the WSG monthly meetings. Where there is an infection risk those readings have been subject to regulatory guidance, in non-clinical areas and under the guidance of the IPCT, risk assessments have been undertaken to identify where samples need to be retaken.

The JCA Lead water technician has been on Responsible Person and Authorised Person Practical Water Safety for Healthcare Premises courses earlier last year, passing both courses. This individual

has now been subject to mentoring with the Trust Authorised Engineer (Water) for assessment and waiting for official appointment by the Trust as an Authorised Person for Water Systems.

The main control measures around both *Legionella* and *Pseudomonas aeruginosa* are based on maintaining the correct temperatures, flushing little used water outlets, and minimising dead legs. Where positive counts have occurred in clinical areas, remedial actions were immediately taken along with resampling. All microbiological samples are analysed by PHE. Positive results usually have a local identifiable cause, such as low use of the outlet.

The *Legionella* risk assessment was carried out in May 2020 and JCA have carried out all the necessary remedial actions.

The hydrotherapy pool has been closed for the past 14 month. Preparations are underway to have ready for use by June 2021.

The monitoring of negative pressure rooms continues on a monthly basis. Where rooms were outside of the accepted parameters; remedial actions were taken.

## **9.2 Bouygues Energies and Services – West Middlesex Hospital**

Bouygues continue to use Zetasafe to monitor water hygiene and to observe trends. Temperature testing and low outlet flushing is being carried out as necessary.

The Bouygues lead for water has changed and this has been recognised by the Trust. He has been working with the Trust's Water AE and contributing to the monthly Water Safety Group since appointment.

The last year saw increases to low use flushing activity as there was reduced activity in some areas of the hospital due to the COVID-19 pandemic. The Trust was very quick to identify areas affected, and flushing regimes were established as necessary.

Microbiological testing is undertaken by PHE at the request of the Trust. Positive results usually have a local identifiable cause, such as low use of the outlet. Following the introduction of replacing shower heads and hoses, Bouygues are continuing to see a reduction in *Legionella* and *Pseudomonas aeruginosa* levels at WM.

A new water risk assessment was commissioned at the end of March 2021 however; at the time of writing the results were not yet available. Bouygues will be working with the Trust to ensure all remedial work or recommendations are carried out.

The monitoring of negative pressure rooms on site have all been satisfactory throughout the year and clinical staff within the areas carry out daily monitoring checks. New negative pressure rooms have been constructed as part of the Richmond Surge project which have been commissioned and brought fully online.

Bouygues work with the on-site IPC team, seeking advice before larger project works commence and to ensure that best practice is worked to. In the last year there have been several projects, most



notably the ITU/Richmond Surge and the Resuscitation expansion, which utilised items such as integral privacy blinds, improved Integrated Plumbing System panels and materials which all contribute to a higher standard of infection prevention and control.

All other HTM03 AND HTM04/L8 compliance has been adhered to and the site is well maintained.

## 10.0 Hand hygiene

Hand hygiene is a key priority within the organisation. Monthly audits of hand hygiene compliance take place and are reported to the Infection Prevention and Control Group (IPCG).

In April and May, hand hygiene audits were suspended in response to the redeployment of staff and services during the COVID-19 (1<sup>st</sup> wave) pandemic. 10 months of data has been used to calculate the yearly averages.

Over 2020/21, 92% of hand hygiene audits have been completed for the Trust and the mean hand hygiene compliance rate was 90% (see summary data in Appendix 2).

## 10.1 Infection prevention and control audits:

Infection Control Link Professionals (ICLPS) continue to audit peripheral venous catheters, urinary catheters and central venous catheters on a monthly basis using a care bundle process. This process is an evidence based approach to clinical interventions which when implemented consistently, reduce variation and the risk of infection. Both sites audit electronically, the CW site originally used Synbiotix but from December 2020, it has used the WM site audit platform, Survey Monkey.

Below are the average compliance scores for each site for 2020/2021.

### CW

- PVC: 78%
- CVC: 98%
- Paediatrics CVC: 87%
- UC: 91%

### WM

- PVC: 72%
- UC: 81%
- CVC: 99%

## 11.0 Education and Training:

The IPC team provide training for staff across the organisation. This includes mandatory training for all staff along with mandatory updates for clinical staff. The team also provided a wide range of additional education and training.

**Table 7: Staff mandatory training compliance (including IPC) April 2020 - March 2021**

Trust	Mandatory Training Compliance %	Infection Control (Incl. hand hygiene.)
<b>Total %</b>	<b>89%</b>	<b>92%</b>
Corporate Division	90%	90%
Emergency & Integrated Care Division	89%	83%
Planned Care Division	89%	86%
Women's, children's and sexual health division	88%	90%
Clinical support division	93%	95%

**12.0 Antimicrobial Stewardship****12.1 Antimicrobial Pharmacist Stewardship Activities**

The Trust has a dedicated specialist pharmacy team working with medical microbiology, infection control and clinicians to form the Antimicrobial Stewardship Group (ASG), which reports to the Medicines Committee. The antimicrobial pharmacists and infectious diseases and microbiology team work closely to ensure appropriate antimicrobial stewardship guidance is practiced in the clinical setting. Regular ward rounds, MDTs, and surveillance help support this.

Key developments and achievements of the antimicrobial pharmacists during 2020/21 include:

**12.2 Specialist Advice / Support / Ward Rounds**

- The West Middlesex (WM) site has rolled out the use of Electronic Prescribing and Medicines Administration (EPMA) system Cerner from June 2020. This has been utilised by the local AMS team to provide more targeted and detailed patient level interventions. At present all systemic antimicrobials and antifungals are reviewed by the AMS pharmacist and the Microbiology team. Dedicated daily AMS ward rounds on all wards, including specialist areas and ITU, have supported local AMS targets and improved prescribing practice due to immediate and real time feedback to clinical teams.
- The Chelsea (CW) site has been being piloting the re-introduction of the computer decision support system (CDSS), ICNET, in 2020/21. This software enables ward-based reviews of patients with revision of antimicrobial prescribing prospectively. There is immediate and real time feedback on AMS performance to clinical teams, allowing for continued AMS education to users. This has been implemented successfully from April 2021 and will be expanded to the West Middlesex site in early 2021/22.

**12.3 AMS service provision during COVID-19 pandemic**

The Trust AMS service has been repurposed from March 2021 to manage the infective complications of SARS-CoV-2. The service has lead on the introduction of novel evidence based therapies, controlling the use of non-evidence based interventions and supporting the work of the ward-based and research teams. COVID-19 anti-infective guidelines have been produced to reflect the emerging

evidence base and rapidly disseminated to ward-based clinicians through the traditional AMS structure. The infectious disease (ID) & Microbiology consultants have worked closely with the Trust's COVID-19 response team to ensure evidence-based management of these patients. The ID & Microbiology specialists working with the antimicrobial pharmacists have continued to provide the full AMS service in adjacent to the COVID-19 response. Ward-based patient consults with clinicians has continued and antimicrobial usage, including antifungals and antivirals, have been stewarded throughout the pandemic. Real-time feedback on prescribing was provided to promote timely evidence based interventions throughout the pandemic. Novel therapies including dexamethasone, remdesivir and tocilizumab have been introduced for COVID-19 and used widely in line with national guidance.

## 12.4 Key Performance Indications

### 12.4.1 CQUIN 2020/21

All NHS England sponsored CQUINs have been suspended for the financial year due to the pandemic. The CWFT AMS team have continued to optimise historic AMS targets from previous CQUINs in line with NHS England and Improvement criteria.

#### i. Reducing total antibacterial usage across the Trust

Total antibacterials usage (in DDD/1,000 trust beds) has reduced dramatically over the last financial year due to the disruption in hospital activity. Non-emergency admissions dropped as well as reduced activity in the out-patient and A&E/UCC setting. Total antibacterial usage at CWFT dropped in line with local peers within London [Figure 1].

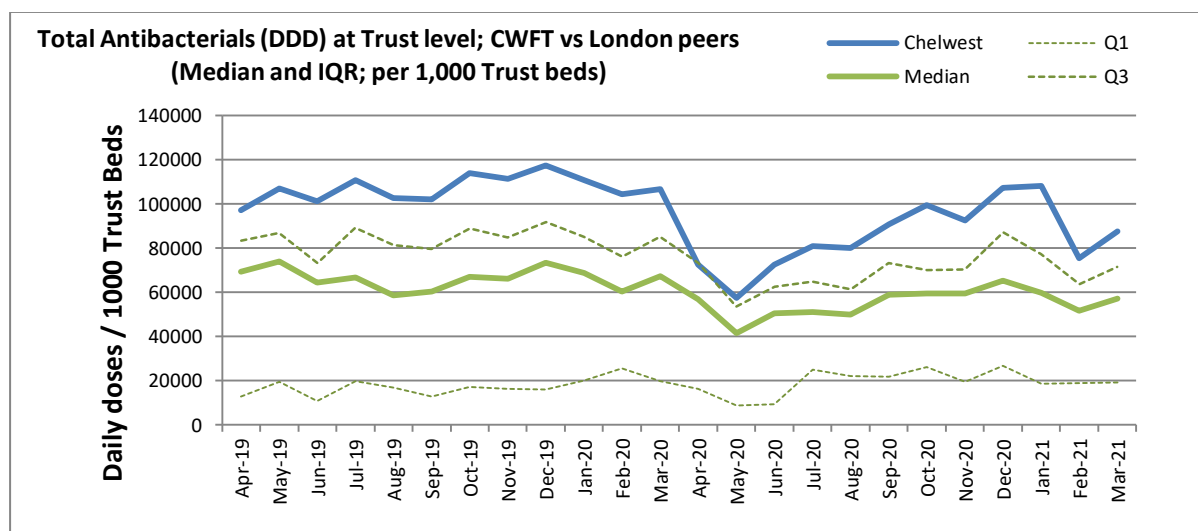


Figure 1. Total antibacterial usage at CWFT compared to London peer NHS hospitals (2019 - 2021)

#### ii. Reducing piperacillin/tazobactam and carbapenem usage

Broad-spectrum antibacterials, including piperacillin/tazobactam (Tazocin®) and carbapenem, are continually monitored to ensure all use is clinically appropriate. CWFT has continued to reduce total

usage of these broad-spectrum therapies to reduce selective pressure on carbapenemase producing organisms (CPO). Despite the COVID-19 pandemic pressure, piperacillin/tazobactam usage remains at a low and consistently below NHS London peers [Figure 2]. The CWFT AMS team have also managed to reduce total carbapenem usage during the pandemic in contrast to many NHS London peers through continued provision of core AMS activities across the year [Figure 3]. CWFT remains within the lowest users of these broad-spectrum antibacterials in comparison to NHS London peers.

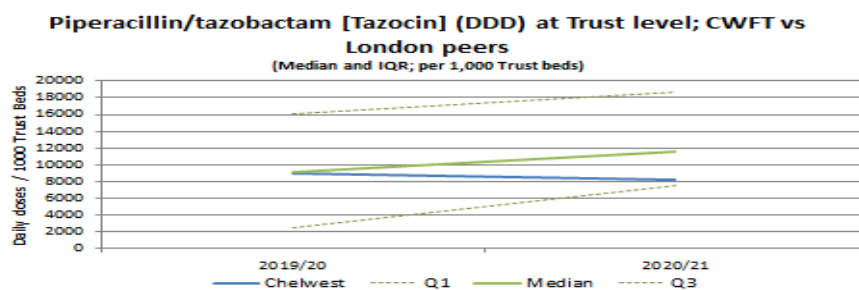
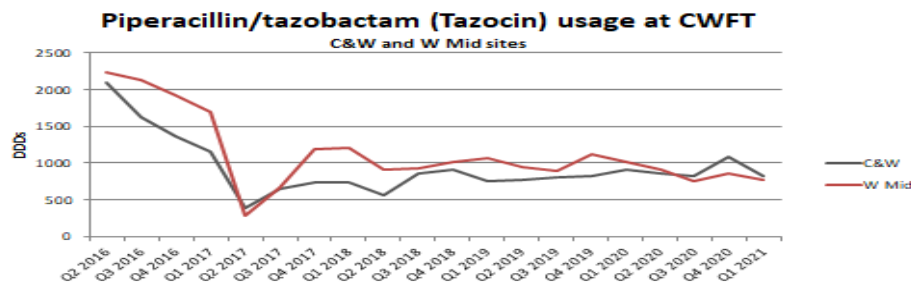


Figure 2. Pip/taz usage at CWFT overtime and compared to NHS London peers

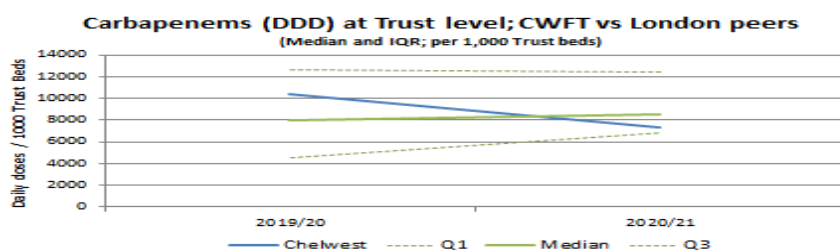
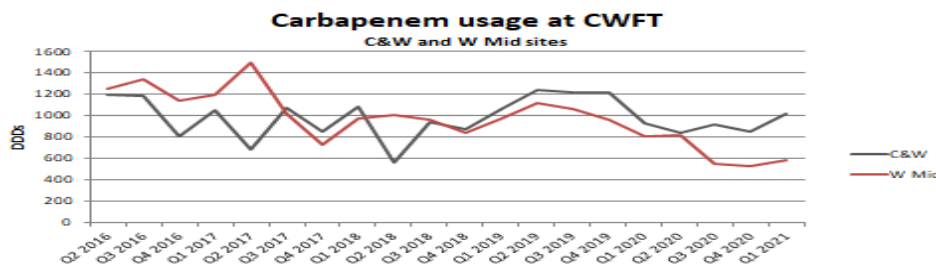


Figure 3. Carbapenem usage at CWFT overtime and compared to NHS London peers

### iii. Increasing % of ACCESS antibacterials

The CWFT AMS group have continued to work to meet the NHS England ambition in increasing the proportion of narrow spectrum antibacterials (ACCESS) as a total of all antibacterial prescribing.

Since the introduction of the CQUIN in 2019/20, CWFT has improved prescribing rates of ACCESS antibacterials and is one of the highest performers in NHS London. [Figure 4]

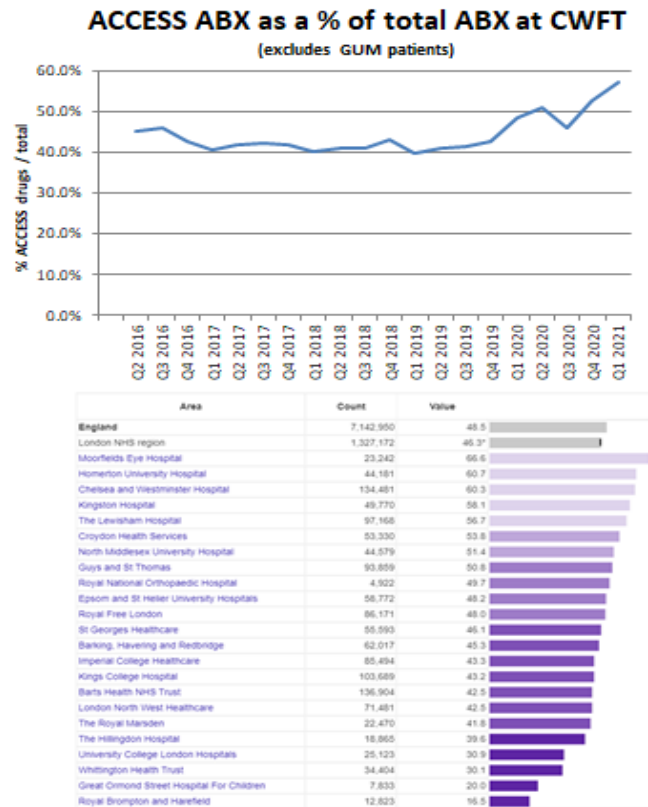


Figure 4. ACCESS antibacterial prescribing as % of total; CWFT overtime and compared to NHS London peers

#### iv. Optimising antifungal usage

Systemic antifungal stewardship has continued at the CWFT during the pandemic. Increasing numbers of ventilated patients at CWFT with COVID-19 has placed an unprecedented strain on systemic antifungals across the NHS. The AMS team have continued to review therapies in line with NHS England recommendations and supported the introduction of fungal antigen monitoring. Antifungal usage has remained erratic in response to the COVID-19 pandemic however prioritising of targeted therapies (azole or echinocandins in preference to Ambisome) has continued [Figure 5].

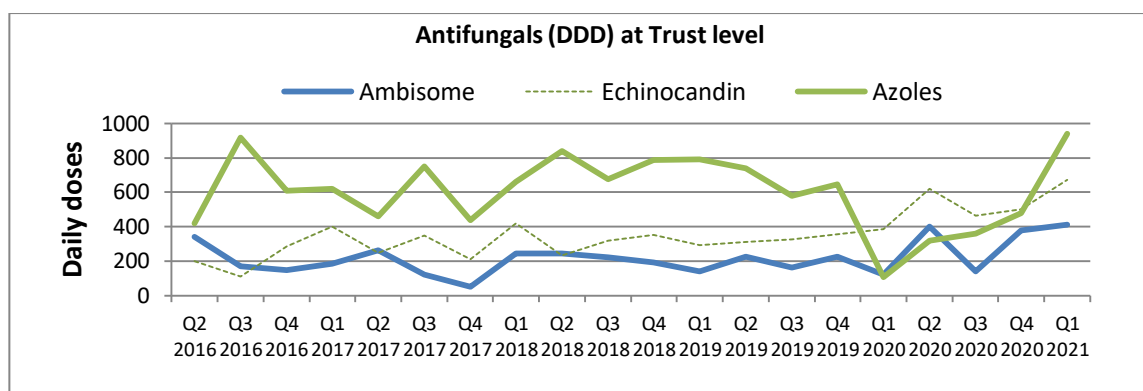


Figure 5. Systemic antifungal usage at the CWFT

### 12.4.2 Antimicrobial Stewardship Dashboard - A Quality Improvement Project

The AMS pharmacy team measure quarterly key performance indicators for antimicrobial prescribing for all in-patients. Data is presented in a dashboard for easy analysis for each clinical directorate. Key performance indicators for Antimicrobial Stewardship such as appropriateness of antimicrobial prescribing, review of therapies and appropriate use of diagnostic testing are presented quarterly. Due to COVID-19, audits were suspended for Q1 and Q4.

Table 8: quarterly key performance indicators for antimicrobial prescribing for all in-patients

Standards	Site	Q1	Q2	Q3	Q4	Target
ABX usage compliant with local guidelines / microbiology	CW	Postponed due to COVID-19	95%	95%	Postponed due to COVID-19	>95%
	WM		83%	92%		
48-72 hour ABX review completed	CW		95%	96%		>90%
	WM		88%	87%		
% patients with urine culture sent prior to starting antibiotics for UTI (CQUIN)	CW		91%	95%		CQUIN '20/21 (target 90%)
	WM		89%	74%		
% patients with blood culture sent prior to starting antibiotics for sepsis	CW	75%	73%	CQUIN '20/21 (target 90%)		
	WM	83%	67%			

### 12.5 Clostridium difficile Infections

The definitions for hospital acquired *C. difficile* infection have expanded from April 2019 to include healthcare associated infections. Thus comparisons of *C. difficile* rates over time is challenging due to definition differences. A total of 39 cases were reported during 2019/20 but this has decreased to 25 cases for 2020/21. The AMS team is continuing to identify high-risk practice to further mitigate the risk of *C. difficile* infection. Promotion of ACCESS antibacterials and continued work to reduce quinolone and carbapenem usage is helping with the IPC work to minimise infection rates.

The Trust has the lowest reported rates of healthcare-associated *C. difficile* infection across the average reported rates across acute Teaching trusts in England (FingerTips April 2021).

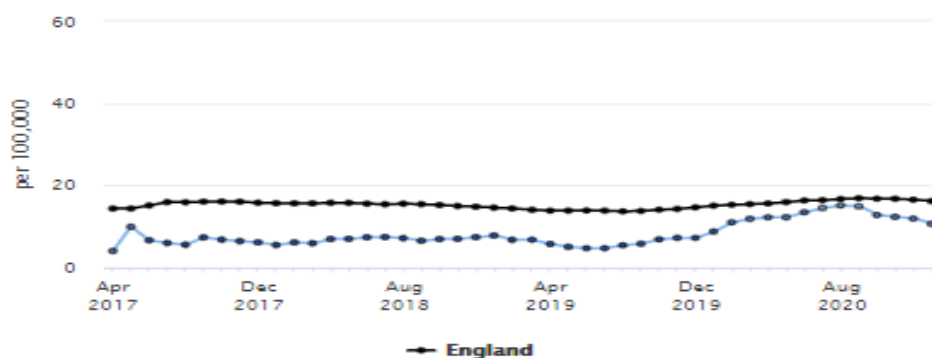


Figure 6. Chelsea & Westminster NHS Trust vs England Average for hospital acquired CDI rates

## 12.6 In-patient bed-days saving through Out-patient antimicrobial therapy (OPAT) saving efficiency

The Antimicrobial Pharmacy team have continued to develop and support the OPAT service guidelines written by the AMS pharmacy team have been implemented cross-site to facilitate earlier discharge with the use of new agents (e.g. Cefazolin, thrice weekly Teicoplanin and elastomeric filled benzylpenicillin) and through delivery of multi-daily doses through 24 hour elastomeric infusion devices. This has been further improved with the introduction of pharmacy-lead self-administration training programme. The total numbers of patients ambulating has fallen across site in the last financial year. This is likely multi-factorial in cause and influenced by promotion of oral therapies (e.g. osteomyelitis, septic arthritis and endocarditis), the reduction in nursing support (preparation for Healthcare@Home support) and the impact of COVID-19 on hospital activity. Activity at the CW site is down approximately 40% (6,340 bed-days saved in 2019/20 to 4,020 in 2020/21). The CW site is preparing to minimise the impact of the Healthcare@Home service loss from May 2021 and is working with the AEC team to facilitate discharge with district nurses or on self-administration wherever possible.

At the WMUH site we have increased the number of patients being assessed for self-administration. In 2019/20 we have had 1 documented patient who was assessed and signed off to self-administer antibiotics. In 2020/21 12 patients undertook the training and 11 were deemed competent to continue. There is further work to increase these numbers further by training more staff to screen and assess patients for suitability.

## 12.7 Patient outcome measures

Due to the unavailability of ICNET for 2020/21, the team have been unable to analyse trends in patient related outcomes secondary to infection. 30-day mortality, re-admission rates and length of stay trends are not available for comparison with previous years.

The prospective study, *Impact of early patient engagement on the outcome of their antimicrobial 48-72 hour review: an interrupted time-series intervention study*, is currently recruiting patients for involvement in a time-interrupted study to determine impact of patient involvement in Antimicrobial Stewardship. A total of 180 patients have been recruited to date. This work seeks to

improve patient engagement in the decision making in clinical practice. Further work to collect patient outcome data via electronic device is being explored through NHS Entrepreneurship Fellowship.

### **12.8 Guidelines**

- Updated cross-site A&E/UCC guidelines
- Updated extended beta lactam infusion guideline
- Updated cross-site adult empirical guidelines (i.e. new NICE compliant guideline)
- Updated cross-site adult dosing guidelines (now includes dosing in line with EUCAST)
- Updated OPAT guidelines for cross-site use
- Updated paediatric surgical prophylaxis guidelines
- Updated obstetric and gynae empiric guidelines

### **12.9 Audit**

- Anti-infective prescribing in COVID-19 (CW)
- Use of procalcitonin in bacterial co-infection (CW & WM)
- Quarterly cross-site antimicrobial prescribing audit with Dashboard (CW & WM)
- Antimicrobial prescribing in paediatrics (CW & WM)
- Management of Gram negative sepsis (CW)
- Safety and appropriateness of dosing and monitoring of Linezolid in Adults (CW)
- Antimicrobial prescribing in operative vaginal delivery (CW)
- Aminoglycoside prescribing and monitoring audit (CW & WM)
- Asymptomatic bacteriuria in pregnancy (CW)

### **12.10 Antimicrobial Sensitivities Monitoring**

- Yearly review of Trust sensitivity / resistance data to support guideline writing and to aid monitoring of resistance patterns. Bespoke antibiograms have also been created for clinical departments to improve local prescribing.

### **12.11 Patient Information**

Patient information leaflets have been devised for high risk medications for dissemination to patients in the inpatient and outpatient settings. A COVID-19 patient information leaflet was devised following national guidance.

### **12.12 Teaching**

- ICLP teaching - induction: teaching sessions to the ICLP courses and monthly ICLP teaching - provided teaching sessions to the ICLPs
- Nurses: Presented teaching on UTI diagnosis at senior nurses meeting
- Junior Doctors: F1, F2 & CMT teaching sessions on prudent antibiotic prescribing
- Pharmacists: In house teaching sessions on a variety of antibiotic topics, including penicillin allergy, basic microbiology, antimicrobial resistance, OPAT management and the treatment of common infections



- Pre-registration pharmacists: Teaching session on antimicrobials for pre-registration pharmacists from Chelsea and Westminster Healthcare NHS Foundation Trust, Royal Marsden Hospital & Royal Brompton Hospital
- Induction training for new junior doctors and pharmacists
- Educational supervision for JPB Diploma for General Pharmacy Practice
- Junior Doctor new antimicrobial therapies and OPAT teaching
- *C. difficile* pharmacy teaching
- NMP teaching – antimicrobial therapies
- Antimicrobial teaching for Imperial Medical Students
- UKCPA MasterClass teaching
- Research tutor for Imperial Medical Students

### **12.13 Service Improvement and Innovation**

- UKCPA Bowmed Ibisqus Antimicrobial Management Award 2019 winner (Katie Heard) for project on Penicillin Allergy documentation
- NHS England Entrepreneur Fellow 2019/20 (Stephen Hughes)
- Introduction of a novel penicillin provocation service (pharmacy led) to optimise treatment outcomes
- Introduction on new beta-lactamase resistant therapies, Cefepime, as an alternative to high-cost therapies (Ceftazidime/avibactam)
- Introduction of Cefazolin, a 1<sup>st</sup> generation cephalosporin, to improve treatment options for invasive MSSA infection
- Introduction of thrice weekly teicoplanin protocol for OPAT to minimise the number of clinic visits for patients
- Addition of methenamine on the North West London formulary to minimise broad-spectrum antimicrobial prescribing in primary care
- Development of a self-administered intravenous antimicrobial service to allow patients to be discharged from hospital on IV therapy
- Use of continuous elastomeric infusion devices to facilitate discharge for patients requiring intravenous targeted therapy.
- Dalbavancin for treatment of ABSSI to facilitate discharge in Gram positive infections where patients are unsuitable for ambulation.
- Extended infusion beta-lactam protocol for patients with severe sepsis on ITU
- Patient information leaflets and monitoring for high risk medications including linezolid, quinolones and voriconazole
- Development of an antifungal therapeutic drug monitoring (TDM) guideline
- Expansion of the OPAT service, with extended hours of service and governance support (8am-8pm)

### **12.14 Trust / External Committees**

- Infection Prevention Commissioning and Liaison Group
- Infection Prevention and Control Committee
- Trust Antimicrobial Steering Group
- Trust Antifungal Stewardship Group

- Out-patient parenteral treatment (OPAT) governance Group
- Trust Strategic Flu group
- CNWL Infection Control Group
- Trust Sepsis working group
- London Antimicrobial Pharmacy Group
- RMOC / CPHO Antimicrobial Representative
- UKCPA Pharmacy Infection Network Secretary
- RPS Expert Antimicrobial Stewardship Group
- RPS / HEE clinical tutor group

### 12.15 Publications and Presentations

1. Hughes S, Kamranpour P, Gibani MM, Mughal N, Moore LSP. Short-course Antibiotic Therapy: A Bespoke Approach Is Required. *Clinical Infectious Diseases*, Volume 70, Issue 8, 15 April 2020, Pages 1793–1794, <https://doi.org/10.1093/cid/ciz711>
2. Hughes S, Chin HY, Heard K, Kamranpour P, Bartholomew B, Mughal N, Moore LSP. Once-daily tigecycline for outpatient parenteral antibiotic therapy: a single-centre observational study. *JAC-Antimicrobial Resistance*, Volume 1, Issue 3, December 2019, dlz085, <https://doi.org/10.1093/jacamr/dlz085>
3. Rajput J, Moore LSP, Mughal N, Hughes S. Evaluating the risk of hyperkalaemia and acute kidney injury with cotrimoxazole: a retrospective observational study. *Clin Microbiol Infect.* 2020 Mar 25. pii: S1198-743X(20)30104-X. doi: 10.1016/j.cmi.2020.02.021 (Epub ahead of print)
4. Heard K. Investigating Penicillin Allergy in a District General Hospital. Presented at UKCPA Conference, London, November 2019
5. Gohlar G., Hughes S. Antifungal Stewardship, *Pharmaceutical Journal*, July 2019
6. Hughes S, Madhani M. Interpreting the CQUIN 2019/20 to improve management of lower urinary tract infection in older people, *RxMagazine*, August 2019. Available from: <https://rxmagazine.org/interpreting-the-cquin-2019-20-to-improve-management-of-lower-urinary-tract-infection-in-older-people/>
7. Hughes S, Smith E. Is antimicrobial prophylaxis effective in reducing infections after operative vaginal births? *RxMagazine*, October 2019. Available from: <https://rxmagazine.org/is-antimicrobial-prophylaxis-effective-in-reducing-infections-after-operative-vaginal-births/>
8. Hughes S, Purohit S. *Pharmaceutical Journal*, May 2019 <https://www.pharmaceutical-journal.com/news-and-analysis/opinion/correspondence/reducing-cephalosporin-related-supply-errors/20206444.article>
9. Kamranpour P, Moore LSP, Hughes S. Potential roles for cefepime in UK clinical practice, *Pharmaceutical Journal*, July 2019
10. Hughes S, Gilchrist M. *A survey of OAPT practices in the UK*. Presented at European Society of Clinical Microbiology and Infectious Diseases, Amsterdam, April 2019
11. Rajput J, Hughes S. Predicting cotrimoxazole associated acute kidney injury and hyperkalaemia. Presented at Federation of Infection Society, Edinburgh, November 2019
12. Modan H, Hughes S. An audit of perioperative antimicrobial usage in adults undergoing appendectomy. Presented at Federation of Infection Society, Edinburgh, November 2019
13. Hughes S. Incidence of Group B Streptococcus bacteraemia in mum and newborn following antimicrobial prophylaxis- To screen or not to screen? Presented at Federation of Infection Society, Edinburgh, November 2019

14. Bolina A, Hughes S. A retrospective review of vancomycin dosing in paediatric patients. Presented at Federation of Infection Society, Edinburgh, November 2019
15. Davidson A, Hughes S, Mughal N, Moore L. Streptococcus agalactiae macrolide/lincosamide resistance; implications for puerperal antimicrobial therapy. Presented at Federation of Infection Society, Edinburgh, November 2019

### 13.0 Body Fluid Exposure – Occupational Health

The Occupational Health and Wellbeing Department along with key stakeholders support staff following body fluid exposures at work.

Data submitted to the Trust's DATIX reporting system between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021 indicates that there were 164 body fluid exposures during the period.

**Table 9: Body fluid exposure reported via DATIX**

Sub category	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Grand Total
Contact with sharps - Clean			2	2	1	2	2		2	1		1	13
Contact with sharps - Dirty	7	8	8	11	6	5	8	13	13	12	13	11	115
Exposure to biological hazard (inc splash / spill)	1	2	2	4	2	6	6	2	2	4	1	2	34
Exposure to chemical hazard (inc splash / spill)									1	1			2
<b>CW site Total</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>9</b>	<b>4</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>9</b>	<b>7</b>	<b>8</b>	<b>88</b>
Contact with sharps - Clean			1				1		1			1	4
Contact with sharps - Dirty	2	5	4	6	3	2	6	9	7	5	6	6	61
Exposure to biological hazard (inc splash / spill)	1	1	1	3	1	3	3	1	2	4	1	1	22
Exposure to chemical hazard (inc splash / spill)									1				1
<b>WMIUH Total</b>	<b>5</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>5</b>	<b>7</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>67</b>
Contact with sharps - Clean			1	2	1		1		1	1			7
Contact with sharps - Dirty	5	2	4	5	2	2	2	4	6	6	6	3	47
Exposure to biological hazard (inc splash / spill)		1	1	1	1	3	3	1				1	12
Exposure to chemical hazard (inc splash / spill)										1			1
<b>Community/clinics Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>9</b>
Contact with sharps - Clean						2							2
Contact with sharps - Dirty		1			1	1				1	1	2	7
<b>Grand Total</b>	<b>8</b>	<b>10</b>	<b>12</b>	<b>17</b>	<b>9</b>	<b>13</b>	<b>16</b>	<b>15</b>	<b>18</b>	<b>18</b>	<b>14</b>	<b>14</b>	<b>164</b>

- 164 Body Fluid Exposures were reported among healthcare workers. This compares to 166 reported for 2019-2020. Healthcare workers across all occupational groups continue to be at risk of injury.
- There were no seroconversions to blood borne viruses (Hepatitis B; Hepatitis C; and/or HIV) during this reporting period.

#### 13.1 Monitoring the process for the management of body fluid exposure (BFE) accidents at work

The Occupational Health Nurses:

- Assess staff reporting sharps and splash injuries to Occupational Health and implement a programme of treatment, follow up and support.
- Regularly review the process for the immediate management of BFEs (including the provision of Post Exposure Prophylaxis) to ensure compliance with best practice and current guidance.
- Manage an ongoing Hepatitis B vaccination immunisation programme to help protect healthcare workers from Hepatitis B virus infection.
- Review the Trust's 'Policy & Procedure for the Prevention & Management of Body Fluid Exposures' in line with changes in legislation.

- Work as part of the Safer Sharps Group to identify where there are gaps in the use of safety devices, in order to implement safety alternatives or support risk assessments where required. Risk assessments are in place where non-safety devices are still in use. The Safer Sharps group has been meeting quarterly. This group prioritises the programme for safer sharps within the Trust.
- There is an annual audit of sharps bin usage to identify areas of risk and to inform training.

#### 14.0 Seasonal Influenza

Chelsea and Westminster NHS Foundation Trust began flu planning in July 2020. A detailed operational plan was developed and its implementation was overseen by the Flu Strategy Group. This steering group met weekly throughout the flu season and had representation from infection control, microbiology, nursing and clinical divisional representatives, maternity, pharmacy and communications. The group was chaired by the Director for Infection Prevention and Control.

Influenza surveillance nationally and locally was at a record low, this is attributed to the National Lockdown, travel bans, etc. that were implemented in the response to the COVID-19 pandemic.

#### 14.1 Staff Vaccination

The Trust achieved a 93% vaccination rate of front line staff. The commissioning aspiration of the Trust was to achieve an uptake of >90%. Hence, the campaign this year was a huge success. With the background of COVID-19 it was important to protect staff from any possible influenza infections emerging. Each ward had at least one trained vaccinator able to administer vaccines to colleagues and in addition to the regular occupational health vaccination clinics, roving vaccination trolleys visited all departments and wards on both hospital sites.

This year very few cases of influenza were recorded nationally or locally and this may have been due to the precautions in place for COVID-19, COVID-19 becoming the dominant respiratory virus, high levels of influenza vaccine take up or a combination of these factors. There were no outbreaks or incidents in relation to influenza reported.

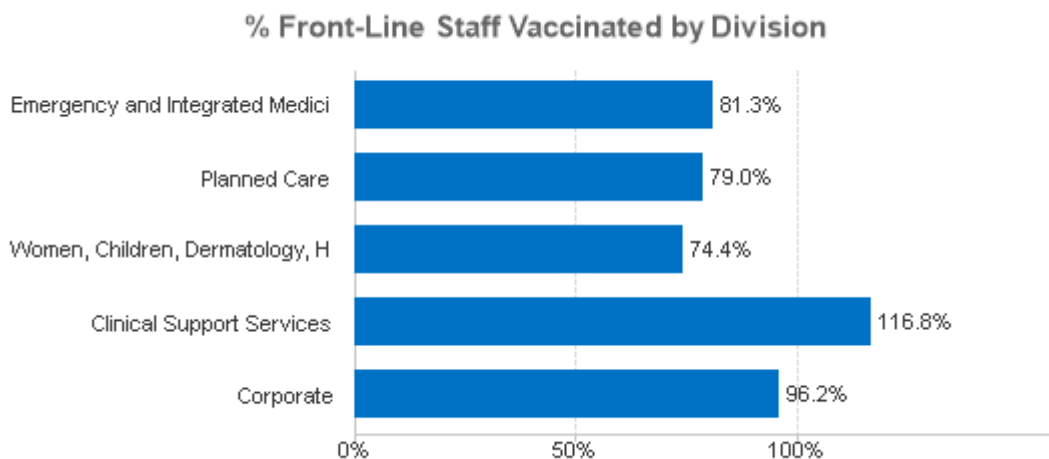
#### Breakdown by Divisions

Table 10: Divisional Staff Influenza Vaccination Rates

	Count of Want To Receive Flu Vaccine					Grand Total
	Admin & Clerical	Allied Health Professions (PAMs)	Medics	Nurses and Midwives	Support staff (ISS)	
Clinical Support Services	92	200	55	147	12	506
Corporate	225	78	73	182	47	605
Emergency & Integrated Medicine	65	158	385	831		1439
Planned Care	71	95	232	527	1	926
Women, Children, Dermatology, HIV and GUM	137	75	337	966	3	1518
<b>Grand Total</b>	<b>590</b>	<b>606</b>	<b>1082</b>	<b>2653</b>	<b>63</b>	<b>4994</b>

<b>Target staff group</b>	<b>332</b>	<b>1275</b>	<b>3056</b>	<b>4663</b>
<b>% frontline staff</b>	<b>182.5</b>	<b>85.0</b>	<b>87.0</b>	<b>93.0</b>

**Uptake by Division:**



126 staff refused the vaccine.

**15.0 Infection Prevention and Control Team Activities**

**15.1 Infection Control Link Professionals (ICLP)**

The ICLPs are responsible for instigating and monitoring the Trust’s infection control priorities at ward/unit level. This includes the completion of local hand hygiene and High Impact Intervention audits, consisting of the on-going care of peripheral vascular devices, central venous catheters and urinary catheters. The IPC team held one ICLP study day in November 2020, unfortunately due to the COVID-19 pandemic further booked study days had to be cancelled but will be resumed later in the year.

**15.2 Infection Prevention and Control Team Annual Programme**

Under the leadership of the DIPC, the IPCT in conjunction with a range of colleagues across the Trust have contributed to the annual programme of work described in this report.

In the forthcoming year, the IPCT will continue to focus on the harmonisation of practice, policies and processes. Key objectives for the coming year also include; continuing to minimise the risk of healthcare associated infections, infection audit and surveillance, further developing the skills and knowledge of staff, ensuring evidence based clinical guidance on IPC practices and improving accessible patient information. The overarching objectives for the IPCT can be found at Appendix 6.

The DIPC and IPC Lead Nurse are actively involved in refurbishments projects e.g. CW intensive care unit and neonatal unit, David Erskine refurbishment and cross site ITU COVID-19 surge areas. The IPCT will also continue to provide reactive IPC advice to Estates and Facilities and support the

divisions with COVID-19 restart programmes as well as ensuring that the Trust are always in line with the latest guidance regarding COVID-19 and its variants in preparation for further cases or surges.

## **Appendix 1: Terms of Reference - Infection Prevention and Control Group**

### **1. Constitution**

The Infection Prevention and Control (IPC) Group is established as a formal sub-committee of the Patient Safety Group, which in turn reports to the Quality Committee, a formal Committee of the Trust Board.

The group will

- work to an annual plan
- monitor performance against targets/objectives and against policy standards
- report on the incidence and prevalence of 'alert organisms'
- report on the nature of any outbreak of infection
- develop & maintain IPC policies and
- report into & provide assurance to the Patient Safety Group on all aspects of IPC.

The Patient Safety Group will review and approve these Terms of Reference on a yearly basis.

### **2. Authority**

The IPC Group is directly accountable to the Patient Safety Group, and will provide a summarised report of activity on a quarterly basis, with more frequent reporting by exception as required or at the request of the Director of Infection Prevention and Control.

### **3. Aim**

The IPC Group will concern itself with all aspects of IPC for employees, patients and visitors to the Trust and will operate in accordance with the requirements of the Health and Social Care Act 2008 and CQC Regulation 12 Guidance.

### **4. Objectives**

- To approve and review progress against the annual plan for IPC.
- To approve the annual report for IPC prior to presentation to the Patient Safety Group/Quality Committee.
- To advise the Chief Executive Officer of any serious problems or hazards relating to IPC.
- To monitor Trust performance against the healthcare acquired infections explicated in the Health and Social Care Act 2008 including externally set objectives.
- To monitor performance against hand hygiene and care bundles and associated internally set targets.

- To approve Trust policies in relation to IPC and monitor the relevance of and compliance with them.
- To advise on the planning and development of services and facilities in the Trust on issues relating to IPC.
- To monitor hard and soft facilities management, including water safety, on both sites on a monthly basis.
- Monitor and report on Trust responsiveness to outbreaks of infection from ward to executive levels.
- Examine and provide feedback on IPC audits on a regular basis.
- The Group will consider any other reports relevant to IPC of staff working in the Trust.
- The Group will be kept up to date with new or revised international, national or local guidance and legislation.
- Receive quarterly reports from:
  - Decontamination Lead
  - Head of Occupational Health
  - Public Health England/Health Protection Units.
  - Antimicrobial Stewardship Team
  - Surgical Site Surveillance Officers
- Receive the following annually:
  - Sharps and inoculation incidents and audits

## **5. Method of working**

The IPC Group will have a monthly standard agenda with additional quarterly and annual reports.

## **6. Membership**

The Members of the IPC Group shall comprise of:-

- Director of Infection Prevention and Control (Chair)
- Director of Nursing
- Consultant Microbiologists
- Infection Prevention and Control Specialist Nurses
- Antimicrobial Pharmacists
- Consultant in Communicable Disease Control / Health Protection Team Nurse
- Health and Safety Manager
- Occupational Health Manager



- Trust Decontamination Lead
- Deputy Director for Facilities and Estates
- ISS Soft FM General Manager
- Bouygues Energies and Services General Manager
- JCA General Manager
- Divisional Nurses
- Senior Divisional Doctors
- Divisional Directors
- Infection Prevention and Control Team Administrator
- Matrons

Core members are expected to send deputies in their absence

Meetings of IPC Group shall not be held in public.

Only the Group Chair and members shall be entitled to be present. In addition, other members may be invited to attend some meetings depending on the agenda items to be discussed at the invitation of the Group.

## **7. Quorum**

The quorum shall be 8 members, of whom one shall be either the chair or nominated deputy.

## **8. Frequency of Meetings**

The Infection Prevention and Control Group will meet monthly using video/teleconferencing facilities to enable across site attendance.

Members are expected to attend a minimum of 80% of the meetings. If members cannot attend, they should expect to send a well briefed deputy.

## **9. Secretariat**

Papers, action logs, minutes and agenda to be circulated by the IPC Team.

The meeting slides will be uploaded onto the intranet within 72 hours of the meeting. The notes of the meeting will be uploaded onto the intranet once approved. Both will be stored by the IPC Team.

## **10. Review**

The IPC Group will review these Terms of Reference on a yearly basis. Any recommended changes to the Terms of Reference will require the approval of the Patient Safety Group. July 2021.



Appendix 2: Infection Prevention and Control data

MRSA bacteraemias

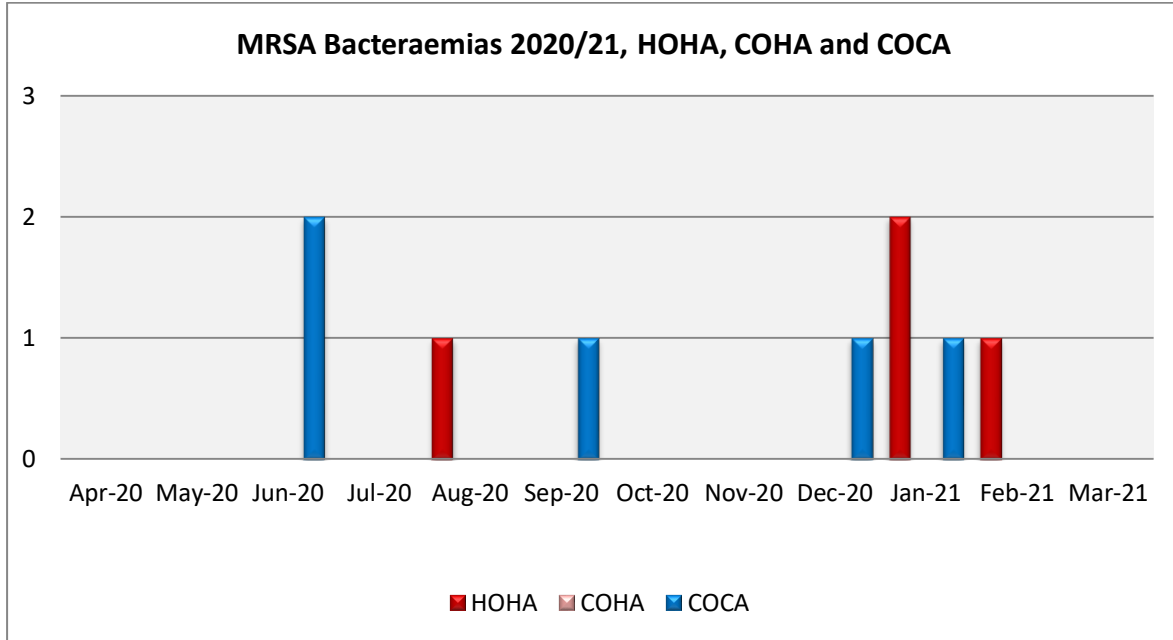


Figure 1: Hospital onset vs. community onset MRSA bacteraemias April 2020 – 2021

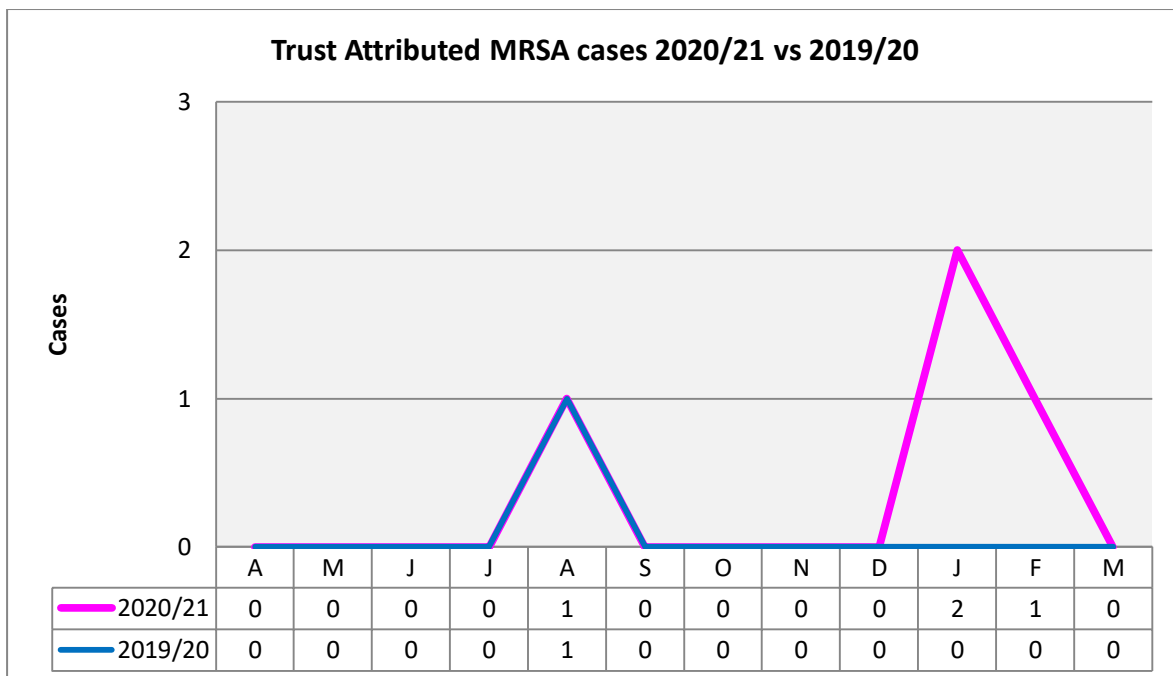
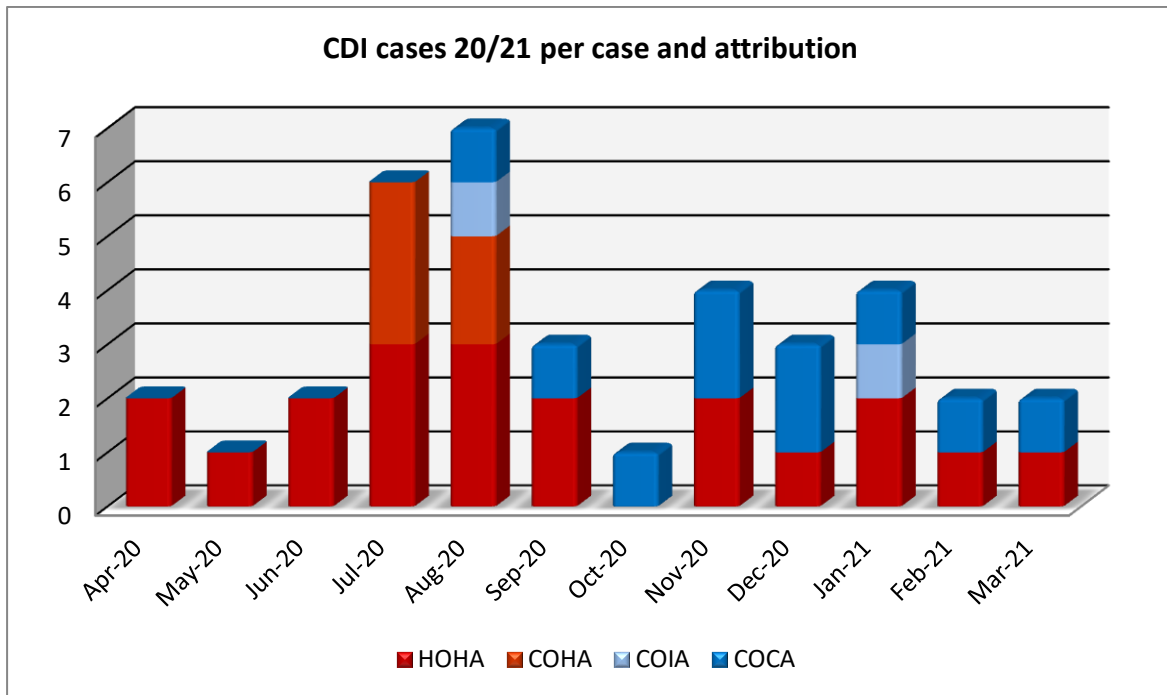
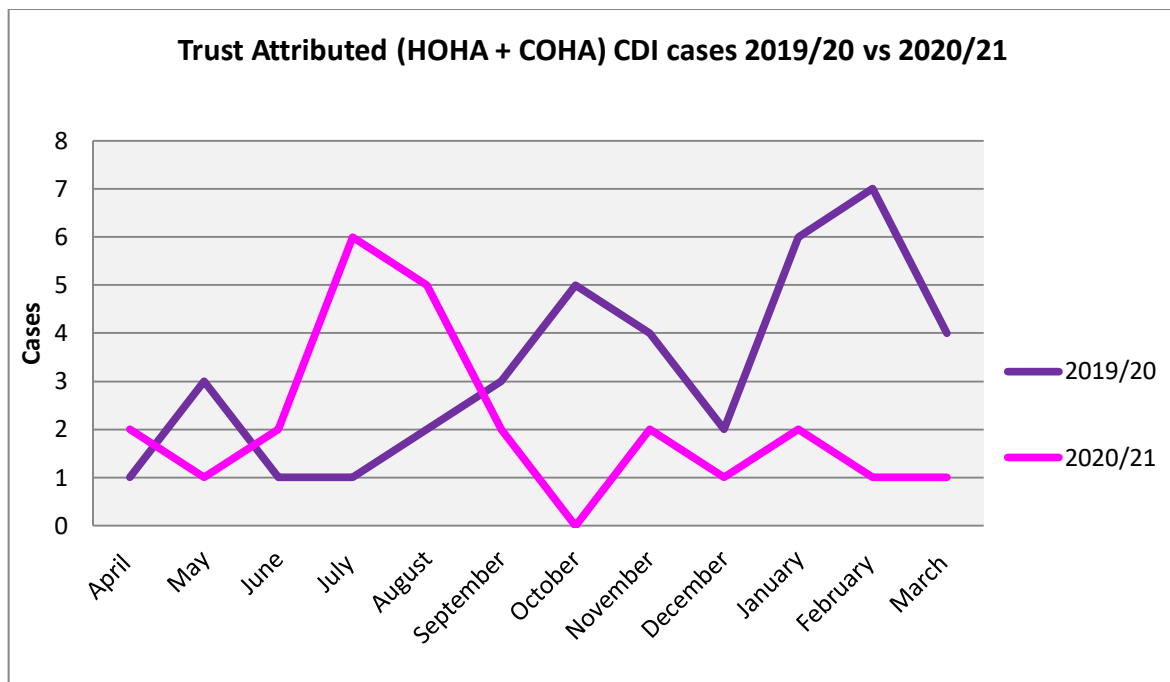


Figure 2: Hospital onset cases 2020/21 vs. 2019/20

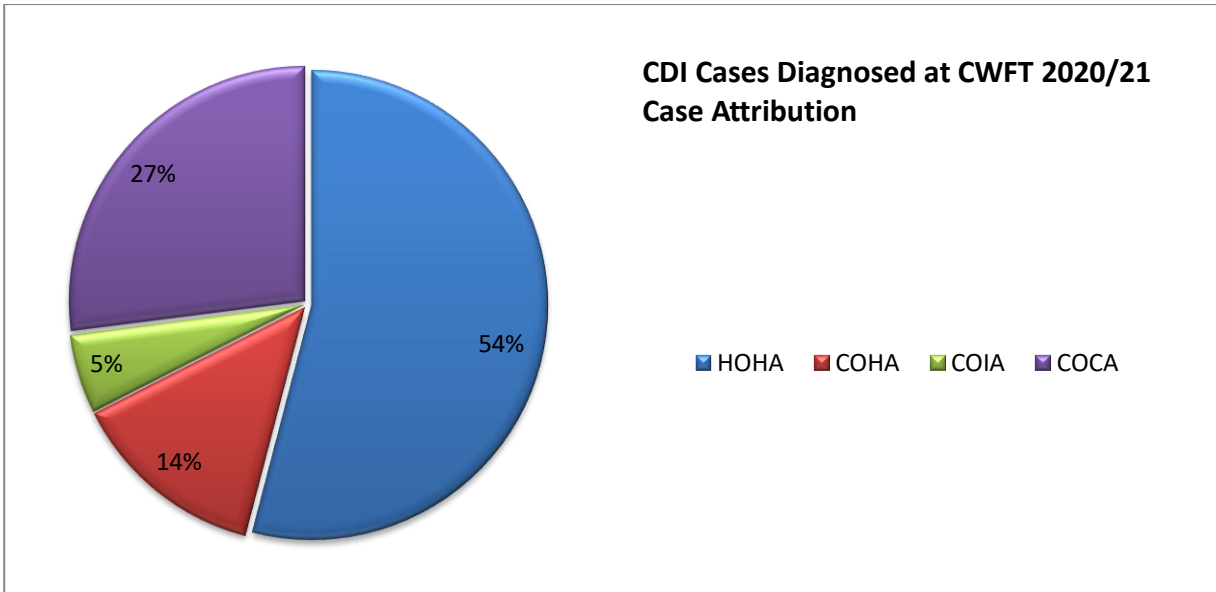
**Clostridium difficile infections**



**Figure 3: Clostridium difficile cases per month and attribution April 2020 – March 2021**



**Figure 4: Trust attributed Clostridium difficile cases 2020/20 vs. 2019/20**



**Figure 5: Trust attributed Clostridium difficile cases 2020/20 vs. 2019/20**

### MSSA bacteraemias

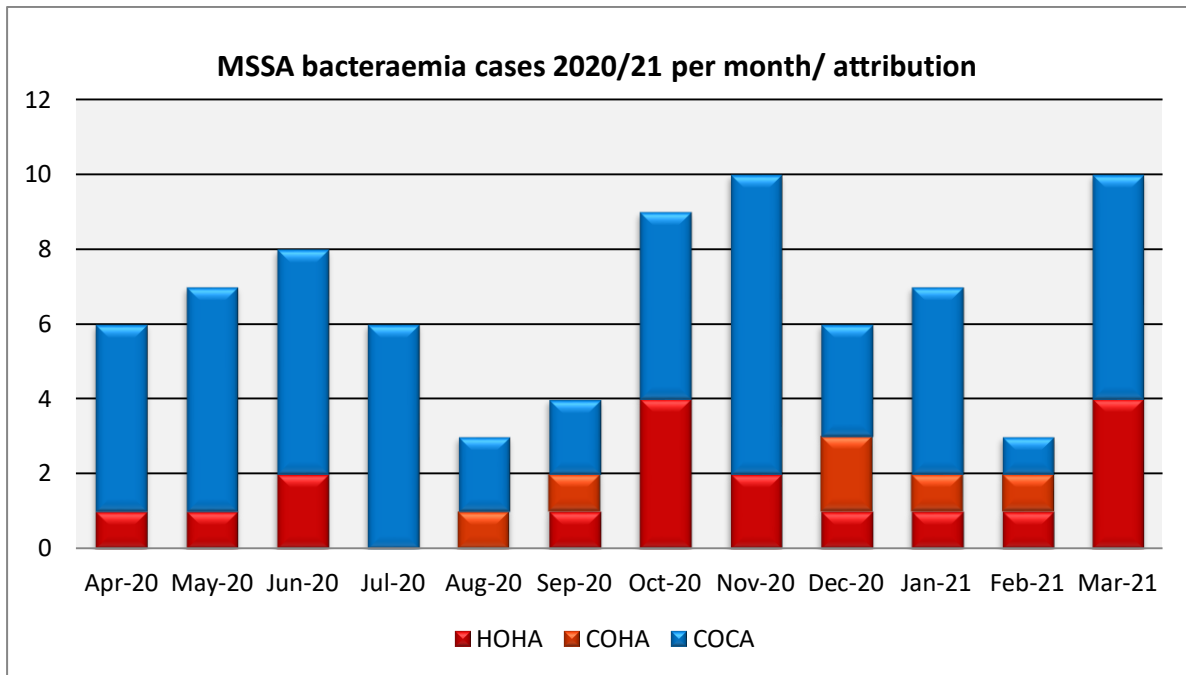


Figure 6: Hospital onset vs. community onset MSSA bacteraemias April 2019 – March 2020

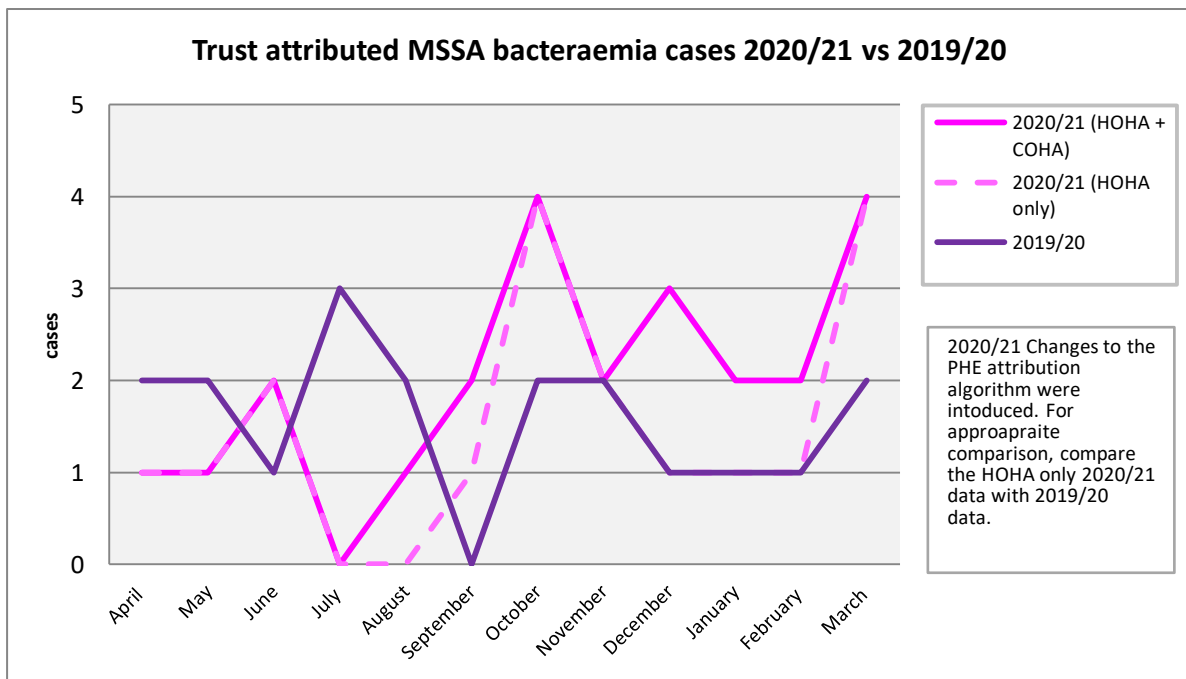
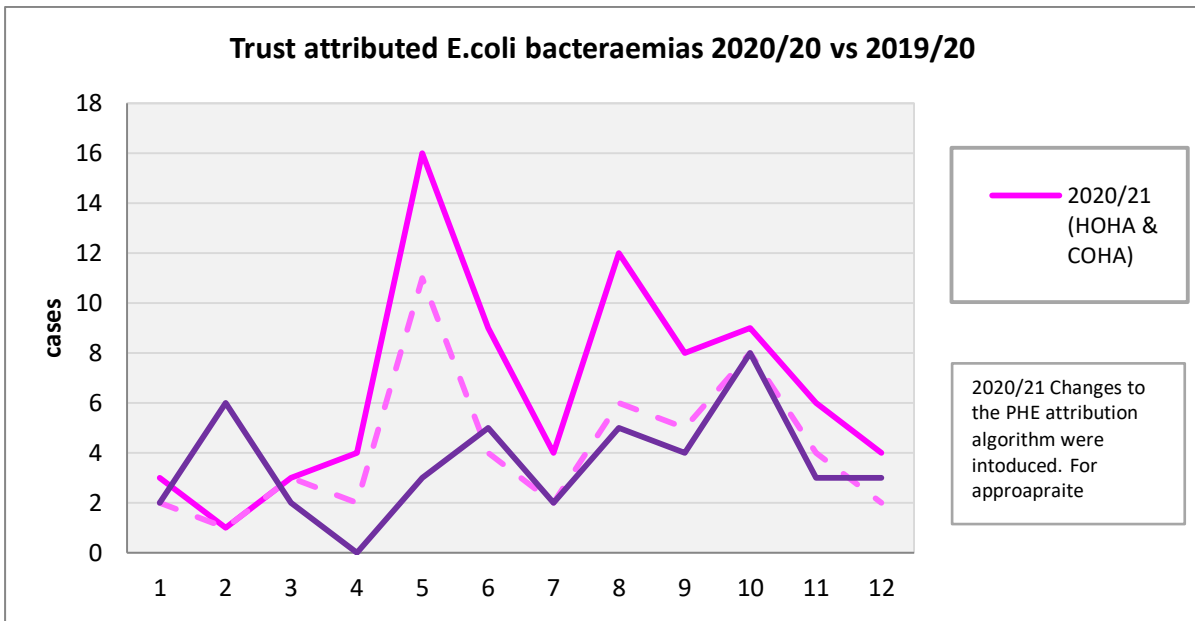
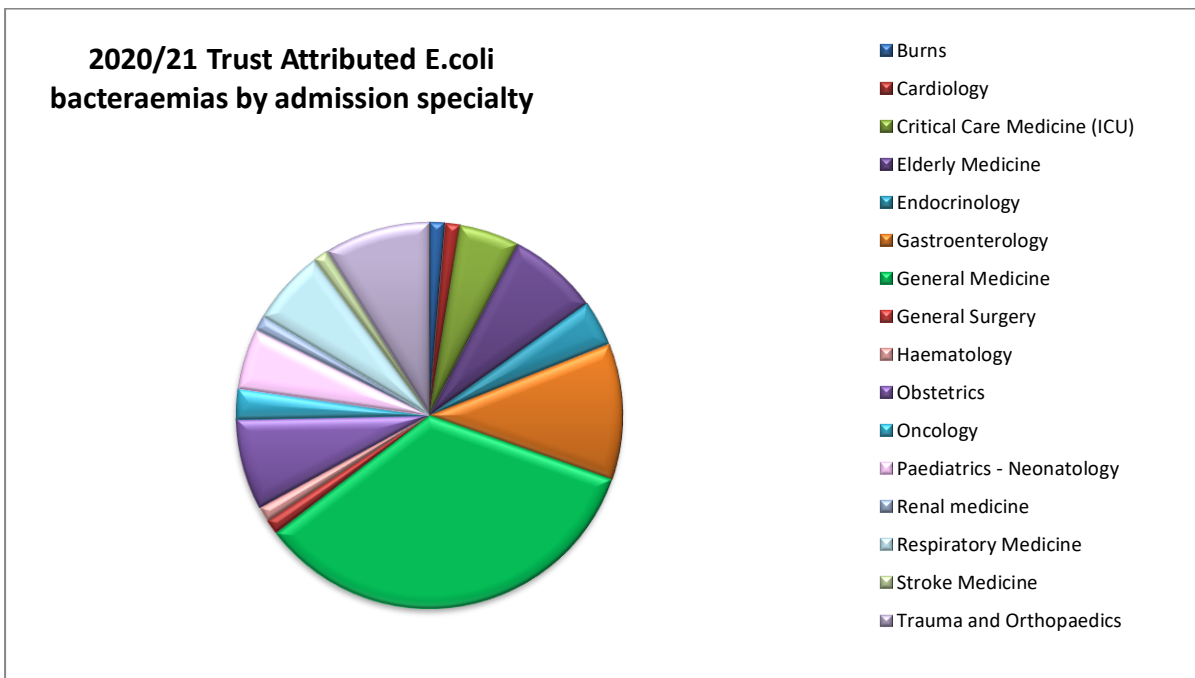


Figure 7: Trust attributed MSSA cases 2020/20 vs. 2019/20

**E.coli bacteraemias**



**Figure 8: Hospital onset vs. community onset E.coli bacteraemias April 2020 – March 2021 vs 2019/20.**



**Figure 9: E.coli deep dive data: Admission Specialty of Trust attributed bacteraemias identified from April 2020 – March 2021.**

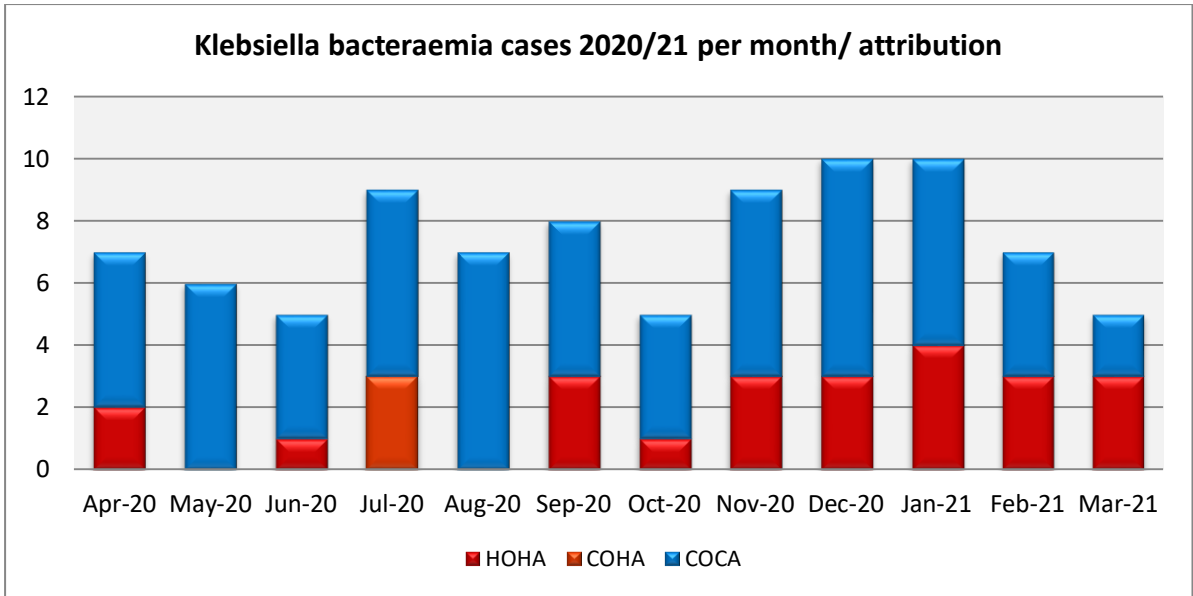


Figure 10: Hospital vs. Community onset Klebsiella Spp. Blood stream Infections 2020/21.

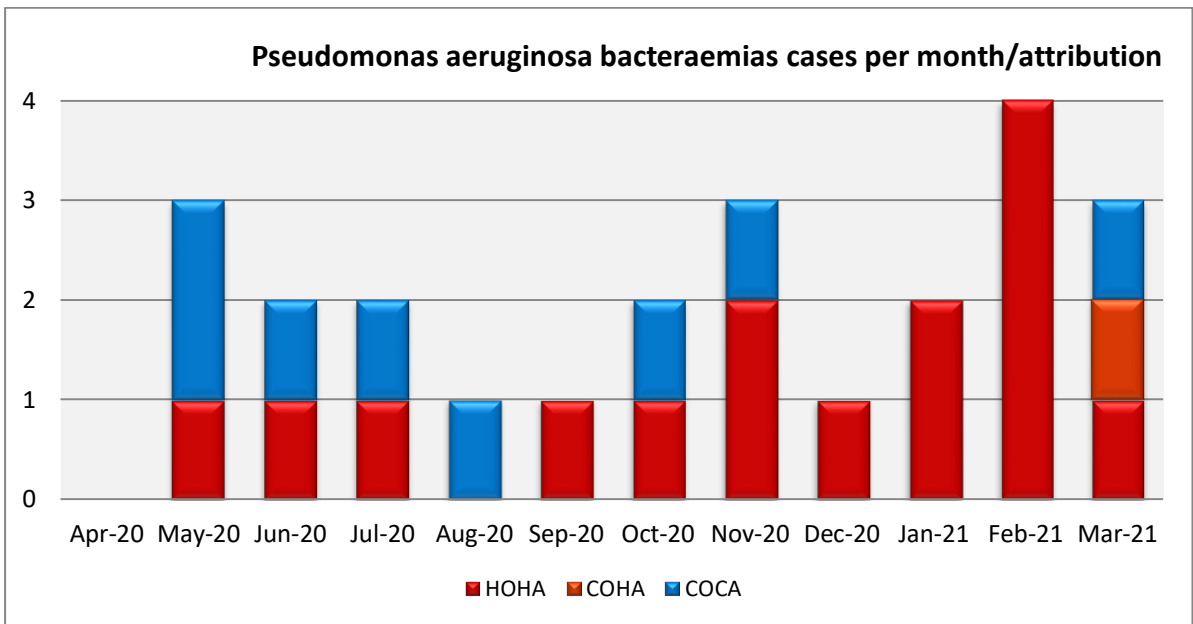
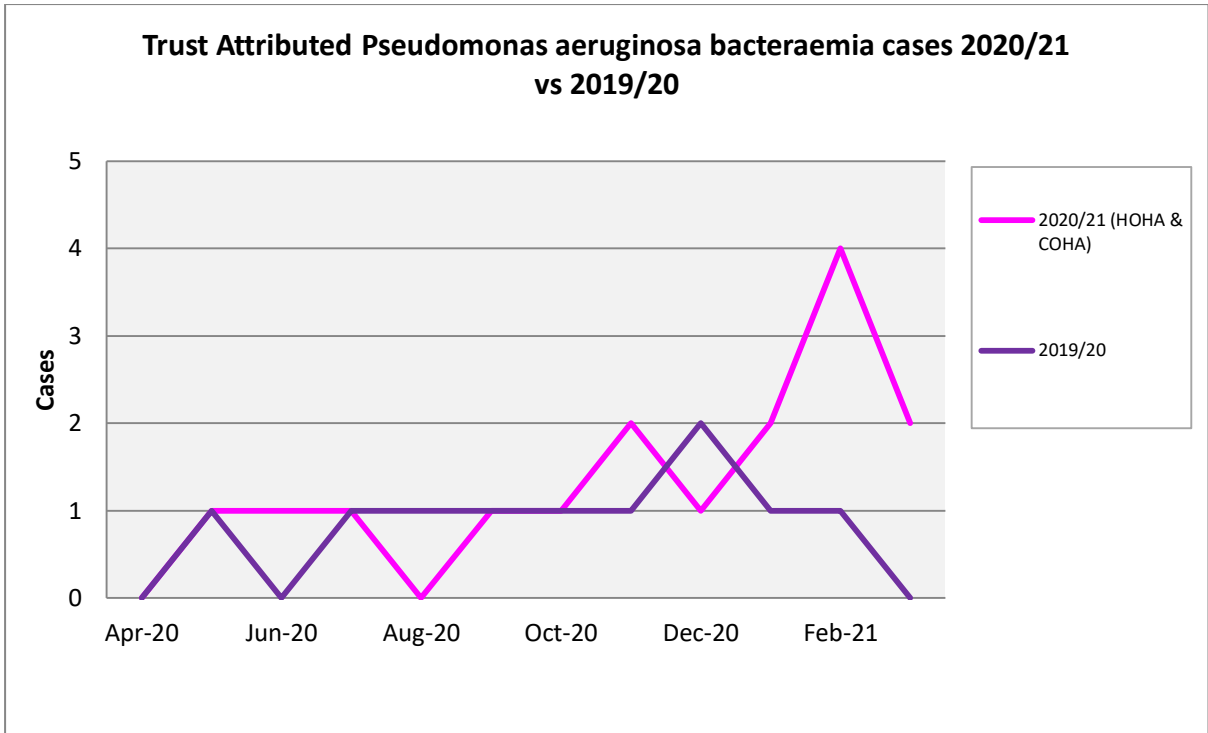
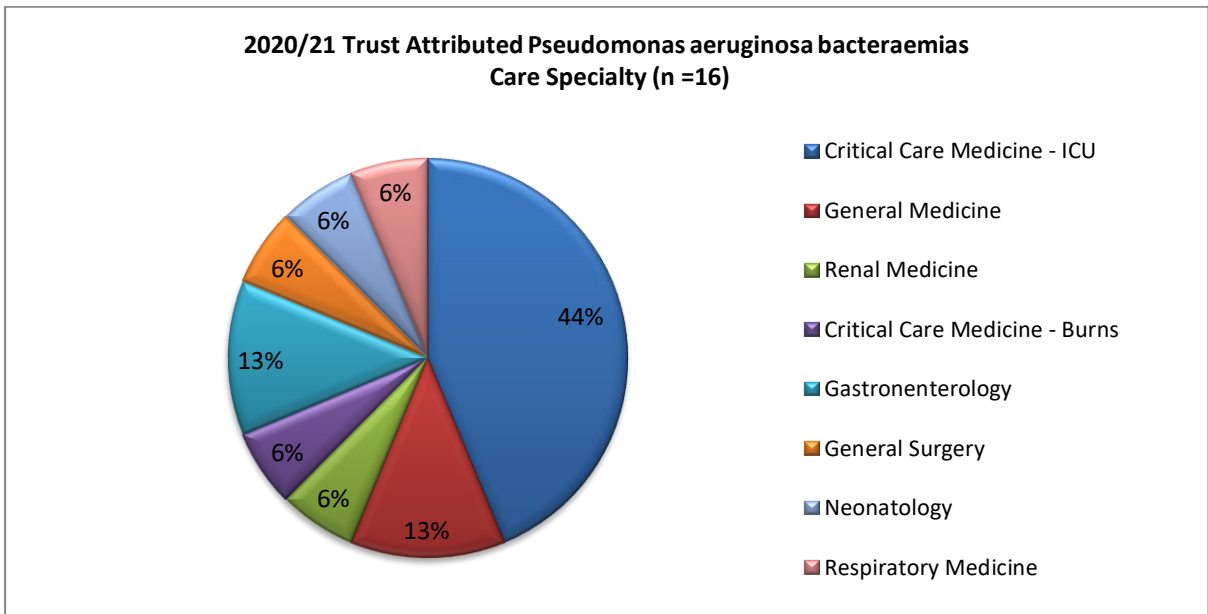


Figure 11: Hospital onset vs. Community Onset Pseudomonas aeruginosa Blood Stream Infections 2019/20.



**Figure 12: Trust Attributed Pseudomonas aeruginosa bacteraemias 2020/21 vs. 2019/20.**



**Figure 13: Trust attributed Pseudomonas aeruginosa bacteraemias by care specialty.**



### Hand Hygiene Audit Data

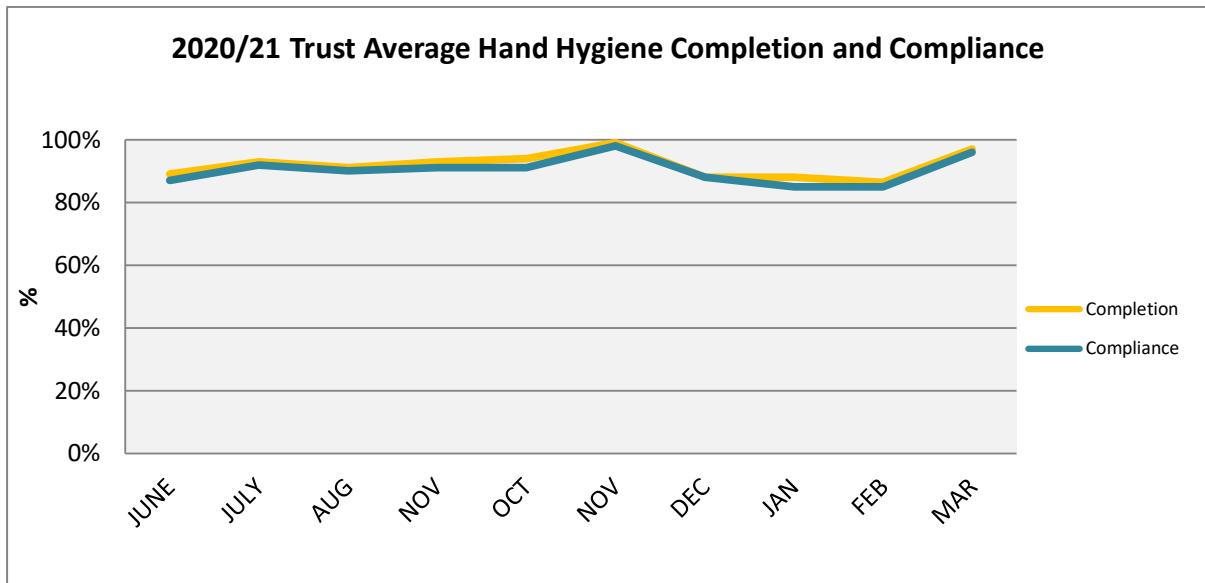


Figure 14: Trust Average hand hygiene completion and compliance

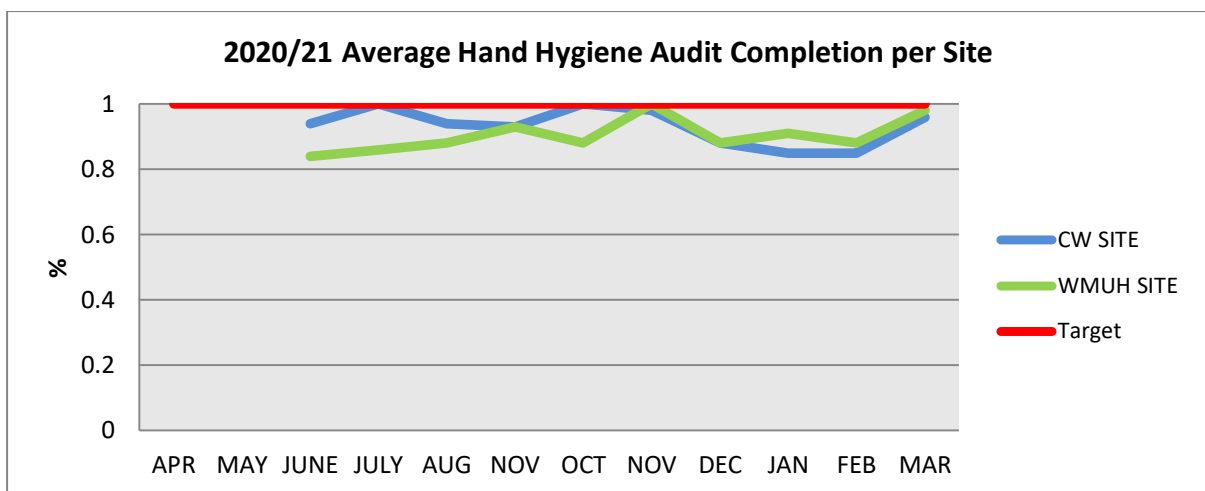
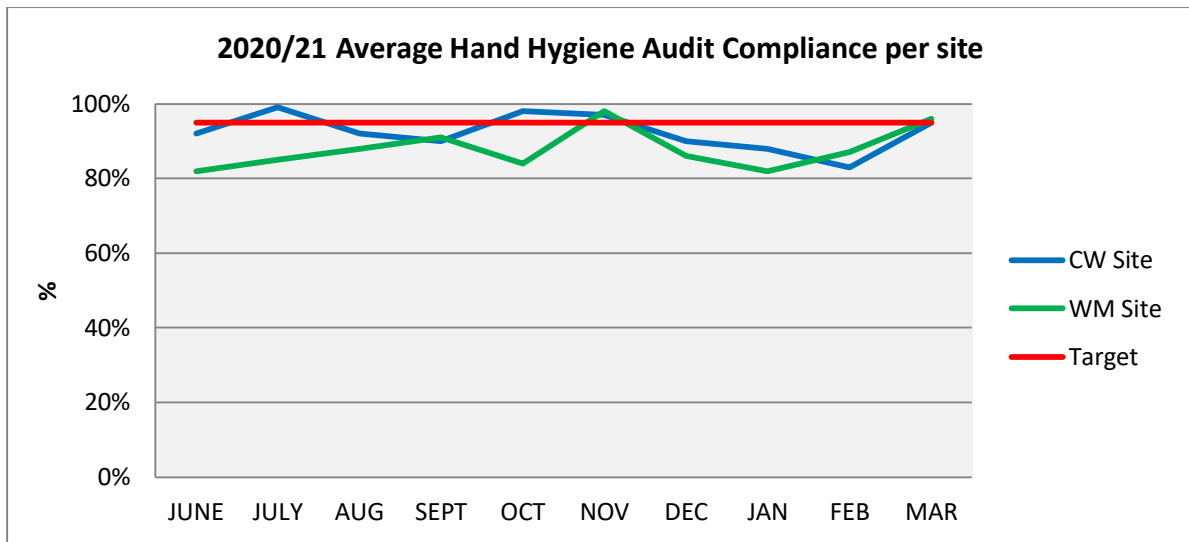
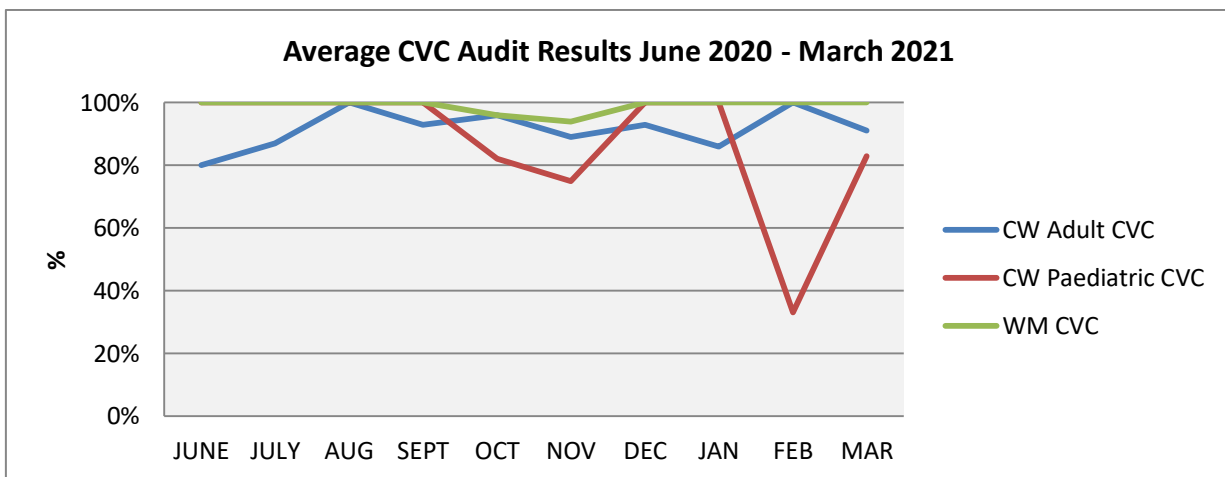


Figure 15: Average Hand hygiene audit Completion per site

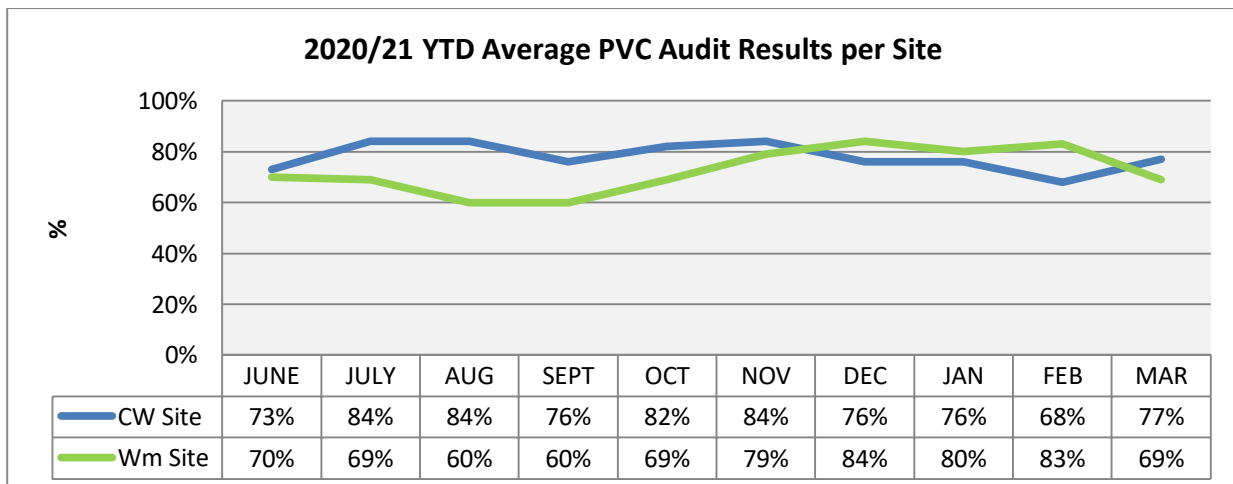


**Figure 16: Hand Hygiene compliance Site**

### Infection Prevention and Control Audit Data



**Figure 17: High Impact intervention Central Venous Catheter (CVC) audit results 2020 – 21**



**Figure 18: High impact interventions Peripheral Venous Catheter (PVC) Audit results 2020 – 21**

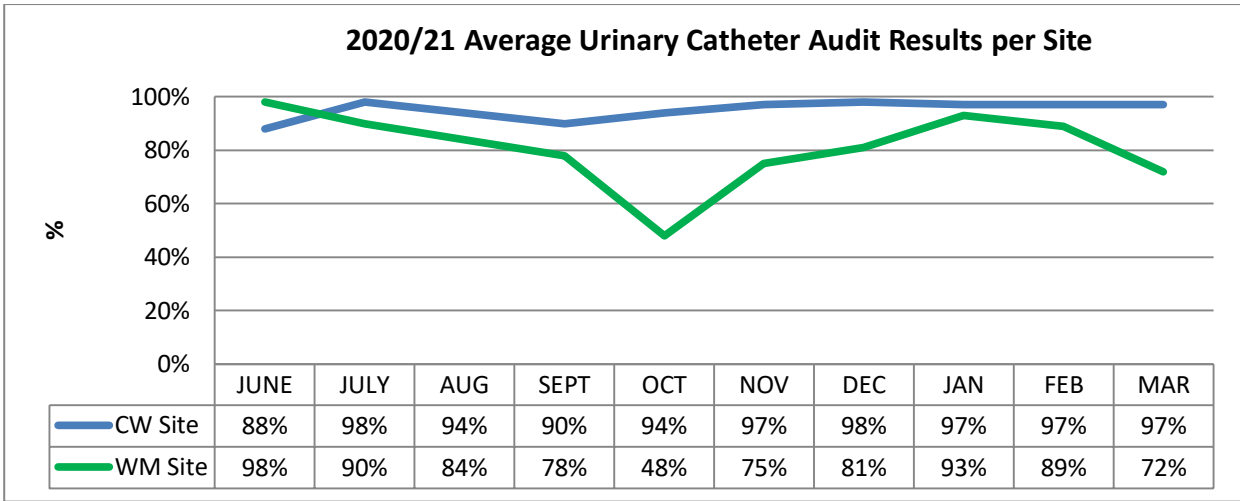


Figure 19: High Impact Intervention Urinary Catheter Audit results 2019-20

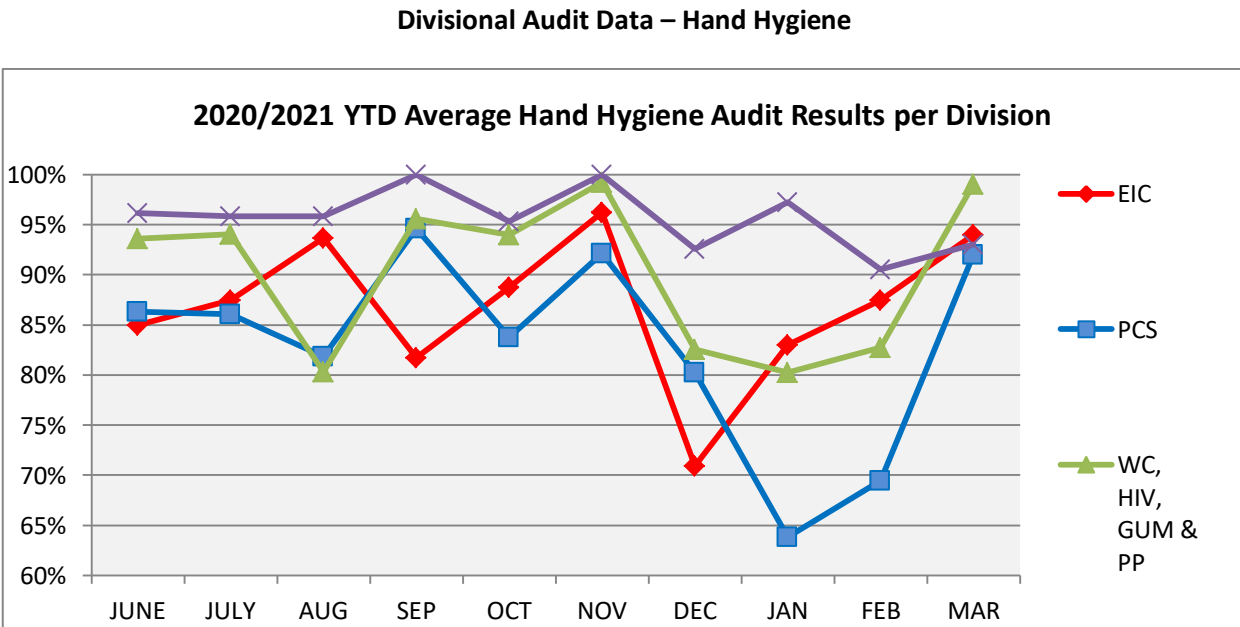
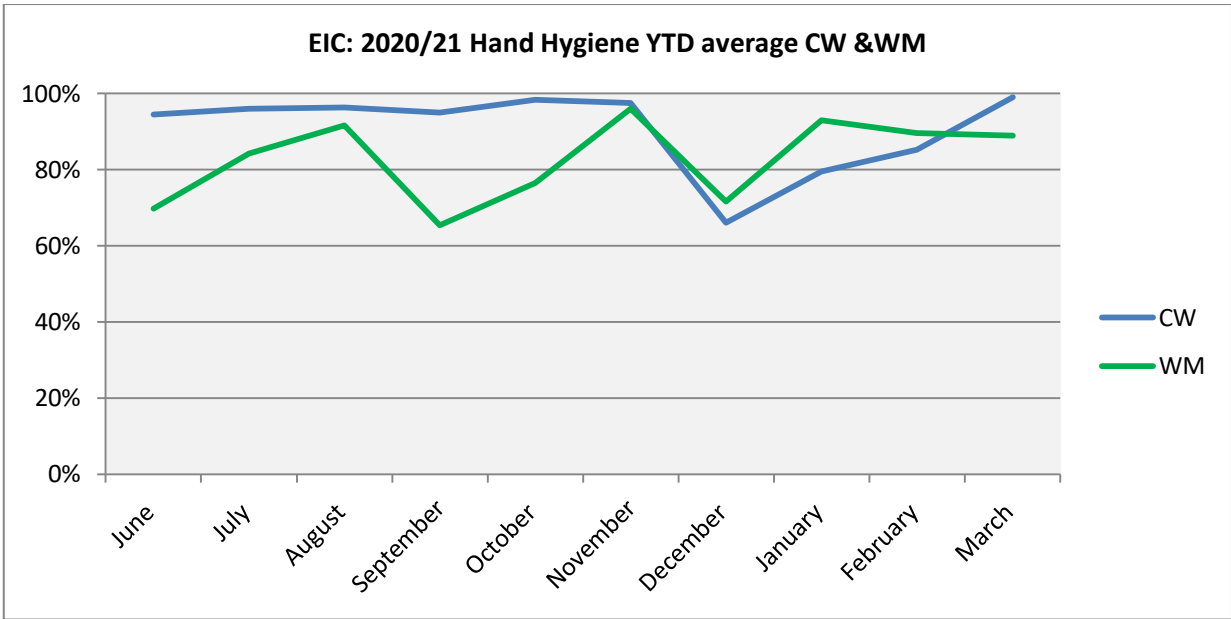
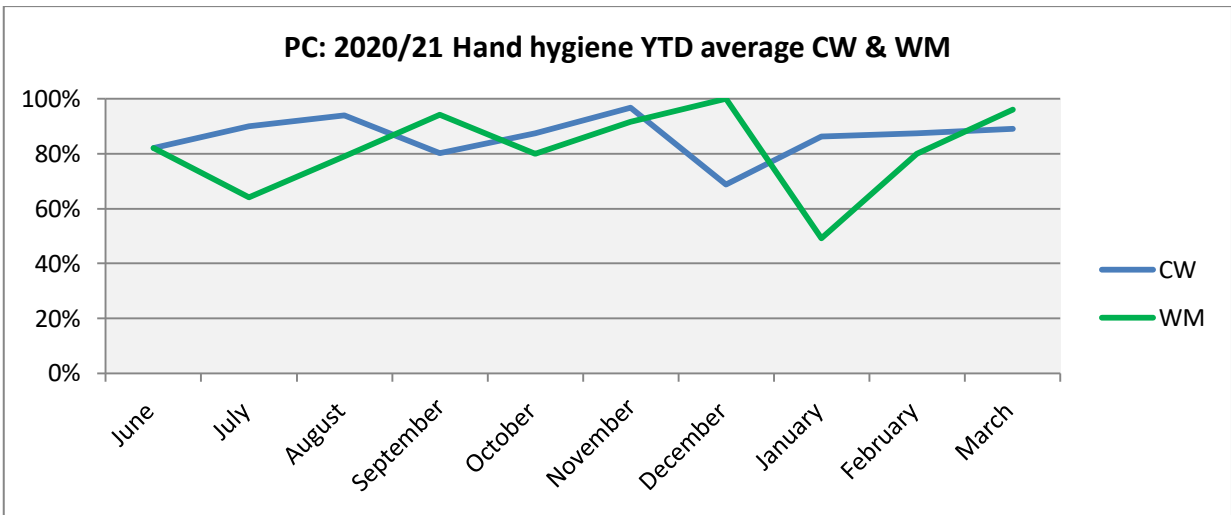


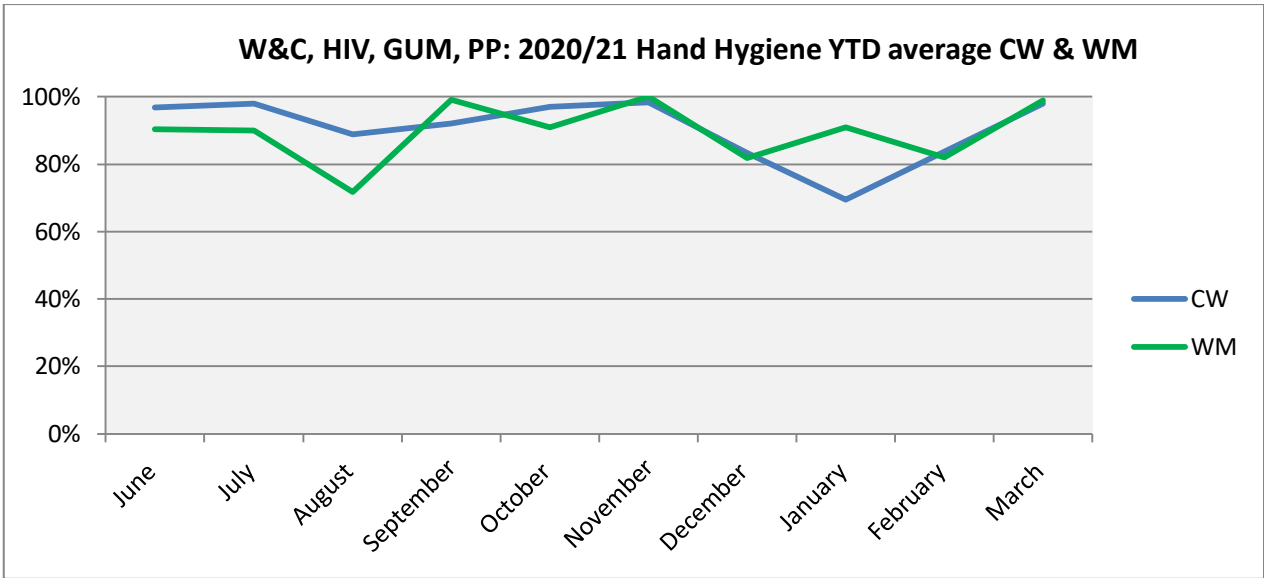
Figure 20: Hand hygiene audit result per Division



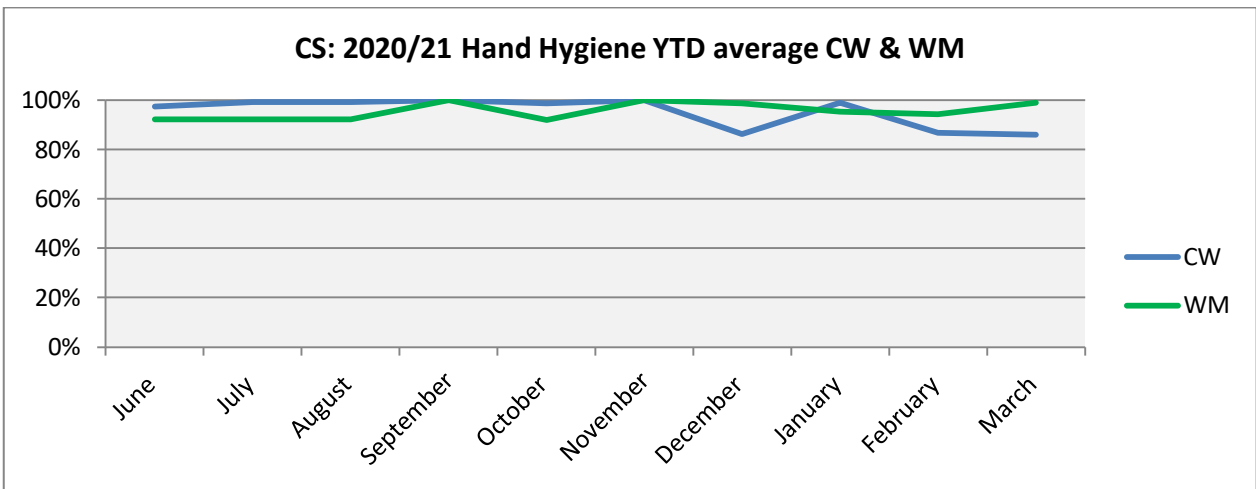
**Figure 21: Emergency and Integrated Care ( EIC) division Hand hygiene audit result 2020/21**



**Figure 22: Planned Care division 2020/21 hand average hand hygiene audit results per site**

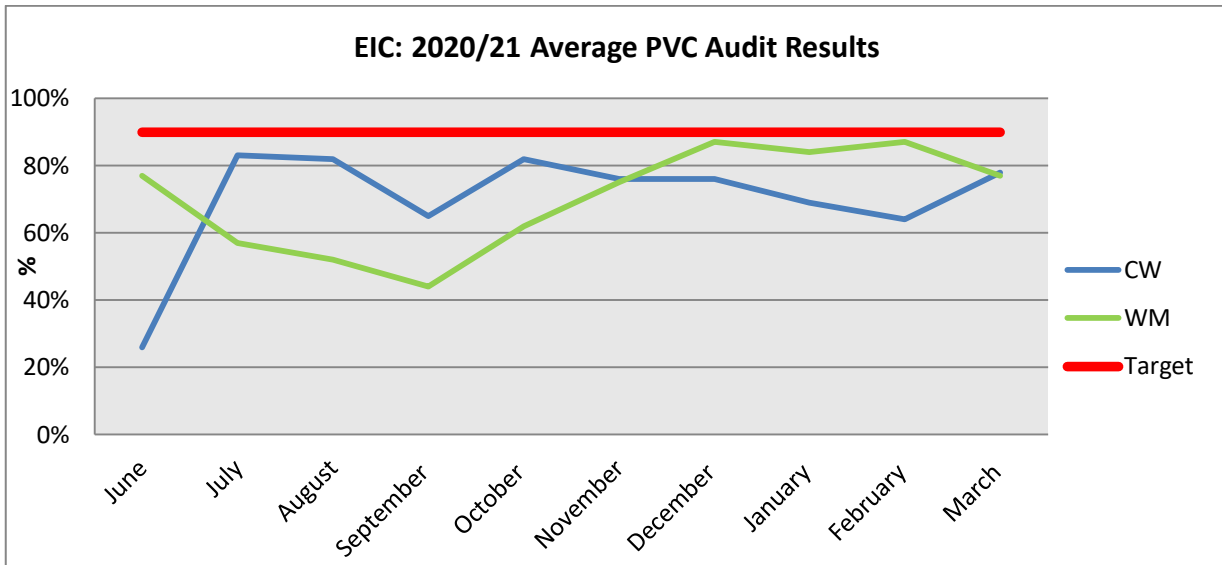


**Figure 23: Women’s and Children’s HIV, GUM and Private Patient’s (W&C, HIV, GUM, PP) division hand hygiene audit results 2020/21.**

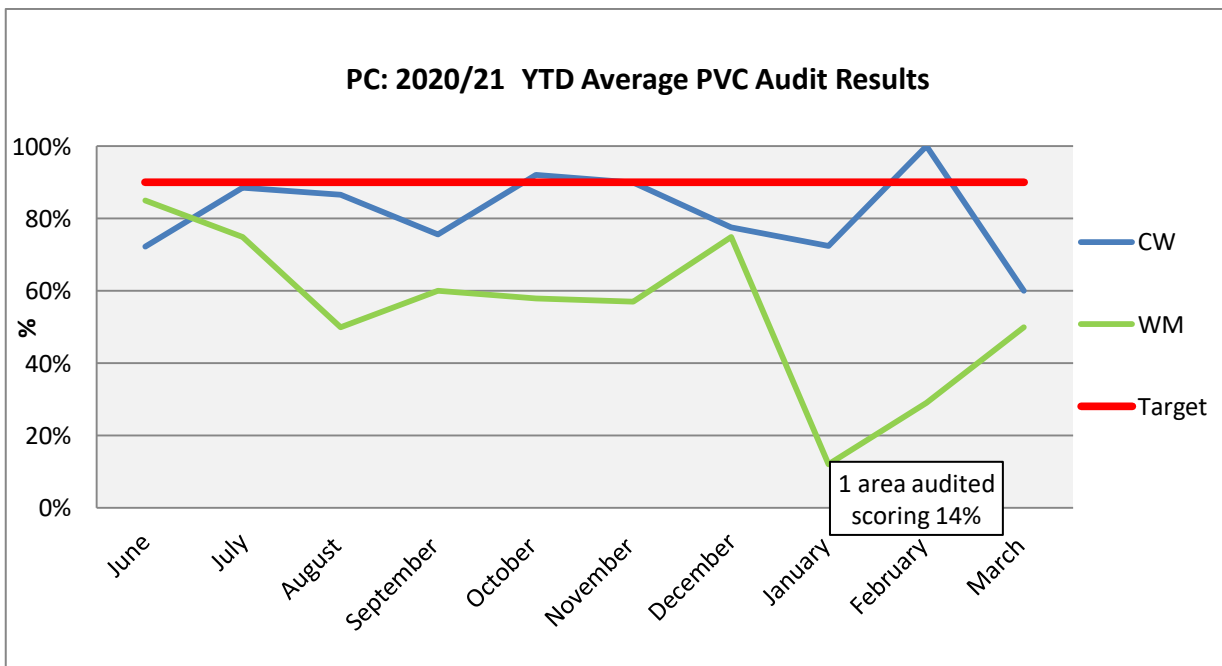


**Figure 24: Clinical Support (CS) division hand hygiene audit results 2020/21**

**Divisional Audit Results: High Impact Interventions:**



**Figure 25: Emergency and Integrated Care (EIC) 2020/21 Average PVC results per site**



**Figure 26: Planned Care (PC) 2020/21 Average PVC Results per Site**

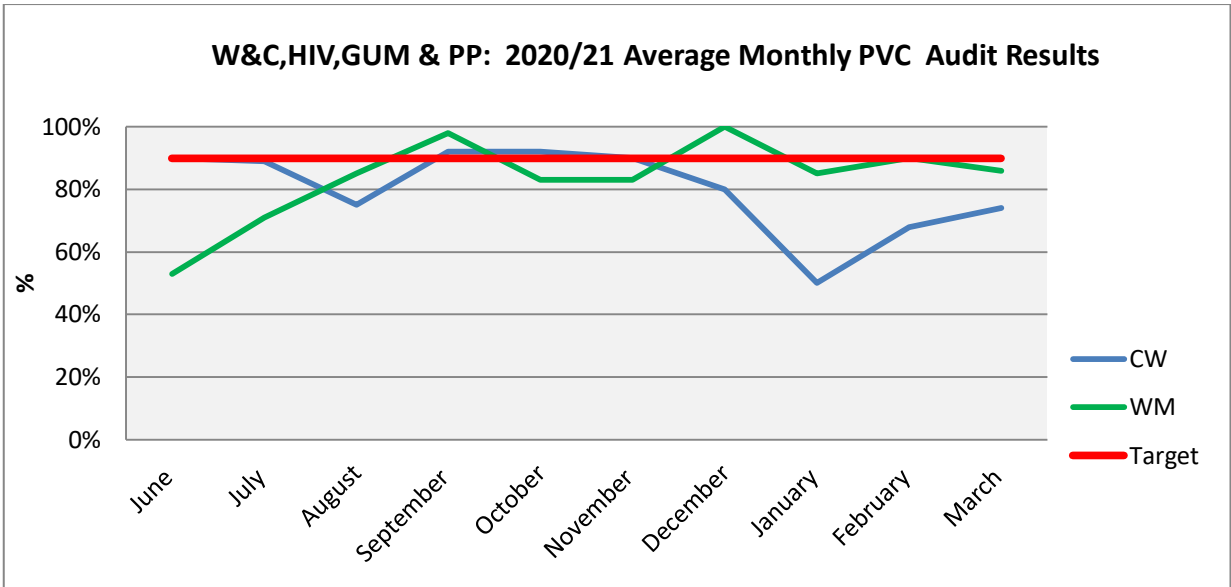


Figure 27: Women’s and Children’s, HIV, GUM & Private Patient’s Division, Average PVC audit results per site.

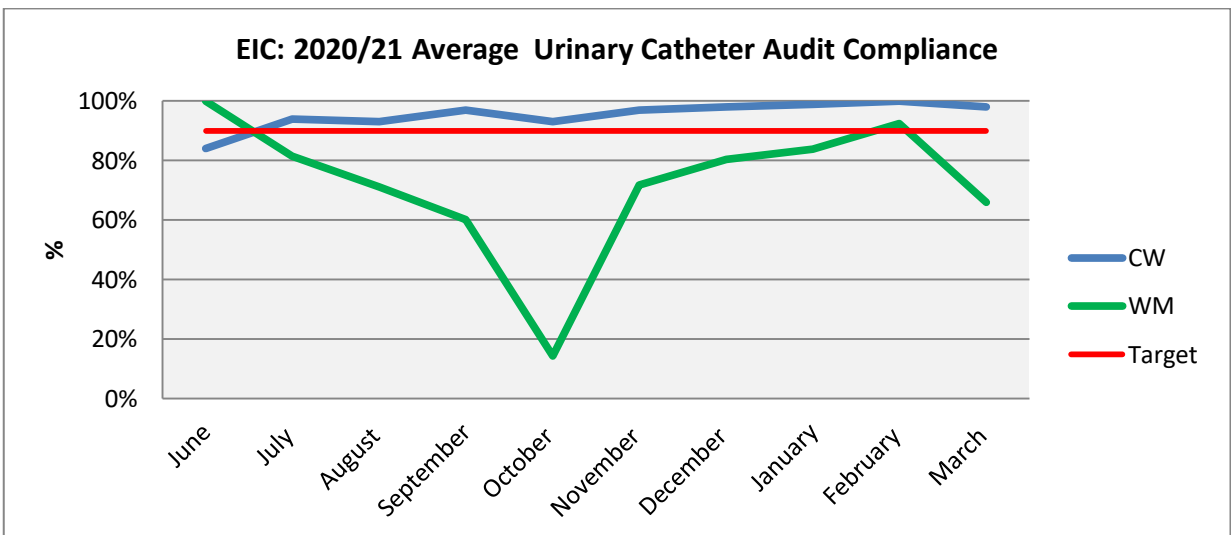
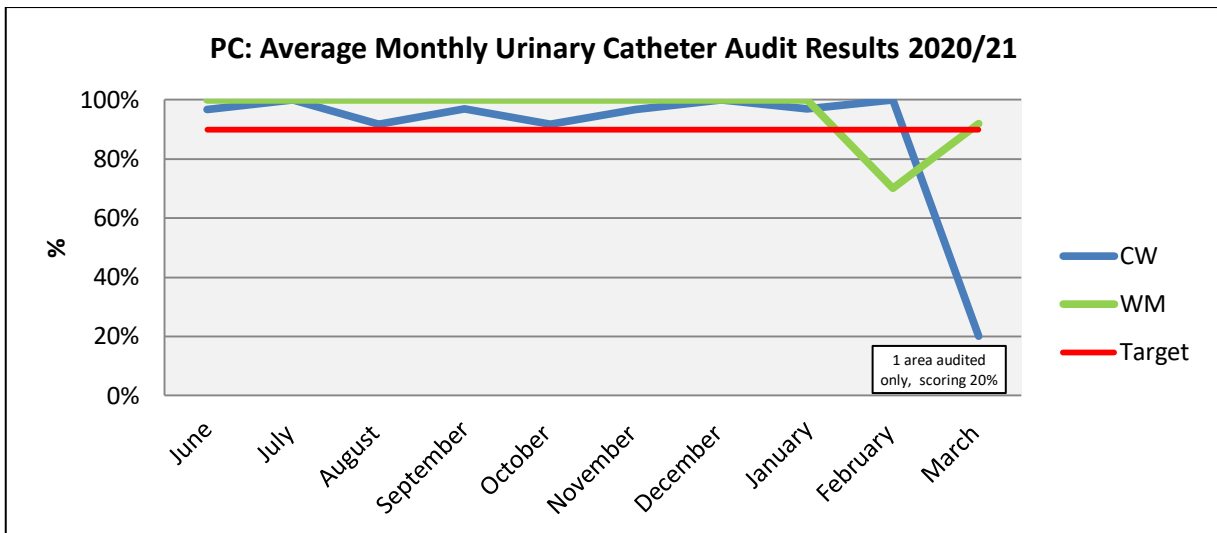
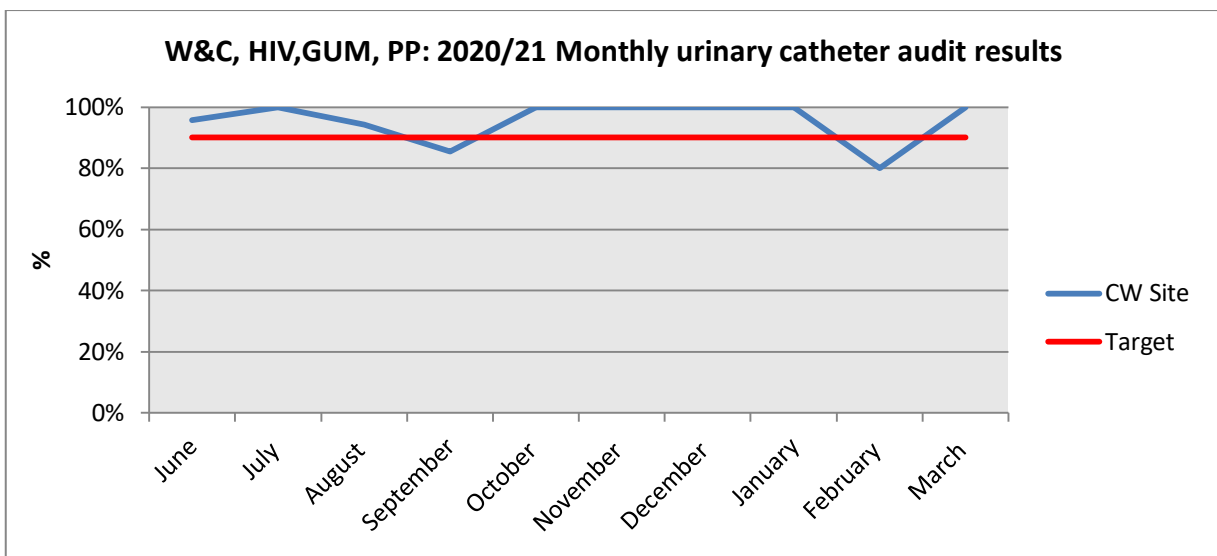


Figure 28: Emergency and Integrated Care Division, Average Urinary Catheter Audit results per site.



**Figure 29: Planned Care Division Urinary Catheter Audit Results 2020/21 per Site**



**Figure 30: Women’s and Children’s, HIV, GUM & Private Patient’s Division, Average Urinary Catheter audit results.**



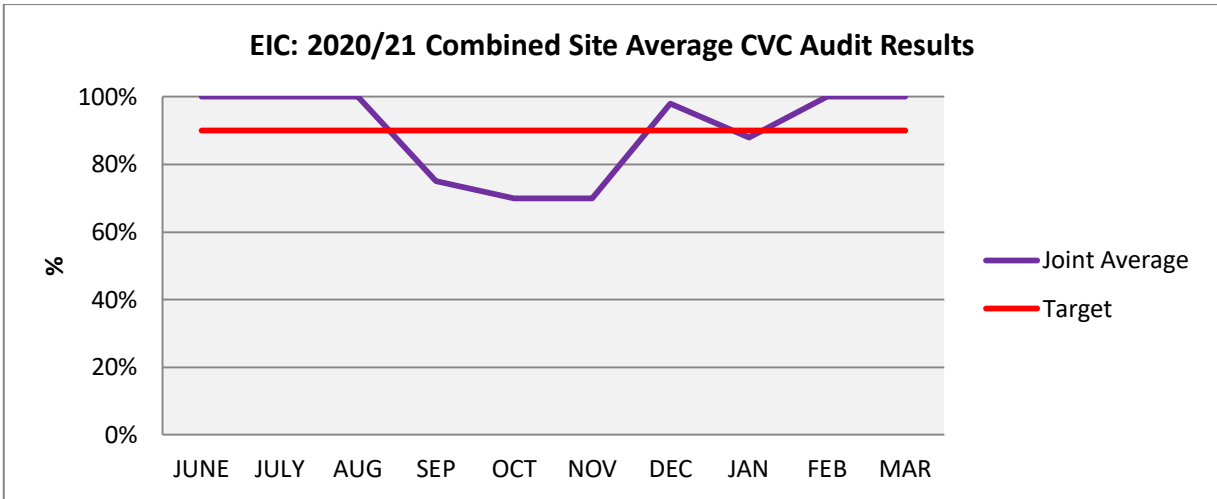


Figure 31: Emergency and Integrated Care 2020/21 Joint Average CVC Results.

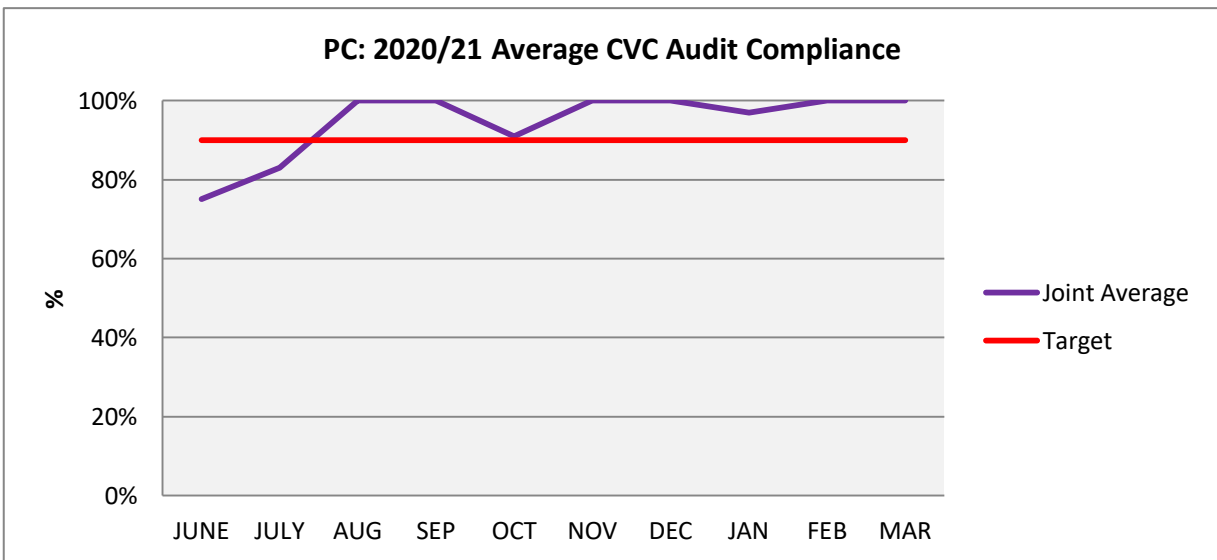


Figure 32: Planned Care division 2020/21 Joint Average CVC Audit Compliance

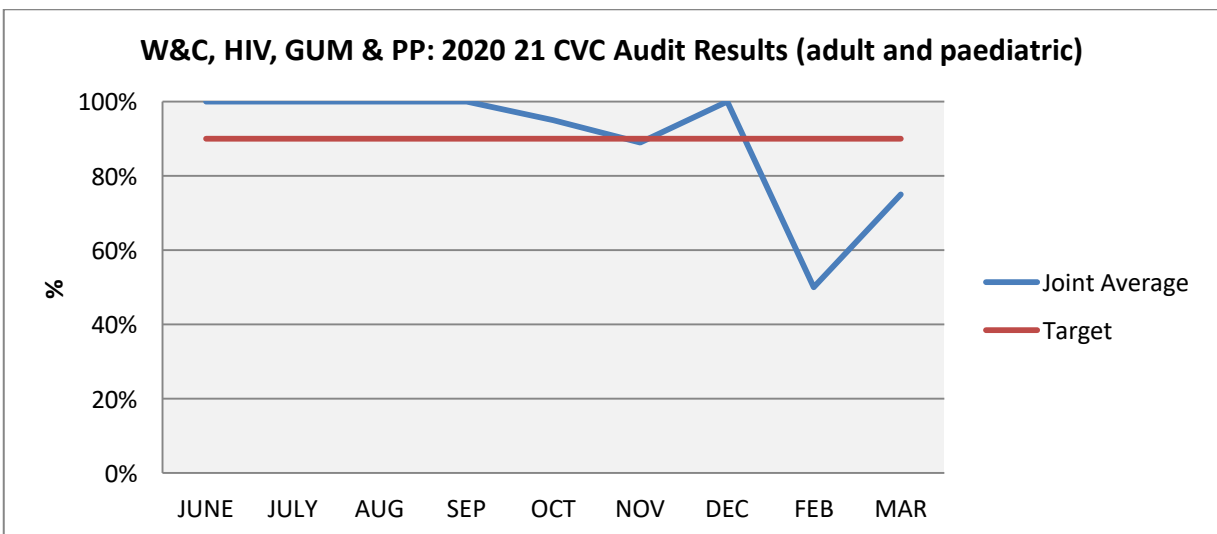
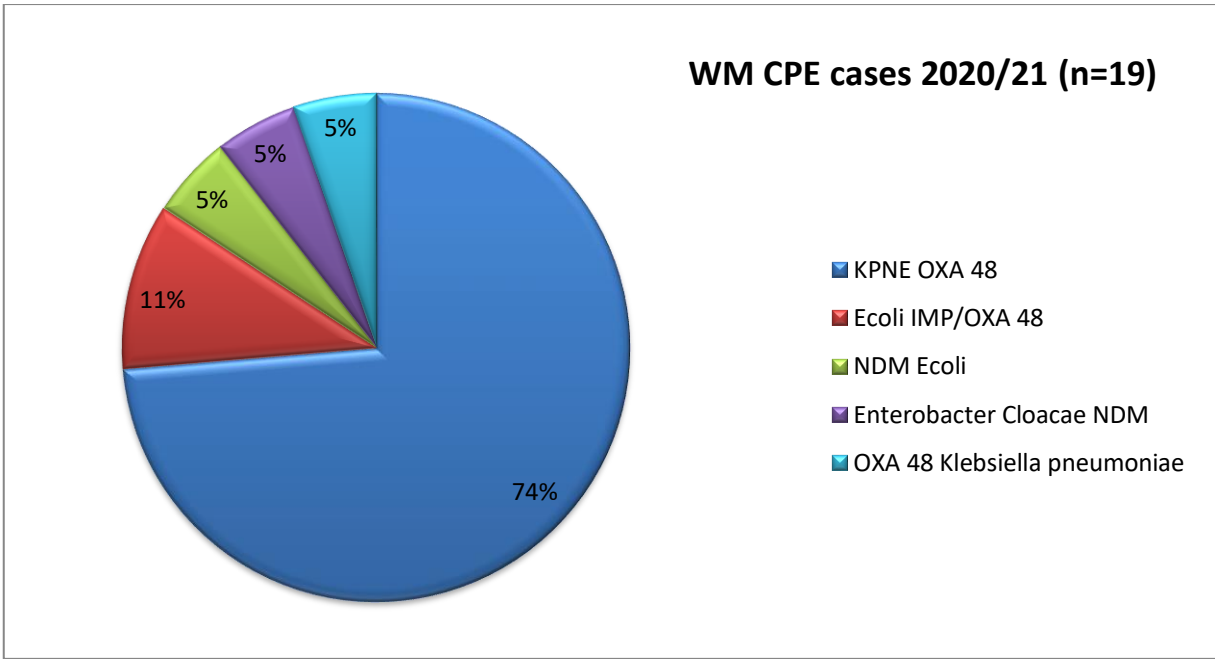
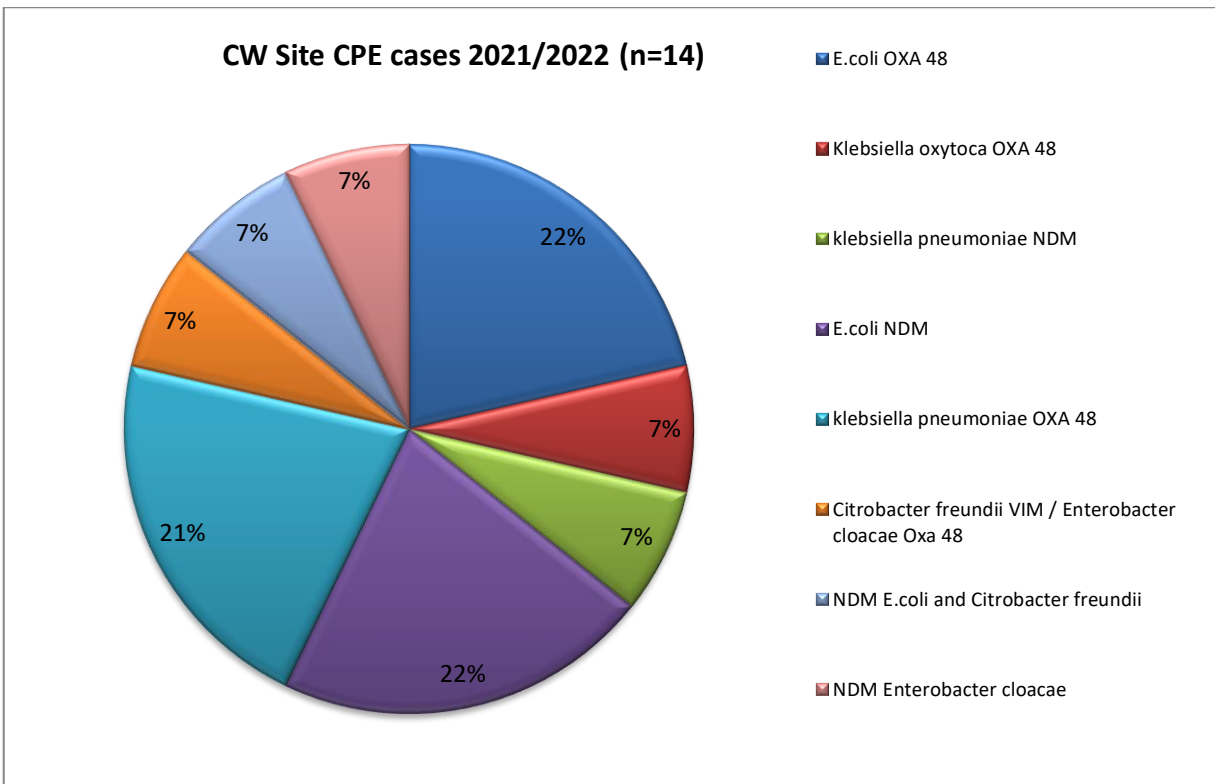


Figure 33: Women's and Children's, HIV, GUM & Private Patient's Division, 2020/21 Joint Average CVC Audit Compliance, adult and paediatric audit.



**Figure 34: WM Carbapenemase-Producing Enterobacteriaceae (CPE) Surveillance 2020/21**



**Figure 35: CW Carbapenemase-Producing Enterobacteriaceae (CPE) Surveillance 2020/21**

### Appendix 3 – August 2020 Trust attributed MRSA bacteraemia Case summary

#### HOSPITAL ONSET MRSA BLOODSTREAM INFECTION SUMMARY

<b>Ward/area:</b> Ron Johnson ward
<b>Date of incident:</b> 07/08/20

#### Incident Summary

The patient was admitted on the 1<sup>st</sup> August 2020 to Ron Johnson ward with pins and needles in his right arm and leg, having attended on advice from his GP. CT head showed indeterminate left perithalamic lacunar infarct, no acute intracranial haemorrhage which was confirmed on MRI. The patient was MRSA positive on admission from nose and groin. Co-morbidities included: Stage 4 chronic kidney disease; T2 DM with diabetic retinopathy.

On the 6<sup>th</sup> August 2020, the patient developed a pyrexia and a septic screen was conducted, *Proteus mirabilis* was isolated in urine and Stat dose doxycycline and IV Amoxicillin commenced for suspected LRTI were administered.

On the 7<sup>th</sup> August 2020, the patient continues to spike fevers, MRSA decolonisation was commenced but it was noted that the cannula site was erythematous + warm + tender to touch. A blood culture was taken which was MRSA positive.

The patient was discharged on the 12<sup>th</sup> August 2020 with follow up care in AEC for IV antibiotics. The patient made a full recovery.

IPC Audit Results		
Audit	July 2020	August 2020
Hand hygiene	75%	100%
PVC	80%	90%
UC	80%	100%
CVC	NA	100%

Well managed	Lesson learned
Patient was screened on admission as per Trust policy.	Delay in decolonisation.
Patient was isolated throughout their admission.	
Appropriate septic screens	
Appropriate antibiotics.	

## **MRSA Blood Stream Infection Summary Report 2020/2021**

### **Chelsea and Westminster Hospital Intensive Care Unit**

#### **Background**

Treating and caring for people in a safe environment and protecting them from avoidable harm is of paramount importance and to achieve this, healthcare providers were set a challenge of demonstrating zero tolerance of *Meticillin Resistant Staphylococcus aureus* (MRSA) bloodstream infections (MRSA BSI). (NHSE, 2013).

During the financial year 2020/2021, 4 patients acquired a healthcare associated MRSA BSI in the Trust of which none were colonised with MRSA on admission. This is a marked increase on the previous year's infection rates of 1 healthcare associated MRSA BSI. Three of the MRSA BSI's were diagnosed on the Chelsea and Westminster (CW) hospital Adult Intensive Care Unit (ICU) in January and February 2021, an uncommon occurrence for the specialty as the last MRSA BSI on ICU occurred in 2013.

A root cause analysis (RCA) was carried out for each patient supported by both nursing and medical representatives from the ICU and Infection Prevention and Control (IPC) teams to identify contributing factors in order to prevent a similar occurrence. Lessons learned were identified and acted on.

The RCA process established a noteworthy relationship between the COVID-19 Pandemic and the rise in MRSA BSI's on ICU. This was due to a range of risk factors identified below.

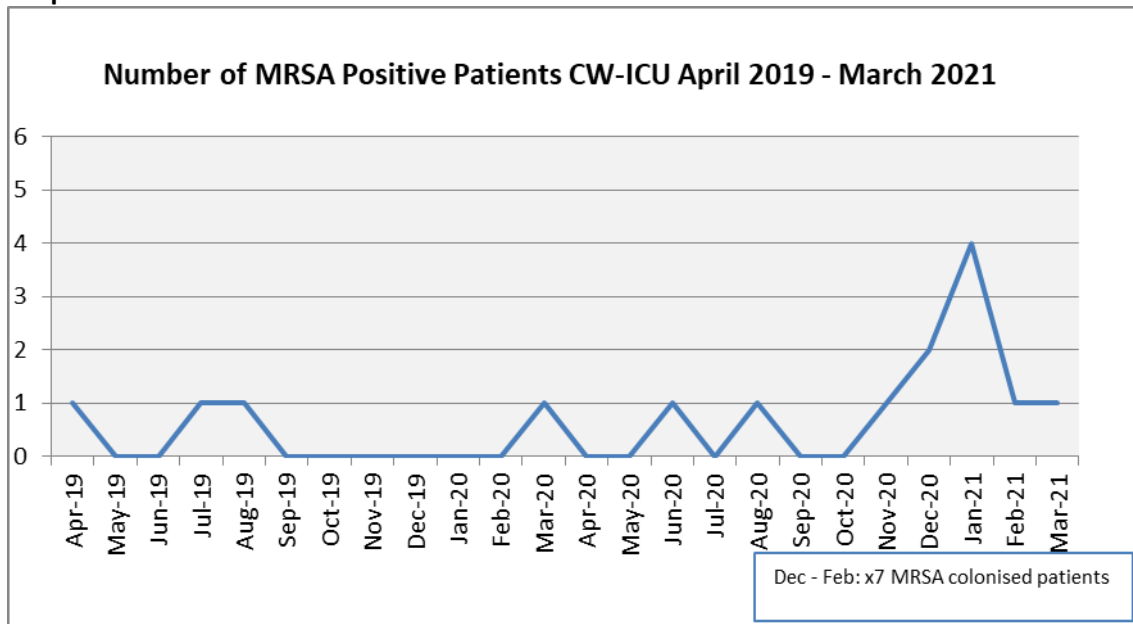
#### **Risk Factors for MRSA acquisition**

##### **1. Prevalence of MRSA on ICU**

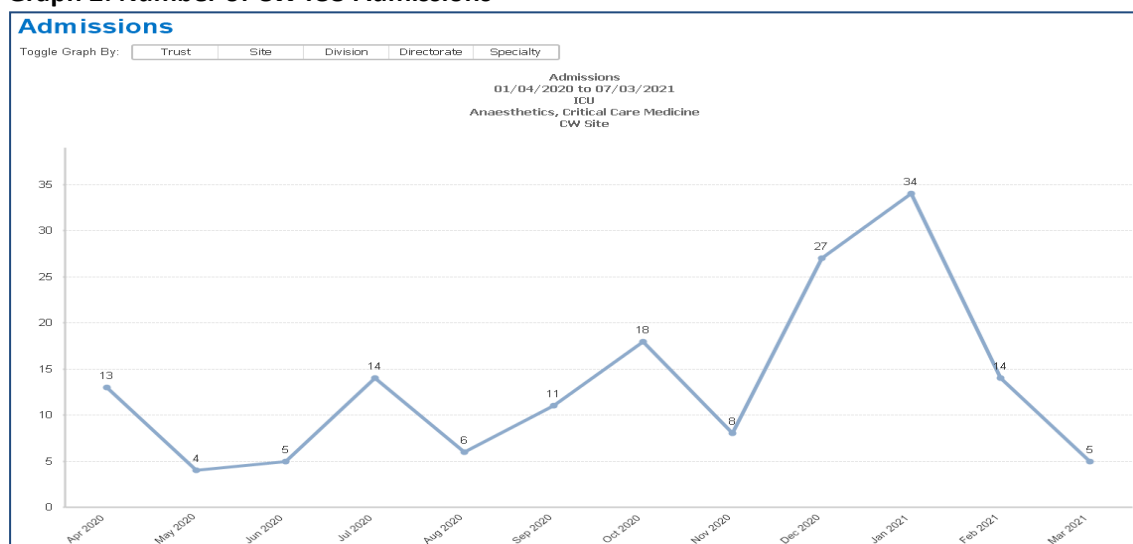
January 2021 saw a sharp increase in the number of admitted and transferred patients colonised with MRSA on ICU, in comparison to previous years (see Graph 1); with 7 MRSA patients on the unit simultaneously, all of which were long-stay. This correlated with an increase in ICU admissions which peaked in January 2021 (see Graph 2). It was noted that there was a delay in prescribing MRSA decolonization treatment once MRSA was detected in the first patient, however the third root cause analysis identified that this issue had been resolved.

All MRSA isolates were sent to Colindale for genetic typing to ascertain if there had been any cross-transmission and so far the genetic relatedness of 6 of the isolates suggests a transmission event or a point source outbreak. However, the genetic MLST 22; EMRSA-15 lineage identified, has been particularly recognised in healthcare settings and is a major source of healthcare associated infections.

**Graph 1: MRSA Positive Patients**



**Graph 2: Number of CW ICU Admissions**



## 2. ICU Environment

The rise in patients colonised and infected with MRSA occurred on the COVID-19 surge unit (St Mary Abbots ward (SMA)); which is not a purpose built ICU particularly in regards to space, but was a vital resource during the COVID-19 Pandemic. SMA was used as a 'red zone' for the placement of COVID-19 positive patients, and staff hence wore sessional Personal Protective Equipment (PPE). As aerosol generating procedures (AGP) were carried out across SMA, changing PPE between patients was challenging and staff had to leave the unit in order to do so.

## 3. Staffing

During the Pandemic a temporary nursing model replaced the ICU nursing model and the footfall of staff through SMA was at a maximum in January with extra nursing and clinical support provided from other wards and departments.

Proning teams were deployed during the second wave. Proning is beneficial in comprised ventilated COVID-19 patients leading to improved breathing and oxygenation however it takes a team of at least four trained clinicians to safely reposition a patient; a labor intensive task that requires direct contact with patients. During the peak of the Pandemic it was reported that proning teams did not have the time to change long-sleeved gowns between patients, increasing the possibility of cross-transmission.

#### 4. PPE, Hand Hygiene and IPC Audits

PHE (2020) recommend that healthcare workers use single-use full body gowns (long-sleeved) when undertaking aerosol generating procedures on COVID-19 positive patients. SMA is an open unit where intubated patients are not isolated, meaning staff have to continuously wear long-sleeved gowns to protect them from the risk of uniform contamination and infection. The continuous use of long-sleeved gowns was perceived by staff as a barrier to hand hygiene compliance.

Throughout the Pandemic it was reported that clinical staff working on SMA including proning teams, did not have the time to change long-sleeved gowns between patients due to the nature of ICU care required. During the first wave sessional/extended use of long-sleeved gowns was recommended (PHE, 2020) and although this guidance was revised to single use for the second wave, the RCA process established that it was difficult to change staff behavior and that this represented a cross infection risk.

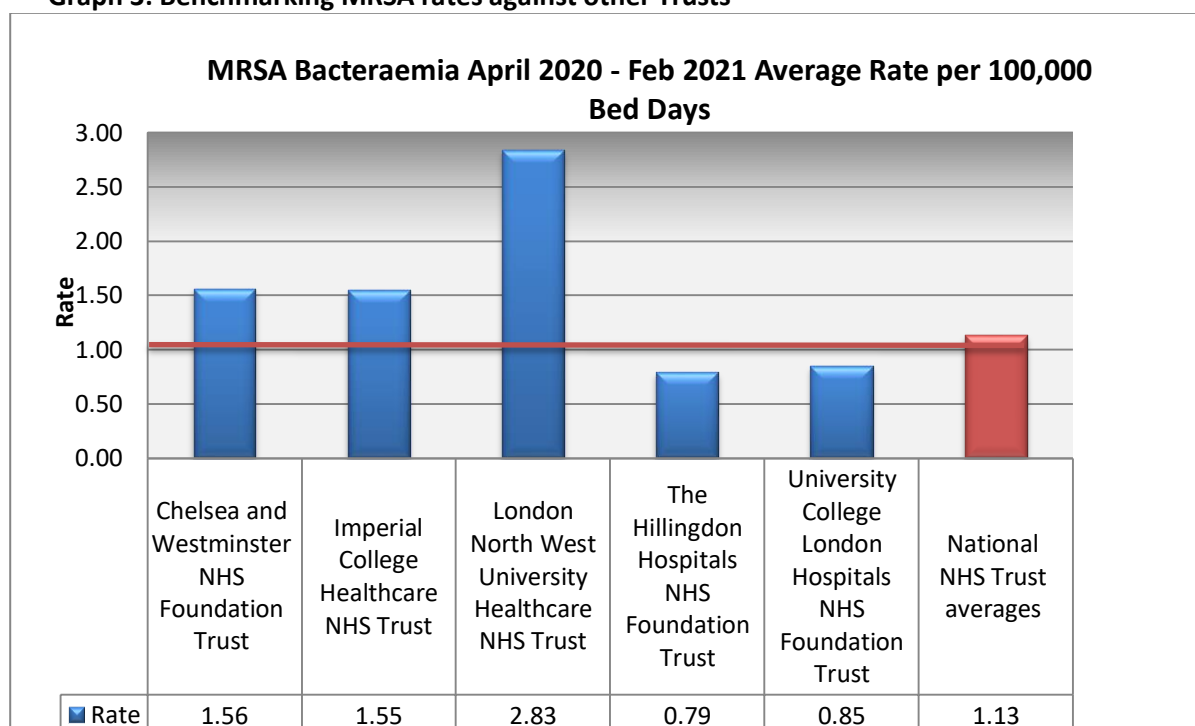
Hand hygiene and High Impact Intervention audits were suspended by the ICUs from December 2020 due to the high volumes of patients and redeployed staff working on the unit. It was challenging therefore to address poor practice, however the IPC team conducted a hand hygiene audit on the ICU 'green zone' where COVID-19 negative patients were placed and observed compliance with hand hygiene. The RCA hypothesised that this may be due to the infrequent use of long-sleeved gowns in green zones.

#### **Lessons learned and Recommendations:**

	<b>Recommendation</b>	<b>Lead</b>	<b>Due</b>
1.	PPE - Staff to change PPE between patients, including gowns if being used and avoid inappropriate glove use.  Gloves removed from the donning stations.	Leigh Paxton / Pauline Timms	Complete
2.	Increase communication with proning teams regarding present infections.  Education on line care to be added to the Proning team training sessions. Emphasis to be placed on not disconnecting lines.	Linsey Christie / Monica Popescu	Future sessions planned
3.	Prescribe MRSA decolonisation as soon as MRSA detected in a patient to reduce the risk of transmission and invasive infection.	ICU Consultants	Ongoing

4.	Single side-rooms should be used to isolate patients with MRSA in line with isolation policy.	Elaine Manderson	Ongoing
5.	Recommence the completion of IPC (High impact interventions including hand hygiene) audits from March 2021.	Elaine Manderson	Ongoing
6.	Review if additional ICU staff need training on how to complete IPC audits to enable audits to continue to be completed in staff absence.	Jane Callaway	Complete
7.	Benchmark MRSA BSI rates against other organisations.	Jane Callaway	Complete See Graph 3
8.	Increased focus on intravenous line care and line insertion, ensuring clinical practice/observations are well documented and in line with local standard operating procedures and guidance. Quality Improvement project on both ICUs' to focus on line care.	Emma Long & Leigh Paxton / Paul Fernandez and Pauline Timms	End June 2021

**Graph 3: Benchmarking MRSA rates against other Trusts**



#### Appendix 4: COVID-19 Outbreak Summary Table

No.	Site	Ward	Date Outbreak Identified	Date first +VE case	Date last +VE case	Total no. of +VE patients
<b>October</b>						
1	CW	Rainsford Mowlem	20/10/2020	14/10/2020	30/10/2020	15
2	WM	SYON 2	16/10/2020	02/10/2020	01/11/2020	19
<b>November</b>						
3	CW	Rainsford Mowlem	23/11/2020	09/11/2020	21/11/2020	19
4	CW	Nell Gwynne	27/11/2020	20/11/2020	07/12/2020	9
5	WM	Syon 1	26/11/2020	20/11/2020	02/12/2020	11
6	WM	Syon 2	28/11/2020	26/11/2020	04/12/2020	4
7	WM	Marble Hill 2	05/12/2020	03/12/2020	12/12/2020	21
<b>December</b>						
8	CW	Rainsford Mowlem	23/12/2020	15/12/2020	27/12/2020	9
9	CW	Nell Gwynne	18/12/2020	16/12/2020	28/01/2021	17
10	WM	Syon 2	22/12/2020	22/12/2020	28/12/2020	9
11	WM	Marble Hill 1	15/12/2020	09/12/2020	21/12/2020	10
12	WM	Syon 1	28/12/2020	25/12/2020	18/02/2021	80
13	WM	Marble Hill 2	05/12/2020	03/12/2020	21/12/2020	21
14	WM	Osterley 1	31/12/2020	29/12/2020	03/03/2021	60
15	WM	Osterley 2	31/12/2020	29/12/2020	11/01/2021	28
<b>January</b>						
16	CW	David Erskine	11/01/2021	07/01/2021	23/01/2021	6
17	CW	SCBU	06/01/2021	29/12/2020	05/01/2021	2
<b>February</b>						
18	CW	David Evans	16/02/2021	12/02/2021	15/02/2021	2
19	WM	Marble Hill1	19/02/2021	17/02/2021	10/03/2021	12
<b>March</b>						
20	WM	Osterley 2	24/03/2021	18/03/2021	01/04/2021	4



## Appendix 5: Covid-19 Outbreaks – Lessons Learnt

### Lessons Learnt from COVID-19 Outbreaks 2020-2021

- Emergency aerosol generating procedures (AGPs) conducted in an open bay requires an infectious clean of both the environment and emergency equipment used.
- AGPs carried out on all patient pathways must be considered high risk when the prevalence of COVID-19 is high. This requires such patients to be isolated in a single side-room and high risk pathway personal protective equipment to be worn by staff.
- Non-compliance with glove use, hand hygiene and bare below the elbows was a recurring theme.
- Restrict visitors on outbreak wards.
- Transfer COVID-19 positive patients to COVID managed wards as soon as identified.
- The requirement for a process to ensure all patients are tested routinely (day 0, 3, 7 and weekly thereafter).
- To PCR test staff in outbreak situations in addition to LFT.
- To consider testing all patients on a ward after initial cluster identified in a bay.
- Isolate patient contacts in isolation rooms rather than cohorting in bays; cohorting patients led to further exposure to COVID-19.
- Ensure lessons learnt are disseminated to staff.

## Appendix 6: Overarching IPC Objectives 2021 - 2022

<b>Overarching IPC Objectives 2021 - 2022</b>	
Objective	Rationale
Work with the CCG and local health and social care organisations to reduce Gram negative bloodstream infections.	The Government has an ambition to halve healthcare associated Gram negative blood stream infections by delivering a 25% reduction by 2021 – 2022 with the full 50% reduction by 2023 – 2024.
Continue to provide assurance that the Trust complies with the criteria in the Code of Practice for the control of infection and related guidance (2015)	The Code of Practice sets out the 10 criteria against which the Trust will be judged on how it complies with the registration requirements related to infection prevention by the Care Quality Commission.
Continue to harmonise IPC policies, procedures and documentation across the organisation.	Harmonisation of policies, procedures and documentation will ensure a standardised approach to IPC cross the organisation.
Continue to monitor multi-drug resistant micro-organisms and ensure processes are in place to minimise their transmission.	The increase in antimicrobial resistance is recognised both nationally and internationally as a major threat to public health.
Actively contribute work related to the CQUIN on antimicrobial stewardship in relation to lower urinary tract infections in older people and surgical prophylaxis in patients >18 years undergoing elective colorectal surgery.	Antimicrobial stewardship is an important element of the strategy to minimise the development of antimicrobial resistance.
Actively contribute to the COVID-19 pandemic response and recovery plan.	Supporting clinical and non-clinical services during the acute COVID-19 phase and continuing to play a proactive role in the recovery and re-set phase supporting all Trust departments in their re-configuration to ensure the safety of their patients and staff.



**PUBLIC SESSION**

**Board of Directors Meeting, 8 July 2021**

<b>AGENDA ITEM NO.</b>	3.4/Jul/21
<b>REPORT NAME</b>	People Performance Report – May 2021
<b>AUTHOR</b>	Karen Adewoyin, Deputy Director of People and OD
<b>LEAD</b>	Sue Smith, Interim Director of HR & OD
<b>PURPOSE</b>	The People and OD Committee KPI Dashboard highlight’s current KPIs and trends in workforce related metrics at the Trust.
<b>REPORT HISTORY</b>	Workforce Development Committee and People and OD Committee were not held in June; therefore the documents have been circulated via e-governance.
<b>SUMMARY OF REPORT</b>	<p>The dashboard is to provide assurance of workforce activity across eight key performance indicator domains;</p> <ul style="list-style-type: none"> <li>• Workforce information – establishment and staff numbers</li> <li>• HR Indicators – Sickness and turnover</li> <li>• Employee relations – levels of employee relations activity</li> <li>• Temporary staffing usage – number of bank and agency shifts filled</li> <li>• Vacancy – number of vacant post and use of budgeted WTE</li> <li>• Recruitment Activity – volume of activity, statutory checks and time taken</li> <li>• PDRs – appraisals completed</li> <li>• Core Training Compliance</li> <li>• Volunteering</li> </ul> <p>It also includes an update on the key work streams for Workforce and progress made during the month up to end May 2021.</p>
<b>KEY RISKS ASSOCIATED</b>	The majority of KPI’s have started to return to pre-COVID-19 levels
<b>FINANCIAL IMPLICATIONS</b>	Costs associated with turnover and sickness and the impact on staff of COVID-19
<b>QUALITY IMPLICATIONS</b>	Risks associated workforce shortage and instability and the impact on staff of the pandemic.
<b>EQUALITY &amp; DIVERSITY</b>	The performance report highlights some specific concerns in relation to equality, specifically the disproportionate impact of BAME staff in the disciplinary process

<b>IMPLICATIONS</b>	and also the low numbers of BAME staff raising concerns of B&H given the staff survey results.
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Be the employer of choice</li> </ul>
<b>DECISION/ ACTION</b>	For information.



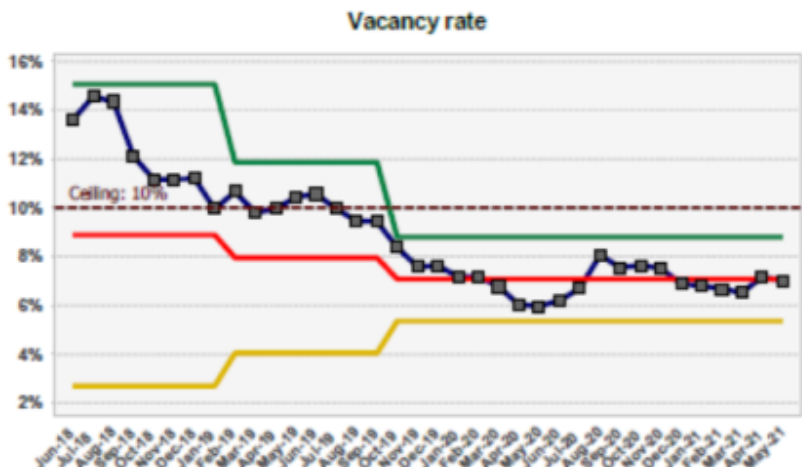
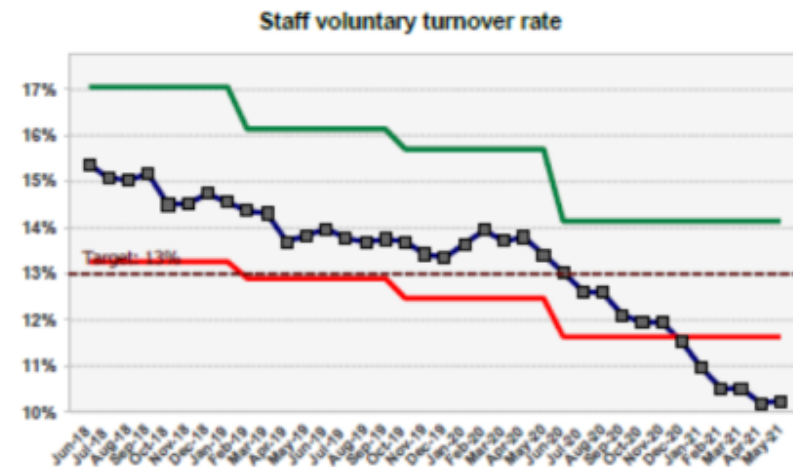
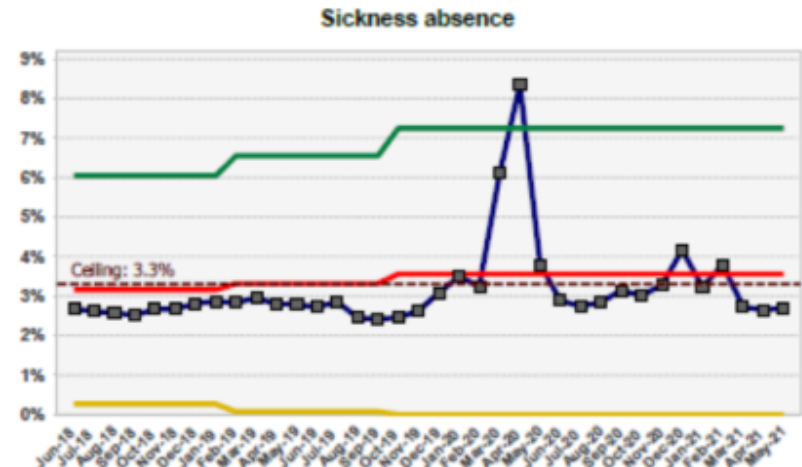
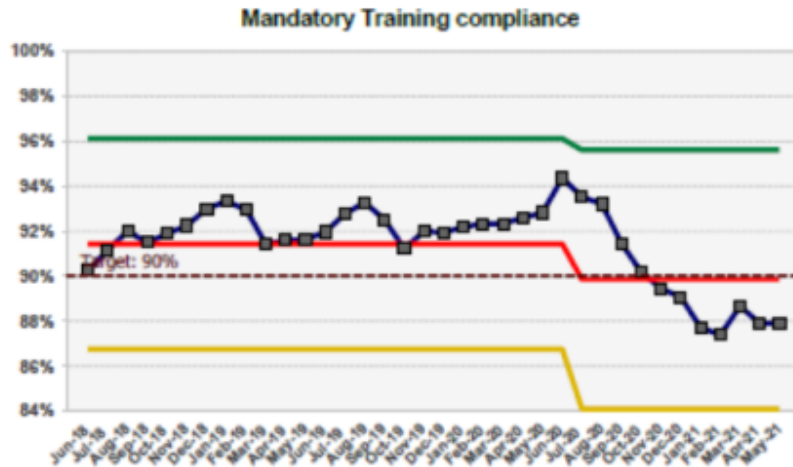
# Workforce Performance Report to the People and Organisational Development Committee

**Month 02 – May 2021**

# Statistical Process Control – Jun 2018 to May 2021



## WORKFORCE INDICATORS Statistical Process Control Charts for the last 36 months



# People and Organisational Development Workforce Performance Report May 2021

## Key Performance Indicators

Item	Units	This Month Last Year	Last Month	This Month	Target / Ceiling	RAG Status			Trend
						Red	Amber	Green	
<b>1. Workforce Information</b>									
1.1 Establishment	No.	6333.84	6,474.38	6,465.28					↓
1.2 Whole time equivalent	No.	5952.07	6011.07	6011.42					↑
1.3 Headcount	No.	6436	6490	6499					↑
1.5 Overpayments (Number)	No.	27	26	31					↑
1.4 Overpayments (Costs)	£	69,544.74	43,273.43	81,714.36					↑
<b>2. HR Indicators</b>									
2.1 Sickness absence	%	8.31%	2.64%	2.69%	<3.3%			Green	↑
2.2 Long Term Sickness absence	%	2.08%	1.28%	1.36%					↑
2.3 Short Term Sickness absence	%	6.23%	1.37%	1.33%					↓
2.4 Gross Turnover	%	17.93%	15.95%	15.66%	<17%			Green	↓
2.5 Voluntary Turnover	%	13.80%	10.19%	10.24%	<13%			Green	↑
<b>3. Employee Relations</b>									
3.1 Live Employment Relations Cases	No.	118	100	92					↓
3.2 Formal Warnings	No.	0	2	1					↓
3.3 Dismissals	No.	1	0	0					↔
<b>4. Temporary Staffing Usage</b>									
4.1 Total Temporary Staff Shifts Filled	No.	10882	14737	17780					↑
4.2 Bank Shifts Filled	No.	9640	14085	16780					↑
4.3 Agency Shifts Filled	No.	1242	652	1000					↑
<b>5. Vacancy</b>									
5.1 Trust Vacancy Rate	%	6.01%	7.16%	7.02%	<10%			Green	↓
5.2 Corporate	%	-2.60%	1.02%	2.39%	<10%			Green	↑
5.3 Clinical Support Services	%	8.94%	10.38%	10.35%	<10%		Amber		↓
5.4 Emergency & Integrated Care	%	8.29%	8.18%	8.42%	<10%			Green	↑
5.5 Planned Care	%	8.57%	4.41%	3.30%	<10%			Green	↓
5.6 Women's, Children and Sexual Health	%	3.44%	8.05%	7.50%	<10%			Green	↓
<b>6. Recruitment (Non-medical)</b>									
6.1 Offers Made	No.	73	113	156					↑
6.2 Pre-employment checks (days)	No.	29.9	16.8	18.9	<20			Green	↑
6.3 Time to recruit (weeks)	No.	10.96	7.70	8.30	<9			Green	↑
<b>7. PDRs Undertaken (AFC Staff over 12 months)</b>									
7.1 Trust PDRs Rate (AFC Staff)	%	84.42%	89.91%	85.90%	≥90%		Amber		↓
7.2 Corporate	%	82.66%	86.00%	83.30%	≥90%		Amber		↓
7.3 Clinical Support Services	%	79.08%	90.95%	84.46%	≥90%		Amber		↓
7.4 Emergency & Integrated Care	%	90.77%	92.99%	89.06%	≥90%		Amber		↓
7.5 Planned Care	%	89.43%	90.67%	88.64%	≥90%		Amber		↓
7.6 Women's, Children and Sexual Health	%	80.22%	87.65%	83.67%	≥90%		Amber		↓



May 2021 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE hours	Absence WTE hours	Episodes	Long Term (WTE hours)	% Long Term	Prev. Month	% +/-
Corporate	1.89%		19438.52	367.89	35	251.08	1.29%	1.66%	0.23%
Clinical Support	3.96%		30994.27	1226.47	174	745.07	2.40%	3.96%	0.00%
Emergency & Integrated Care	2.58%		50590.41	1305.82	254	555.77	1.10%	2.35%	0.24%
Planned Care	1.96%		33161.45	649.12	150	239.82	0.72%	1.93%	0.03%
Women's, Children and Sexual Health	2.82%		52144.88	1469.11	248	744.25	1.43%	2.97%	-0.15%
Trust	2.69%		186329.54	5018.40	861	2535.98	1.36%	2.64%	0.05%

May 2021 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Core Training Compliance Overall	88%	88%	<90%		↔
Theory Adult BLS	72%	71%	<90%		↓
Practical Adult BLS	73%	74%	<90%		↑
Conflict Resolution - Level 1	96%	96%	<90%		↔
Equality & Diversity	93%	93%	<90%		↔
Fire	87%	88%	<90%		↑
Health & Safety	93%	93%	<90%		↔
Infection Control (Hand Hygiene)	91%	92%	<90%		↑
Infection Control - Level 2	91%	91%	<95%		↔
Information Governance	89%	89%	<95%		↔
Moving & Handling - Level 1	89%	90%	<90%		↑
Moving & Handling - Level 2 Theory	84%	85%	<90%		↑
Moving & Handling - Level 2 Patient	72%	75%	<90%		↑
Safeguarding Adults Level 1	91%	91%	<90%		↔
Safeguarding Adults Level 2	89%	88%	<90%		↓
Safeguarding Adults Level 3	86%	86%	<90%		↔
Safeguarding Children Level 1	93%	93%	<90%		↔
Safeguarding Children Level 2	91%	91%	<90%		↔
Safeguarding Children Level 3	86%	84%	<90%		↓

May 2021 Employee Relations Activity

Category	Metric	Number / %
No of Disciplinary cases opened in month	Number	1
No of current, live disciplinary cases	Number	6
Average length of current disciplinary cases	Days <60	45
Average length of disciplinary investigation	Days <30	39
Total Disciplinary cases opened in year (from April 21)	Number	3
% BAME Disciplinary Cases in year	%	66%
% BAME Disciplinary Cases in month	%	0%
No of current, live MHPS cases	Number	2
Average length of current MHPS cases	Days <60	148
Average length of MHPS investigation	Days <30	106
% BAME - current MHPS Cases	%	66%
Exclusions - No. of live in month	Number	0
Grievance - No. of live cases in month	Number	4
Grievance - Average length of case	Days <60	58
Grievances - % that are BAME	%	0%
B&H cases - included in grievance numbers	Number	4
Sickness - No. of cases in month	Number	70
Long Term - sickness cases in month	Number	49
Short Term - sickness cases in month	Number	21
No. of Employment Tribunals (ET)	Number	8
Staff attending ER training sessions	Number	22
Staff attending ER training sessions	Number	22

May 2021 Vacancy / Bank and Agency Ratio on "Fill Rate"

Division	Budgeted WTE	Staff in Post (WTE)	Vacancy (WTE)	Bank Usage (WTE)	Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status
Corporate	643.37	628.02	15.35			653.21	-9.84	
Clinical Support	1117.45	1001.84	115.61			1094.41	23.04	
Emergency & Integrated Care	1777.28	1627.57	149.71			1767.83	9.45	
Planned Care	1105.35	1068.87	36.48			1125.34	-19.99	
Women's, Children and Sexual Health	1821.83	1685.12	136.71			1765.36	56.47	
TRUST	6465.28	6011.42	453.86			6406.14	59.14	

May 2021 Voluntary Turnover

Division	Turnover	Prev Month	% +/-
Corporate	10.57%	11.67%	-1.10%
Clinical Support	10.44%	9.87%	0.57%
Emergency & Integrated Care	13.20%	12.81%	0.38%
Planned Care	7.46%	7.25%	0.21%
Women's, Children and Sexual Health	8.90%	9.10%	-0.20%
TRUST	10.24%	10.19%	0.05%

Key to Sickness Figures

Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months (days x ave FTE)
Episodes = number of incidences of reported sickness
A Long Term Episode is greater than 27 days
**Total WTE Used Adjusted to account for staff currently on maternity leave & establishment adjustments





# People and Organisation Development Workforce Performance Report

## May 2021

### Establishment, Staff in Post and Vacancies:

The Trust currently employs 6499 people working a whole time equivalent of 6011. This equates to 63 wte more permanent members of staff than this time last year. There has been an reduction in the vacancy rate for May, 7.02% against the Trust ceiling of 10%.

### Temporary Staffing:

Our temporary staffing demand increased again in May, although it should be noted that this was impacted by the COVID19 vaccination programme's use of bank staff. Bank fill performance remains strong with a fill rate of 84% compared to just 5% agency (although agency did increase 1% compared from April). Our agency usage in the Medical and Dental staff group remains high, however at time of reporting, spend had fallen compared to April by 11%. The majority of agency spend was used to cover vacancy (45%) followed by additional demand (21%) and shifts booked to cover 'on call' (18%). Additionally, we have reached agreement to continue our relationship with Patchwork Health who provide the booking app and technology for our Doctors Bank shifts. This enables us to continue our partnership working across North West London on a number of collaborative projects, including the shared bank initiative.

### Core Training Compliance:

Overall compliance remained at 88% this month. The work undertaken to date has had a great impact, Practical M&H rising 3% since the end of last month and Adult BLS has seen a 1% increase. The L&D team are continuing with campaigns sending out email reminders and booking people on to sessions when spaces become available. Fire continues to be below 90% due to no longer being able to have drop in sessions. IG maintained at 89% (National Target 95%) the team will continue to send email reminders from the Head of IG, as the team found this has a great impact on staff completions. The Resus team are piloting a new method of training in the next months and hopefully this will allow the team to run more sessions and improve compliance. We have also been able to increase capacity by two in some rooms, 20 in the conference room at the West Mid site. This will allow us to start running Conflict Resolution Training that had to be suspended due to the pandemic.

### Sickness Absence:

The Trust's sickness rate is 2.69%, which is marginally higher than last month and lower than this time last year. Our sickness target of 3.3% has been breached six times during the last 32 months peaking in April '20 due to Covid-19. This compares favorably with peers and the Trust remains in the lower quartile on Model Hospital. The three most common reasons for sickness were Anxiety/depression/other, Chest & respiratory problems which include Covid-19 related absence and gastrointestinal. The top sickness reason for the number of days lost were anxiety and depression and Covid-19 related absence making up the highest reason for both number of episodes and days lost. The ER team have agreed a targeted approach with the division to review this and plan accordingly.

### Staff Turnover Rate: Voluntary:

Voluntary turnover remains low at 10.24% and is below the Trust target for the eleventh consecutive time and lowest it's been in recent years. The third highest reason for leaving (preceded by promotion and relocation) is work/life balance. The retention group has been focused on implementing the pulse survey monthly and the April results have been collated and will be presented through meetings during July along with feedback from the new joiner and leaver surveys and working on the Timewise accreditation programme to become a flexible employer. This has included holding a series of focus groups with key stakeholders to discuss flexible working in the Trust and development of a draft action plan which is to be agreed by the Trust for implementation.

### PDRs:

The PDR rate for May was 86% and July is the first month where all members of staff will only progress through the pay steps based on the PDR policy, which includes a positive PDR rating, all of mandatory training completed.



# People and Organisation Development Workforce Performance Report

## May 2021

### Diversity & Inclusion:

Key highlights in the last month included joining the Calibre leadership programme, a new programme for staff with a disability across the ICS, hosted by Imperial where the Trust has 2 places. The Disability Network has appointed its new Co-Chairs. The Trust has also been interviewing staff for the Leadership Ladder programme for our 2 places across the ICS. The Reciprocal Mentoring for Inclusion participants participated in the final celebratory event, and we are now working through continuation of the programme given successful feedback to take place in the Autumn. The Virtual Reality programme is being finalised, to agree the roll-out across the Trust. 4 Trust participants have started the Compassionate and Inclusive Leadership pilot programme.

### Leadership and Development:

The Management Fundamentals programme was launched in January 2019. Since it launched over 250 staff have attended a variety of the courses offered. The course with the highest attendance are Management vs Leadership, PDR and Time Management. To support the Health and Wellbeing agenda we have updated the programme to include a session on how to have a 'Wellbeing Conversation'. There have been various leadership and development support delivered locally, with many of the requests plugging the gap from the unavailability of the management fundamental programme during COVID. The Emerging Leaders programme cohort 17 have now commenced. The program has expanded to include a session from Public Health England, with a focus on health inequalities and how delegates could play a positive role in this. Stakeholder engagement for Talent and Succession Planning have concluded and a final report is being written. The report will formalise the organisation's trajectory for Talent Management and Succession Planning.

### Health and Wellbeing:

In June the Trust launched the Virgin Go Challenge (VP Go) and had continued promoting it in order to get staff involved in improving their physical wellbeing. The Trust offered free cycle events at WMUH in partnership with the London Cycling Campaign, providing free bicycle repairs and cycling advice. In June the H&W team continued to proactively support the health and wellbeing through the provision of counselling services, Vivup EAP support, PTS psychological support and the substantial national and regional offer. The H&W team hosted information stalls at both sites to promote the H&W offer to staff. During June a further 3 H&W Champions were trained; the monthly support sessions are continuing for MHFA's and H&W Champions with MHFA training planned for July. The Trust were also successful in winning CW+ funding to support a new menopause application to support women going through the menopause, Peppy, following feedback from the Women's Network and are actively involved in the London task and finish group to provide more support in this area.

### Apprenticeships:

The Trust Ofsted report is now published on the Ofsted website. The Prince of Wales and Secretary of State visited the Chelsea site to meet the Apprentices (both admin and clinical) recruited through the Prince's Trust. A Head of Apprenticeships working across Chelsea and Westminster, and Hillingdon, Trusts, has been appointed. The invitation to apply for the Register of Apprenticeship Training Provider (RoATP) is not expected until February 2022, at the earliest. The Trust will be applying to become a main provider once its invitation is received in order to deliver Apprenticeship Programmes to other organisations, primarily to NHS-Northwest London organisations, including Hillingdon Hospital. The Trust currently has 214 Apprentices; delivering 18 Non-Clinical Apprenticeship programmes to 90 staff members and 20 Clinical Apprenticeship programmes to 124 staff members. We have one apprentice who completed a business admin programme in June. We are currently conducting interviews with the University for the new Academic Year. We will be having 2 candidates in the pilot programme for Occupational Therapy Degree Apprenticeship at University of East London.



# People and Organisation Development Workforce Performance Report

## May 2021

### Transactional Plan:

The Time to Hire increased in May but is still below the Trust target. There will be continued focus around reducing recruitment lead times over the upcoming months whilst also exploring further automation of recruitment services and specifically improving candidate experience, following feedback from the new joiner surveys.

### Mass Vaccination Recruitment Programme

The mass vaccination programme continues at pace and the Trust now employs over 2000 additional staff to support the vaccination effort across NWL. The focus will now be on the Attracting Talent programme for which the HR Director for Chelsea is the SRO, to ensure that these staff plus the additional 1,500 staff in the pipeline are transitioned to employment across NWL where vacancies exist in the sector.

### Volunteers:

There were 171 active volunteers in May, contributing 2175 hours of volunteering across both sites. We are experiencing a decline in volunteering hours as volunteers return to their "normal" lives. This includes many young volunteers taking exams. Chelsea benefits from a population of older pre-Covid volunteers to make up for this decline. West Middlesex does not. The service is therefore recruiting across both sites over the coming weeks with around 50 new volunteers due to start over the summer. The roles are also changing away from Covid-response and towards recovery. The service is focusing on supplying volunteers to wards, growing the youth pathway, and engaging in new projects such as patient discharge.

### Organisational Change

The HR team continue to support an increasing number of organisational change programmes. Currently, there are 6 live consultations affecting just over 50 staff members.

### Employee Relations:

Disciplinary cases: The average length of investigation shows the time from when the investigation is started to when concluded (measured from when the report is sent to the commissioning manager). The target for this is 30 days and in May 2021 the average timeframe was just over target at 39 days. The second line shows an average length for the entire disciplinary process - the target for this is 60 days and in May 21 the average length of time for this process was 45 days. The KPI figures also include data on medical cases (those managed under MHPS). For these cases the same target timeframes have been applied; although it is noted that MHPS cases and investigations may take longer due to their complexity and staff group involved. The average timeframe for live MHPS cases in May 2021 was higher in comparison to non-medical cases at 106 days for the investigation process and 148 days for the overall process. These 2 cases have been impacted through delays due to absence. The KPIs also show the % of staff from a BAME background entering into a disciplinary process. This data is now provided for both non-medical and medical (MHPS) cases. The one new disciplinary case opened in May 21 involved a member of staff from a non-BAME background. A project to work with the RCN, paused due to Covid in 2020, will resume to support measures to reduce this figure. The ER team has recommenced the Employee Relations training for managers – running remote 'bite-size' sessions on key employee relations topics. In addition a session for clinical leaders on the MHPS process took place in June 21. Grievance cases were paused during the second Covid surge and subsequently the average timeframes did increase during this period. The ER team are supporting managers in concluding these cases and the average length of case has decreased from 75 days in March to 58 days in May 2021 (this is for the entire process). The ER team meets on a monthly basis with the FTSU guardian and the Divisional HRBPs to triangulate the data with concerns raised and with the staff survey data.





## Board of Directors Meeting, 8 Jul 2021

**PUBLIC SESSION**

<b>AGENDA ITEM NO.</b>	3.5/Jul/21
<b>REPORT NAME</b>	Digital Programme Update
<b>AUTHOR</b>	Bruno Botelho, Director of Digital Operations
<b>LEAD</b>	Rob Hodgkiss, Deputy Chief Executive/Chief Operating Officer Kevin Jarrold, Chief Information Officer
<b>PURPOSE</b>	The purpose of the paper is to provide the Trust Board with an update on the Cerner Electronic Patient Programme and other digital programmes.
<b>REPORT HISTORY</b>	Executive Management Board, 23 June 2021
<b>SUMMARY OF REPORT</b>	As attached.
<b>KEY RISKS ASSOCIATED</b>	The main risks associated with the implementation of a complex EPR solution have been addressed or mitigated.
<b>FINANCIAL IMPLICATIONS</b>	
<b>QUALITY IMPLICATIONS</b>	N/A
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	N/A
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"><li>• Deliver high quality patient centred care</li><li>• Be the employer of choice</li><li>• Delivering better care at lower cost</li></ul>
<b>DECISION/ ACTION</b>	For noting.

## Trust Board Update

## Digital Programme Update



# Digital Update (RH/KJ)

## » Cerner Programme

- » Clinical Functionalities cross site **Complete**
- » Order Comms at WestMidd – **Complete**
- » Plan to deploy Health Information Exchange in **July 2021** – for more information [click here](#)
- » No significant issues or risks requiring escalation

## Next Steps

- » Support THH and LNWUH Cerner Deployment as requested and continue to work on the quad domain governance
- » Continue to work on EPR Shared Domain optimisation between CWFT and ICHT with alignment to overall Trust / NWL ICS objectives / priorities



# Digital Update (RH/KJ)

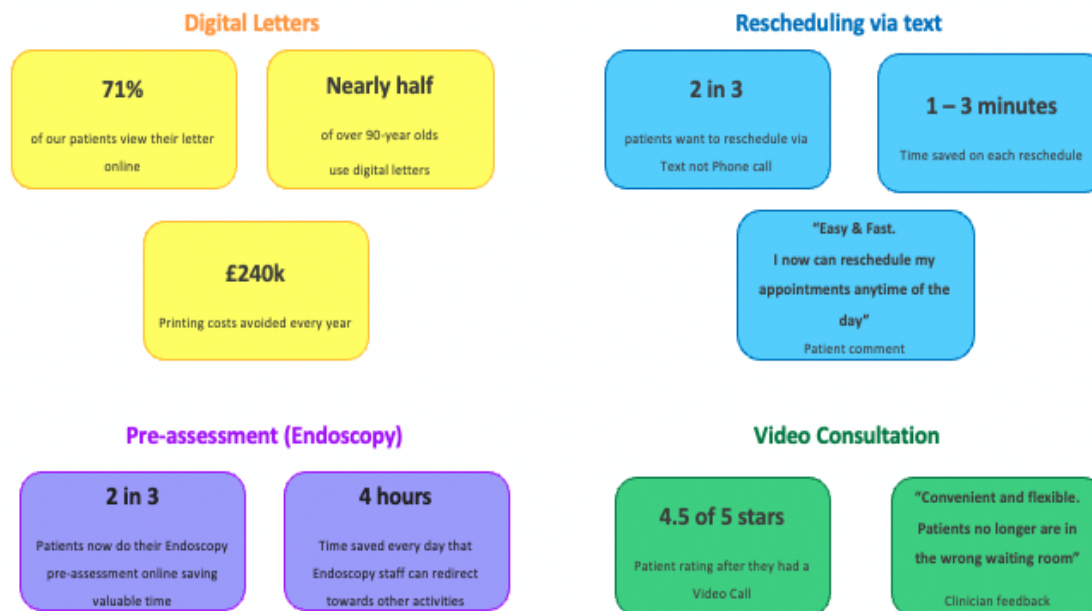
## Other Digital Projects

- DrDoctor continues to be well adopted by our patient population.

## What does DrDoctor do?

- Text reminders
- Patients can rebook/cancel follow-up appointment via text message
- Patient can access their letter online in an instant (Digital Letters)
- Video Consultations
- Automated questionnaires before appointments (e.g. Covid symptom checker/ endoscopy pre-assessment)
- Some patients with Long-Term conditions can directly book online (e.g. Heart Failure)
- Staff can see exactly what messages were sent to patients

## DrDoctor – did you know?



# Digital Update (RH/KJ)

## Other Digital Projects

- End to End Pathway Management progressing** from proof of concept **to trial** with clinical and non clinical teams. Project being led by Chelsea and Westminster Hospital and in collaboration with NHS Digital, Palantir, DrDoctor and ISLA

March 2021- The Proof of Concept

June 2021- Proof of Concept is LIVE as trial within CWFT

