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

Zoom Conference: https://zoom.us/j/7812894174; Meeting ID 7812894174ORDial in: +441314601196; Meeting ID: 781 289 4174#

9 September 2021 11:00 - 9 September 2021 13:15

INDEX

Board of Directors Meeting (PUBLIC SESSION)

Date: 9 September 2021
Time: 11:00 – 13:15
Location: Zoom Conference: https://zoom.us/j/7812894174; Meeting ID 7812894174
OR
Dial in: +441314601196; Meeting ID: 781 289 4174#

Agenda

	1.0	**GENERAL BUSINESS**		
11:00	1.1	Welcome and apologies for absence	Verbal	Interim Chairman
11:02	1.2	Declarations of Interest, including register of interests	Paper	Interim Chairman
11:05	1.3	Minutes of the previous meeting held on 8 July 2021	Paper	Interim Chairman
11:10	1.4	Matters arising and Board action log, including e-governance	Paper	Interim Chairman
11:15	1.5	Interim Chair's Report	Paper	Interim Chairman
11:20	1.6	Chief Executive's Report	Paper	Chief Executive Officer
11:30	1.7	Patient / Staff Experience Story	Verbal	Chief Nursing Officer
	2.0	**FOR DISCUSSION**		
11:50	2.1	Elective Care Recovery update	Paper	Deputy Chief Executive / Chief Operating Officer
12:00	2.2	Medical Revalidation Annual Report – for approval	Paper	Chief Medical Officer
12:10	2.3	Trust Seasonal Influenza Plan – for approval	Paper	Chief Nursing Officer
12:20	2.4	Improvement Programme update and 2021/22 Quality Priorities	Paper	Chief Nursing Officer
12:30	2.5	Integrated Performance & Quality Report including: Winter preparedness	Paper	Deputy Chief Executive / Chief Operating Officer
	3.0	**FOR NOTING – HIGHLIGHTS BY EXCEPTION**		
12:40	3.1	Learning from Serious Incidents	Paper	Chief Nursing Officer
	3.2	Safe Staffing annual report	Paper	Chief Nursing Officer
	3.3	Mortality Surveillance Report Q1	Paper	Chief Medical Officer
	3.4	People Performance Report	Paper	Interim Director of HR & OD
	3.5	Digital Programme update	Paper	Chief Information Officer
	4.0	**ITEMS FOR INFORMATION**		

13.00	4.1	Questions from members of the public	Verbal	Interim Chairman
13.10	4.2	Any other business	Verbal	Interim Chairman
13.15	4.3	Date of next meeting: 4 November 2021; 11.00 – 13.30.		

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	1.2/Sept/2021
REPORT NAME	Trust Board of Directors Register of Interests – September 2021
AUTHOR	Dawn Clift, Interim Director of Corporate Governance and Compliance
LEAD	Stephen Gill, Interim Chair
PURPOSE	To present the Board of Directors Register of Interests as at September 2021 and to seek assurance that this is reflective of all actual or potential interests of Board members.
REPORT HISTORY	The Board of Directors Register of Interests in presented on an annual basis or as and when any new interests are declared.
SUMMARY OF REPORT	• High standards of corporate and personal conduct are an essential component of public service. We have a duty to ensure that all of our business is conducted to the highest standards of probity • In accordance with the NHS Code of Conduct: Conduct of Accountability in the NHS, our Constitution, our Standing Orders, the Foundation Trust Code of Governance and our Policy on Declarations of Interest, Trust Board members are required to declare any interests that they hold. Such interests are to be held on a Register which is reviewed at least by the Trust Board in public and is published on our Trust Website. • The attached Register of Interests has been updated to incorporate the interim appointment of Dawn Clift as Interim Director of Corporate Governance and Compliance (non-voting role) and the disclosure of her role as a panel member of the Serious Incident Review Accreditation Network of the Royal College of Psychiatrists. This is not deemed to pose an acute or potential conflict of interest in the business of our Trust.
KEY RISKS ASSOCIATED	The failure of Board members to declare interests for inclusion on the register would constitute a breach of our constitution and the NHS Code of Governance
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None

EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	• For approval by the Trust Board of Directors as an accurate record of current interests • For publication on the Trust Website

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust
Register of Interests of Board of Directors - September 2021

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	
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	2019	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	2014	Ongoing	The organisation showcases and delivers arts programmes to communities in West London
		Partner employee of Notting Hill Housing Trust	2013	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	2015	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 cardiologist at Luton and Dunstable hospital	01/04/2018	Ongoing	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of Travill construction	01/04/2018	Ongoing	
		NWL ICS Interim Chief Executive Officer	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	Interim Lead Chief Operating Officer for NWL ICS	Feb 2020	Ongoing	
		Senior Responsible Officer for NWL Elective Care	Feb 2021	Ongoing	
Pippa Nightingale	Chief Nursing Officer	Trustee of Rennie Grove Hospice	2017	Ongoing	No direct conflict of interest.
		NWL ICS Interim 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	
Dawn Clift	Interim Director of Corporate Governance and Compliance (August 2021)	Panel member of the Serious Incident Accreditation Panel of the Royal College of Psychiatrists	2020	Ongoing	No actual or potential conflict

DRAFT
Minutes of the Board of Directors (Public Session)
Held at 11.00am on 8 July 2021, Zoom

Present:	Stephen Gill	Chair (Interim)	(SG)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Deputy Chair	(NG)
	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)
In attendance:	Kevin Jarrold	Chief Information Officer	(KJ)
	Sue Smith	Interim Director of HR & OD	(SSm)
	Chris Chaney	Chief Executive Officer CW+	(CC)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)
Apologies	Eliza Hermann	Senior Independent Director	(EH)
	Gubby Ayida	Equality, Diversity and Inclusion Specialist Advisor to Board	(GA)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Serena Stirling	Director of Corporate Governance & Compliance	(SS)

1.0	GENERAL BUSINESS
1.1	**Welcome and apologies for absence** 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.
1.2	**Declarations of Interest** None.
1.3	**Minutes of the previous meeting held on 6 May 2021** The minutes of the previous meeting were approved as a true and accurate record of the meeting.
1.4	**Matters Arising and Board Action Log** The Board noted the action log. The Chair of the Audit and Risk Committee Nick Gash reported that the Trust Board had signed-off the Annual Report and Accounts in advance of being laid before the Parliament. The External Auditor Deloitte has issued an unmodified (clean) opinion on the Trust's accounts. This enables the Trust to proceed with the forthcoming Annual Members' Meeting on 22 July.
1.5	**Chairman's Report** The Board noted the report.

	On behalf of the Board, SG expressed gratitude to the Trust staff for their hard work and resilience throughout the pandemic and for maintaining a high standard of GRIP and achievement against the NHS performance metrics. The official opening of the new Critical care ICU / NICU world class facilities for patients at the Chelsea site took place on 29th June 2021. The Department of Health & Social Care published a White Paper in February 2021 outlining the legislative proposals for the establishment of ICSs with effect from 1st April 2022. 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.
1.6	**Chief Executive's Report** The Board noted the report. LW noted the Trust's and NWL's sector key priority has been the restoration of the elective work programme, alongside the vaccination programme. The planned care services have resumed, and together with the other Trusts in our sector we continue with the collaborative effort to ensure that we stabilise and begin to address the expanded waiting lists. Covid vaccination programme remains the key priority for the Trust and the NWL sector. Pippa Nightingale, Chief Nursing Officer has successfully led the vaccination programme across North West London. The rate of uptake amongst CWFT's staff is 94%. The Trust continues to be part of national, regional and sector discussions. NWL Integrated Care System submitted its Development Plan on the 30 June and the summary slides were provided in the meeting pack. We continue to operate as one system whilst legislative changes continue to be progressed. In respect of maintaining grip on quality, the Trust has successfully resumed the 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.
1.7	**Patient and Staff Experience Story – NICU** *Chris Chaney, Chief Executive, CW+* A video of the official launch of ICU/NICU was shared with the Board members and the public for watching in advance of the meeting (https://vimeo.com/552307003). CC provided an overview of the state of the art expansion and redevelopment of Adult and Neonatal Intensive Care Units (NICU) enabling the treatment of more than 2,000 critically ill adults and babies every year. The capacity of the new ICU unit has increased by 45%, allowing the Trust to care for an additional 500 patients per year. The NICU has expanded by 40%, providing specialist care to 150 more babies every year, as well as providing better clinical space and family facilities. The new facilities bringing together core strengths in digital innovation, environment and design. CW+ Charity supports the Trust during this period of profound change across the NHS with research, discovery and innovation remaining at the forefront of our next generation of plans to develop cutting-edge clinical services. Thanks to generous donors, the Trust has been able to develop world-class ICU facilities with a first of its kind patient-led approach to care. The new unit will significantly improve critically ill patients' recovery and wellbeing by creating optimal healing environments and incorporating the latest innovations and digital solutions that can be personalised to reduce anxiety, pain and stress.

2.0	QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE
2.1	**Elective Care Recovery update** *Rob Hodgkiss, Deputy Chief Executive Officer* RH provided an overview of elective care recovery and the current position across all aspects of the Elective Care Programme. He highlighted the following: • P2 waiting list size has started to decrease for CWFT, ahead of other providers; an issue has been identified across NWL with P2 patients waiting over 6 weeks against a target of 4 weeks; work on supporting other providers in NWL is ongoing. • p.20 provides an overview of activity levels across NWL of all components to the Elective Recovery plan; • Elective activity for CWFT is reported at 91.8% of BAU from 2 years ago; • HVLC activity is reported at 120.9% of BAU volumes; CWFT is leading the way across NWL; • Theatre throughput reported at 512 against a target of 540. More focus required on Gynaecology; • Outpatient activity is reported at 92%. Trajectories show 52 ww are reducing and 72ww are flat. Work is ongoing to improve the position; • Cancer backlog continues to improve with a reported position of 96 patients. • Imaging activity is reported at 93.4% of BAU volumes; • Endoscopy continues to deliver a consistently high performance at 125% of BAU volumes; • Echocardiography activity is at 66.5% of BAU volumes; this is due to staffing challenges in the specialty and this position is expected to improve in the coming weeks. In response to NG's query regarding the impact of Covid on Cancer care, RH stated that the precise impact of delays from GP referral, diagnosis to receipt of treatment on cancer patients is not yet known. As for CWFT, we have seen an increase in skin cancer patients. AM highlighted the importance of effective patient communication regarding scheduling and rescheduling their appointments in order to reduces waiting time for patients while also improving the utilisation of hospital resources.
2.2	**Integrated performance and Quality Report – May 2021** *Rob Hodgkiss, Deputy Chief Executive* RH presented an overview of the report, highlighting the following: • A&E performance, a decline in A&E waiting times to 90.74% is reported. This is due to a significant surge in activity and is in line with regional and national profiles; • RTT 18 weeks performance, numbers are improving, reported at 75.81% in May; • RTT 52-week performance is reducing, 766 patients at end of May; • Cancer 62 days GP Referral to first treatment, the Trust achieved the 62 day referral rate for the first time since August 2019 at both sites, reported at 85.93%; • 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. In response to SG's question regarding a significant increase in demand for the A&E services in London, RH stated that similar trends in A& E attendances are seeing across the country. For CWFT some of drivers for increase in A&E attendances include temporary closure of some local of centres/GP surgeries in order to deliver the vaccination programme. The recent Urgent and Emergency Care Services Conference showcased best practice in working collaboratively to improve urgent and emergency care services. In response to NG's question regarding correlation between A&E attendances and emergency admissions, RH stated that there is not currently the same pressure for emergency hospital admissions at CWFT as in Covid wave 1 and 2. ND referred to ever increasing demand on health services and asked how CWFT safeguards providing high-quality care vs. financial constraints. PN stated that CWFT has an established strong structure and

	governance around quality and both the Trust and its staff are committed to delivering and sustaining high-quality care as part of our commitment to continual improvement. VM added that the current financial arrangements are in effect until end September 2021. The NHS financial guidance 2021/22 H2 (Oct 2021-Mar 2022) is expected to be released in due course. She emphasised the importance of achieving operational efficiency as much as possible.
2.3	**Improvement Programme update and 2021/22 Quality Priorities** *Pippa Nightingale, Chief Nursing Officer* PN took the report as read and highlighted the following: • Quality improvement programme well embedded into the organisation • Some important quality and improvement processes resumed i.e. ward accreditation, GIRFT, deep dives, Research, Innovation, Quality Improvement • The Quality Committee receive regular updates on achieving Trust's Quality Priorities (sepsis, cancer, diabetes, clinical handover) RC updated on sepsis and stated that it 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. AD commended the work undertaken and improvements made in the areas of sepsis. He asked about learning from previous two COVID waves in the context of sepsis. RC stated that some examples include early recognition of deteriorating patient in the emergency departments and screening for sepsis within 1 hour, including 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.
2.4	**CW Innovation update** *Chris Chaney, Chief Executive, CW+* CC took the Board through a six-month snapshot of innovation activity, highlighting the following: • CW Innovation tests and scales high-impact innovations that improve patient care and the way we run our hospital; it explores innovative solutions that address the most fundamental challenges healthcare organisations face today; • The portfolio includes over 80 innovation projects which enables the Trust to be an early-adopter and designer of transformative, next-generation services and care tools. • We have advanced at pace in response to the COVID-19 pandemic and introduced a range of digital systems and platforms into our day-to-day functioning to help us continue to deliver safe, consistent and high-quality clinical care whilst helping to make things easier for our patients by delivering patient centred care in a location of their choosing and in a way that fits with their everyday lives; • The CW Innovation programme manages a portfolio of projects including: Klick mobile app, DBm-Health app; eye tracking technology, Sensium sensors, ISLA technology, pulse oximeter devices, Mum & Baby app, Hand Therapy app • Opportunities for improving tools are coming through from the staff base, external boards and partnerships; and • CW Innovation programme will celebrate its second anniversary in September; NG commended the NICU/ICU development project. He reflected on the projects in the pipeline and highlighted the importance of integrating these with the Trust's IT systems. KJ stated the NWL ICS has established a new committee to look at the technical capability, IG compliance and scaling up infrastructure to use the system across the NWL ICS. This is work in progress.
2.5	**Digital Patient Reported Outcome Measures (PROMs)** *Kevin Jarrold, Chief Information Officer*

	KJ note that the Digital Patient Reported Outcome Measures (PROMs) research project aims to deliver a new digital way of collecting questionnaires that patients often are asked to fill in when they visit hospitals. This is funded by our hospital charity CW+. This study will improve our understanding of patient reported outcomes, expectations, quality of service and experience enabling an unprecedented level of patient-led continuous improvement. It will unify colorectal disorder PROMs collection and analysis, creating a colorectal disorder PROM and Patient-reported experience measures (PREM) tool. It is our aspiration that this work will provide a useful base for wider digital PROMs and PREMs collection tools and utilisation across the Trust and to create quality improvement learnings that could be transferred to other clinical departments.
3.0	**FOR NOTING – HIGHLIGHTS BY EXCEPTION**
3.1	**Learning from Serious Incidents** PN took the report as read and noted the quality improvement projects are being undertaken to embed the learning identified from the Trusts highest reported SI categories relating to maternity safety and patient falls. She reminded the Board that, as a result of Ockenden maternity recommendations, CWFT has developed a single maternity improvement programme which brings all the numerous national initiatives together. The four pillars that underpin the programme are quality & safety, patient experience, staff experience & wellbeing, and effectiveness & efficiency. PN stated all the improvement work is addressed within the one programme and assured that the Trust is fully compliant with the Ockenden recommendations. The Chair of the Board Steve Gill is the Trust's NED Lead for Ockenden. Regular updates with a focus on one topic are presented to the Trust's Executive Management Board and the Quality Committee. The Board noted the paper.
3.2	**Annual Complaints Report 2020/21** PN advised there has been a general decrease in the number of complaints received; however this is not a true reflection and is a result of the pandemic. Communication with patients is one of the most common causes for complaint; this will be built into a patient experience quality improvement project for the team; it also links in with the digital agenda. In response to AD's query regarding previous issues around discharge and patient transfers, PN stated this has improved with the work undertaken in improving patient discharge pathway hence it is no longer a theme in the report. The Board noted the paper.
3.3	**Annual Infection Prevention and Control Report 2020/21** PN took the report as read and highlighted the following: • Assurance measures related to infection prevention and control, performance against these and the setting of the strategy plan for the year ahead were outlined in the report. • Dr Nabeela Mughal has recently been appointed as a new Director of Infection Prevention and Control. • The report reflects the year of the COVID-19 pandemic and the Infection Prevention and Control (IPC) activities that supported the Trust during the pandemic, including guidelines, pathways, education and communication both internal and external. PN congratulated the IPC team on their exemplary performance during the year. LW formally thanked Dr Berge Azadian for his phenomenal work over 25 years as Director of Infection

	Prevention and Control, expressing gratitude on behalf of the Board to him for his incredible support to the organisation and patients.
3.4	**People Performance Report – May 2021** SSm provided a brief overview of the people performance report, which also includes the quarterly people heat map. Overall good performance observed, with most of the people metrics green. AM commended the Trust on maintaining low staff sickness rate and asked about work undertaken on triangulating sickness rates with health and wellbeing and other initiatives to support staff. SSm stated that the three most common reasons for sickness were anxiety, depression and Covid-19. There are various programmes in place to support staff including an innovative offer for psychological support and access to various health and wellbeing initiatives. This work is ongoing.
3.5	**Digital Programme update** The Board noted the report.
4.0	**ITEMS FOR INFORMATION**
4.1	**Questions from members of the public** Nil of note.
4.2	**Any other business** Nil of note.
4.3	**Date of next meeting – 9 September 2021; 11.00 – 13.30.**

The meeting closed at 12:56.

Trust Board Public – 8 July 2021 Action Log

Meeting Date	Minute number	Subject	Action	Current status	Lead
8 Jul 2021			Nil		

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Sep/21
REPORT NAME	Interim Chair's Report
AUTHOR	Stephen Gill, Interim Chair
LEAD	Stephen Gill, Interim Chair
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
REPORT HISTORY	N/A
SUMMARY OF REPORT	• Core areas of focus continue to be the vaccination programme, the elective recovery programme and Covid-19 wave 3 • A clean audit opinion was received for the Trust's Financial Report and Accounts which was presented in public at the Annual Members Meeting on 22nd July 2021 • The Chairs and Chief Executive Officers of the four North West London (NWL) Acute Providers are working with the NWL Integrated Care System (ICS) to agree the prosed collaborative model and related governance arrangements including the substantive appointment of the Chair • A range of seats become vacant on our Council of Governors from the end of November 2021 and nominations for elections open on Friday 10 September 2021
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA

DECISION/ ACTION	This paper is submitted to provide assurance of key matters involving the Chair since my last report in July 2021

Interim Chair's Report - September 2021

1. NHS short / medium term priorities – Thank you to our staff and Executive Team.

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

In addition, Urgent and Emergency care and Ambulance services remain under extraordinary operational pressure with levels of demand normally associated with the busiest periods in Winter.

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 entire organisation has now been operating at or above capacity for two years since the start of the winter pressures in October 2019.

I also want to thank the Executive Team for their extraordinary commitment and leadership. As a Trust we have a highly experienced, dedicated and stable Executive team which has ensured the Trust continues to deliver high standards of patient care within the Trust and to enable the Trust to take a leadership role across North West London (NWL).

Our hospital sites are extremely busy with some increases in COVID patients but at levels significantly lower than the peaks in waves 1 and 2. We know that higher than normal staff absence levels in July and August were in part because of our colleagues taking much needed leave for personal rest and recovery.

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.

During late August we celebrated the Science Museum mass-vaccination centre delivering over 100,000 doses of vaccine saving thousands from serious illness and death.

With high profile mass-vaccination centres now winding down the focus will move to Primary Care networks and community pharmacy sites particularly for 16/17-year-olds ahead of the new academic year starting in September.

At our two main hospital sites we will be starting to offer our staff and other health and social care staff the winter flu jab and a COVID-19 booster in the next few weeks.

We have all seen the distressing news from Afghanistan, and our proximity to Heathrow airport will involve us in the compassionate response. We already support the quarantine hotels; West Middlesex is the receiving hospital for maternity for those flying into London Heathrow from Afghanistan.

2. Trust Annual Members Meeting (AMM) 2020/21 – 22nd July.

The Trust Financial Report and Accounts plus the External Auditors Report (including a 'clean' audit opinion with no significant issues) were presented at the AMM on 22nd July.

3. North West London Integrated Care System (ICS).

As noted in my July Report the Government published the Health and Care Bill on 6th July. NHS England/Improvement published several ICS guidance documents and accompanying resources on 19 August to support systems' transition into statutory integrated care boards by 1 April 2022. 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.

All Trusts providing acute and mental health services are expected to be part of one (or more) provider collaborative. Chelsea & Westminster Hospital 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, including the substantive Chair recruitment. 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.

4. Council of Governors (COG) Briefing Sessions.

The next COG briefing sessions are scheduled for 23rd September and 9th December.

5. Council of Governors Elections

We have a really exciting opportunity coming up for members to nominate themselves for election as a Governor. Our Council of Governors are a very valued and important part of our Trust. They represent different communities, patients, staff and key partner organisations such as Local Authorities. Our Governors help to shape our services and our future, provide important feedback and perspectives on our services, help us to improve the care that we offer and also hold some critical roles such as the appointment of Non-Executive Directors on our Trust Board of Directors. Our Council of Governors hold our Board of Directors to account and ensure that the services we provide reflect the needs and priorities of our patients, staff and local communities.

A number of our Governors will reach the end of their current term of office in November 2021 meaning that we will have a total of 12 vacant seats available on our Council of Governors from the end of November 2021. We will be opening our election nomination process for these vacancies on Friday 10 September 2021. The deadline for submitting a nomination for one of the vacant seats is Friday 8 October 2021. Voting will open for all nominated candidates on 1 November 2021 and close on 24 November 2021.

The seats that are available for election are:-

- 2x public seats representing the London Borough of Hounslow
- 1x public seat representing the London Borough of Ealing
- 1x public seat representing the London Borough of Wandsworth
- 2x public seats representing the London Borough of Richmond upon Thames
- 5x patient seats
- 1 x staff seat representing Nursing and Midwifery Staff

Whilst on the subject of the Council of Governors, I would like to welcome Councillor Flight who has been appointed as the Local Authority Governor representing Westminster City Council and Councillor Atterton who has been appointed as the Local Authority Governor representing the London Borough of Hounslow.

6. Chair Meetings

The London Region Chairs meetings and North West London (NWL) ICS Chairs / CEOs meetings during July and August 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, I have had weekly meetings in June, July and August with Bob Alexander (Imperial College Healthcare Trust) and Lord Morse (Chair of Hillingdon Hospital Foundation Trust & London North West University Healthcare Trust). These weekly Chairs meetings will continue throughout September and October
.
The NWL Acute Provider Trust Chairs plus Audit & Risk Committee (ARC) Chairs met on 2nd August. The Trust Chairs of Chelsea & Westminster and Hillingdon together with their respective Lead Governors met on 25th August.

Stephen Gill.

Interim Chair – September 2021.

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Sep/21
REPORT NAME	Chief Executive's Report
AUTHOR	Dawn Clift, Interim Director of Corporate Governance and Compliance
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
REPORT HISTORY	N/A
SUMMARY OF REPORT	• As we close our mass covid vaccination hubs and move to smaller hospital based premises we extend our thanks to all colleagues for the immense work that has taken place and now commence our covid booster and flu vaccination service • We are working as part of our health and social care system to support refugees from Afghanistan particularly in relation to maternity and paediatric care and our heartfelt thoughts are with all of those affected by the very challenging and distressing situation that we are all seeing through national media. • Work has started on the £1.5m David Erskine ward development. This refurbished 28 bedded ward will be home to our new respiratory unit and will improve management of acute and respiratory needs of the local population • Our colleagues across the Trust continue to be dedicated to all of our values. This month I have included in my report just a few examples of excellence where our values of 'putting patients first' and being 'determined to develop our skills and continuously improve the quality of care' shine through • My ongoing thanks are given to all colleagues who have continued to work immensely hard over the past 18 months • Updates in relation to the Integrated Care System are included in our Interim Chair's report
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None

QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted to provide assurance of key matters involving the Chair since my last report in July 2021

Chief Executive's Report to the Trust Board of Directors

1. Covid 19 Vaccination Programme

I continue to be immensely proud of all of our staff who have continued to work hard throughout Covid. Their commitment, loyalty, professionalism, kindness and compassion has continued to shine despite all of the challenges faced over the past 16 months.

At the beginning of September we will mark the closure of our Mass Covid Vaccine Hubs with a thank you event to staff who have helped to facilitate the immense vaccination programme that we have delivered across North West London. We will at this stage move our vaccination programme to a number of smaller sites within our Trust Estate where we will continue to administer the vaccination and indeed the booster programme with the aim of keeping everyone as safe as possible as we move into the Winter months.

From 27 September 2021 we will also be administering the flu vaccination alongside the Covid booster to further protect the wellbeing of our staff as we move into the Winter period.

2. Upholding our Value of Being Responsive to and Supportive of Patients and Staff

As I have visited wards and departments it is evident that like other services across London, we are very, very busy. Pressure on our A&E Departments and inpatient beds continues to be very high. The Summer is of course also a time when our colleagues need to take a well earned rest and we have been supporting the annual leave of our hardworking staff to ensure their ongoing wellbeing and resilience.

Later on the agenda today, we will discuss our latest performance and progress with our elective recovery plan and also discuss some exciting new developments to provide equity of access to services through digital innovation with other providers of acute care. We will also discuss our latest report on 'Safe Staffing Levels' across our Hospital sites. I am delighted and proud to see that despite the challenges we faced during the Covid19 pandemic we have improved our compliance with workforce safeguards in comparison to our previous national submission.

3. North West London Gold Command

Given the continued pressure on health services across North West London we have re-established our 'Gold Command Calls' and these are taking place proportionate to risk.

4. Afghanistan

We have all been shocked and upset to see the very difficult situation that has emerged in Afghanistan in recent weeks. We are working hard with all relevant authorities to ensure that we create the capacity to treat individuals who are seeking asylum in the UK to ensure that they have the healthcare they need in these tragic and difficult circumstances. Our values sit strongly with the work that we are doing in that we are

- Putting patients first

- Being responsive to and supportive
- Being open, welcoming and honest
- Being unfailingly kind and treating everyone with respect compassion and dignity
- Being determined to develop our skills to give the best care we can

We are particularly focussing on the needs of pregnant females to ensure that they receive responsive and safe maternity care and the care of children. My thanks go to Pippa Nightingale our Chief Nursing Officer for her leadership of this agenda with our midwifery and paediatric teams.

We are also exploring how we can support the more basic needs of individuals such as clothing provision and general consumables.

5. David Erskine Development

Our latest capital development project is underway. Work has started on the £1.5m David Erskine ward development. This refurbished 28 bedded ward will be home to our new respiratory unit and will improve management of acute and respiratory needs of the local population – a key population health need even before Covid. It will release our reliance on Ron Johnson during outbreak/surges and allow the HIV/Oncology service to return to their home base and the design has embedded the Lessons Learnt from the first two waves of the pandemic. The work is scheduled to be completed in the autumn in two phases across October and November.

6. Launch of the Enterprise Division

At the Executive Management Board meeting on 1 September 2021 we noted the establishment of the Enterprise Division. The division will be responsible for the delivery of all commercial activity at the Trust as well as directly supporting innovative and efficient delivery of core services.

As the world and patients expectations continue to change and the Population Health agenda develops, the division will ensure that the Trust is supported to meet those expectations either through financial delivery or innovative solutions, research and the latest technology.

The new Division pulls together 7 separate departments and functions (Research & Development, Private Patients , Improvement, Public Health, Strategy, Digital and Data Warehouse) under a new single structure as part of the new ‘Enterprise Division’. We are currently out to recruit a Managing Director to lead the Enterprise Division reporting into Rob Hodgkiss our Deputy CEO and Chief Operating Officer.

7. TransPlus pilot exemplar of a patient-led service

I was very pleased that colleagues from 56 Dean Street had a chance to share their work at a recent all staff webinar. I am proud of what the team has achieved for these patients, being #unfailinglykind. National capacity for gender services can mean four year waits, and so our nationally commissioned pilot explores a different model. The team has had exceptional patient

feedback, with over 99% either very likely or likely to recommend the service. You can watch an interview with Dr Tara Suchak in a BBC documentary "Transitioning Teens" on BBC 3 iPlayer.

8. Trust finalist in HSJ Value Awards

The Ambulatory Emergency Care Team at West Middlesex Hospital are finalists in the HSJ Value Awards, jointly shortlisted with Hounslow and Richmond Community Healthcare NHS Trust for an initiative to deliver intravenous treatments in patients' homes. This avoided unnecessary hospital admissions and became increasingly useful during the pandemic as illustrated in this video: IV treatments at home for acutely unwell patients.

The Trust's public health team led by Sophie Coronini-Cronberg have been shortlisted for two HSJ Value Awards. "A Picture of Health" saw the Trust working with Imperial College and supported by the Health Foundation to identify a core catchment area for the Trust. It then estimates the health needs of people in that catchment area, to help plan services and public health responses.

For "Tip Top Teeth", we have been working with Kensington and Chelsea, the City of Westminster, and Public Health England (London). Almost 1 in 3 children in our catchment area are estimated to have visible signs of tooth decay by the age of 5, an almost entirely preventable disease. This preventative project uses hospital attendances to raise awareness as well as targeted interventions.

We are immensely proud of our teams who continue to show our value of 'determined to develop our skills and continuously improve the quality of care' and send our very best wishes and our hopes for further recognition when the results are announced in early September.

9. Research awards win

Congratulations to Dr Anusuya Kawsar, Dr Louise Fearfield, Dr Eirini Merika and Dr Randa Akel for winning an award for their research into dermatology – the research was carried at Chelsea and Westminster and the Royal Marsden Hospital. The award from the British Association of Dermatologists was for the category of Best Poster – Case Report. Well done to all involved – another great example of upholding our value of 'developing our skills and continuously improving the quality of care'.

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.1/Sep/2021
REPORT NAME	Elective recovery plan and patient tracking list
AUTHOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
LEAD	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
PURPOSE	The purpose of this report is to provide assurance to the Board of the status of our Elective Recovery plan against planned trajectory.
REPORT HISTORY	This particular report has been considered and discussed at the NWL Elective Care Board and at the Executive Management Board meeting.
SUMMARY OF REPORT	Activity Data relates to w/e 15th August and waiting list data is w/e/ 22nd August. • Priority 2 waiters have decreased across NWL in recent weeks however Chelsea has seen an increase, however this figure is over-inflated by 60 patients who need to be removed due to validation. CWFT are reporting the lowest numbers of P2 patients waiting >6 weeks. • Elective IP/DC is at 98% of comparative 19/20 BAU volumes • HVLC is at 104.1% of comparative 19/20 BAU volumes • Elective OP is at 108% of comparative 19/20 BAU volumes • The Trust is ahead of its 52 ww trajectory but behind on its 78ww trajectory. There are 2 x 104 ww patients reported in the latest period. • Cancer Backlog has increased over the last week with 140 reported. The Trust continues to see significant increases in 2ww referral volumes. • Imaging is at 106.5% of comparative 19/20 BAU volumes, reporting minimal patients waiting over 6 weeks • Endoscopy is at 96.7% of comparative 19/20 BAU volumes, • Echo is at 73.6% of comparative 19/20 BAU volumes and reporting zero patients over 6 weeks
KEY RISKS ASSOCIATED	There are on-going risks to the achievement of Elective recovery
FINANCIAL IMPLICATIONS	Attainment of the Elective Recovery Fund

QUALITY IMPLICATIONS	There are on-going risks to the achievement of Elective recovery
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Improve patient safety and clinical effectiveness • Improve the patient experience
DECISION/ ACTION	For assurance.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Chelsea and Westminster Elective Care Recovery

Recovery Update - Summary 31st August 2021

P2 waiting list size across NWL Trusts

Trusts	30.07.21	06.08.21	13.08.21	20.08.21
CWFT	441	454	488	542
ICHT	1,167	1,082	1,035	985
LNWUHT	512	507	449	439
THHT	53	41	52	32
NWL Total	**2,173**	**2,084**	**2,024**	**1,998**

Source: OnePTL

Headlines:

CWFT: Number of P2s continues to increase this week. However, Trust reported 15 patients are waiting 6 wks or over. Of which only two patients are undated due to patient choice.

ICHT: Number of P2s continues to decline with a detailed breakdown in exception report. Trust is reviewing extraction and reporting of P2s along with diagnostics in line with new national guidance.

LNWUHT: Colorectal not in P2 equilibrium

- Range of options being reviewed regarding mutual aid.
- Meeting scheduled with ICS for 26 August to discuss plan.
- LNW to provide more details about the mutual aid support that is required from other Trusts.

THHT: Number of P2s has decreased this week.

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

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

P2 patients waiting 6 weeks or more

Number of P2 patients waiting 6 weeks or more

Trusts	30.07.21	06.08.21	13.08.21	20.08.21	Trends
CWFT	8	13	12	15	
ICHT	103	156	140	118	
LNWUHT	225	153	177	158	
THHT	11	15	16	16	
NWL Total	**347**	**337**	**345**	**307**	

Source: Exception reporting from Trusts

Undated P2 patients waiting 6 weeks or more: Position on 20 August 2021

Trust	30.07.21	06.08.21	13.08.21	20.08.21
CWFT	3	2	0	2
ICHT	60	40	38	32
LNWUHT	145	97	102	98
THHT	8	10	13	12
NWL Total	**216**	**149**	**153**	**144**

Source: Exception reporting from Trusts

Latest data at LNW and ICHT shows a decrease in the number of P2 patients waiting 6 wks or more.

Trusts were asked to share the number of admitted patients categorised as P2 and surgical who have been waiting 6 weeks or more, and differentiate between dated and undated patients.

A review of data across the last 4 weeks shows a decrease of undated patients at ICHT and LNW.

Data collation update:
ICS team has been working with Trusts to confirm methodology for collating data on the number of P2 patients waiting 8 weeks or more (including trajectories, specialty breakdown). This data should be available next week.

Prioritisation of admitted patients: Data source and quality

'Null' data across NWL

Dates	Total number of patients on the PTL	Nulls (n)	Nulls (%)
30.07.21	23,125	3,421	15%
06.08.21	22,823	3,553	16%
13.08.21	22,527	3,447	15%
20.08.21	22,270	3,551	16%

'Null' % by Trust

Trusts	30.07.21	06.08.21	13.08.21	20.08.21
CWFT	10%	10%	9%	9%
ICHT	15%	16%	16%	16%
LNWUHT	17%	17%	17%	19%
THHFT	18%	21%	20%	22%

Source: OnePTL

This week:

- At CWFT the percentage of Nulls remains at 9%.
- At LNW the percentage of Nulls has increased to 19%.
- At THHT the percentage of Nulls has increased to 22%.

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

Executive summary

	Latest Freeze Position (w/e 15-Aug)					H1 Plans		Latest Freeze Position - % BAU by ICS				
	Activity	Var	% BAU (1)	London Regional Rank (2)	4 Week Change in Activity	Plan (Weekly Equivalent)	% Variance to Plan	NWL	NCL	NEL	SEL	SWL
Elective	21,377	▲	83.6%	5	-6.3%	24,296	-12.0%	81.5%	90.2%	79.2%	78.0%	89.3%
Outpatients	233,867	▲	92.7%	5	-5.2%	234,476	-0.3%	91.7%	96.4%	92.9%	93.2%	86.2%
Endoscopy	4,022	▲	86.2%	4	-12.4%	4,651	-13.5%	78.2%	71.9%	87.2%	106.2%	88.1%
Imaging	57,376	▼	98.0%	4	-4.1%	56,815	1.0%	93.1%	104.0%	96.6%	101.2%	96.1%
Echocardiography	5,740	▲	93.2%	3	-6.3%	5,770	-0.5%	78.1%	119.1%	85.9%	96.5%	90.8%

(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

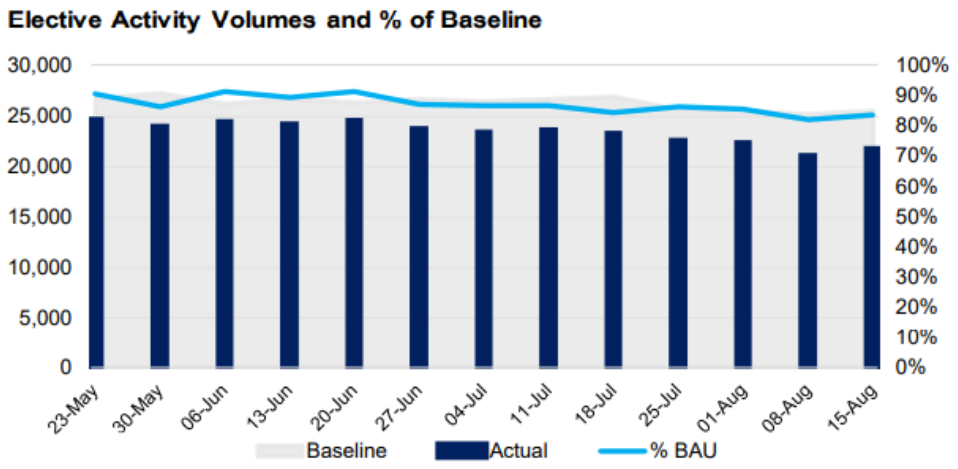
Headlines:

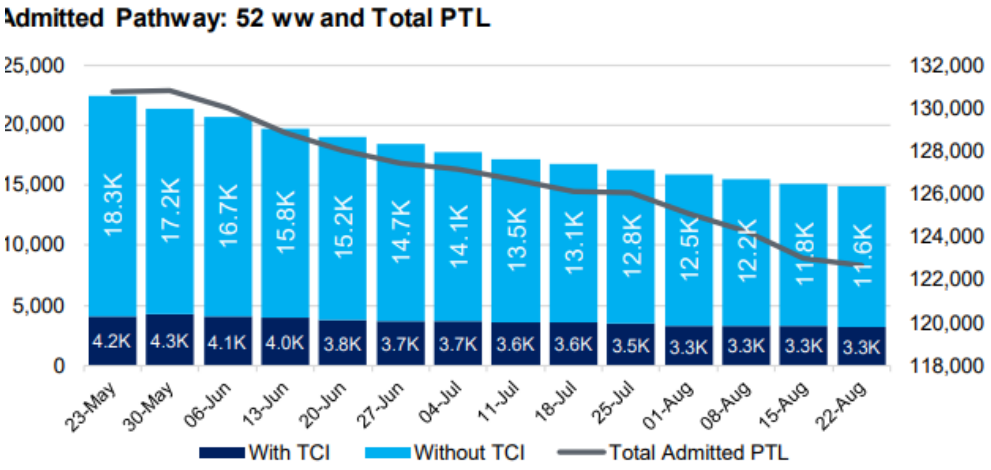
- London is still seeing a sustained decline in activity volumes. This reduction is still likely linked to higher seasonal annual leave.
- PTL: At 0.7%, this week's growth in the PTL is the largest since 18 July 2021.
- 52ww: This week's position increase is due to a data reporting issue at Croydon; however, the position is clearly stabilising. In consequence, it may be that increases occur sooner than previously forecasted in October.
- 104ww: Growth trend continues, but rate of growth still slowing - now 3.7% higher this week than 4 weeks ago position compared to a 5.3% 4-week difference reported last week. 104ww increases due to NEL/Barts.
- Diagnostic waiting lists and backlogs have stabilised in the last few weeks.
- Appendix C: London Theatre Utilisation is updated fortnightly. Last update was 20 August [included in this week's report]. Next update will be 03 September 2021.

		15-Aug	22-Aug	Var
52 ww	NWL	3,969	4,068	*99*
	NCL	12,771	12,621	*-150*
	NEL	11,004	11,007	*3*
	SWL	1,465	1,852	*387*
	SEL	5,629	5,548	*-81*
	London	**34,838**	**35,096**	***258***
104 ww	NWL	115	112	*-3*
	NCL	575	564	*-11*
	NEL	472	500	*28*
	SWL	11	14	*3*
	SEL	192	187	*-5*
	London	**1,365**	**1,377**	***12***
Waitlist	Admitted PTL	122,960	122,626	*-334*
	Non-Admitted PTL	796,394	803,010	*6,616*
	Cancer DTT Backlog	287	256	*-31*
	Cancer No DTT Backlog	2,503	2,622	*119*
	Cancer 104 Day Waits	565	544	*-21*
	Endoscopy Waitlist (3)	20,561	-	*-287*
	Imaging Waitlist (3)	141,141	-	*1,300*

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

Elective Activity





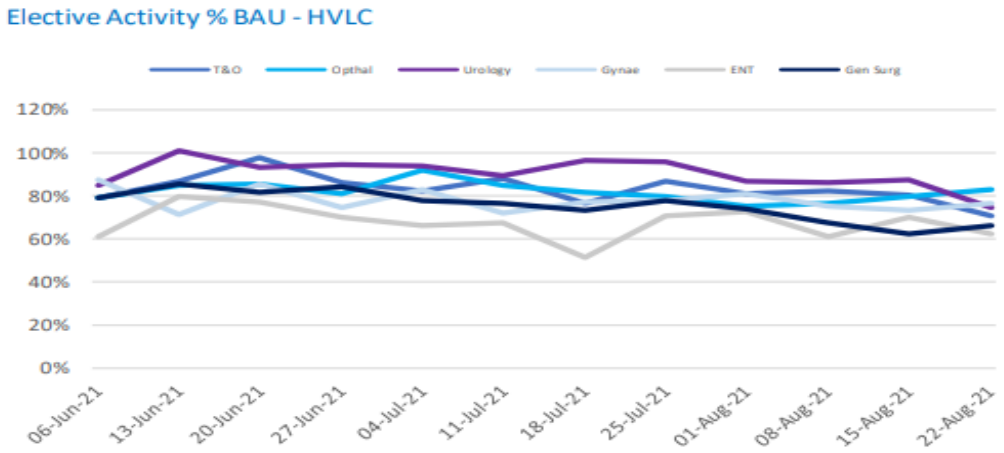
Total Electives (Latest Freeze Data: w/e 15-Aug) | H1 Plans | Latest Data: w/e 22-Aug

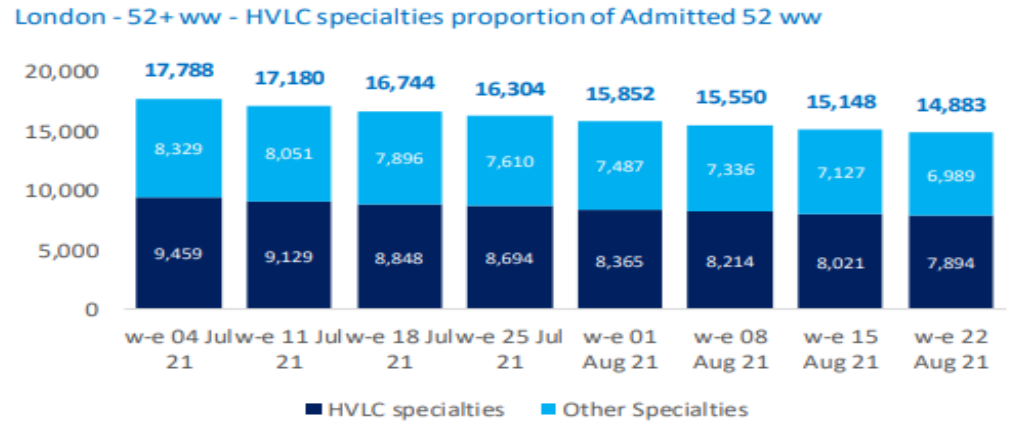
Provider	% BAU	Actual Activity	4 Week Change	Var to Plan	Admitted PTL Size	4 Week Change	Admitted 52ww	4 Week Change
NEL	**79.2%**	**2,873**	**-6.9%**	**-13.1%**	**21,645**	**-3.1%**	**4,573**	**-4.8%**
BHRUT	85.0%	902	-4.9%		4,111	2.9%	419	-1.9%
Homerton	81.8%	482	-3.0%		2,677	-10.9%	50	-16.7%
Barts	75.2%	1,489	-9.2%		14,857	-3.2%	4,104	-5.0%
NCL	**90.2%**	**5,971**	**-5.5%**	**-7.0%**	**30,398**	**-1.8%**	**3,889**	**-10.2%**
UCLH	97.2%	2,218	-3.6%		8,434	-0.2%	1,087	-7.7%
GOSH	97.0%	685	-5.9%		2,056	1.5%	176	-3.8%
Moorfields	88.4%	562	-12.6%		5,397	-0.3%	3	-57.1%
Whittington	87.5%	443	4.7%		2,135	-3.2%	243	-12.3%
RFL	83.9%	1,352	-1.9%		8,765	-5.6%	2,164	-11.0%
NMUH	83.2%	490	-15.8%		1,279	3.8%	65	-34.3%
RNOH	77.0%	221	-15.6%		2,332	0.4%	151	-3.8%
NWL	**81.5%**	**4,482**	**-8.2%**	**-8.2%**	**22,465**	**-2.8%**	**2,400**	**-7.9%**
ChelWest	98.0%	875	-8.7%		5,068	-2.0%	218	-24.6%
Imperial	86.3%	2,053	-6.0%		8,819	-3.0%	839	-10.3%
Hillingdon	72.5%	383	-7.9%		3,180	-1.9%	728	1.5%
LNW	68.9%	1,171	-11.6%		5,398	-3.8%	615	-7.7%
SEL	**78.0%**	**4,988**	**-1.6%**	**-19.0%**	**31,754**	**-2.1%**	**3,182**	**-12.3%**
Kings	81.1%	2,035	0.5%		11,264	0.4%	875	-9.9%
GSTT	77.0%	2,215	-0.9%		14,160	-2.7%	1,241	-8.3%
LGT	73.2%	738	-9.2%		6,330	-5.1%	1,066	-18.3%
SWL	**89.3%**	**3,063**	**-11.3%**	**-13.2%**	**16,364**	**-4.8%**	**839**	**-10.0%**
Croydon	104.2%	545	-4.9%		1,579	-23.1%	14	0.0%
Royal Marsden	92.9%	325	-7.1%		219	-8.0%	2	0.0%
Epsom	90.0%	816	-11.7%		5,203	-2.3%	57	-18.6%
St George's	83.5%	972	-14.8%		6,395	-5.5%	738	-9.4%
Kingston	83.2%	405	-13.1%		2,968	6.0%	28	-9.7%
LONDON	**83.6%**	**21,377**	**-6.3%**	**-12.0%**	**122,626**	**-2.7%**	**14,883**	**-8.7%**

Source: Weekly Activity Return | Source: RTT Weekly PTL

London elective activity in the equivalent baseline period: 25,572.
London planned activity: 24,296 (weekly equivalent calculated from H1 Plans)

Elective – high volume low complexity specialties



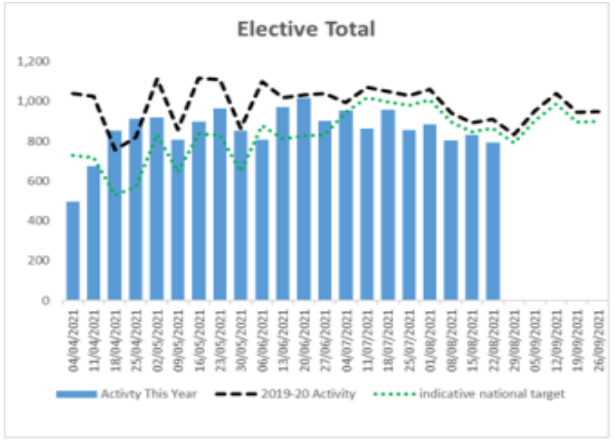


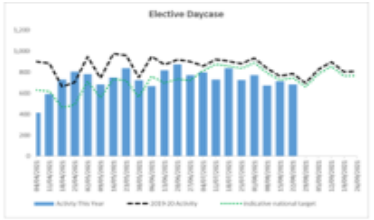
London - HVLC specialties Elective Activity							
Rank	Provider	Flex Week (Current)	Freeze Week (Last)	Freeze Week (Previous)	Change between Freeze Weeks	Current Elective Activity volume	5 week Trend
1	Royal Marsden	137.3%	102.5%	134.9%	▼	92	
2	Croydon	128.5%	98.5%	95.0%	▲	194	
3	Homerton	122.0%	81.5%	100.9%	▼	227	
4	BHRUT	104.8%	87.7%	87.7%	▲	418	
5	ChelWest	104.1%	96.8%	115.9%	▼	228	
6	RNOH	98.3%	90.8%	97.6%	▼	174	
7	Moorfields	94.3%	88.4%	71.7%	▲	593	
8	RFL	86.0%	92.3%	93.8%	▼	332	
9	Kingston	84.8%	92.1%	75.3%	▲	167	
10	St George's	82.4%	84.1%	84.4%	▼	150	
11	NMUH	79.7%	65.2%	75.9%	▼	161	
12	Epsom	77.6%	89.6%	100.4%	▼	471	
13	LNW	74.9%	67.5%	89.8%	▼	332	
14	Hillingdon	74.6%	77.6%	93.8%	▼	147	
15	Kings	69.2%	76.4%	72.1%	▲	490	
16	Whittington	69.1%	73.8%	81.2%	▼	76	
17	Imperial	68.9%	77.2%	88.9%	▼	334	
18	GSTT	68.1%	78.8%	60.7%	▲	282	
19	Barts	61.8%	56.5%	41.9%	▲	337	
20	LGT	57.1%	51.9%	48.1%	▲	160	
21	UCLH	0.0%	83.6%	78.8%	▲	0	
1	SWL	89.2%	91.3%	94.6%	▼	1,074	
2	NEL	86.9%	71.2%	68.6%	▲	982	
3	NWL	77.5%	77.8%	94.8%	▼	1,041	
4	NCL	71.3%	85.0%	80.9%	▲	1,336	
5	SEL	66.5%	72.7%	64.5%	▲	932	
	London	**77.1%**	**79.9%**	**80.3%**	▼	**5,365**	

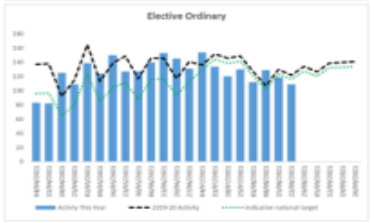
Note: the specialties where HVLC opportunities have been identified are T&O, Ophthalmology, Urology, Gynae, ENT and general surgery.

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

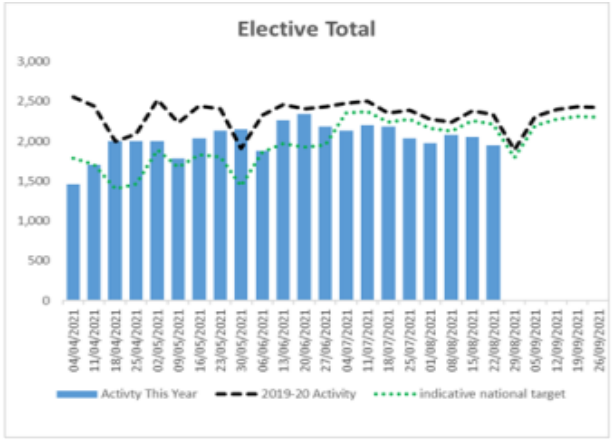
CWFT

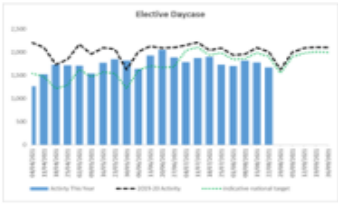




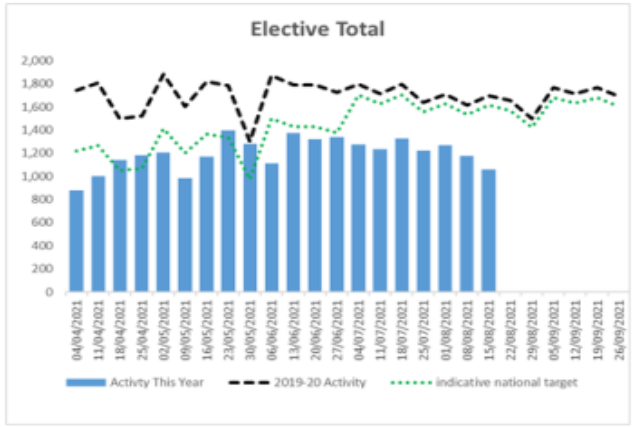


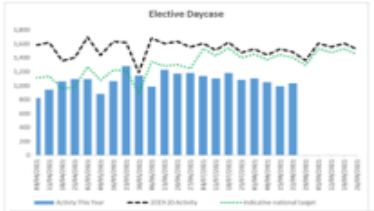
ICHT

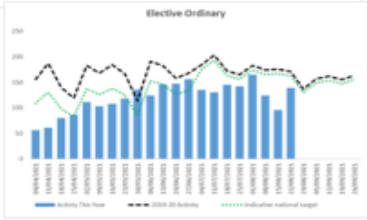




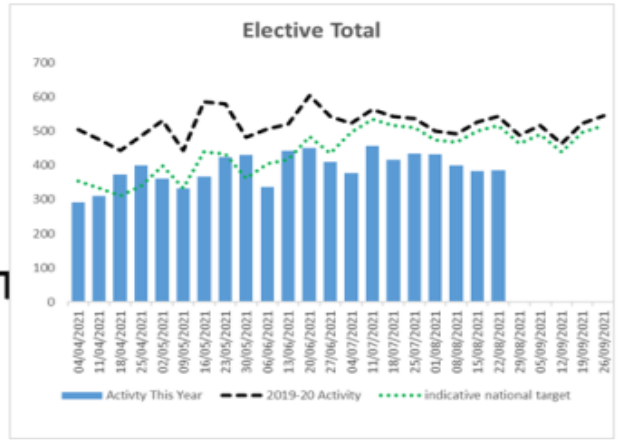
LNWUHT

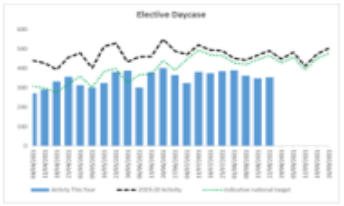


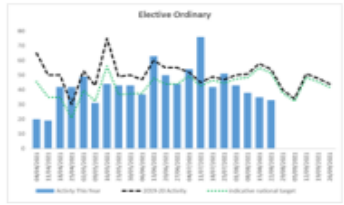




THHFT







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

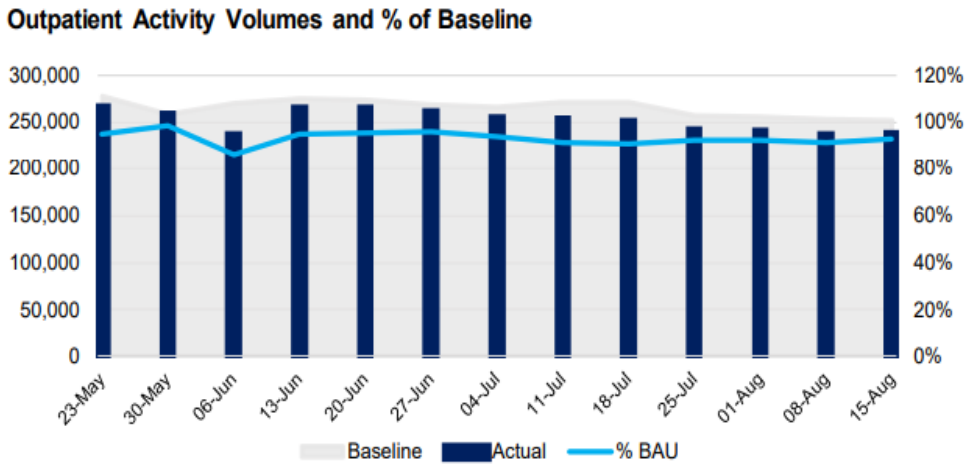
Phase 1: NHS Theatre throughput NHS theatre activity in numbers

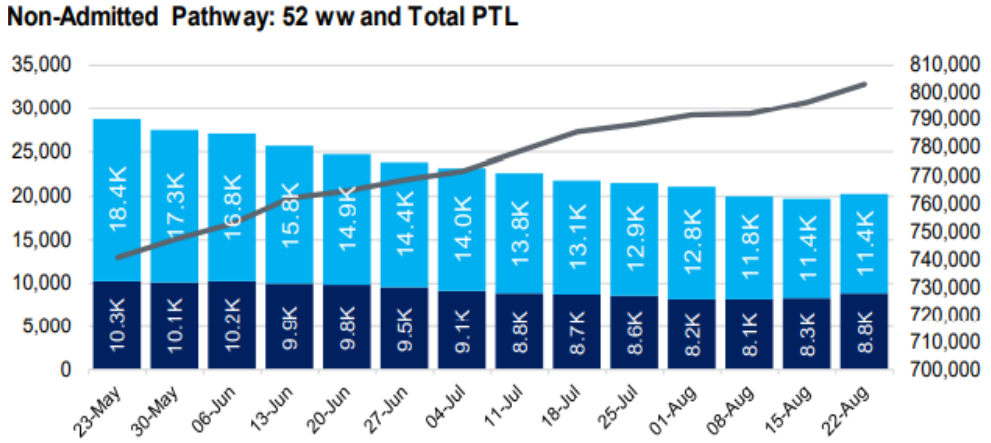
NHS activity / capacity

1,269 elective patients received surgery in NHS theatres **last week**

W/E	Peak Recovery 06/12/2020	04/07/21	11/07/21	18/07/2021	25/07/2021	01/08/2021	08/08/2021	15/08/2021	22/08/2021
Trust	**Week 49**	**Week 12**	**Week 13**	**Week 14**	**Week 15**	**Week 16**	**Week 17**	**Week 18**	**Week 19**
CWHFT	540	460	461	462	401	411	440	450	340
ICHT	521	576	533	475	503	489	481	510	473
LNWUHT	484	358	363	352	355	382	342	253	309
THHFT	168	152	209	199	201	175	148	153	147
TOTAL	**1,713**	**1546**	**1566**	**1507**	**1460**	**1457**	**1411**	**1366**	**1269**

Outpatient activity





Outpatients (Latest Freeze Data: w/e 15-Aug)

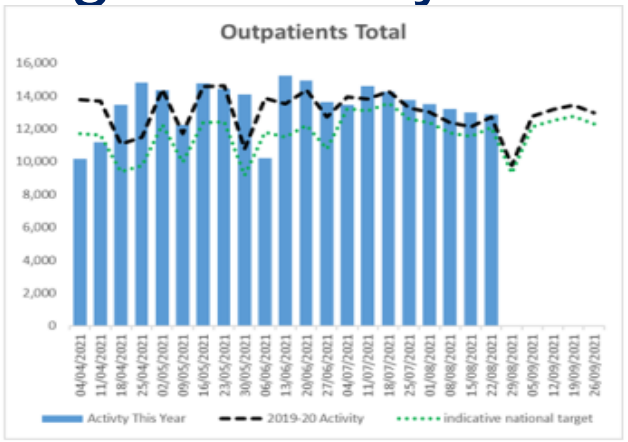
Provider	% BAU	Actual Activity	4 Week Change	H1 Plans Var to Plan	Latest Data: w/e 22-Aug Non-Adm. PTL Size	4 Week Change	Non-Adm. 52ww	4 Week Change
NEL	**92.9%**	**32,864**	**-5.5%**	**-7.5%**	**152,414**	**-0.6%**	**6,434**	**-6.9%**
Homerton	112.9%	5,775	-2.4%		21,669	4.8%	30	11.1%
Barts	93.3%	19,894	-6.1%		83,437	-2.7%	5,581	-7.6%
BHRUT	80.4%	7,195	-6.2%		47,308	0.7%	823	-1.9%
NCL	**96.4%**	**69,231**	**-7.6%**	**2.2%**	**198,256**	**1.3%**	**8,732**	**-11.1%**
NMUH	125.5%	7,499	-13.0%		13,888	4.3%	12	-7.7%
GOSH	106.6%	3,208	-14.2%		5,165	1.6%	79	-27.5%
UCLH	104.5%	24,450	-7.4%		44,773	1.4%	1,004	-7.4%
Moorfields	90.1%	10,311	-5.8%		30,380	5.9%	3	-50.0%
RNOH	90.0%	1,822	-8.4%		4,280	3.9%	41	5.1%
Whittington	88.6%	5,416	-2.3%		14,267	-5.3%	456	14.0%
RFL	83.1%	16,525	-6.5%		85,503	0.1%	7,137	-12.6%
NWL	**91.7%**	**40,922**	**-12.5%**	**0.3%**	**166,609**	**2.5%**	**1,668**	**10.6%**
ChelWest	108.0%	13,095	-8.2%		38,002	2.1%	231	4.1%
Imperial	94.1%	13,675	-10.9%		68,754	0.9%	802	12.6%
Hillingdon	78.8%	3,754	-8.6%		17,597	-0.8%	384	28.4%
LNW	78.8%	10,398	-20.3%		42,256	7.0%	251	-8.7%
SEL	**93.2%**	**55,427**	**2.5%**	**-2.6%**	**170,030**	**2.7%**	**2,366**	**-11.7%**
Kings	102.9%	22,153	16.0%		55,429	1.8%	741	-23.7%
LGT	102.8%	9,645	-9.9%		48,975	2.2%	1,034	-5.2%
GSTT	82.8%	23,629	-2.6%		65,626	3.7%	591	-4.4%
SWL	**86.2%**	**35,423**	**-2.2%**	**5.7%**	**115,701**	**4.3%**	**1,013**	**67.2%**
Croydon	98.2%	7,160	-5.2%		21,046	4.9%	425	3763.6%
Royal Marsden	93.5%	4,701	1.8%		999	-5.8%	0	
St George's	87.0%	12,271	0.2%		40,429	4.5%	368	7.3%
Kingston	84.1%	5,646	-5.6%		20,084	0.3%	32	10.3%
LONDON	**92.7%**	**233,867**	**-5.2%**	**-0.3%**	**803,010**	**1.9%**	**20,213**	**-6.1%**

Source: Weekly Activity Return

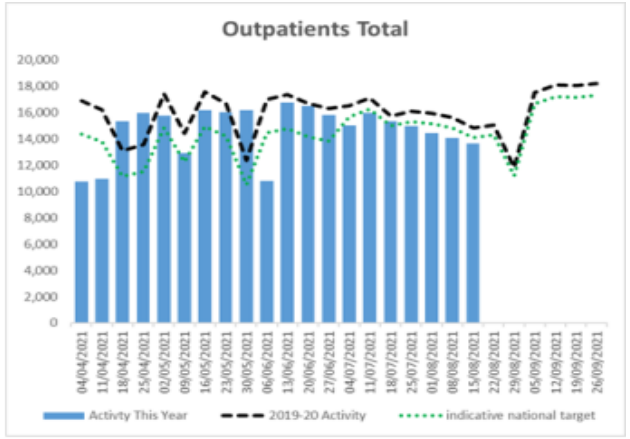
Source: RTT Weekly PTL

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

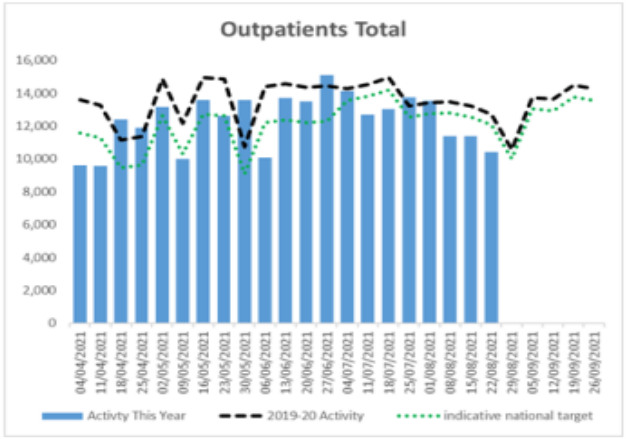
CWFT



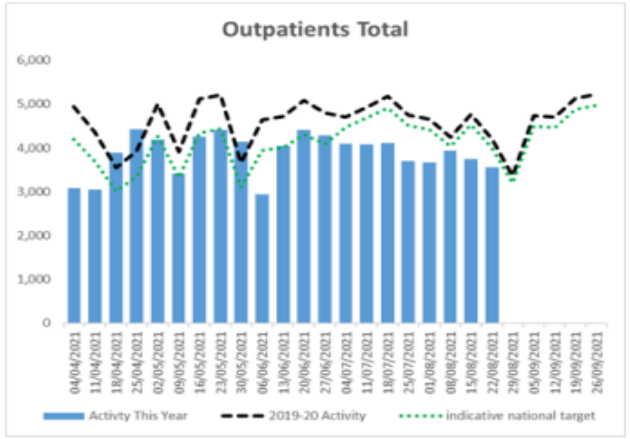
ICHT



LNWUHT



THHFT

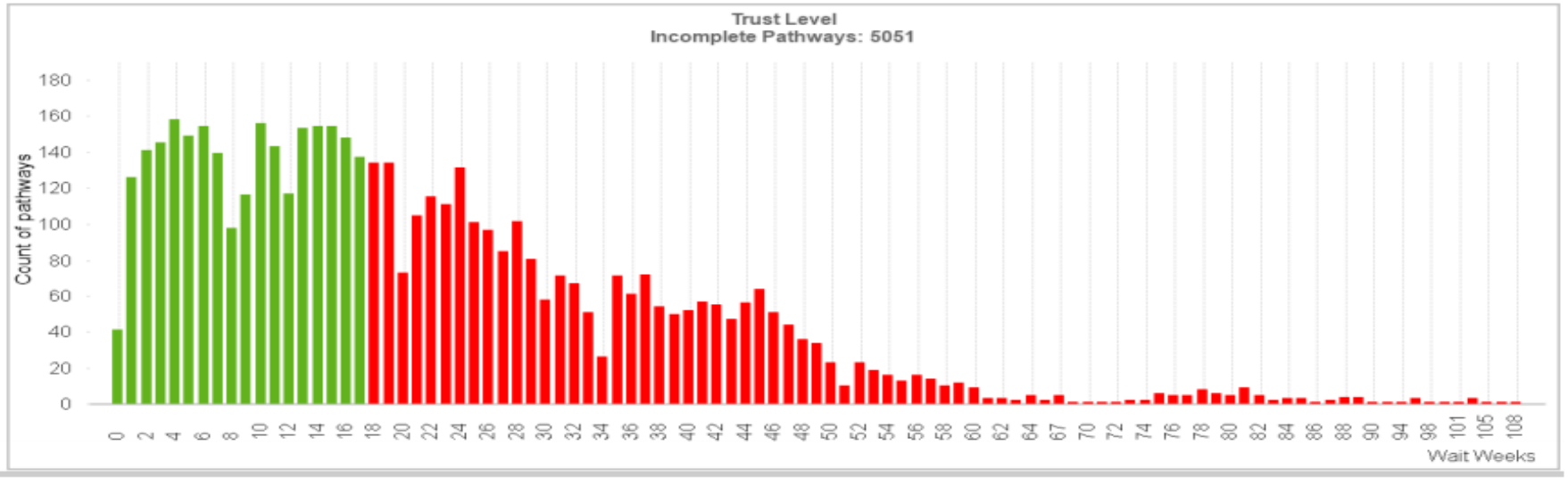


N.b. This report includes unvalidated operational data which needs to be viewed in conjunction with exception reports from trust teams.

Confidential information - not for further distribution

Current PTL Position

Admitted

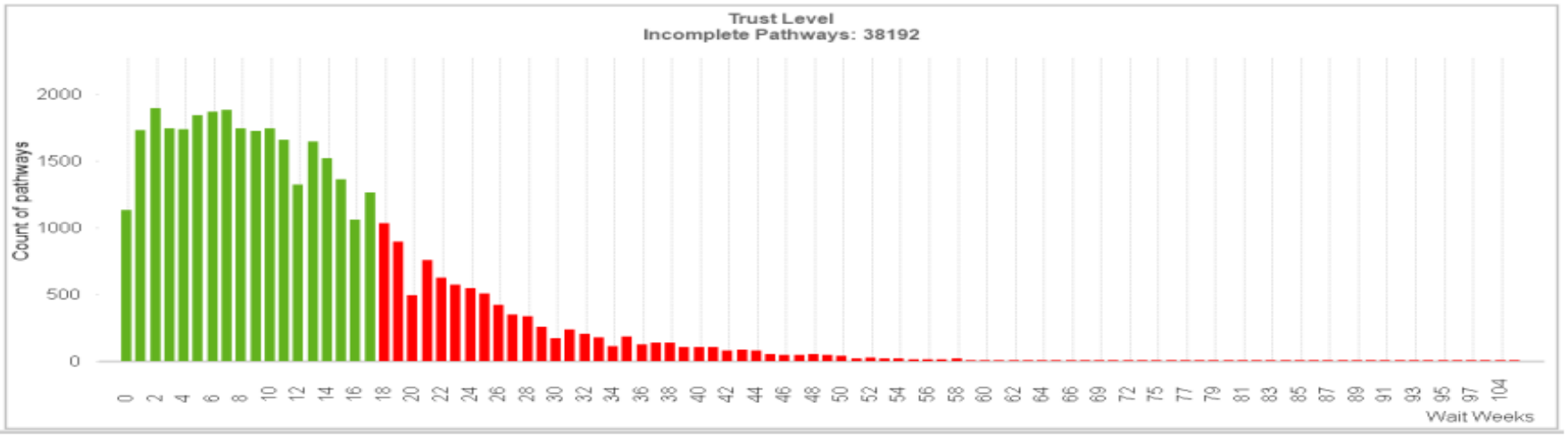


Admitted Summary

(previous data)

- **52ww - ↓240** (249)
- **Dated – ↑1,317** (1,312)
- **Undated – ↑3,734** (3,731)

Non-Admitted



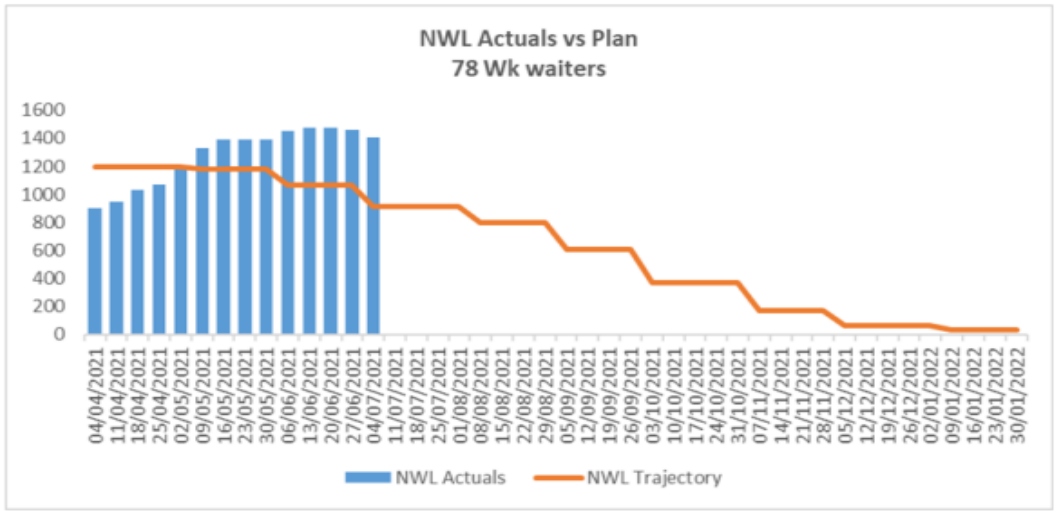
Non-Admitted Summary

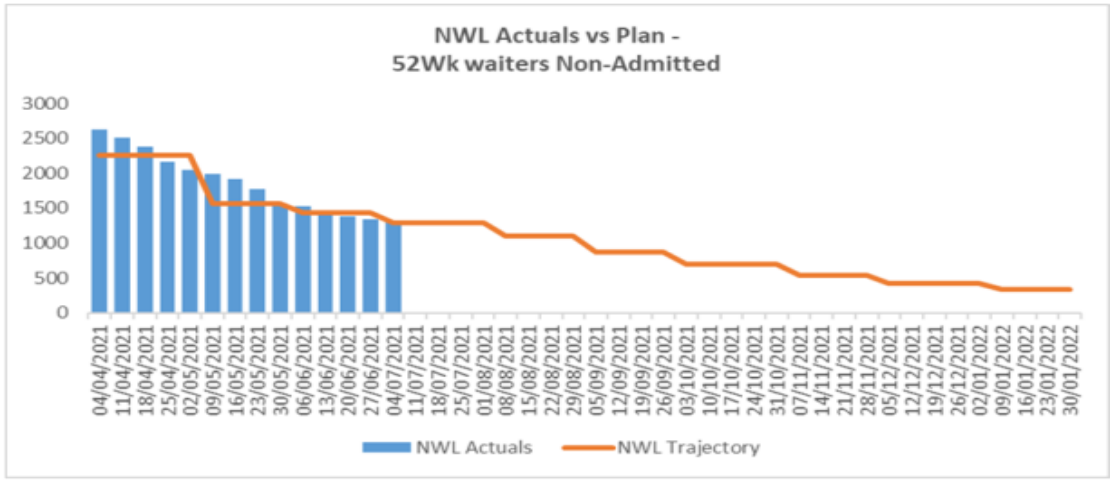
(previous data)

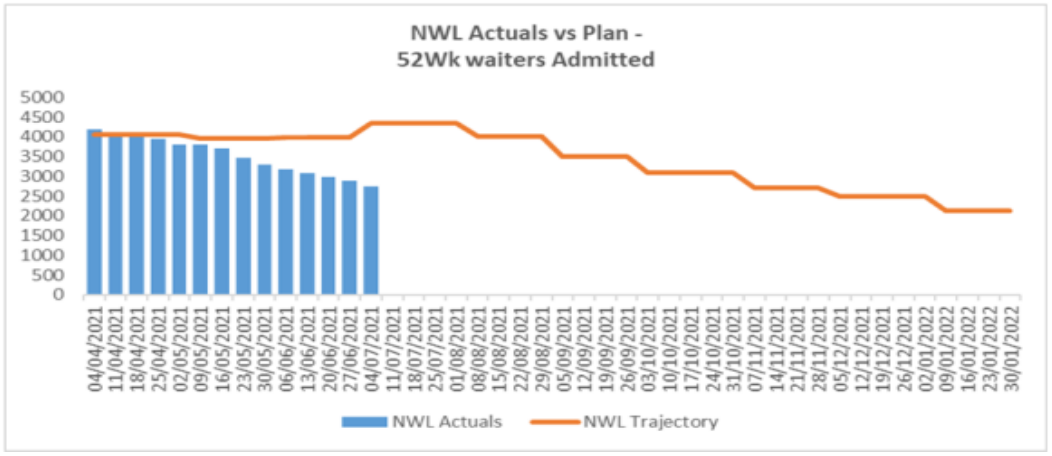
- **52ww – ↓240** (241)
- **Dated – ↑26,229** (25,995)
- **Undated – ↑11,963** (11,872)

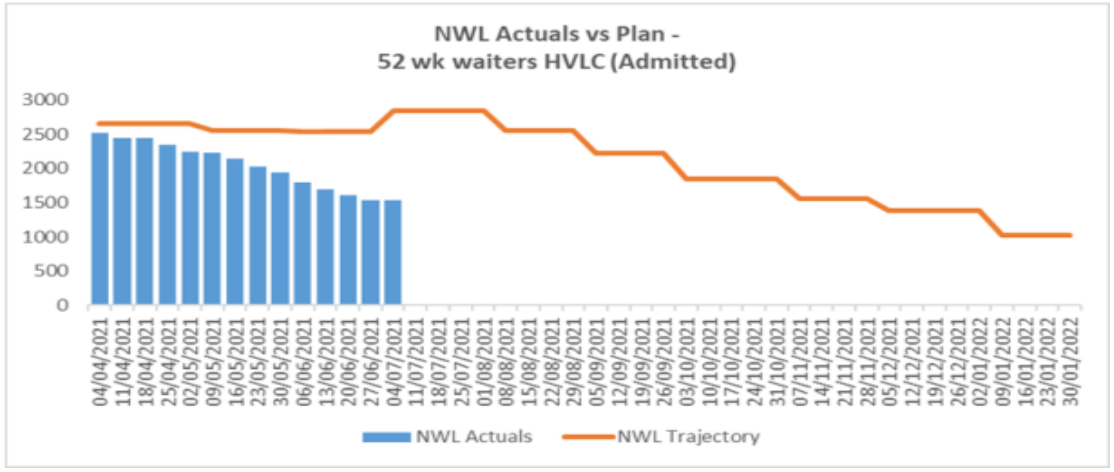
NWL Long Waiters

Actual activity: Un-validated data



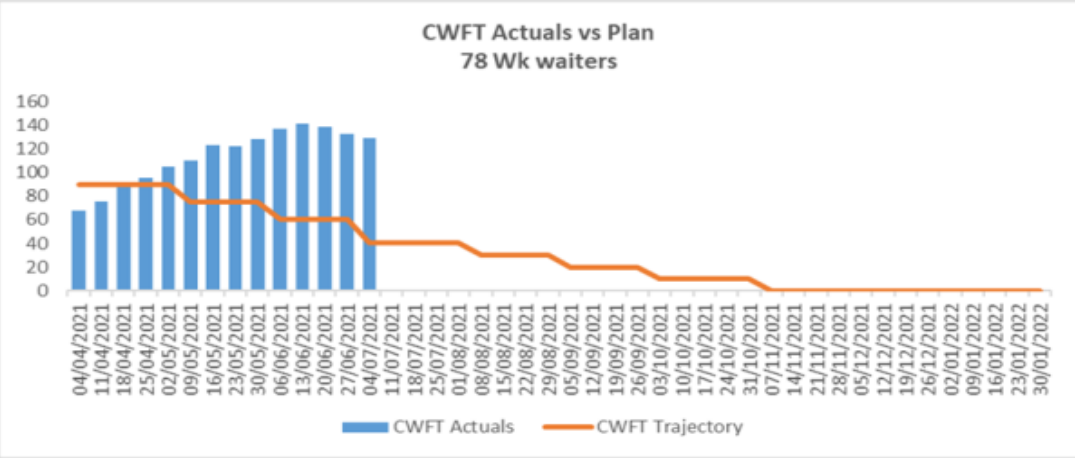


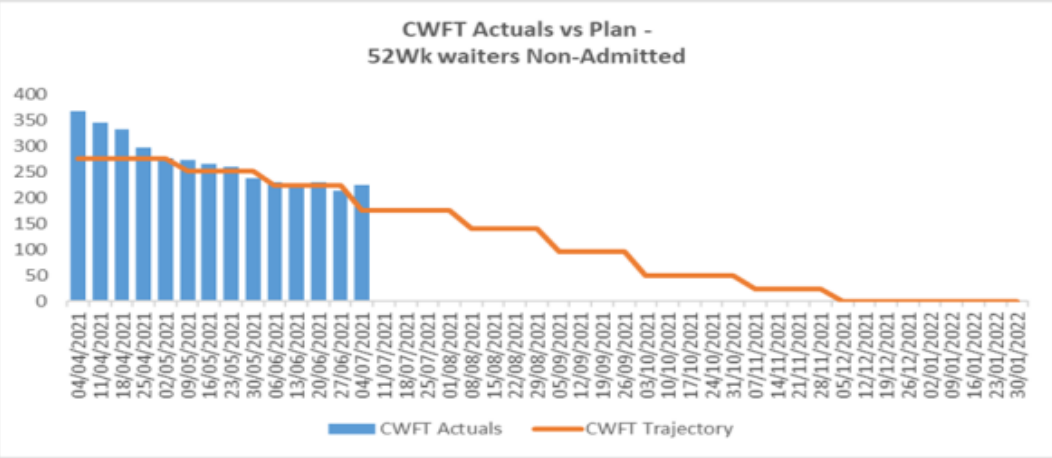


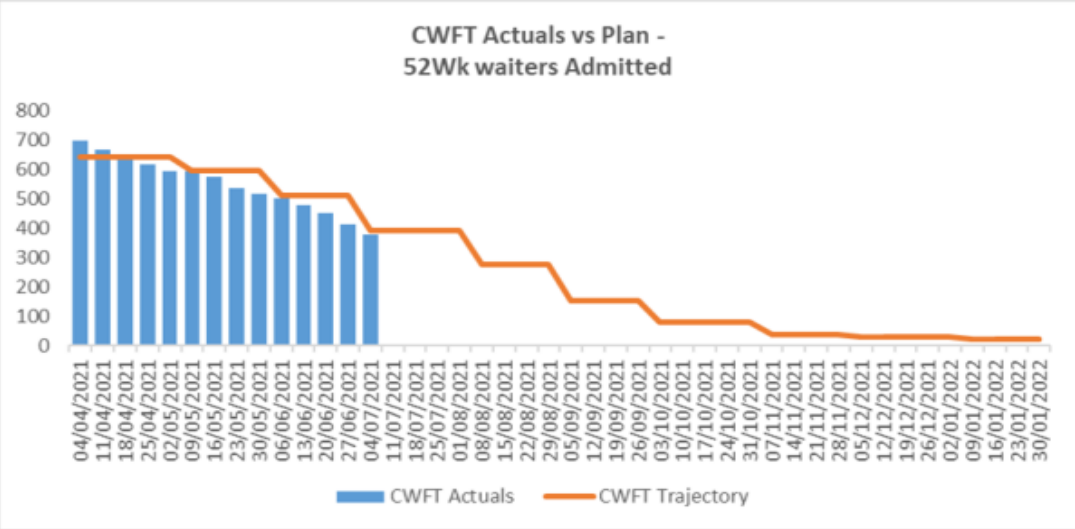


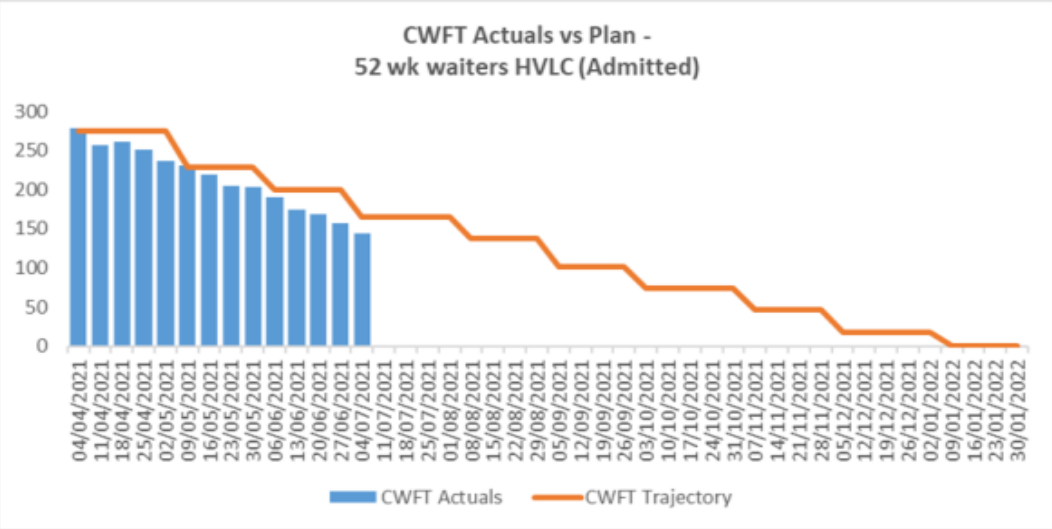
ChelWest Long Waiters

Actual activity: Un-validated data

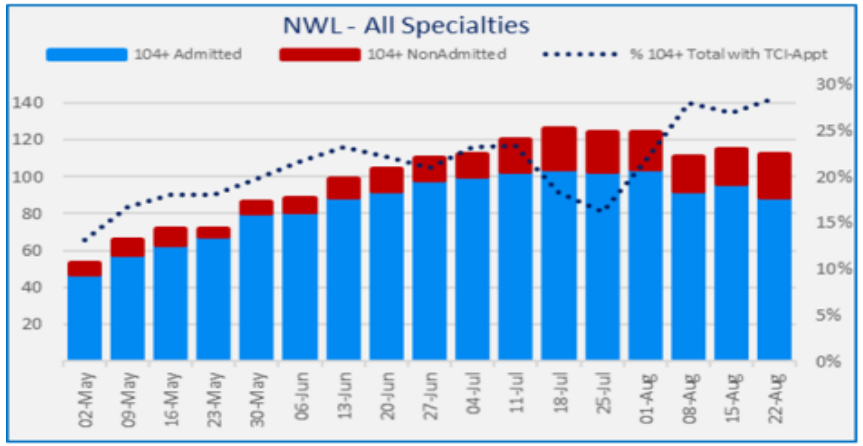


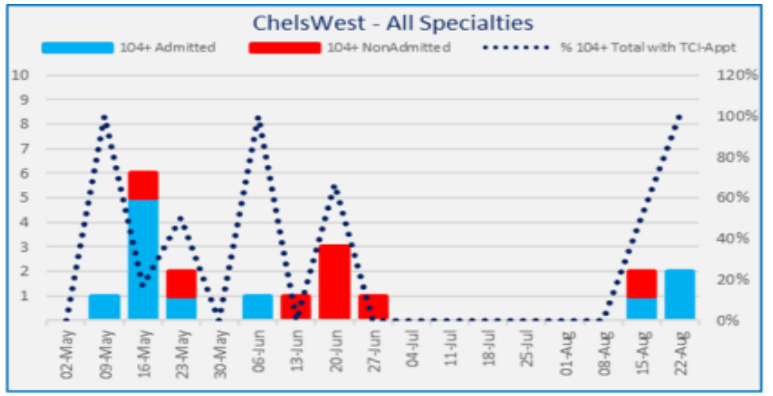


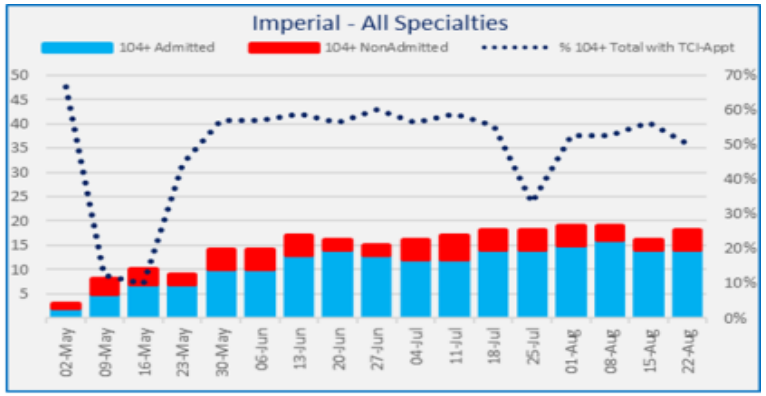


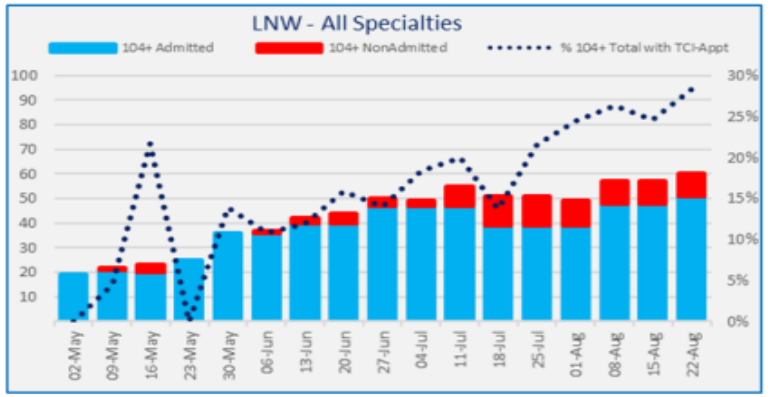


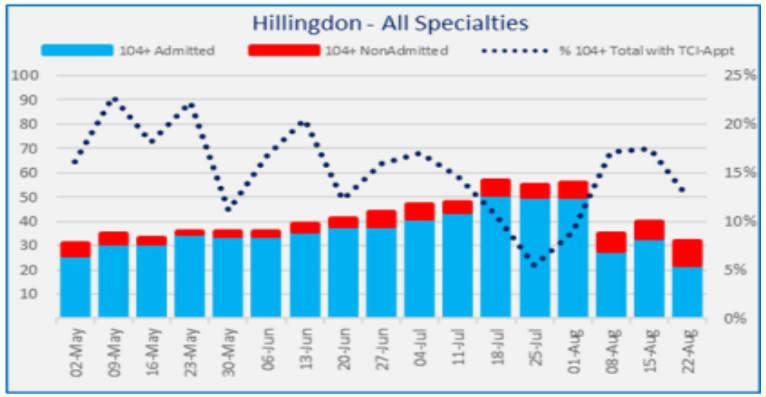
NWL 104ww


NWL - All Specialties
104+ Admitted
104+ NonAdmitted
% 104+ Total with TCI-Appt

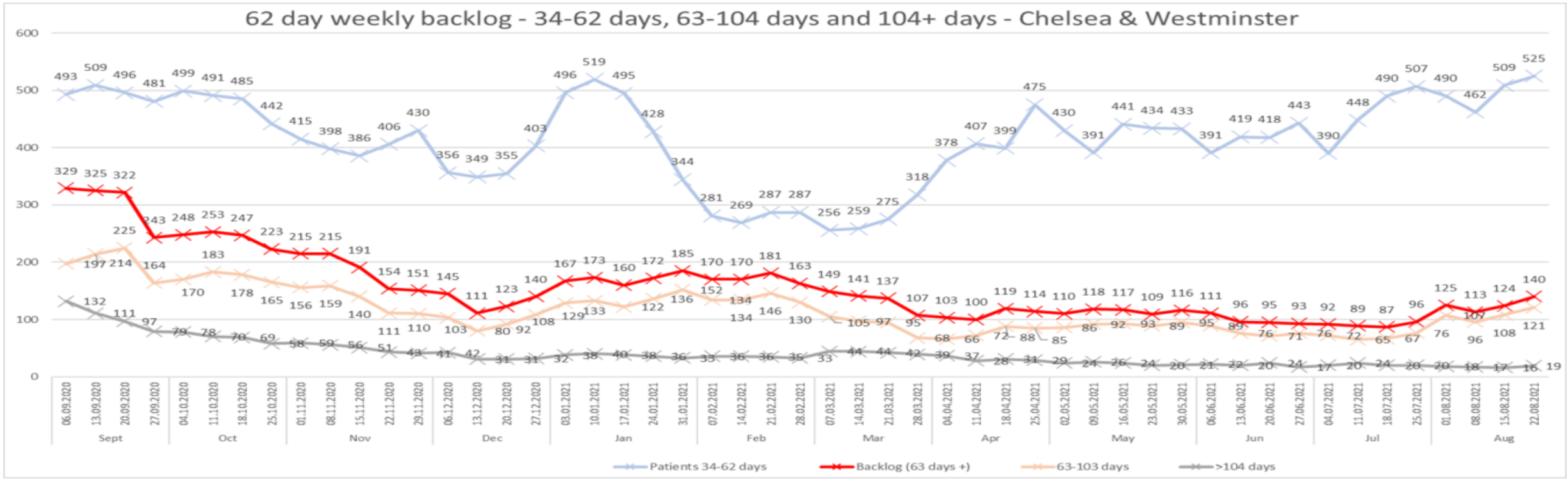

ChelsWest - All Specialties
104+ Admitted
104+ NonAdmitted
% 104+ Total with TCI-Appt


Imperial - All Specialties
104+ Admitted
104+ NonAdmitted
% 104+ Total with TCI-Appt


LNW - All Specialties
104+ Admitted
104+ NonAdmitted
% 104+ Total with TCI-Appt


Hillingdon - All Specialties
104+ Admitted
104+ NonAdmitted
% 104+ Total with TCI-Appt

Chelsea and Westminster Hospital NHS Foundation Trust
22nd August



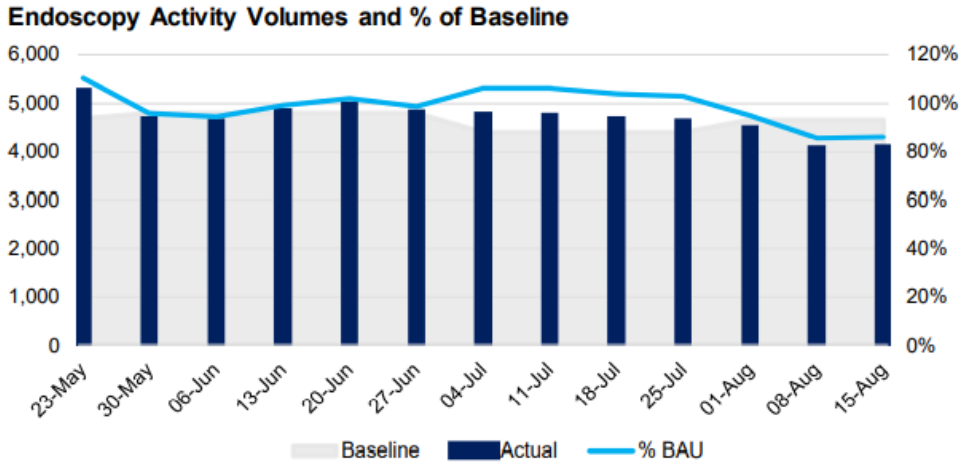
Change in last week:

C&W	34-62 days	63-103 days	104+ days	63 days +
% change	3.1%	12.0%	18.8%	12.9%
Number of patients	+16	+13	+3	+16

Totals:

NWL	34-62 days	63-103 days	104+ days	63 days +
RMP w/e 22.08.2021	525	121	19	140
Baseline (w/e 01.03.20)	493	189	63	252
Difference to baseline	+32	-68	-44	-112

Endoscopy activity



Endoscopy (Latest Freeze Data: w/e 15-Aug)

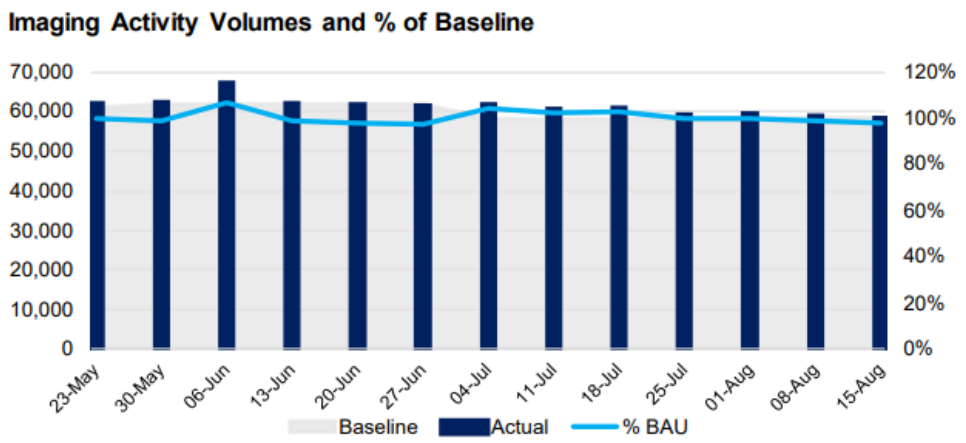
Provider	% BAU	Actual Activity	4 Week Change	H1 Plans Var to Plan	Latest Data: w/e 15-Aug Waitlist	4 Week Change	>6 Weeks	4 Week Change
NEL	**87.2%**	**921**	**-11.4%**	**-1.4%**	**4,310**	**-8.8%**	**1,902**	**-11.9%**
Barts	97.5%	529	-14.0%		3,196	-5.4%	1,833	-12.4%
Homerton	77.1%	158	-19.0%		409	-38.8%	35	-34.0%
BHRUT	75.7%	234	1.7%		705	3.8%	34	142.9%
NCL	**71.9%**	**594**	**-25.1%**	**-32.2%**	**4,898**	**-9.2%**	**2,310**	**11.9%**
GOSH	304.1%	21	5.0%		111	4.7%	32	-5.9%
Whittington	120.6%	162	15.7%		499	-16.1%	137	3.0%
UCLH	98.1%	249	-49.0%		2,066	2.2%	1,206	18.4%
NMUH	63.0%	77	-8.3%		1,209	11.7%	628	58.6%
RFL	27.5%	85	39.3%		1,013	-36.3%	307	-36.3%
NWL	**78.2%**	**810**	**-15.4%**	**-18.9%**	**5,602**	**1.3%**	**1,604**	**2.0%**
Hillingdon	334.5%	137	15.1%		949	16.4%	357	36.8%
ChelWest	96.7%	266	0.8%		1,074	-2.5%	156	4.0%
Imperial	61.3%	164	-38.6%		2,088	-8.9%	871	-10.9%
LNW	53.7%	243	-20.8%		1,491	12.9%	220	19.6%
SEL	**106.2%**	**941**	**-7.8%**	**-10.5%**	**3,193**	**1.4%**	**812**	**8.6%**
GSTT	211.9%	280	-13.0%		966	-9.4%	265	-5.0%
LGT	99.5%	304	-11.1%		689	-4.6%	89	-17.6%
Kings	79.6%	357	0.0%		1,538	13.1%	458	26.9%
SWL	**88.1%**	**756**	**-2.8%**	**-4.4%**	**2,558**	**9.0%**	**257**	**46.9%**
Croydon	127.3%	157	-8.7%		685	5.2%	154	102.6%
Royal Marsden	113.9%	32	-5.9%		125	-	10	
Kingston	94.1%	167	16.0%		584	0.5%	14	600.0%
Epsom	87.2%	224	-4.3%		652	7.6%	69	0.0%
St George's	64.6%	176	-9.3%		512	0.6%	10	-64.3%
LONDON	**86.2%**	**4,022**	**-12.4%**	**-13.5%**	**20,561**	**-2.8%**	**6,885**	**2.5%**

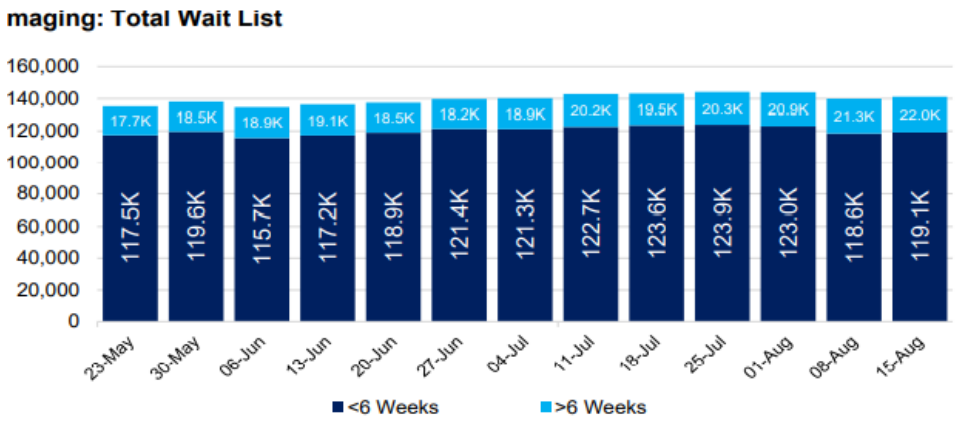
Source: Weekly Activity Return

Source: Weekly Activity Return

London Endoscopy Activity in equivalent baseline period: 4,663.
London planned activity: 4,651 (weekly equivalent calculated from H1 Plans).

Imaging activity





Imaging (Latest Freeze Data: w/e 15-Aug)

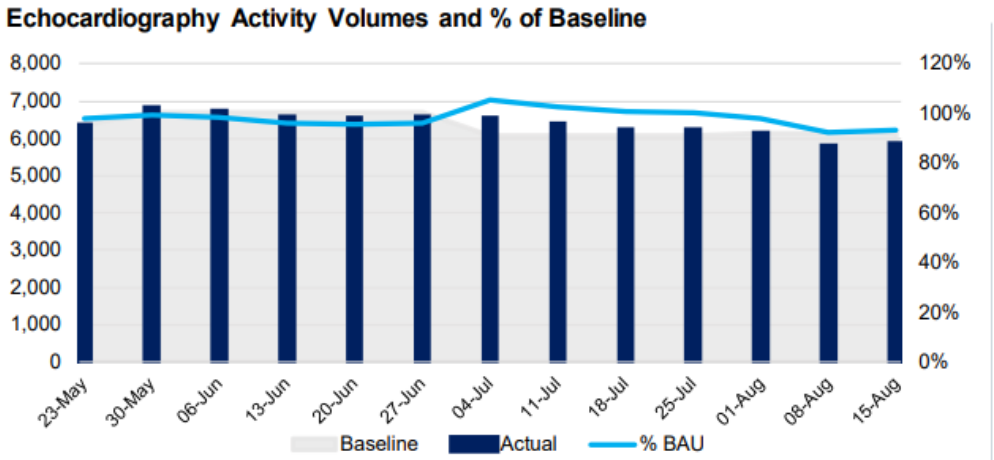
Provider	% BAU	Actual Activity	4 Week Change	H1 Plans Var to Plan	Latest Data: w/e 15-Aug Waitlist	4 Week Change	>6 Weeks	4 Week Change
NEL	**96.6%**	**12,281**	**-5.3%**	**-4.2%**	**48,774**	**-1.0%**	**14,429**	**7.4%**
Homerton	107.4%	2,067	-1.6%		4,896	-10.5%	17	21.4%
Barts	102.5%	6,259	-4.4%		33,114	0.7%	11,997	6.4%
BHRUT	84.5%	3,955	-8.4%		10,764	-1.3%	2,415	12.2%
NCL	**104.0%**	**11,560**	**-4.2%**	**14.3%**	**22,241**	**1.1%**	**2,005**	**35.3%**
NMUH	159.8%	1,552	2.0%		960	-26.7%	8	-91.3%
Whittington	129.3%	1,432	-2.1%		3,059	6.2%	73	2333.3%
UCLH	110.2%	3,531	-6.0%		7,689	1.7%	1,227	32.5%
GOSH	105.4%	341	-14.1%		992	-5.5%	168	-2.9%
Moorfields	98.1%	120	-13.7%		177	48.7%	0	
RNOH	85.5%	422	-11.3%		1,820	-7.6%	170	18.1%
RFL	85.0%	4,162	-3.5%		7,544	6.2%	359	149.3%
NWL	**93.1%**	**11,750**	**-4.2%**	**3.4%**	**23,542**	**-6.4%**	**1,678**	**1.1%**
ChelWest	106.5%	2,952	0.3%		4,474	-10.9%	17	21.4%
Imperial	97.3%	4,493	-2.4%		7,600	-2.0%	100	-18.0%
LNW	88.1%	3,115	-7.6%		6,277	-8.1%	44	10.0%
Hillingdon	70.0%	1,190	-11.5%		5,191	-6.5%	1,517	2.3%
SEL	**101.2%**	**11,727**	**-1.4%**	**-7.1%**	**22,248**	**1.1%**	**1,858**	**20.3%**
Kings	113.3%	4,954	0.5%		7,861	2.1%	585	21.4%
GSTT	95.4%	3,916	1.8%		9,470	-2.2%	1,266	21.7%
LGT	91.8%	2,857	-8.5%		4,917	6.1%	7	-68.2%
SWL	**96.1%**	**10,058**	**-5.2%**	**1.7%**	**24,336**	**-1.4%**	**2,076**	**47.9%**
Epsom	115.4%	2,482	1.1%		7,031	-9.8%	1,178	30.7%
Croydon	105.5%	1,978	-6.5%		7,251	-2.2%	529	67.9%
Royal Marsden	102.4%	1,574	-5.9%		578	-	8	
Kingston	87.9%	1,542	-10.1%		3,312	-4.0%	182	550.0%
St George's	78.8%	2,482	-6.2%		6,164	2.3%	179	11.9%
LONDON	**98.0%**	**57,376**	**-4.1%**	**1.0%**	**141,141**	**-1.4%**	**22,046**	**12.9%**

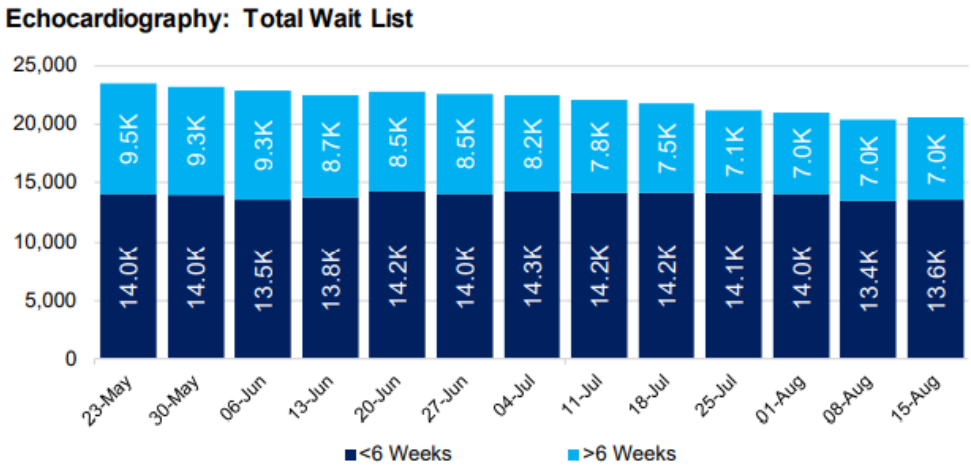
Source: Weekly Activity Return

Source: Weekly Activity Return

London Imaging Activity in the equivalent baseline period: 58,518.
London planned activity: 56,815 (weekly equivalent calculated from H1 Plans).

Echocardiography activity





Echocardiography (Latest Freeze Data: w/e 15-Aug)

Provider	% BAU	Actual Activity	4 Week Change	H1 Plans Var to Plan	Latest Data: w/e 15-Aug Waitlist	4 Week Change	>6 Weeks	4 Week Change
NEL	**85.9%**	**1,139**	**-1.0%**	**3.9%**	**8,872**	**-4.0%**	**5,307**	**-2.6%**
Barts	98.2%	921	4.3%		7,763	-4.1%	5,133	-3.9%
Homerton	73.7%	99	-18.9%		768	7.4%	126	125.0%
BHRUT	47.0%	119	-18.5%		341	-20.9%	48	-4.0%
NCL	**119.1%**	**1,000**	**-11.9%**	**7.1%**	**2,017**	**-7.1%**	**277**	**4.1%**
GOSH	172.1%	293	3.2%		122	-19.7%	37	5.7%
RFL	109.6%	204	-5.1%		609	11.3%	72	2.9%
UCLH	105.0%	285	-30.5%		740	10.1%	153	93.7%
Whittington	103.6%	109	0.0%		357	-6.1%	2	-96.3%
NMUH	102.2%	109	-6.8%		189	-54.9%	13	-53.6%
NWL	**78.1%**	**845**	**-7.4%**	**-12.2%**	**2,743**	**0.0%**	**291**	**5.4%**
LNW	144.4%	317	12.8%		855	-16.2%	79	8.2%
Hillingdon	104.3%	139	-29.4%		600	26.3%	127	18.7%
ChelWest	73.6%	138	-14.8%		977	12.0%	0	
Imperial	46.4%	251	-8.1%		311	-17.1%	85	-11.5%
SEL	**96.5%**	**1,861**	**-3.2%**	**-0.4%**	**3,704**	**-9.5%**	**681**	**-18.1%**
LGT	121.6%	203	16.7%		724	-23.1%	0	
Kings	96.2%	628	-8.7%		1,720	-12.9%	364	-43.9%
GSTT	93.0%	1,030	-2.8%		1,260	7.1%	317	74.2%
SWL	**90.8%**	**895**	**-11.2%**	**-1.7%**	**3,217**	**-7.8%**	**421**	**-40.6%**
Croydon	121.3%	220	-14.1%		819	8.5%	0	
Kingston	100.0%	136	40.2%		356	-38.4%	243	-37.0%
Epsom	85.8%	134	-40.4%		945	21.6%	100	96.1%
St George's	71.5%	366	-0.8%		1,097	-20.4%	78	-71.3%
LONDON	**93.2%**	**5,740**	**-6.3%**	**-0.5%**	**20,553**	**-5.4%**	**6,977**	**-7.4%**

Source: Weekly Activity Return

Source: Weekly Activity Return

London Echo Activity in the equivalent baseline period: 6,160.
London planned activity: 5,770 (weekly equivalent calculated from H1 Plans).

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Sep/21
REPORT NAME	Medical Appraisal & Revalidation Annual Report 2020/21
AUTHOR	Dr J Durbridge AMD, S Chowdhury
LEAD	Dr Roger Chinn, Chief Medical Officer
PURPOSE	To provide assurance to the Board of Directors of levels of compliance with Medical Appraisal and Revalidation requirements across the organisation and to seek approval to the Medical Appraisal and Revalidation Annual Report in readiness for submission to the GMC.
REPORT HISTORY	• People & OD Committee, 28 July 2021 • Executive Management Board, 21 July 2021 • Responsible Officer Appraisal & Revalidation Group reviewed 13/7/21
SUMMARY OF REPORT	The Trust in its role as a Designated Body (DB) of the General Medical Council (GMC), must be assured that the doctor for whom it is the DB are Fit to Practise. This assurance is through a process of revalidation based upon annual professional appraisal and reflection. The trust is the DB for 814 doctors and there have been 350 annual appraisals completed in 2020/21 and the Responsible Officer (RO) has made a positive recommendation for revalidation for 19 for our doctors. Appraisal and Revalidation processes were suspended by NHSE & GMC respectively for 3 months & 12 months due to the pandemic. We have made 1 non-engagement recommendation and this doctor has subsequently relinquished their licence to practice.
KEY RISKS ASSOCIATED:	The key risk is that we are not assured of fitness to practise and the safety of our doctors
QUALITY IMPLICATIONS	Failure to provide high quality care..
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice

DECISION / ACTION	For approval in readiness for submission to the General Medical Council.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Annual Appraisal & Revalidation Board Report 2020-21

Contents

Executive summary

Due to the COVID pandemic and suspension of appraisal in mid-March 2020, we are not statutorily required to submit an annual report for 2020/21. However, we recommenced the appraisal systems from July 2020 and wanted to review the 20/21 year to ensure that we provided the correct support for our doctors in complying with the appraisal & revalidation requirements. Chelsea and Westminster Healthcare NHS Foundation Trust had 814 (322 @ WM & 492 @ CW) doctors eligible for an appraisal in 2020/21. 350 Doctors completed appraisals in 2020/21 despite the pressures from the pandemic. The impact of the pandemic throughout the 20/21 appraisal year has been significant; many doctors have been unable to complete an appraisal despite amended guidance regarding supporting information and the format of the appraisal. The Responsible Officer (RO) has made positive revalidation recommendations for 19 doctors. The GMC deferred all revalidations due in the 20/21 year however we have facilitated the revalidation of a number of doctors who were leaving the Trust. We deferred 4 doctors in the last quarter to enable an up to date appraisal to be completed before the recommendation. We have made 1 non-engagement recommendation and the doctor has subsequently relinquished their licence to practice and retired.

Purpose of the Paper

The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.

This report describes the progress against last year's improvement plans and sets out the future direction in light of new guidance from NHS England. This is a statement of compliance with the FQA to the board and higher level responsible officers.

Background

Medical staff appraisal is a process of facilitated self-review, supported by information gathered from the full scope of a doctor's work. At this organisation, medical staff appraisal has three main purposes.

- To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in Good Medical Practice and thus to inform the responsible officer's revalidation recommendation to the GMC;
- To enable doctors to enhance the quality of their professional work by planning their professional development;
- To enable doctors to consider their own needs in planning their professional development.

Revalidation is the process through which licensed doctors demonstrate they remain up to date and fit to practise. It is based on clinical governance and appraisal processes. Effective medical appraisal and subsequent revalidation will satisfy the requirements of Good Medical Practice and support the doctor's professional development.

Appraisal is focused on a doctor's fitness to practise and professional development to enhance this. This means that there is a clear distinction between appraisal and Job Planning, which is focused on determining the quantity and scope of a doctor's work to meet service and organisational objectives – and should be a process that is carried out at a separate meeting.

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that provider boards will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals in their organisations;
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

Governance Arrangements

The RO is accountable to the Board for ensuring the implementation and operation of appraisals for all medical staff with whom the organisation has a "prescribed connection"; it is also a contractual requirement for all medical staff to participate in annual appraisal. Therefore, the objective will be to maintain an appraisal rate of 95% for medical staff over a twelve-month period. The 2020/21 compliance rate due to the pandemic and multiple cancellations as per NHSE and GMC guidance was 70%. The appraisal rate was significantly impacted by the onset of the COVID pandemic which meant that appraisal was suspended for the first quarter of the year and during the 2nd wave in quarters 3 and 4 there were many doctors who were unable to complete an appraisal. Outstanding appraisals from 20/21 were chased but many were cancelled.

The Medical Appraisal and Revalidation officer provides monthly reports showing the appraisal rates for medical staff at organisational, Divisional and Directorate level and also show which appraisals are overdue. These monthly reports are circulated to (and should also be a standing agenda item at the monthly Divisional Board meetings):

- Clinical Directors, Divisional Medical Directors and the RO;
- Director of HR, Deputy Director of HR and HR Business Partners

We currently maintain our database of doctors by checking the monthly Starters and Leavers report supplied by the Workforce team. We also receive emails from the GMC documenting those doctors for whom we have a responsibility. We regularly audit our databases to ensure that these are up to date and are in alignment with GMC connect. We have set out a regular process to maintain this going forward and have had much greater alignment of databases in 20/21 year.

a. Policy and Guidance

The Trust Medical Appraisal policy was reviewed and updated in December 2018, the only substantial change was a move to fit with established GMC guidance regarding collecting patient & colleague feedback once in each 5-year revalidation.

Medical Appraisal

Appraisal and Revalidation Performance Data

Please see ***Appendix A- Audit of all missed or incomplete appraisals***

Appraisers

We have 133 (43 @ WM / 90 @ CW) trained appraisers as at the end of 2020/21. During this period, we held 1 new appraiser training session provided by internal facilitators (3 doctors trained) limited by social distancing rules. We held 1 appraiser forum to provide education and an opportunity to discuss the new NHSE guidance for appraisal and COVID; 24 of our appraisers attended this. We also held two appraiser update sessions, in October and December 2020 of which 40 appraisers attended in total. We circulated the new guidance to all doctors and appraisers in July 2020.

We collect electronic feedback from appraisees about their appraiser once they have completed their appraisal. This includes feedback on their listening, support and overall effectiveness. This is part of demonstrating fitness to practice as an appraiser.
In 20/21 the AMD for professional development has been unable to conduct 1:1 meetings with appraisers due to the pandemic. Appraisers are encouraged to utilise this feedback for inclusion and reflection in their own appraisals.

Quality Assurance

Throughout 2020/21 the AMD for professional development continued to review all appraisals in those requiring revalidation (24 appraisal portfolios) and provides feedback to both the individual and the appraiser regarding the inputs, supporting information presented and the quality of the summary written by the appraiser. 19 of the portfolios met the required standard for revalidation, sometimes after intervention of the AMD to request further supporting information.

On-going education of appraisers is aimed at improving the quality of the supporting information and reflection captured in the appraisal. The Appraisal and Revalidation team administrators now check all appraisals prior to them being closed to ensure all mandatory information, i.e. MAST training, Clinical Governance supporting information and scope of practice information is included. Appraisals lacking any mandatory information are then sent back to the appraisee to complete before being closed.

Access, Security and Confidentiality

Appraisal documentation is provided by a web based system that is password protected. There is the capacity to lock documents for only the appraisee, appraiser, RO and delegate to see. The system meets the highest standards of IT security and document storage.

There are warnings not to upload documents with patient information and advice to anonymise. No audit of information governance has been undertaken but staff are advised to remove any PID.

The licences are amalgamated however we have not been able to fully integrate the systems across both sites as yet.

Clinical governance

Corporate data is used for individual doctors to contribute to supporting information. The Appraisal and Revalidation team have provided reports from the Datix system, for all individuals to enable review of their involvement in incidents and reflection and learning from them. This is an essential piece of supporting information that is required from all places of work.

*See **Appendix C;** Audit of concerns about a doctor's practice.*

f. Update on Action Plan from 2019/20 Board Report

- *Implement SOP for sending & receiving MPIT forms and audit process*. This has been implemented and an ongoing review of efficacy is in place.
- *Train lead appraisers to assist in delivery of quality assurance processes*. Lead appraisers are in post but due to the pandemic their activity has been focussed on supporting doctors and the redevelopment of training to support a more virtual training package.
- *Work with system provider to merge the two systems to improve functionality across site, implementation plan required from provider and implementation dates to be agreed.* Due to the pandemic this work has not been completed.
- *Continue to provide new appraiser training days, actively seek out suitable doctors to train as appraisers*. Due to the pandemic a limited number of new appraisers were trained but a new virtual training package is due to launch in July 2021.

- *Use Allocate to link with GMC Connect: This remains aspirational but requires Allocate to action and is unlikely to be achieved within the medium term.* Due to the pandemic no progress against this action has been made.

Revalidation Recommendations

The GMC deferred all revalidations in the 2020/21 year to relieve pressure on the medical workforce and allow them to concentrate on dealing with the pandemic. However, a small number of doctors mostly because they were due to leave the Trust due to retirement or moving to a new job requested us to make revalidation recommendations.

- Recommendations between April – March: **24**
- Recommendations completed on time: **24**
- Positive recommendations: **19**
- Deferral requests: **4**
- Non-engagement notifications: **1**

Deferrals: All deferrals have been due to lack of essential supporting information or a need to realign the revalidation to the appraisal date following COVID. The non-engagement recommendation was for a doctor who had struggled with complying with the regulations and after a prolonged period of shielding decided to relinquish their licence to practice and retire.

Recruitment and engagement background checks

HR and workforce have provided data regarding background checks made for new doctors including bank doctors. Locum agencies utilised are all framework agencies and hence conduct the appropriate checks. The checklist used corresponds to the data collected by the Trust for our own doctors.

*See **Appendix C***

Monitoring Performance

A number of measures are used to assess the performance of doctors within the organisation:

- Appraisal, including feedback from patients and colleagues
- GMC referrals
- Clinical audit
- Incident and Serious Incident reports
- Mortality reviews
- Complaints
- Key Performance Indicators, such as healthcare associated infections and referral to treatment times
- Concerns raised by other staff.

Clinical Governance reporting is via Divisional Quality & Risk Groups, and a number of other committees (such as the Medicines group), which report into the Clinical risks or effectiveness group, which in turn report to the quality Committee, a sub-committee of the Trust Board. The Medical Director is the chair of the patient safety group and a member of the effectiveness group and the quality committee.

Following new guidance from NHS England the monthly revalidation/appraisal meeting has been formally constituted as the Responsible Officer Advisory group, with an agreed membership and terms of reference. The Medical Director and the Appraisal and Revalidation Lead also meet jointly with the GMC Employer Liaison Officer every 3-4 months, which includes discussion of medical staff subject to on-going GMC process.

Responding to Concerns and Remediation

*See **Appendix B***- Audit of concerns about a doctor's practice

Risks and Issues

- HR carries out all pre-employment checks in line with Trust and NHS requirements. The collation of information via the MPIT process is being streamlined to ensure this information is systematically collated and communicated.
- We have recently expanded the Medical Workforce team to include a new Medical Workforce Manager to assist with managing the appraisal and revalidation processes.
- Reduction in the number of appraisers due to retirements and increased pressure on doctors continue to cause some delays in allocating doctors appraisers and consequently their appraisals.

Corrective Actions, Improvement Plan and Next Steps

- Review and update SOP for sending & receiving MPIT forms and audit process.
- Train lead appraisers to assist in delivery of quality assurance processes.
- Work with system provider to merge the two systems to improve functionality across site, implementation plan required from provider and implementation dates to be agreed.
- Continue to provide new appraiser training days, actively seek out suitable doctors to train as appraisers.
- Use Allocate to link with GMC Connect: This remains aspirational but requires Allocate to action and is unlikely to be achieved within the medium term.

Recommendations

1. Board to accept report. Please note it would normally be shared, along with the annual audit, with the higher level responsible officer, due to the pandemic, this is not required this year.
2. Board to continue to support resource requirements to deliver a higher standard of appraisal.

3. Board to approve the 'statement of compliance' confirming that the organisation, as a designated body, is in compliance with the regulations.

Appendix A – Audit of all missed or incomplete appraisals

Doctor factors (total)	**Number**
Maternity leave during the majority of the 'appraisal due window'	9
Sickness absence during the majority of the 'appraisal due window'	4
Prolonged leave during the majority of the 'appraisal due window'	3
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 month of appraisal due date	*
New starter more than 3 months from appraisal due date	*
Postponed due to incomplete portfolio/insufficient supporting information	1
Appraisal outputs not signed off by doctor within 28 days	103
Lack of time of doctor	29
Lack of engagement of doctor	1 (mentioned in opening paragraph)
Other doctor factors	*
Left the trust after appraisal due date without completing annual appraisal	32
Appraiser factors	**Number**
Unplanned absence of appraiser	3
Appraisal outputs not signed off by appraiser within 28 days	3
Lack of time of appraiser	7
Other appraiser factors (describe) completion delayed but completed within year Aside from COVID implications the lack of appraisers can cause delay in setting up appraisal meetings. This should rectify itself once more appraisers are trained in the coming months.	*
Organisational factors	**Number**
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors COVID pandemic cancellations	225
*Due to Covid restrictions and movement of appraisal dates it is not possible to accurately report on these numbers due to multiple re-scheduling of appraisal meetings for the 2020/2021 appraisal year.	

NB This records the reasons for an appraisal to have been missed there may be more than 1 reason

Appendix B– Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level[1]	Medium level[2]	Low level[2]	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern	4	11	6	19 x1 Dr had 2 separate concerns raised
Capability concerns (as the primary category) in the last 12 months	0	1	1	2
Conduct concerns (as the primary category) in the last 12 months	4	9	5	18
Health concerns (as the primary category) in the last 12 months	0			0
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2021 who have undergone formal remediation between 1 April 2020 and 31 March 2021. Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice A doctor should be included here if they were undergoing remediation at any point during the year				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				0
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England only; doctors on a medical performers list, Armed Forces)				0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				0
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				0

[1] http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf

Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc.) All Designated Bodies	0
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.) All Designated Bodies	0
TOTALS	0
Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	2
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week : 1 week to 1 month 1 – 3 months : 3 - 6 months : 1 (3months & 1 day) 6 - 12 months: 1 (6 months & 2 weeks)	
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	6
GMC Actions: Number of doctors who:	
Were referred by the designated body to the GMC between 1 April and 31 March	3
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	5 3 referred by RB and 2 following direct complaint to GMC
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	

Number of doctors about whom the Practitioner Performance Advice service (PPA) has been contacted between 1 April and 31 March for advice or for assessment	19
Number of NCAS assessments performed	0

Appendix C– Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)	
Permanent employed doctors	45
Temporary employed doctors	66
Locums brought in to the designated body through a locum agency	0
Locums brought in to the designated body through 'Staff Bank' arrangements	0
Doctors on Performers Lists	0
Other Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc	(Honorary Doctor)
TOTAL	

For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)

	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS investigations	Disclosure and Barring Service (DBS)	2 recent references	Name of last responsible officer	Reference from last responsible officer	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance concerns
Permanent employed doctors	45	45	45	45	45	45	45	0	0	45	45	45	0	0	0	45
Temporary employed doctors	66	66	66	66	66	66	66	0	0	66	66	66	0	0	0	66
Locums brought in to the designated body through a locum agency	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Chelsea and Westminster Hospital
NHS Foundation Trust

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Sep/2021
REPORT NAME	Trust Seasonal Influenza and Covid Booster Vaccinations Plan
AUTHOR	Lee Watson, Director of Nursing, Chelsea and Westminster Hospital
LEAD	Pippa Nightingale, Chief Nursing officer
PURPOSE	The purpose of this report is to provide the Board with assurance on the Trust's Seasonal Influenza and Covid Booster Vaccinations plan ahead of publication.
REPORT HISTORY	This report has been reviewed and discussed at the Strategic Flu Group and the Executive Management Board.
SUMMARY OF REPORT	The Seasonal Flu programme has been combined with the Covid booster programme for 2021/22. The 2020/21 campaign had a KPI of >90% uptake of front line and the Trust achieved 93%; this year the 2021/22 KPI is >85% uptake from staff within patient facing roles – this has seen an increase in the denominator that the Trust is reporting of 6,464 staff (compared to 4,685 last year). The Science museum mass vaccination hub is closing on the 5th September and the administration and vaccination teams will be relocated to the Chelsea site and West Middlesex site to provide the 2021/22 vaccination programme. The hospital hubs will be located in the Academic Atrium on the Chelsea site and within a purpose built Portacabin which will be located next to the existent testing facility by Medical Records Covid booster vaccines are scheduled to commence on 13th September and the Flu vaccinations are due to arrive on site w/b 27th September and will be commenced straight away. The vaccine hubs will operate an appointment slot system using DrDoctor and the vaccination hubs will open 8-8 Mon-Fri and 8-4 Sat & Sun – this is to optimise on ensuring adequate provision to staff working out of hours and nights. This year's programme will be run using the learning from the mass vaccination hubs and an administrator will be paired with a vaccinator to complete real-time documentation and reporting; there will not be any

	paper forms or manual reporting of data. A full Communications programme is included to ensure the publicity of the vaccination hubs, including key messages and myth busting, engagement of hospital networks e.g. BAME network, incentives and reporting mechanisms.
KEY RISKS ASSOCIATED	The predominate risk of the vaccination programme is uptake of vaccine amongst staff and the risk of onward transmission of flu/Covid and health risks to patients, staff and families.
FINANCIAL IMPLICATIONS	Note any financial implications, not covered in above.
QUALITY IMPLICATIONS	Note any quality implications, not covered in above.
EQUALITY & DIVERSITY IMPLICATIONS	Note any equality & diversity implications, not covered in above.
LINK TO OBJECTIVES	Report presents an opportunity to demonstrate how we performed against our corporate objectives in 2021/22: • Deliver high quality patient centred care • Be the employer of choice
DECISION/ ACTION	This paper is to assure the Board of our plan for Covid Vaccination Boosters and Flu for 2021/22

START DATE:	August 2021		**NEXT REVIEW:**	August 2022
COMMITTEE APPROVAL:	**ENDORSED BY:** Strategic Flu Group Executive Management Board	**DATE:** 1 September 2021	**CHAIR'S SIGNATURE:**	

Seasonal influenza plan 2021 - 2022

DISTRIBUTION:	Strategic Flu Group, Trust Board Members, Senior Managers, Medical and Nursing/Midwifery Clinicians and Ward/Departmental Managers within the Trust via Trust Intranet.
LOCATION:	Emergency Preparedness Folder Intranet - Seasonal Influenza file Flu intranet page http://connect/departments-and-mini-sites/eprr/seasonal-flu/
RELATED DOCUMENTS:	Infection Control Outbreak Policy, Trust's Surge Plans, Winter Planning, Service Continuity Plan
AUTHOR / FURTHER INFORMATION:	Lee Watson, Director of Nursing

DOCUMENT REVIEW HISTORY:

Date	Version	Responsibility	Comments
13.12.2011	V 1	C Sands	Final Version for 2011/ 2012 season
03.08.2012	V 1.1	C Sands	Draft for 2012 / 2013 season, changing year and updating committee members.
13.09.2012	V 1.2	C Sands	Update of Paediatric Ward details
26.09.2012	V2	C Sands	Final Version for 2012/ 2013 season
03.09.2013	V3	C Sands	Final Version for 2013/2014 season
10.09.2014	V3.1	C Sands	Changing year and updating committee members, removing information related to pandemic flu as separate plan
03.11.2014	V4	C Sands	Final Version for 2014/2015 season
06.01.2017	V5	M van Limborgh	Amendment of plan for the Trust

2019	V6	C. Fry	Annual update
2020	V7	L Watson	Annual update
2021	V8	L Watson	Annual update
DATE EXPIRED		**August 2022**	

CONTENTS

Clinical algorithms, links, posters, information and guidance can be found on the Seasonal Flu intranet page, or the antimicrobials page on the intranet

http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance/

- Clinical algorithm Emergency Department (adults) Chelsea and Westminster
- Clinical algorithm Emergency Department (adults) West Middlesex
- Clinical algorithm Emergency Department (paediatric) Trust wide
- PPE poster Chelsea and Westminster site
- PPE poster West Middlesex site
- Prepare & Protect poster NHS England
- Visiting Restriction posters
- Swabbing Information for Chelsea and Westminster
- Trust Patient Information leaflet

This plan is not a standalone document and supplements the Trust's Infection Control Outbreak Policy, Surge Plans, Winter Plannning, Service Continuity Plan by providing additional information and guidance specific in line with national guidance. There is a separate Pandemic Influenza Policy

SEASONAL FLU PLAN

1. INTRODUCTION

All NHS organisations are required to plan for disruptions to services caused by infectious diseases. Increased service demands and reduced staffing levels may impact upon the Trust's ability to continue providing critical services whilst maintaining high standards of patient care.

Flu is also a key factor in NHS winter pressures and therefore NHS considers it as part of winter preparedness. Plans for a response to seasonal influenza builds on and enhances normal business continuity planning for more routine pressures such as bad weather and winter illness. Flu preparedness is therefore an integral part of wider emergency response and preparedness. This Flu plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu taking account of lessons learnt during previous flu seasons.

The same good hygiene measures can reduce the spread of infection. Self-care measures – staying at home, keeping warm, drinking plenty of fluids and the use of over the counter cold and 'flu medicines to treat the symptoms of influenza - will be sufficient to meet the needs of most patients infected with an influenza virus that causes mild to moderate symptoms.

For most healthy people, seasonal flu is an unpleasant but usually self-limiting disease with recovery usually within a week. However, the very young and older people, pregnant women and those with underlying disease, particularly chronic respiratory or cardiac disease, or those who are immunosuppressed, are at particular risk of severe illness if they catch flu.

The impact of flu on the population can vary from year to year and is influenced by changes in the virus. The proportion of the population susceptible to infection depends on how many people have been exposed to the same or similar strains in the past as they will have some immunity and also how many

have been vaccinated against the circulating strains. All this will influence the susceptibility to infection and the severity of the illness.

The Department of Health and Social Care and Public Health England sends a letter out in the spring of each year setting out target groups for immunisation and recommendations of which vaccines to order.

In light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system.

2. SCOPE

This plan covers the Trust's yearly planning and response to seasonal flu.

3. AIM

The aim of this plan is to increase Trust resilience by ensuring those charged with managing an incident related to flu know and understand their role, are competent to carry out the tasks assigned to them and have access to available resources and facilities.

4. OBJECTIVES

4.1 Strategic Objectives

Planning is to minimise the health impact of the seasonal flu through effective monitoring, prevention and treatment:

- Ensuring the Trust is well prepared
- Monitoring flu activity, severity of the disease in risk groups, vaccine uptake and impact on the organisation
- Offering antiviral medicines to patients in at-risk groups for the treatment of flu in line with national guidance
- Vaccinating at risk patients with the seasonal flu vaccine
- Achieve a front line worker vaccination rate of >85%
- Having a plan that is based upon extensive experience held within the Trust and build on established systems for emergency management and business continuity
- Daily monitoring arrangements to be able to note key indicators of pressure across the Trust
- Ability to implement local management of pressure by activating the Surge Plan through a number of trigger factors e.g. to free up critical care beds
- Increase hand hygiene awareness programme
- Be part of a coordinated response at local, national and sharing information at international level

4.2 During the Flu season - October - February

The main objectives of this Plan:

- Provide timely, authoritative and up-to-date information to all staff
- Staff welfare including reducing the spread of influenza – promote hand hygiene, vaccinations, respirator fit test programme, availability of Personal Protective Equipment (PPE)
- Manage increased numbers of ill patients with appropriate isolation or cohorting
- Reduce morbidity and mortality from influenza – patient care and vaccination where appropriate
- Comply with winter situation (Immform) reporting
- Implement a flexible, precautionary and proportionate response where needed
- Return to normal working after the season as rapidly and effectively as possible.

5. DEFINITIONS

5.1. Influenza

Influenza (often referred to as flu) is an acute viral infection of the respiratory tract (nose, mouth, throat, bronchial tubes and lungs). There are three types of flu virus: A, B and C, with A and B responsible for most clinical illness.

5.2. Pandemic Influenza

The World Health Organization (WHO) currently defines a pandemic as: "the worldwide spread of a new disease. An influenza pandemic occurs when a new influenza virus emerges and spreads around the world, and most people do not have immunity".

5.3 Seasonal Influenza Types

There are three broad types of Influenza viruses –

- Influenza A: a group of viruses that cause most winter epidemics (and all known pandemics) and that can affect a wide range of animal species as well as humans.
- Influenza B: viruses that only infect humans (generally children) and circulate most winters and tend to cause less severe illnesses and smaller outbreaks than influenza A viruses.
- Influenza C: a group of viruses that are amongst the many causes of the common cold.

6. STAKEHOLDERS

All staff working in the Trust.

7. DUTIES

7.1 Responsible Director

- The overall responsibility of this procedure is from the Chief Executive with delegated responsibility to the Director of Infection Prevention and Control (DIPC).

7.2 Infection Prevention and Control (IPC) Team

- Ensures Seasonal Influenza Plan is in place and compliant with legislation and guidance
- Ensure maintenance of this plan, arranging for relevant training to be carried out as necessary
- Monitor and distribute any relevant information
- Prearrange dates, times, venues and invitations for Strategic Influenza meetings
- Taking minutes at strategic influenza meeting and cascading to attendees
- Monitor relevant sources of information during Influenza Incidents
- Arrange for the storage of all records and documentation in relation to any incident
- Undertakes quarterly and yearly reports to the Infection Prevention and Control Group
- Establish the Infection Control Policy
- Promote strategies to reduce infection, including staff training and awareness.

7.3 Respirator fit testing

- For the Trust nominated lead to advise on the train the trainer programme for fit testing and support staff fit testing and maintain a database of staff fit tested in key areas on both sites.

7.4 Occupational Health

- Establish a staff vaccination programme which includes procurement and administration of the vaccine to staff and education about the vaccine.
- Monitor staff vaccination uptake, troubleshooting areas of low uptake and report centrally.

Further information regarding Occupational Health services can be found in the Occupational Health Influenza Plan 2021/22 *(Appendix 1)*

7.5 Strategic Flu Group

- This group is chaired by the Director of Infection Prevention and Control or relevant nursing or medical IPC lead. The group includes representatives from each division and key areas,
- Provides the strategic focus in order to reduce the impact in responding to seasonal flu pressures and public health challenges
- From a yearly report learns from the ongoing experience and knowledge of previous years and acts on the recommendations
- The group updates the IPC Meeting and the Executive team when relevant during the active flu months of the year
- Members are responsible for onward liaison with staff in their own area
- Review the progress of the flu plan at the end of the flu season for future planning

7.6 Pharmacy

- Responsible for procurement and supply of seasonal influenza vaccines and antiviral medicines.
- Development and dissemination of flu prophylaxis and treatment prescribing guidelines, the support of Patient Group Directives and memos

  http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance

7.7 Human Resources

- Establish and manage the staff reporting sick central point for use in a flu incident situation
- Establish during a flu incident, the Staff Welfare Team focusing on enabling staff to take appropriate leave, return to work, and reviewing vacancies/prioritising recruitment

7.8 Communications Department

- Establish and deliver the Communications strategy to staff and the general public re vaccination programme and also during a flu incident
- Ensure staff are educated on the benefits of being vaccinated
- Help achieve a higher intake in lower resistant areas to vaccination
- Clearly communicate where and when vaccinations are taking place
- Encourage staff who haven't already been fit tested to do so
- Support the production of communications materials
- Undertake all media handling on behalf of the Trust
- During a flu incident, monitor and inform strategic (gold) and tactical (silver) of negative media relating to the wider NHS, and in particular the Trust
- Maintenance of Influenza folder on the Intranet folder http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance

7.9 All Managers/Department Heads

- Brief staff as required/appropriate and encourage staff to be vaccinated being aware of vaccination numbers in own areas
- Monitor Staff absence and departmental capacity completing Situation Reports (SitReps) as required during flu season and actively recording if staff have flu like symptoms
- Maintain service/departmental Business Continuity Plans as appropriate/required.

7.10 Divisional Directors, Divisional Medical Directors, Divisional Directors of Nursing, Lead Clinicians, General Managers and Medical Consultants

- These post holders are accountable for the safe and effective care of patients in contact with their Division, ensuring that adequate resources are available and systems are in place to monitor and deliver appropriate infection prevention and control practice.
- Responsible for the implementation of this policy and ensuring that `staff is aware of and compliant with the procedure and that the guidance is followed.

7.11 Ward or Departmental Managers

- Responsible for ensuring that infection prevention and control advice is followed and safe practices adhered to including the provision of resources to ensure compliance with this procedure.
- All managers are responsible for ensuring that infection prevention and control risk assessments are undertaken and that staff is familiar with the contents of this procedure and where to access it.
- Managers are responsible for ensuring staff has received relevant ongoing IPC training through induction and mandatory training.

7.12 All Clinical Staff

- All are responsible for ensuring they access, understand and adhere to this procedure by ensuring that patients are managed in line with this procedure and liaise with the IPC team to ensure management is appropriate when necessary. All clinical staff should take actions to improve compliance with the procedure.
- All clinical staff has a responsibility to attend mandatory and other training sessions for IPC to ensure they are aware of any procedure updates.

7.12 Estates and Facilities teams

- To ensure that the clinical environment is fit for purpose and cleaned in regard to the trust procedures based on national standards.
- Manage any outbreak in line with Trust policy and procedures.

7.13 The Clinical Site and Operations Teams

- To place patients in a clinical area in line with IPC procedures and for escalating any situation where safe placement cannot be achieved.

1. Strategic flu Group

A Strategic Flu Group meets Thursdays September – February, 08:30 – 09:00 unless meeting indicated as not required.

There is a core membership that meets initially for flu planning and immediate response. This membership is then adjusted as required from this list to include further representatives not already in attendance	
Executive Board Lead for Influenza	Lesley Watts, Chief Executive
Medical Director, Divisional Operational and Divisional Medical Directors – for information	
CHAIR: Director of Infection Prevention and Control	Dr Nabeela Mughal
Trust Flu Lead 2021	Lee Watson, Director of Nursing/Stephanie Stevenson-Shand, Vaccination Hub Lead
Lead Nurse for IPC	Jane Callaway
One representative from each division to attend flu meetings; all staff below will receive email correspondence as named leads.	
EMERGENCY AND INTEGRATED MEDICAL CARE	
Divisional Director of Operations: Laura Bewick	**Therapy Services Manager:** Jeremy Nugent
Medical Lead: Dr Dilys Lai	**Divisional Director of Nursing**: Jacky Sinclair
Emergency Department Consultants: **CW:** Dr Paramjeet Deol **WM:** Dr Jasmin Cheema	**Emergency Department Matron:** **CW:** Andrea Travers/Hilary Donnellan **WM:** Charlotte Scuse/Emma Bhuva
Chelsea and Westminster Receiving Wards:	**Acute Admissions Unit :** Ward Managers Alison Bawden & Molly Lock **Medical Receiving Ward Ron Johnson**: Elizabeth Summerfield
WMUH Receiving Wards:	**Acute Admissions Unit:** Shalee Lasam **Medical Receiving Ward Syon 2:** Cindy Pabroquez
PLANNED CARE	
Divisional Director of Operations: Gareth Teakle	**Divisional Director of Nursing:** Nicola Rose
Medical Lead: Mr Jason Smith	**Lead Nurse ICU**: Elaine Manderson
WOMEN, NEONATAL, CHILDREN AND YOUNG PEOPLE, HIV/GUM AND DERMATOLOGY	
Divisional Director of Operations: Sheena Basnayake	**Divisional Director of Nursing:** Claire Davidson
Medical Lead: Mr Nick Wales	**Director of Midwifery**: Victoria Cochrane
CW Paediatric Neptune Receiving Ward: Stephanie Thomas	**CW Receiving Ward:** As above (Ron Johnson)
WM Paediatric Starlight Receiving Ward: Catherine Medlycott	**CW Maternity wards:** Clare Baker **WM Maternity areas:** Lyndsey Smith

CLINICAL SUPPORT	
Head of Professions/Chief Pharmacist	Deirdre Linnard
Divisional Medical Director	Dr Julia Hillier
Divisional Director of Operations	Peter Hyland
ADDITIONAL LEADS	
Consultant Microbiology/Infection Control	**CW:** Dr Nabeela Mughal **WM:** Dr Hugo Donaldson
Consultant Virologist	**CWFT:** Dr David Muir/Dr Paul Randell. virology advice provided by microbiology at WMUH
WM UCC	Alison Sweeney / Christina Griffith
Communication	Stephen Cox/Gurvinder Sidhu
Lead Antimicrobial Pharmacist	Stephen Hughes
Occupational Health & Wellbeing Manager	Anna Marie Mitchell
Inventory & Materials Manager	Hashim Hussein
Site Manager(s)	Nicholas Wright WM Tracey Larocque CW
Deputy Director for Estates and Facilities	Marie Courtney

Terms of reference

The Strategic Flu Group is established as a sub-committee of the Infection Prevention and Control Group which reports to the Patient Safety Group.

The group is chaired by the Director of Infection Prevention and Control and includes representatives from each division and key areas. Members are responsible for sending a named deputy if unable to attend and for onward liaison with staff in their own area.

Strategic Objectives

- Ensuring the Trust is well prepared
- Reducing morbidity and mortality from influenza
- Monitoring flu activity, severity of the disease in risk groups, vaccine uptake and impact on the NHS
- Daily monitoring arrangements to be able to note key indicators of pressure across the Trust
- Ability to implement local management of pressure by activating the Surge Plan through a number of trigger factors e.g. to free up critical care beds

- Be part of a coordinated response at local, national and international level.
- Review the progress of the flu plan at the end of the flu season for future planning.

The group updates the IPC Group October – March and senior managers as required.

During the influenza season the Trust will develop a flu plan with the following objectives:

- Provide timely, authoritative and up-to-date information to all staff
  - Vaccinate at risk patients with the seasonal flu vaccine
  - Offering antiviral medicines to patients in at-risk groups for the treatment of flu in line with national guidance
  - Manage increased numbers of ill patients with appropriate isolation or cohorting
  - Offer vaccination to all frontline staff
  - Increase uptake in areas where staff have been resistant to vaccination in previous years
  - Maintain staff welfare by reducing the spread of influenza through vaccination, promotion of best practice in infection prevention and control, provision of personal protective equipment (PPE), and a respirator fit test programme.

Frequency of meetings
The Strategic Flu Group meets at Chelsea and Westminster and West Middlesex Hospitals on Thursdays between September – February, 08:30 – 09:00 unless meeting indicated as not required.

The infection prevention and control team will:
- Arrange dates, venues and invitations for the Strategic Influenza Group
- Takes notes and distributes minutes.
- Monitor relevant sources of information during influenza incidents.

2. Personal Protective Equipment (PPE)

Personal protective equipment (**PPE**) refers to protective clothing, gloves, aprons, gowns, face visors, goggles, facemasks and respirators or other **equipment** designed to protect the wearer from injury or the spread of infection or illness. All PPE should be single use unless specified by the manufacturer or as agreed for extended/sessional use. All PPE should be located close to the point of use and put on immediately before care.

The decision to use or wear PPE must be based upon an assessment of the level of risk associated with a specific patient, care activity or intervention.

PPE should be removed in the correct order to avoid self-contamination (Appendices 3 and 4 of the Standard Precautions policy).
For guided videos on the application and removal of PPE, see the following links on the intranet:

- https://vimeo.com/310153160/6242e2fbf8 (requiring the use of gloves, long sleeve gown, FFP3 respirator mask and full face visor)
- https://vimeo.com/310152814/8f7956738d (requiring the use of gloves, apron, fluid resistant surgical mask and eye protection)

Respiratory Protective Equipment (RPE)

Which RPE should staff wear?

Surgical masks will provide a physical barrier to large droplets but do not provide full respiratory protection against smaller suspended aerosols.
.

Filtering face piece class 3 (FFP3) respirators should be worn by frontline staff when carrying out potentially infectious aerosol-generating procedures, where a patient is known/suspected to have a respiratory infection e.g. Influenza, COVID-19. It is a legal requirement that anybody who might be required to wear an FFP3 respirator is **fit tested in order to check that an adequate seal can be achieved** with each specific model. It is also important that the user carries out a fit check each time an FFP3 respirator is worn.

Droplet precautions – when to use a surgical facemask	Aerosol precautions – when to use a FFP3 respirator
Close patient contact (within two metres) For example: providing direct patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy etc. **PPE to be worn** • Fluid resistant (Type IIR) surgical mask (FRSM) • Eye protection • Gloves	**Close patient contact (within two metres) and carrying out potentially infectious aerosol generating procedures** The following is a list of procedures currently considered to be potentially infectious AGPs (PHE, 2020) • Respiratory tract suctioning • Bronchoscopy • Manual ventilation • Tracheal intubation and extubation • Tracheotomy or tracheostomy procedures (insertion or

• Apron	removal) • Upper ENT airway procedures that involve suctioning • Upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract • High speed cutting in surgery/post mortem procedures if this involves the respiratory tract or paranasal sinuses • Dental procedures using high speed devices such as ultrasonic scalers and high speed drills • Non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP) • High Frequency Oscillatory Ventilation (HFOV) • Induction of sputum using nebulised saline • High flow nasal oxygen (HFNO) **PPE to be worn** • FFP3 respirator* • Long-sleeved fluid repellent gown • Gloves • Eye/ face protection *Always perform a fit check before entering the work area.

FFP3 respirator fit testing

Where a respirator is used, it must be able to provide adequate protection for individual wearers. Respirators cannot protect the wearer if it leaks. A major cause of leaks is poor fit – tight-fitting face pieces need to fit the wearer's face to be effective. As people come in all sorts of shapes and sizes it is unlikely that one particular type or size of respirator will fit everyone. Fit testing will ensure that the equipment selected is suitable for the wearer. Staff are fit tested only once on a particular model, unless there is significant weight loss or facial changes e.g. dental surgery.

Staff that have facial hair

It is important to ensure that facial hair does not cross the respirator sealing surface and if the respirator has an exhalation valve, hair within the sealed mask area should not impinge upon or contact the valve. The following is a 'Facial hair and FFP3 respirators guide'

Facial hair and FFP3 respirators

*Ensure that hair does not cross the respirator sealing surface

For any style, hair should not cross or interfere with the respirator sealing surface. If the respirator has an exhalation valve, hair within the sealed mask area should not impinge upon or contact the valve.

Areas where staff require FFP3 respirator fit testing

Chelsea and Westminster Hospital	
• AAU / David Erskine • Paediatric Wards • Emergency Department including Paediatrics • Ron Johnson • ISS staff in the key clinical areas • Imaging • Nell Gwynne	• ICU/HDU • Apollo HDU • Theatres including maternity • Endoscopy • Infectious Diseases/ Microbiology • Anaesthetics
West Middlesex	
• AMU/ Receiving ward • Starlight and Sunshine Paediatric Wards • Emergency Department incl. Paediatrics • ISS staff in the key clinical areas • Theatres including midwifery • Anaesthetics	• ICU/HDU • Endoscopy • Midwifery areas • Infectious Diseases/ Microbiology • Imaging • Syon 2

3. Staff Vaccination

The staff influenza immunisation programme supports the Trust in reducing absenteeism due to staff sickness and minimises the risk of staff infecting patients with flu and increasing length of stay in hospital.

In 2020/21, Chelsea and Westminster NHS Foundation Trust achieved an 93% staff immunisation uptake. This year, there is a commissioning aspiration of the Trust achieving 100% offer of vaccination with an uptake of >85%. This is a target that can be achieved through collaborative working, excellent communication and senior flu champions supporting the campaign.

The 2021/22 campaign will focus on building on the success of the previous year and positive messaging to staff of the benefits of vaccination for their own protection from influenza and their professional duty to protect their patients. Immunisation against influenza is a duty of care that health care workers (HCW's) owe to their patients. In turn, Health Care Workers (HCWs) can gain protection against catching influenza themselves and transmitting it to their families. Vaccination cuts influenza illness and mortality in patients and reduces sickness absence in staff. There will be a need to dispel the myth that the vaccine causes flu and this will entail publicity and ongoing communication. Senior nurses and clinicians will be asked to champion the vaccine and encourage their staff to be immunised.

The Occupational Health Nurses will administer the immunisations with the support of a team of peer vaccinators. The immunisation programme will commence the last week in September and priority will be given to frontline staff. When these staff have been immunised then the programme will be progressed to include other HCW's and administrative staff in high risk areas and finally administration staff in other areas. Funding has been allocated in order to achieve the CQUIN and this funding will be used to employ a nurse to undertake planned clinics and roving visits to all wards and departments.

Benefits of being vaccinated:

- reduces the risk of transmitting the flu virus to vulnerable patients
- protects staff, their families and patients
- protects healthcare workers to reduce the level of staff absenteeism that can add strain to NHS and care services
- increasing staff awareness and understanding the importance of staff vaccination against seasonal flu, leading by example to drive up rates of vaccination among frontline staff
- Prevents outbreaks of influenza in the hospital and community setting

Flu clinics are advertised on the intranet on a weekly basis. If staff are unable to attend any of the walk in clinics, then staff may book an appointment with Occupational Health on 0203 315 8330 (CW site) and 0208 321 5044 (WMUH site). In addition a team of peer vaccinators are available in all clinical areas to assist staff in obtaining vaccination close to their place of work at a suitable time in their working day.

4. Vaccination of at risk inpatients

Patients who are most at risk of serious illness or death, should they develop influenza, such as immunocompromised patients and those aged 65 years or older, are strongly advised to receive an annual seasonal influenza vaccine from their General Practitioner (GP). Patients admitted to hospital during the winter period may miss the opportunity to receive vaccination from their GP. Additionally, these unvaccinated patients may be exposed to influenza in the hospital setting and develop hospital acquired influenza. This may lead to complications to patient care, delay discharge and result in further transmission of influenza to patients and staff.

The NHS England and commissioning aim this year is to further extend the vaccine programme in November and December 2020 to include the 50-64 year old age group subject to vaccine supply.

All hospitalised patients with a current or predicted length of stay of ≥ 14 days who have not received their annual influenza - vaccinate due to the hospital admission should be offered the seasonal flu vaccine during the admission. Long term hospitalised patients who are unable to access their local GP should receive the flu vaccine, where indicated, during their admission. Vaccines should be not be administered in patients with concurrent infectious illness (e.g. bacterial or fungal infection) or a raised inflammatory response (e.g. immediately post-surgery) It is the responsibility of each consultant team to review and consider for vaccination. It is the responsibility of the pharmacy team to determine the vaccine history on admission to identify patients who have not been vaccinated appropriately. Further advice on the patient groups with indications for vaccine is available on http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance/

5. Communication

Clear and timely communication is vital to ensure that all parties involved in managing flu understand their roles and are equipped with the necessary information.

The communications team will develop a robust and flexible plan in relation to flu. This will be refined through the strategic flu meeting and will ensure that the Trust can promote positive messages in relation to flu vaccination and be responsive to the changing situation.

A multimedia approach will be utilised throughout the season and will include using the App, and social media to reach out widely to staff.

This year's flu campaign will be different due to the fact that COVID booster vaccinations will also be given within same timeframe as flu vaccines. This may include a combined campaign with more generic messages focusing on 'Get your vaccines/vaccinations.'

Staff Information – intranet site

All relevant information for staff can be located on Emergency Preparedness 'quick links' intranet site, front page of the Trust intranet.

http://connect/departments-and-mini-sites/eprr/seasonal-flu/

Patient information

The trust will display information for patients close to the main entrances of each site during the season; this will be primarily in the form of floor banners. There will also be information available on the external web site and through an automated message on the telephone service. Literature produced by PHE or the DH will be made available as required.

Communication Strategy

The flu campaign will be run in parallel with the Covid-19 booster campaign.

ACTIVITY	DETAILS	DATE
Myth busting videos diverse in staff group, background etc Myth-busting webinar aimed at hard to reach groups using appropriate spokespeople	Videos circulated on the Trust Intranet and Vimeo - regular promotion internally. Signposting to my Chelwest app for updated information.	Launch of Flu+ Covid Campaign in September
Flu Pop up stations	Utilising My Chelwest App	Pre Launch promotion
Leadership Flu Fighters	Images of SLT getting vaccines	Launch week
Recruit Peer vaccinators	Advertise need for volunteers on **Daily Noticeboard**	Periodically throughout September
Advertise staff vaccination sessions taking place w/c 1 & 8 October	**Bulletin**– text to include update on number of staff vaccinated	Periodically throughout September and October, dependent on dates and timelines of vaccinations window

	Desktop Icon – to be added to advertise vaccination sessions Show directorate position Incentives and publicity for high vaccination wards and areas	Dependent on dates and timelines of vaccinations window
	Winterwatch Emails – distributed to all staff as appropriate.	Weekly commencing end September to end of October
	September Webinar	1st week of September
	October Webinar	1st one to be held in October
Poster Campaign	Recruit staff especially low uptake areas, printing of posters and distribution, Banners in atrium and staff areas.	Ongoing throughout September
Social Media Campaign	Encouraging staff to share when they have a received their flu jab and badge on Twitter Facebook and Instagram	Throughout Flu and COVID vaccination Season #GotMyJab
Pin Badges	'I've had my flu jab to protect YOU'	Ordered in August, available for campaign in September
Website	Advice for staff and also on patient leaflets	As numbers start to increase

Using NWL Flu messages to amplify the messages internally and externally.

6. Clinical Risk Assessment

Clinical Assessment and Emergency Department pathways/ assessments

Both sites have dedicated algorithms to manage the patients suspected of contracted influenza. These are as follows:

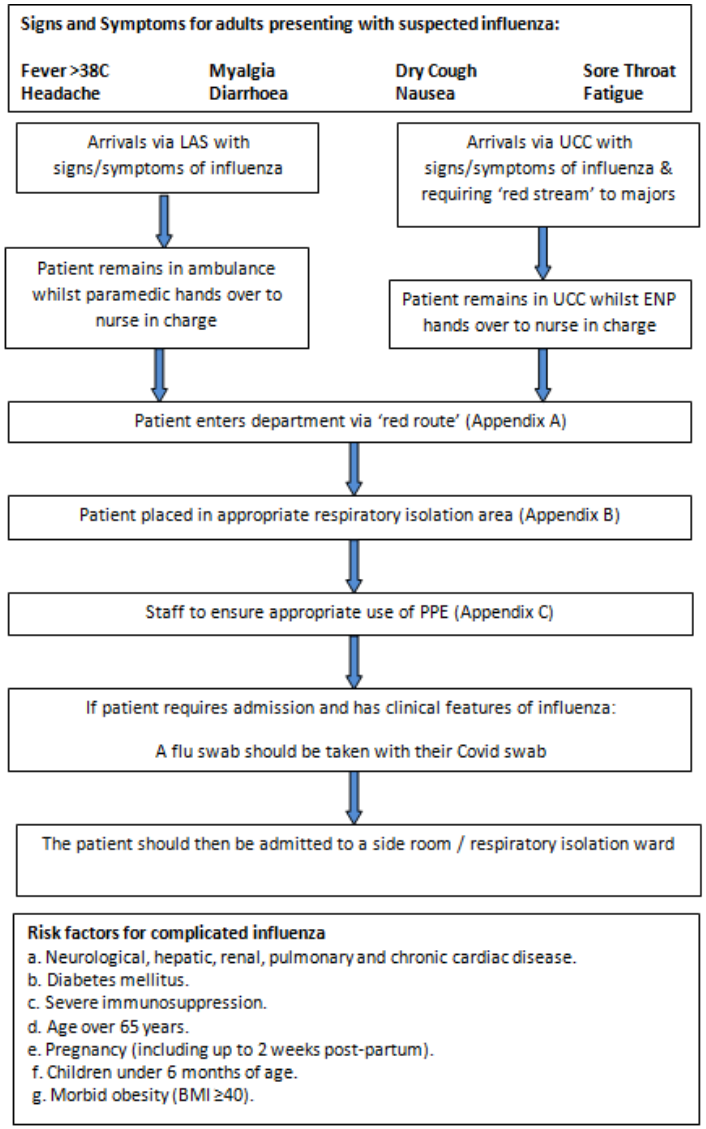
Chelsea and Westminster site

- The Adult pathway is led by Dr Clare Emerson (Emergency Medicine Adult Consultant) – the updated algorithm can be found on the antimicrobial guidelines pages and the seasonal flu intranet pages on the trust intranet http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance-2016-17/

- The paediatric pathway is led by Dr James Ross (Emergency Medicine Paediatric Consultants) **-** – the updated algorithm can be found on the antimicrobial guidelines pages and the seasonal flu intranet pages on the trust intranet http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance-2016-17/

West Middlesex University Hospital

Adult Influenza Pathway 2021

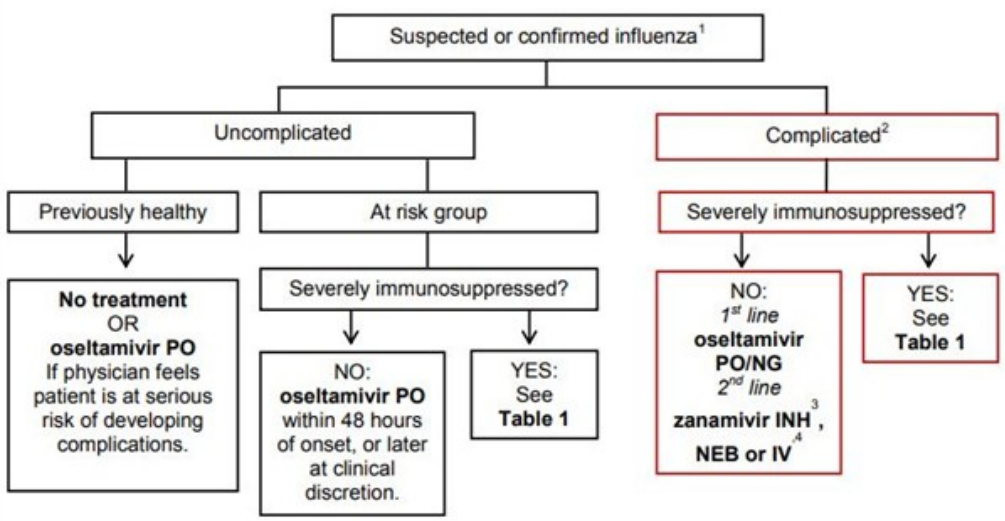


Influenza Treatment

Table 1: Selection of antivirals for severely immunosuppressed patients

	Dominant circulating strain has a lower risk of oseltamivir resistance, eg A(H3N2), influenza B *	Dominant circulating strain has a higher risk of oseltamivir resistance, eg A(H1N1) *
Uncomplicated influenza	**oseltamivir PO** and clinical follow up. Commence therapy within 48 hours of onset (or later at clinical discretion)	**zanamivir INH (Diskhaler®)** Commence therapy within 36 hours of onset (or later at clinical discretion) **OR** if unable to take inhaled preparation[4] use **oseltamivir PO** and clinical follow up. Commence therapy within 48 hours of onset (or later at clinical discretion)
Complicated influenza	*1st line:* **oseltamivir PO/NG** *2nd line:* **zanamivir INH, NEB or IV** Consider switching to zanamivir if: - Poor clinical response - Subtype testing confirms a strain with potential oseltamivir resistance, eg A(H1N1)	**zanamivir INH, NEB or IV** Commence therapy within 48 hours of onset (36 for children) or later at clinical discretion (if there are delays in obtaining aqueous zanamivir, use oseltamivir as a bridging treatment until zanamivir is available)

* = (also applicable if this is the strain known to be infecting patient; treatment however, should not be delayed while waiting for test results).



7. Influenza testing

Testing should only be carried out on patients presenting with:

- Fever (>38° C) or history of fever **AND**
- Two or more of the following symptoms: cough, sore throat; headache; rhinorrhoea, limb or joint pain; vomiting or diarrhoea
- Where there is a clinical suspicion of influenza infection.

All patients will receive a rapid flu test unless there is clear indication that a full panel is required. Please see Trust intranet for dates of rapid influenza testing.

8. Site Management

Chelsea and Westminster - Side room information

ADULTS	ADULTS	PAEDIATRICS	MATERNITY	LEVEL 1 +
Emergency Department -Resus: x1 –*ve pressure room* (room 7) -EOU x2 (rooms 1&2) -Majors x7 (rooms 9-12 & 19-21)	AAU – 8 side rooms	Emergency Department – Rooms 1-5 – Rooms 9-12 – Baby room	Labour ward – 9 side rooms	AAU – 9 level 1 beds – includes 1 side room
	David Erskine – 14 side rooms *includes x2 -ve pressure rooms (rooms F&G)*	Neptune – 3 cubicles	Birthing Suite – 6 side rooms	ITU/HDU – 11 beds – includes x1 *-ve pressure room* There will be 6 side rooms once building work is complete.
	Ron Johnson – 20 side rooms – *x11 are -ve pressure*	Mercury – 11 cubicles (2 are for private patients)	Anne Stewart – 3 side rooms	
	Nell Gwynne – 2 side rooms	Jupiter – 2 cubicles	Josephine Barnes – 5 side rooms	
	Chelsea Wing – 12 side rooms	Apollo HDU – 6 cubicles	Simpson Suite – 5 beds, no rooms	
	Edgar Horne – 4 side rooms	Mars – 2 cubicles	Kensington Wing – 15 side rooms – + 1 suite	
	Rainsford Mowlem			

	– 6 side rooms			
	Nightingale – 2 side rooms			

West Middlesex - Side room information

ADULTS	ADULTS	PAEDIATRICS	MATERNITY	LEVEL 1 +
Emergency Department - side rooms x 5, Negative pressure room x1	AMU – side rooms x 16	Starlight- side room x 6, twin share side room x 5	Labour ward - Single rooms x 8	ITU- side room x 1, negative pressure room x1
	Kew- side room x 6	Sunshine- side room x 1 Day care	HDU – side room x 1	HDU – side room x1
		Paediatric Assessment Unit – side room x 3	Bereavement ward- side room x 2	
	Lampton - side room x 5		Natural birthing centre – single room x 4	
	MH1- Side room x 4		Post-natal - Top Floor (15 side rooms)	
	MH 2 – Side room x 4		Ante natal - Ground Floor (5 side rooms)	
	Crane – Side room x 4			
	Osterley 1 - Side room x 8			
	Osterley 2 - Side room x 8			
	Richmond - Side room x 1			
	Syon 1 – side room x 8			
	Syon 2- side room x 6 , negative pressure room x 2			

Trust site management of seasonal flu

Increased activity of patients presenting with flu symptoms and also admissions of patients suspected or confirmed with flu will be monitored by the IPC team. Seasonal flu has the potential to necessitate increased requirements of clinical services and hospital beds and it is important that requirements during the flu season are managed in the working arrangements of the trust. During times of increased bed capacity due to influenza, the IPC Team will attend the operational bed meetings that are held on both sites at fixed times during each day.

The **Standard Operating Procedure Management of Escalation Bed Capacity** outlines the responsibilities of staff in all areas in relation to the operational status of the trust. The Trust Surge Plan is also relevant for increased numbers of flu patients requiring treatment in the trust.

9. Treatment & Prophylaxis

Antiviral (AV) medicines, known as neuraminidase inhibitors, prevent the influenza virus from replicating inside the body. They can lessen symptoms by a couple of days, reduce the severity of viral infections and help to reduce the likelihood of complications.

All patients, both adults and children, admitted to hospital suspected seasonal influenza infection should be prescribed antiviral therapy. Treatment should be promptly started based on initial diagnosis or clinical suspicion of viral infection rather than waiting for laboratory testing to confirm or refute influenza infection. Patients not requiring admission should only be prescribed antiviral medicines when the Chief Medical Officer (CMO) has announced that influenza is circulating within the community, unless the patient meet pre-defined triggers for complicated influenza infection (see below). A treatment algorithm will be available on the trust intranet and updated weekly to reflect the current CMO advice. Link - http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance/flu-treatment/

PHE guidance on use of Antivirals for influenza treatment and prophylaxis is updated annually and reflects current evidence based practice. This guidance combines on guidance previously issued by the Agency, the National Institute for Health and Clinical Excellence, the Department of Health (DH) and the World Health Organization. It is intended for use in secondary care for any patient where influenza is suspected or confirmed at any time.
The local trust Flu plan will be updated at the beginning of each Flu season and then weekly with any new updates from CMO or PHE. This is available on the trust intranet - http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance/

Influenza prophylaxis for non-vaccinated staff exposed to flu at work

Chemoprophylaxis with an antiviral following exposure to influenza **should be considered** in the following instances where the healthcare work has NOT had the seasonal vaccine:

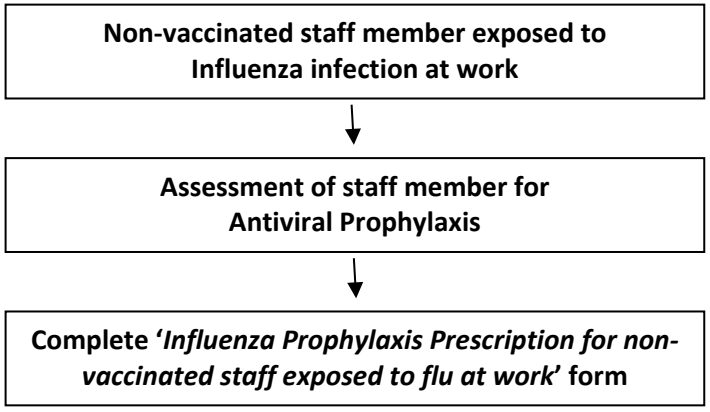
- If a staff member is in the at-risk group (excluding immunocompromised individuals) and has a high risk exposure**with a patient with influenza/suspected influenza (Note: If prophylaxis is not initiated, this patient group should be closely monitoring for deterioration and/or tested for influenza to decide if treatment indicated.)
- At risk groups for influenza include pregnancy (especially third trimester and up to 2 weeks post-partum), adults >65 years, chronic cardiac, pulmonary, renal or hepatic insufficiency, diabetes mellitus, debilitating neurological conditions and primary or secondary immunosuppression)
- If a staff member is immunosuppressed and has a high risk** exposure with a patient with influenza/suspected influenza
- Prophylaxis **may be considered** in staff members who have continuous or repeated exposure to a patient with suspected/ confirmed influenza. Flu vaccination should be considered at the next available opportunity for those who are likely to have ongoing exposure during the flu season.

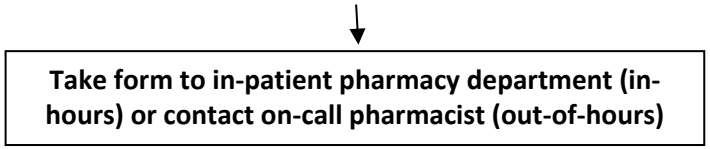
**High-risk exposure - providing direct patient care without suitable respiratory precautions or being in the same room or bay without suitable respiratory protection at the same time as, or within 15 minutes of aerosol generating procedures

Prescription for staff should be written by the hospital doctor for the patient who has exposed the non-vaccinated staff member to flu. Emergency Department (ED) doctors only prescribe for ED staff.

Antivirals should be started within **48 hours** of last contact for **Oseltamivir** or **36 hours** for **Zanamivir**.

Please complete an '***Influenza Prophylaxis Prescription for non-vaccinated staff exposed to flu at work***' form which needs to be taken to in-patient pharmacy in working hours or bleep the on-call pharmacist out of hours.





Forms in the Seasonal flu and intranet site via these links:
http://connect/departments-and-mini-sites/antimicrobial-guidelines/flu-guidance/flu-treatment/

10. Reporting

Seasonal influenza healthcare workers vaccine uptake collection 2021/2022 – reporting from 1st October

This mandatory data collection is via the DH ImmForm website by the Occupational Health manager or nominated deputy. Staff definitions will remain the same as previous season and are consistent with NHS national workforce census definitions. It is the vaccine uptake data collected on all frontline Health Care Workers with direct patient care.

Cumulative data will be collected on vaccinations administered from 21 September 2021 onwards. The data collection will comprise four monthly surveys for October, November, December and January.

ICU mandatory surveillance
The DH have posted on UNIFY details of a new weekly Non-DCT collection covering the number of laboratory-confirmed influenza admissions/deaths in critical care beds. The collection will be undertaken by the DH, with data provided to the Public Health England (PHE) for surveillance purposes.

The data should correspond to admissions in the week up to midnight the previous Sunday (i.e. 00:00 Monday to 23:59 Sunday). The deadline for providers to submit will be 10am every Wednesday.

All patients admitted to HDU/ICU with laboratory-confirmed influenza infection (A (H1, H3 or novel) or B) should be reported.

- Cases should be included in weekly reporting based on date of admission to ICU and not by influenza laboratory test date.
- Cases that tested positive at another facility prior to admission to ICU should still be included.
- All cases who die in HDU/ICU and have a laboratory-confirmed influenza infection (A (H1, H3 or novel) or B) should be reported.
- All cases who die in HDU/ICU and have a laboratory-confirmed influenza infection (A (H1, H3 or novel) or B) should be reported.

- Cases should be included in weekly reporting based on week of death (i.e. - when the date of death falls within the week for which data is being reported), and not by influenza laboratory test date or by HDU/ICU admission date. Cases should be reported regardless of the time period spent in HDU/ICU.
- Cases who were admitted to HDU/ICU and died after release into a general ward or discharge should be excluded from reporting
- The ICU senior staff on both sites complete the retrospective weekly ICU mandatory surveillance report which is sent to the Chief Operating Officer and Head of Emergency Preparedness (HOEP) to share at the Strategic meeting

ICU SURVEILLANCE MANDATORY SPECIFICATION

	Number of admissions in Level 2 and Level 3 Care (HDU/ITU)						
	Age Group						
Flu Type	Under 1	1 To 4	5 To 14	15 To 44	45 To 64	65+	***Total***
Influenza A (H1N1) 2009	0	0	0	0	0	0	
Influenza A (H3N2)	0	0	0	0	0	0	
Influenza A, unknown subtype	0	0	0	0	0	0	
Influenza B	0	0	0	0	0	0	
Total							

	Number of deaths in Level 2 and Level 3 Care (HDU/ITU)						
	Age Group						
Flu type	Under 1	1 To 4	5 To 14	15 To 44	45 To 64	65+	***Total***
Influenza A (H1N1) 2009	0	0	0	0	0	0	
Influenza A (H3N2)	0	0	0	0	0	0	
Influenza A, unknown subtype	0	0	0	0	0	0	
Influenza B	0	0	0	0	0	0	
Total							

Staff sickness absence reporting

- If employees are required to contact their line manager on the first day of absence to inform them that they will not be attending work. This should be done at the earliest possible opportunity **before** an employees expected starting time. Departments are required to have

specific arrangements for reporting absences which should be made clear and observed by all staff. For more information please see the sickness absence policy

- Rising or higher numbers of staff reporting sick with flu like symptoms should be reported to the trust bed meetings
- Managers must ask any staff reporting sick if they have flu like symptoms to ensure records are accurate.
- Staff can return to work once they are asymptomatic and temperature free
- Any concerns or rising numbers of staff absent with flu symptoms should be highlighted to Occupational Health via numbers: Chelsea and Westminster site on **020 7363 8330** and at West Middlesex site **0208 321 5044**

Appendix 1

Occupational Health Influenza Plan 2020/21

An effective staff influenza immunisation programme will support the Trust in reducing absenteeism due to staff sickness and minimise the risk of staff infecting patients with flu and increasing length of stay in hospital.

Chelsea and Westminster NHS Foundation Trust has continued to improve annual vaccination levels, last year achieving 81% of front line clinical staff being vaccinated against flu. Overall this ranked the Trust 4th best performing for staff flu vaccination in London.

The 2020/21 campaign will centre on staff's responsibility. Immunisation against influenza is a duty of care that health care workers (HCW's) owe to their patients. In turn, HCW's can gain protection against catching influenza themselves and transmitting it to their families. Vaccination cuts influenza illness and mortality in patients and reduces sickness absence in staff. There will be a need to dispel the myth that the vaccine causes flu and this will entail publicity and ongoing communication. Senior nurses and clinicians will champion the vaccine and encourage their staff to be immunised.

Where staff decide to decline the vaccination they will be required to complete a form which will detail the reasons for their refusal, this information will be treated as confidential. The collation of this data will assist in the planning of future campaigns.

The flu vaccine will be administered by the Occupational Health Nurses in collaboration with Trust wide peer vaccinators. The Trust expects delivery of the vaccine in the week commencing 14th September and the immunisation programme will commence week beginning 21st September.

All staff will be encouraged to have the vaccine and communications will focus on the importance of front line health care workers to have their vaccination. The occupational health service will offer regular clinics in addition to the roving and peer vaccinators.

Flu Action Plan 2020/21

Component	Actions	Responsible person	Target date
1. Publicity	• Posters displayed throughout the Trust advertising the flu vaccination programme • -Newsletter with myth busting messages used • Executive messages to encourage staff to have their vaccination • Promotion of executive leads having their vaccination • Use of screen savers (where possible) and desk tops to message importance of vaccination to staff • Ensure a wide range of social media stories are used to promote the programme • The use of the roving vaccinators and the 'flu trolley' incentives • Vaccination progress updated weekly on the Trust desktops	Coms	September 2021
2. OH immunisation programme and clinics	Trust board, Matrons, Senior nurses, senior clinicians immunised at an early stage i.e. • Nursing and Midwifery Groups- immunisation(Director of Nursing to inform Anna-Marie Mitchell AMM-Head of OH) • Board meeting-(immunisation) • Senior clinicians meetings-(Medical Director to inform AMM) • Medical Staffing meetings-(Medical Director to inform AMM) • FY2-teaching1-2pm Wednesdays, FY1 teaching Thursdays 2-3pm, Grand Round in Education Centre Tuesdays 1-2pm. OH to be present at these sessions during the month of Oct/Nov to immunise doctors • Clinics in the academic atrium on the CW site and in portacabin next to Medical Records at WM • Planned clinics starting 13th September for Covid booster and 27th September for flu • Clinics 8-8 Mon-Fri and 8-4 Sat & Sun • Dates for clinics publicised in the Daily Notice Boards. • Weekly flu Group meetings every Thursday morning chaired by	Flu clinic preparation and clinics to be arranged by senior OH Advisers Publicity by Communication Team.	Clinics to be arranged and publicised on a weekly basis

	the DIPC. To include representation from OH, IPC, pharmacy, senior nurses and medics. • PGD developed for the OH staff to immunise and to include authorisation for roving Trust vaccinators. • Peer vaccinators to be trained to mop up in each area. Training to begin August 2020		
3. Managers responsibilities	Flu vaccination will be recorded against staff in post report developed by the information team **Managers role** • Publicise flu vaccine, champion vaccine, allow staff time to have vaccine. • Support the delivery of the vaccine to staff in their areas • Liaise with staff that have not received the vaccine and discuss the reasons for this.	Department managers	To be ready by September 2021
4. Target Groups	>85% immunisation of healthcare workers with direct patient contact. This includes nurses, midwives, doctors, professions allied to medicine i.e. physiotherapists and occupational therapists, pharmacists, radiographers. Support staff and health care workers with patient contact are classed as frontline and are added to the target percentage.	OH with support of managers and peer vaccinators	December 2021
5. Reporting	• Monthly reporting upon Immform. Public Health England reporting system. • Weekly reports to the Trust upon uptake.	Deputy Director of Nursing Senior OH Advisers	Monthly October – March Wednesday 12.00

This plan will be reviewed on an on-going basis through the strategic flu meetings as required

Lee Watson, Director of Nursing August 2021

Appendix 2:

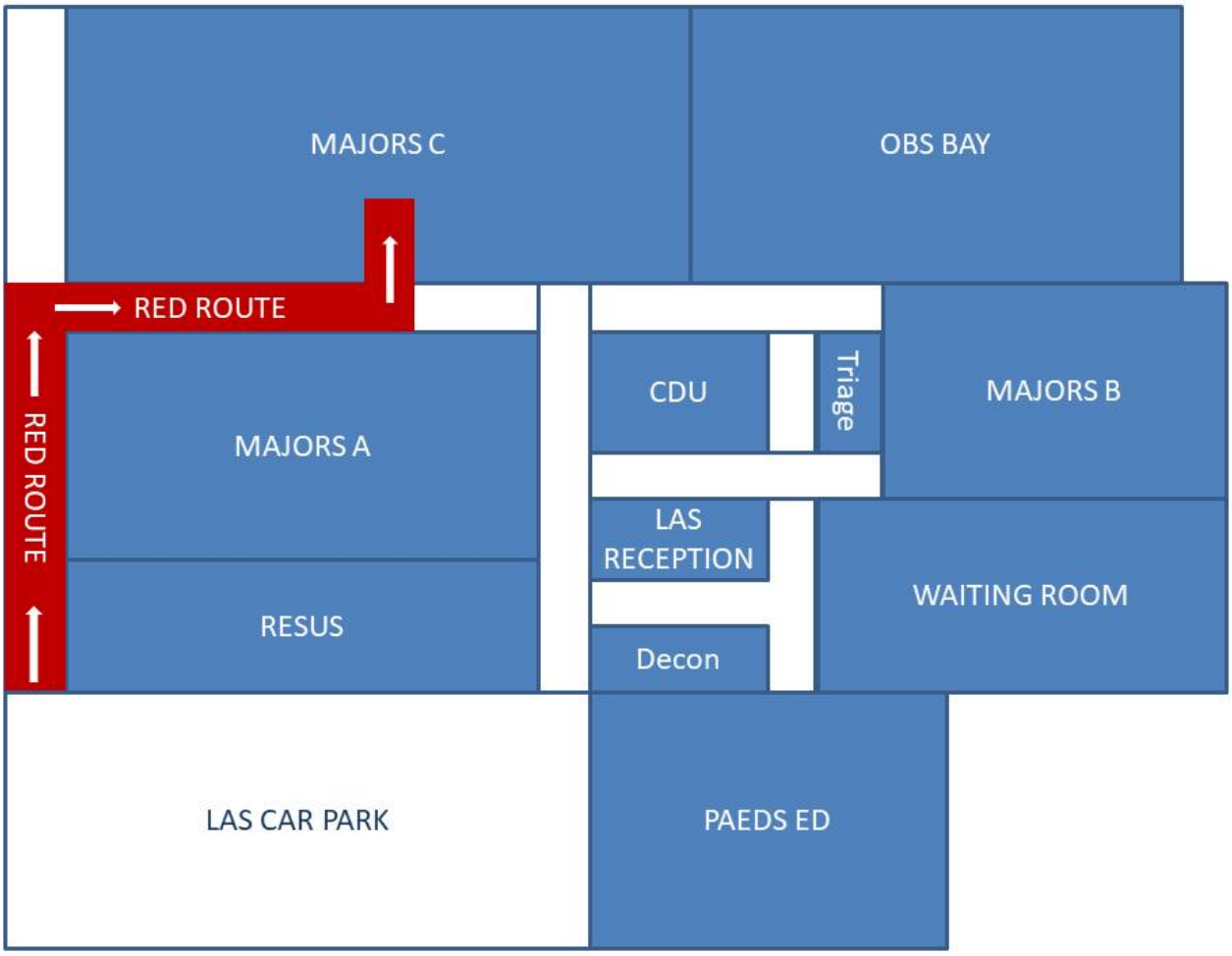
Healthcare worker flu vaccination best practice management checklist

For public assurance via trust boards by December 2022

A	**Committed leadership**	**Trust Self-Assessment**
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	Achieved – 01/09/21
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	Achieved – 01/07/21
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	Achieved – Feb 2021
A4	Agree on a board champion for flu campaign	Achieved – Pippa Nightingale
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Achieved – 01/07/21
A7	Flu team to meet regularly from September 2021	Achieved – dates set from 01/07/21
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Achieved – 01/09/21
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Achieved
B3	Board and senior managers having their vaccinations to be publicised	Scheduled w/b 27/09/21
B4	Flu vaccination programme and access to vaccination on induction programmes	Scheduled
B5	Programme to be publicised on screensavers, posters and social media	Scheduled
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Scheduled
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Achieved – full staffing scheduled arranged
C2	Schedule for easy access drop in clinics agreed	Achieved
C3	Schedule for 24 hour mobile vaccinations to be agreed	7 day service; 8-8 Mon-Fri and 8-4 Sat & Sun

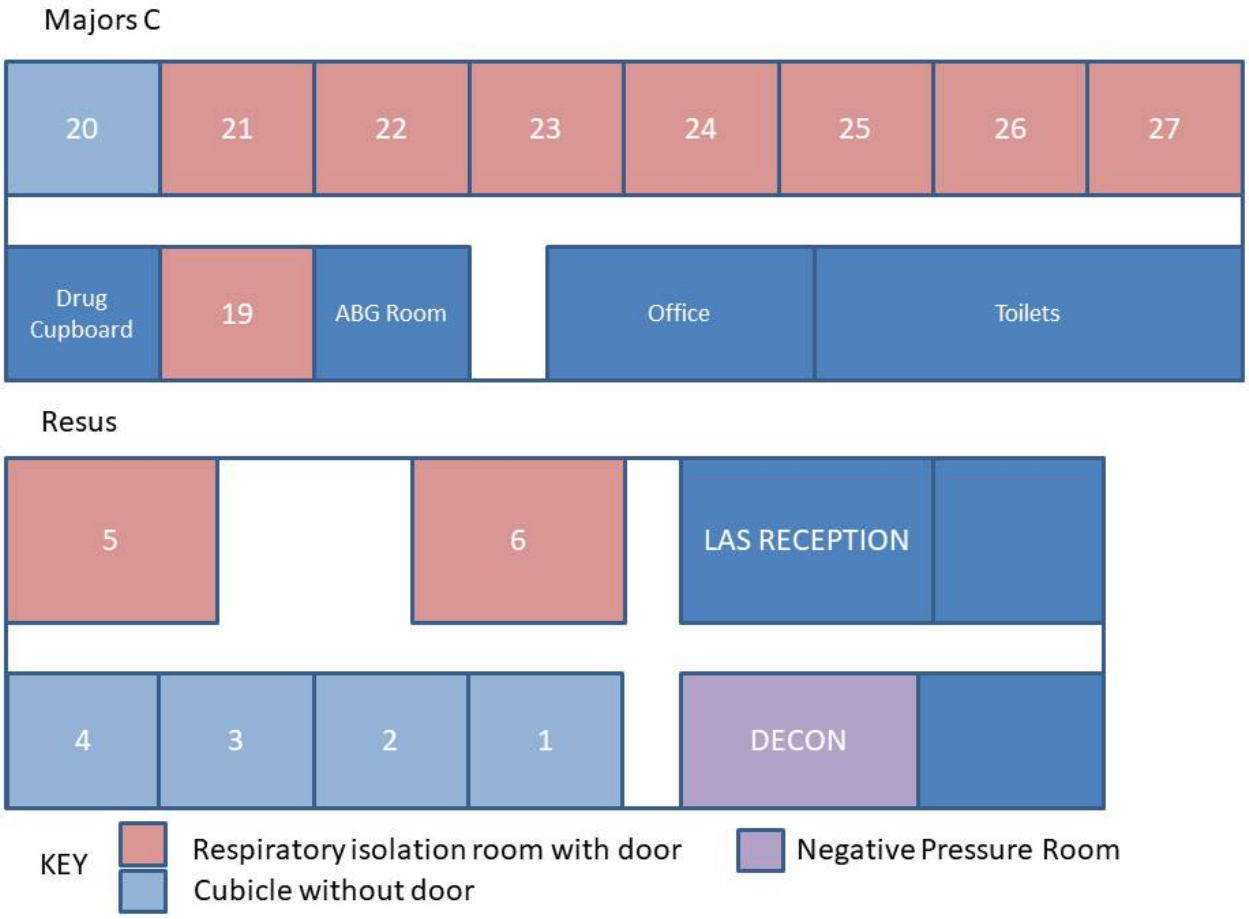
Appendix A:

Red route



Appendix B:

Respiratory isolation rooms



Appendix C:

Personal protective equipment (PPE)

Which one should staff wear?

Surgical masks will provide a physical barrier to large droplets but do not provide full respiratory protection against smaller suspended aerosols. That is, they are not regarded as personal protective equipment (PPE) under the European Directive 89/686/EEC (PPE Regulation 2002 SI 2002 No. 1144).

An FFP3 respirator should be worn by frontline staff when carrying out an aerosol-generating procedure, where a patient is known/suspected to have an infection spread via the aerosol route.

It is a legal requirement that anybody who might be required to wear an FFP3 respirator be fit tested in order to check that an adequate seal can be achieved with each specific model. It is also important that the user carries out a fit check each time an FFP3 respirator is worn.

Droplet precautions – when to use a surgical facemask		**Aerosol precautions – when to use a FFP3 respirator**	
Close patient contact (within one metre) For example: • Providing patient care • Direct home care visit • Diagnostic imaging • Phlebotomy services • Physiotherapy, etc.	**PPE to be worn:** • Surgical face mask • Apron • Gloves • Eye protection (if risk of contamination of eyes by splashes or droplets)	**Carrying out potentially infectious aerosol generating procedure e.g.:** • Bronchoscopy • Endotracheal intubation • Tracheostomy procedures • Cardiopulmonary resuscitation • Diagnostic sputum induction: Where a patient is known/suspected to have an infection spread via the aerosol route	PPE to be worn: • FFP3 respirator* • Gown • Gloves • Eye/ face protection *Always perform a fit check before entering the work area.

Glossary

Acquired Immunity Immune defence that develops following exposure to a pathogen (e.g. bacterium or virus) or vaccine. It involves the production of specific defensive blood cells (lymphocytes) and proteins (antibodies), and provides lasting immunity based on the experience or 'memory' of previous exposure.

Aerosol A gaseous suspension of fine solid or liquid particles which remain suspended in the air for prolonged periods of time.

Airborne Carried by or through the air.

Airborne transmission Movement of viral particles through the air either attached to solid particles (such as dust) or suspension in droplets of liquid.

Antiviral medicines Used to describe a chemical or drug that inhibits virus replication.

Antiviral resistance The lack of responsiveness of a virus to an antiviral drug, caused by natural variation or as a result of adaptation by the virus.

'At risk' groups Groups of people who, through their immune disposition or long-term illness (e.g. diabetes, chronic heart or respiratory disease) are deemed to be especially threatened by infection

Case fatality ratio The proportion of the population who develop symptoms, ranging from severe to mild during an influenza outbreak and who subsequently go on to die as a result of that infection

Critical Care Care of a patient in a life-threatening situation of an illness by staff specially trained in recognising and responding to emergencies.

Droplet Airborne particle which is larger than an aerosol and drops quickly to the ground

Epidemic The widespread occurrence of significantly more cases of a disease in a community or population than expected over a period of time.

Epidemiological Relating to the study of patterns causes and control of disease in groups of people

Face mask A protective covering for the mouth and nose.

H1N1 (2009) influenza The worldwide community spread of a new H1N1 pandemic influenza virus, originating in pigs and entering the human population in 2009.

H5N1 Highly pathogenic avian influenza virus, enzootic in birds in South East Asia.

Hand hygiene Thorough, regular hand washing with soap and water, or the use of alcohol-based products containing an emollient that do not require the use of water to remove dirt and germs at critical times, e.g. after touching potentially infected people/objects and before touching others or eating.

Incubation period The time from the point at which infection occurs until the appearance of signs or symptoms of disease.

Infection The acquisition and active growth of a foreign microbial agent in a host, such as a human or animal, usually with a detrimental outcome.

Infectious A disease caused by a micro-organism that can be transmitted from one person to another.

Isolation Separation of individuals infected with a communicable disease from those who are not for the period they are likely to be infectious in order to prevent further spread.

Osteltamivir Antiviral drug, marketed by Roche Pharmaceuticals under the trade name Tamiflu®, that acts by inhibiting Neuraminidase activity and thus blocking viral spread.

Outbreak Sudden appearance of, or increase in, cases of a disease in a specific geographical area or population, e.g. in a village, town or closed institution.

Pandemic Worldwide epidemic – an influenza pandemic occurs when a new strain of influenza virus emerges which causes human illness and is able to spread rapidly within and between countries because people have little or no immunity to it.

Prophylaxis Administration of a medicine to prevent disease or a process that can lead to disease – with respect to pandemic influenza, this usually refers to the administration of antiviral medicines to healthy individuals to prevent influenza.

Relenza® See 'Zanamivir'.

Seasonal flu / influenza Annual period of widespread respiratory illness, typically occurring during the autumn and winter months in the UK, caused by the circulation of a strain of influenza virus that is slightly altered from the previous season.

Surge capacity The ability to expand provision beyond normal capacity to meet transient increases in demand, e.g. to provide care or services above usual capacity, or to expand manufacturing capacity to meet increased demand.

Surgical mask A disposable face mask that provides a physical barrier but no filtration.

Surveillance The continuing scrutiny of all aspects of the occurrence and spread of disease pertinent to effective control in order to inform and direct public health action.

Suspected cases Cases of illness identified through symptoms but not confirmed by laboratory analysis.

Swine flu H1N1 influenza arising in 2009 from pigs and the cause of the 2009 pandemic in humans.

Tamiflu® See 'Oseltamivir'.

Transmission Any mechanism by which an infectious agent is spread from a source or reservoir (including another person) to a person.

Vaccine A substance that is administered in order to generate an immune response, thereby inducing acquired immunological memory that protects against a specific disease.

Virulence The capacity of an infectious agent to infect and cause illness.

Virus A micro-organism containing genetic material (DNA or RNA) which reproduces by invading living cells and using their constituent parts to replicate itself.

Zanamivir Antiviral drug, marketed by GSK Pharmaceuticals under the trade name Relenza® that inhibits Neuraminidase activity, thus blocking viral spread.

REFERENCES

- Public Health England Influenza Plan 2014/2015 (Updated 28.11.2018)
- National Flu Plan 2019/2021
- Green Book Influenza Chapter
- NHS England Public Health Functions Agreement 2018-19 (known as Section 7A agreement)
- NHS England Public Health Functions Agreement 2016-17 Service Specifications No 13 and 13A
- NHS England enhanced service specification (For GP providers)
- Flu immunisation PGD templates
- National Q&As / training slide sets/ e-learning programme
- Vaccination and Immunisation guidance and audit requirements (NHS Employers, BMA, DH
- NHS England Commissioning for Quality and Innovation (CQUIN)
- Guidance for 2019/20 Vaccine Update
- Vaccine Update
- PHE Immunisation home page

- https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis
- https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan
- https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19
- https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2018-to-2019
- https://www.england.nhs.uk/commissioning/pub-hlth-res/
- https://www.england.nhs.uk/publication/gp-contract-2019-20-nhs-england-enhanced-service-specifications/
- https://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd
- https://www.gov.uk/government/collections/annual-flu-programme
- https://www.e-lfh.org.uk/programmes/flu-immunisation/
- https://www.nhsemployers.org/pay-pensions-and-reward/primary-care-contacts/general-medical-services/vaccination-and-immunisation
- https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20/
- https://www.gov.uk/government/collections/vaccine-update
- https://www.gov.uk/government/collections/immunisation

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Sep/2021
REPORT NAME	Improvement Programme update and 2021/22 Quality Priorities
AUTHOR	Victoria de La Morinière, Head of Improvement
LEAD	Pippa Nightingale, Chief Nursing officer
PURPOSE	To assure the Trust Board of the continued delivery of our Quality Improvement Programme and to provide progress updates associated with our recovery post Covid.
REPORT HISTORY	Improvement Board, August 2021 Quality Committee, 7 September 2021
SUMMARY OF REPORT	This report provides an update on the progress of the Improvement Programme: • Quality priorities for 2021/22 • Culture of improvement and innovation • Continuous improvement; GIRFT • Deep dives: quality priority focus topic
KEY RISKS ASSOCIATED	Failure to continue to deliver high quality patient care
FINANCIAL IMPLICATIONS	As noted in the paper.
QUALITY IMPLICATIONS	These are considered as part of the embedded Quality Impact Assessment process of the Improvement Programme, which is led by the Chief Nursing officer and Chief Medical Officer.
EQUALITY & DIVERSITY IMPLICATIONS	Equality and Diversity implications have been considered as part of the embedded Quality Impact Assessment process of the Improvement Programme, which is led by the Chief Nursing officer and Chief Medical Officer
LINK TO OBJECTIVES	State the main corporate objectives from the list below to which the paper relates. • Deliver high-quality patient-centred care

	• Deliver better care at lower cost quality patient centred care • Delivering better care at lower cost
DECISION/ ACTION	For assurance.

Improvement Programme update and 2021/22 Quality Priorities

The quality priorities for 2021/22 are:

1. Improve sepsis screening and timely management
2. Improve personalised cancer care at diagnosis
3. Improving outcomes for inpatient diabetes patients
4. Improve clinical handover

Improve sepsis screening and timely management - Text highlighted in red to be updated

A summary of baseline position and progress for month 8 is outlined in Table 1 below.

During the end of March, April and May clinical teams were redeployed to support the Covid-19 response. This impacted progress in Q1 overall but the position has mainly recovered and progress is on track to deliver the stated aim by the end of the year.

Priority	Key Indicator	EOY target	Progress	Next Steps / Commentary
Improve sepsis screening and timely managem ent	Improve early recognition of deteriorating patient in ED and inpatients Improve the timely commencement of appropriate antimicrobial therapy for patients found with suspected red flag sepsis	90% patients who meet the relevant criteria are screened for sepsis within 1 hour 90% of patients receive IV antibiotics within 1 hour	**ED** *(July 2021 average)* Screened overall: 90.3% Screened <1 hour: 74.9% Treated with IV abx overall: 83.8% Treated with IV abx <1 hour: 49.0% **AMU / AAU** *(July 21 average)* Screened overall: 90.0% Screened <1 hour: 44.4% Treated with IV abx: 65.0% **Medical/Surgical Wards** *(July 21 average)* Screened overall: 92.2% Screened <1 hour: 45.2% Treated with IV abx: 67.2% **Paediatrics** *(July 50 patient audit, CW only)* No data submitted **Maternity** *(July 21 average)* Sepsis rate: 0.8% Triage/MAS screened: 98.7% Reviewed <1 hour: 83.4% Antibiotics <1 hour: 90.6% LOS: 4.9	The team have developed sepsis project team to include CCOT, medical and improvement leads who meet regularly to move actions forward. Outstanding risks has been reviewed and producing mitigation plan for risk 987 The programme of work has focused on improving screening completion on the downstream wards, which hit a cross-site high of 94% in June. Communications campaign launched across both sites focusing on the sepsis 6 messaging Paediatrics have moved to PEWS and Cerner sepsis alerts and therefore will have a working online dashboard aligned with the adults wards from August Maternity continue to complete regular paper audits and look forward to a transition to K2 to support an online patient record system Information Team and making amendments to the QlikSense Dashboard to rectify data quality issues.
Improve personalis ed cancer care at diagnosis	Ensure patients whose treatment is managed by our Trust have a Holistic Needs	>75% of patients whose treatment is managed by our Trust have a Holistic Needs	In June 2021, there was a 54% compliance level for HNAs. This demonstrates a 13 points increase in performance compared to	There is a general increase in the numbers of HNAs being offered and recorded on SCR in June. Some evidence of on-going challenges in certain tumour sites –

Priority	Key Indicator	EOY target	Progress	Next Steps / Commentary
	Nurse Assessment (HNA) appointment after a diagnosis of cancer and a personalised cancer care plan Increase per quarter in the number of patients who have end of treatment summaries	Nurse Assessment 10% increase per quarter in the number of patients who have end of treatment summaries	May 2021. HNA monthly performance: Month % Performance Apr-21 43% May-21 41% Jun-21 54%	the picture is changing for the better. One to one follow up meeting organised and set. Work started and on-going to support CNS set up Nurse Led Clinics on Cerner. Monthly one to one meetings with CNS in the most challenged tumour sites organised To work with coordinators and Lead CNS to ensure that details of named CNS are recorded on SCR Re-launch of the Personalised Cancer Care Steering Group in the autumn. Meetings planned with lead CNS in Skin (CW), Colorectal, Gynae (WM), Urology and Head and Neck. Explore opportunities to navigate existing complex pathways, to improve performance.
Improving outcomes for inpatient diabetes patients	Establish a method of identifying and reporting patients who have diabetes at point of admission Increase the nurses and HCAs who receive 10-point training Reduction in length of stay for diabetes patients across elective pathways Reduction in inpatient diabetes harms		885 patients with diabetes admitted per month 131 HCA trained (baseline) Diabetes Training: April – 7 HCAs and 7 nurses May – 7 HCAs and 7 nurses June – 13 HCAs and 13 nurses Number of incidents involving patients with diabetes - 30 LOS for elective patients with recorded diabetes – 4.3 (baseline) Combined Trust performance: April LOS – 1.7 May LOS – 2.3 June LOS – 5.1	Training now logged on ESR for tracking Audit of diabetes harms completed THINK Glucose criteria to be introduced to junior medical and palliative care teams DSN and Sarah Pearse presented at quality round on 23rd of July to address diabetes harms Process mapping for elective patients with diabetes completed. Pathway being developed for these patients, lead at WM is Dr Sheharyar Quereshi Improving pre-op/perioperative care with anaesthetic and surgical teams to reduce LoS Improved DNS coverage to prevent and address diabetic issues arising in elective surgical patients, especially at weekends, business case in progress Release of online 10-point diabetes training from NWL circa August/September 2021 which will bolster the number of staff trained

Priority	Key Indicator	EOY target	Progress	Next Steps / Commentary
				within the Trust.
Improve clinical handover	Embed a shared appreciation of the principles underpinning good clinical handover through the delivery of a training package; Introduce a standardised handover process based on national best practice; Introduce a standardised handover proforma / documentation within the Trust electronic medical records system (Cerner)	50% of clinical staff to be trained in the principles of safe and effective clinical handover 95% of all handovers to be attended by each medical downstream ward	Tools and training need to be developed	Establishing baseline data for incidences that cite handover or communication between teams as a root cause or action. Process mapping of current medical handover from AAU to downstream ward Process mapping of H@N handover Local QIP within AAU at CW with demonstrable qualitative improvements in the handover process Nursing QIP in progress to improve handovers in NICU-potential to expand scale on completion of cycle 1 and review of metrics. Handover dashboard on datix in development o enable 12 monthly rolling tracking of incidences and trends Trial of new timing for H@N @CW commenced on 5th July. Survey monkey tools in use to collect attendance data and feedback.

1. Focus topics – quality priority and patient experience

I. Improving Clinical Handover

Overview

Vision statement
To enable effective, safe, and high quality handover of patient care between individuals, teams, and sites supported by a shared appreciation of the principles of handover and standardised approach to content and record keeping

Case for change
Effective handover between clinical teams is widely accepted as essential for patient safety. The British Medical Association together with the National Patient Safety Agency and NHS Modernisation Agency has produced clear guidance regarding the contents and setting for a safe and efficient handover.

The Trust aims to engage our clinical teams to assess our handover processes in light of national best practice and to develop the necessary improvements that will support the safe and effective, high quality handover of patient care

Specific aims
Embed a shared appreciation of the principles underpinning good clinical handover through the delivery of a training package
Introduce a standardised handover process based on national best practice
Introduce a standardised handover proforma / documentation within the Trust electronic medical records system (Cerner)

Measures for Improvement
Year 1 - 50% staff trained
Year 2 - 70% utilisation of Cerner tool

Progress update

- Local QIP within AAU at CW with demonstrable qualitative improvements in the handover process
- Nursing QIP in progress to improve handovers in NICU-potential to expand scale on completion of cycle 1 and review of metrics.
- Handover dashboard on datix in development o enable 12 monthly rolling tracking of incidences and trends
- Trial of new timing for H@N @CW commenced on 5th July. Survey monkey tools in use to collect attendance data and feedback.

Next steps

- Focus on H@N:
- Trial of 8.15pm start time to commence 5th July
- Attendance survey monkey form in use
- Feedback at next steering group meeting
- Streamlining of handover tools on Cerner
- Incorporate a standardised Handover training session into FY1 programme
- Next steps following PDSA cycles within acute medicine and nursing local QIPs

Improving Clinical Handover	
Research and Innovation	QI/audit
Exploring opportunities to learn from other industries and exemplar trusts: Liaising with ICHT re nursing care plans and handovers via Cerner that also enable a live quality dashboard and feed into a standardised handover. Meetings held via CW Innovation with McClaren to understand processes and similarities-potential for shared learning and/or consultation	Currently in progress: Evening medical handover QIP Subjective measures via survey before and after some simple interventions Nursing Handover QIP although not initially in scope for phase 1, opportunity to move ahead due to inclusion as an emerging leaders project. NICU focus primarily but possibility to expand after cycle 1 –shared trustwide at medication management awareness event in July

Risks and challenges

- Risk that Cerner tools will not meet the needs of multiple different handovers
- Risk that changing times of H@N will not be possible for all parties

II. Improve sepsis screening and timely management

Overview

Vision statement

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

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

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 in ED)

Measures for Improvement
90% of patients with NEWS>5 screened overall and within 1 hour for red flag sepsis
90% of patients with potential red flag sepsis reviewed overall and within 1 hour
90% of patients with potential red flag sepsis receiving Abx
90% of patients in ED with potential red flag sepsis receiving Abx within 1 hour
The average length of stay of patients who are admitted with suspicion of sepsis

Progress update
- The team have developed sepsis project team to include CCOT, medical and improvement leads who meet regularly to move actions forward.
- Outstanding risks has been reviewed and producing mitigation plan for risk 987
- The programme of work has focused on improving screening completion on the downstream wards, which hit a cross-site high of 94% in June.
- Communications campaign launched across both sites focusing on the sepsis 6 messaging
- Paediatrics have moved to PEWS and Cerner sepsis alerts and therefore will have a working online dashboard aligned with the adults wards from August
- Maternity continue to complete regular paper audits and look forward to a transition to K2 to support an online patient record system

Next steps
Quarter 2/3 focus:
- Maintaining sustainability within ED and focusing on full sepsis 6
- Start to move the ward focus to all 3 metrics rather than just screening
- Complete thematic analysis through focus groups and local audits to establish cause of sepsis screening, review and treatment delays
- Review paediatric data once established on Qliksense and create action plan

Improving Sepsis Care		
Research	Innovation	QI/audit
Researching the use of wearable sensors to early identify a deteriorating patient	Currently participating in an NIHR sponsored study on the effectiveness of Sepsis screening tools	Cross-group audit to review the response to the deteriorating patient across CCDG, TRG and the sepsis and deteriorating patient group

Risks and challenges
- Risk 987 remains open, new audit methodology proposed to mitigate this to be initiated in August/September
- Maternity using paper notes and audit methodology – moving to an electronic based system

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.5/Sep/21
REPORT NAME	Integrated Performance & Quality Report – July 2021
AUTHOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
LEAD	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
PURPOSE	To provide assurance to the Committee of the combined Trust's performance for July 2021 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
REPORT HISTORY	This particular report has been considered and discussed at the Executive Management Board Meeting during August 2021
SUMMARY OF REPORT	July was a challenging month for the organisation, with sustained non-elective pressure and an increase in absences driven by the requirement for staff to isolate under NHS Track and Trace guidance. Although not compliant with a number of key metrics in the month, the Trust's performance continues to be strong when compared to the wider NHS and remains ranked 10th on the overall hospital score within Public View. **A&E 4 Hour Standard** In July performance declined to 87.62%, the Emergency Departments continued to see higher than expected attendances, particularly in the Urgent Treatment Centres. A small decline in performance to 87.62% was reported in July with a decline seen on both sites. A&E attendance between June (19,427) and July (18,936) saw a slight decline, however, it remains higher than expected. Work continues to better understand what is driving the volumes attending the department and how to manage this in the coming months. **Cancer** Unvalidated 62 day performance currently shows an non-compliant position at 83.7%, following previously compliant months in May and June. This has been driven by patient choice and an increase in the number of patients being diagnosed and requiring treatment. This target will remain challenged in August, with the aim to recover compliance in September 2021. **RTT** Performance has seen a slight decline from 77.26% in June to 76.13% in July. Both Inpatient and Outpatient activity continues to increase which is supporting patient's being seen and treated at a faster rate.

	RTT 52 Week waits The number of patients waiting over 52 weeks continues to reduce and is ahead of the trajectory submitted as part of the Trust's Operating Plan. . Numbers have declined from 616 in June 2021 to 481 at the end of July. **Diagnostic wait times <6weeks** Performance for the month of July has seen an improvement from 96.73% in June 2021 to 97.04% in July 2021. There has been a small improvement since last month and is now within 2% of compliance at 97%; • Imaging remains DM01 compliant since January 2021. • Audiology has maintained compliance since December 2020. • Physiology position has improved by 1% to nearly 97%. Breaches have been largely down to staff shortages (vacancies). • Endoscopy position has improved by 1% to 98.5%. Remaining breaches have largely been down to difficulty accessing GA support due to demands elsewhere competing for resource. UDS/Cystoscopy position has improved significantly by 10% to 58%. Breaches have been due to staff shortages and recovery of post-Covid backlogs. **Never Event** We reported one Never Event during July 2021 related to an incorrect implant being used in a Total Hip Replacement.
KEY RISKS ASSOCIATED	There are significant risks to the achievement of all of the main performance indicators, including A&E, RTT, Cancer & Diagnostics. An adjustment has been made to the risk score for BAF Risk2 this month to reflect our current challenges.
FINANCIAL IMPLICATIONS	As noted in the paper.
QUALITY IMPLICATIONS	Failure to achieve key access targets identified above could impact on clinical outcomes for patients
EQUALITY & DIVERSITY IMPLICATIONS	As noted in the paper.
LINK TO OBJECTIVES	• Improve patient safety and clinical effectiveness • Improve the patient experience
DECISION/ ACTION	For information and discussion.

TRUST PERFORMANCE & QUALITY REPORT

July 2021

NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022 Q2	2021-2022	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	90.30%	89.67%	87.65%	89.94%	91.09%	88.61%	87.59%	89.55%	90.75%	89.07%	87.62%	87.62%	89.72%	!
RTT	18 weeks RTT - Incomplete (Target: >92%)	77.00%	78.43%	76.98%	76.91%	74.13%	75.58%	74.89%	74.17%	75.81%	77.26%	76.13%	76.13%	75.78%	!
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jul-21) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	95.17%	94.99%	88.97%	93.76%	97.93%	95.38%	91.61%	95.81%	96.74%	95.20%	90.55%	90.55%	94.94%	-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	98.43%	98.23%	98.96%	98.85%	98.43%	98.23%	98.96%	98.96%	98.85%	-
	31 days diagnosis to first treatment (Target: >96%)	100%	94.44%	100%	97.81%	93.33%	97.40%	98.67%	96.56%	96.23%	96.18%	99.15%	99.15%	97.08%	-
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	n/a	n/a	100%	100%	100%	n/a	100%	100%	100%	n/a	n/a	100%	-
	62 days GP referral to first treatment (Target: >85%)	94.44%	89.66%	84.44%	87.50%	82.72%	83.91%	81.82%	82.32%	87.41%	86.21%	83.7%	82.64%	84.27%	!
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	0.00%	66.67%	66.67%	50.00%	60.87%	66.67%	66.67%	50.00%	50.00%	58.33%	!
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	1	0	3	2	0	2	6	3	1	2	2	9	-
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 (Jul-21) and are not included in quarterly or yearly totals	

A&E Waiting Times

4 hr performance was not compliant in July at 87.62% this was the 8th highest performance for acute Trusts nationally. Both departments have remained under sustained pressure, particularly in terms of patient acuity, LAS conveyances, UTC attendances and Covid IPC requirements including rapid testing.

18 Week RTT – Incompletes

Performance has seen a slight decrease from 77.26% in June to 76.13% in July. Directorates are working to prioritise surgical patients and managing the care needed for patients who have been waiting over 52 weeks, and the Trust remains ahead of its 52 week trajectory. The RTT Total PTL has seen an increase over the month of July increasing from 40,758 to 42,519.

Cancer 2 Weeks from referral to first appointment

Unvalidated Cancer 2 week wait performance was non- compliant for July at 90.55%. This has been driven by activity pressure with the highest ever levels of 2 week suspected cancer referrals seen during the month, particularly in Dermatology.

Cancer 62 days GP referral to first treatment

Unvalidated 62 day performance currently shows performance of 83.7% which is a decline from previously compliant months in May and June. This has been driven by patient choice and an increase in volume of patients diagnosed and requiring treatment. This target will remain challenged in August, with the aim to recover compliance in September 2021.

Cancer 62 days NHS screening service referral to first treatment

Validated Cancer 62 day screening performance has reduced from 66.67% in June to 50% in July. This is caused by a low volume of confirmed cancers in patients diagnosed on the screening pathway in July, and two colorectal screening breaches.

Clostridium difficile infections

There were 2 *Clostridium difficile* nosocomial infections in July at WMH on Marble Hill 1 and Marble Hill 2 wards.

The Marble Hill 1 case is under review to establish attributable trust as the patient was transferred from SMH 6 days prior to stool sample being sent.

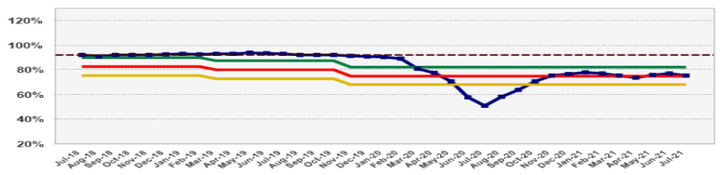
An RCA meeting was held for the Marble Hill 2 case and it was established that no lapses in care contributed to the development of *C. diff*. An action plan is developed to manage the following:

- Adding the C. diff checklist to Cerner to accompany specimen requests.
- Improve documentation of stool charts on Cerner.

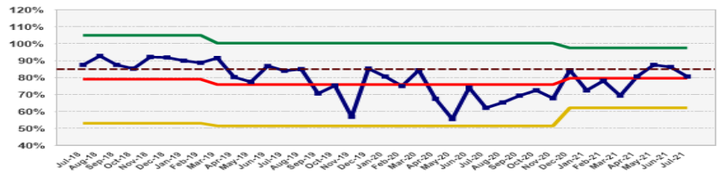
SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 37 months Jun 2018 to July 2021

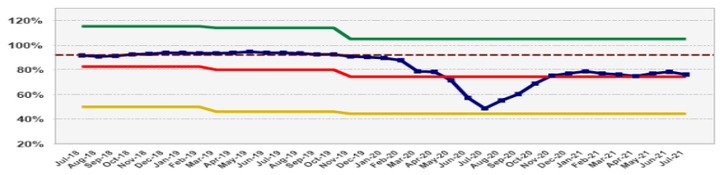
RTT Incomplete pathways
Trust Total



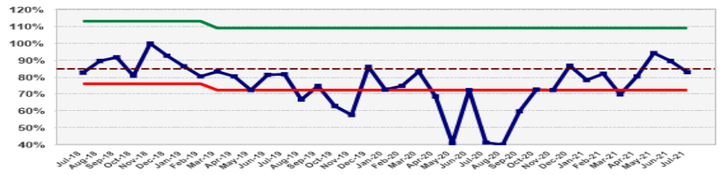
Cancer: 62 day standard
Trust Total



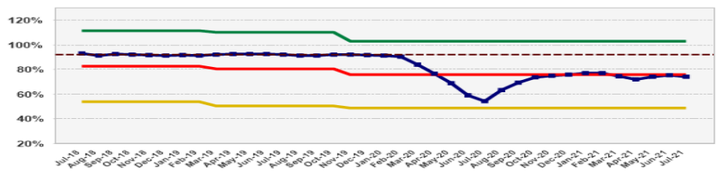
Chelsea and Westminster



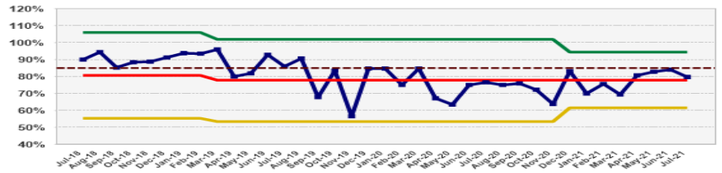
Chelsea and Westminster

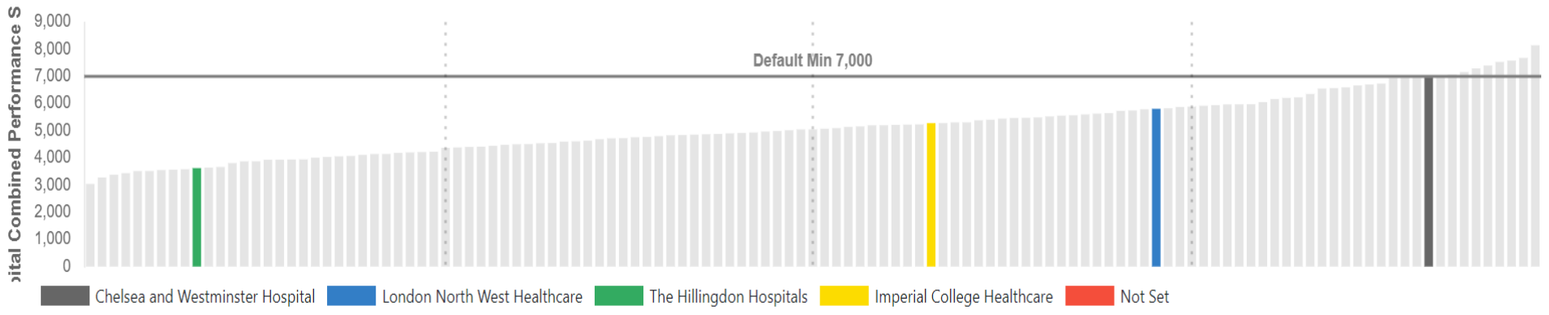


West Middlesex



West Middlesex

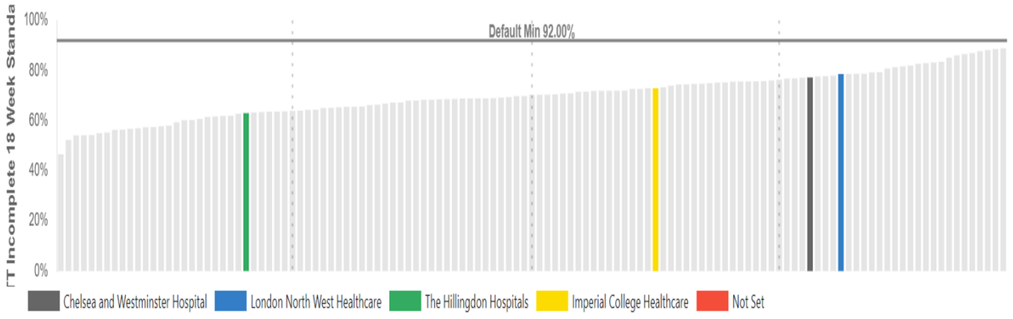


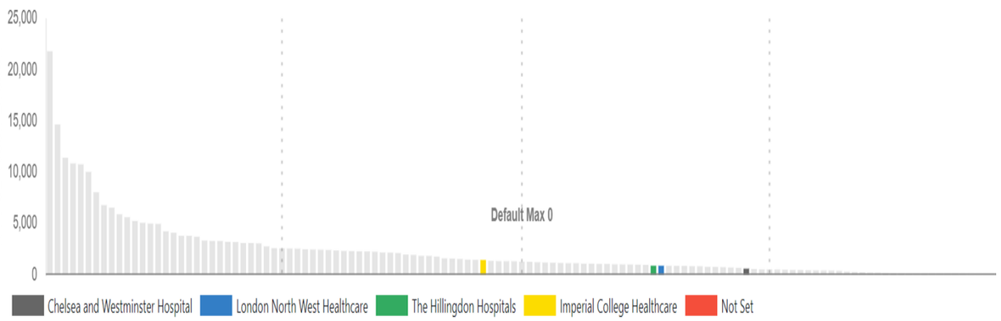


Hospital Combines Performance Score

For the month of July 2021 the Trust is ranked in 10th position. This positions the Trust as one of the best performing Trusts in the country.

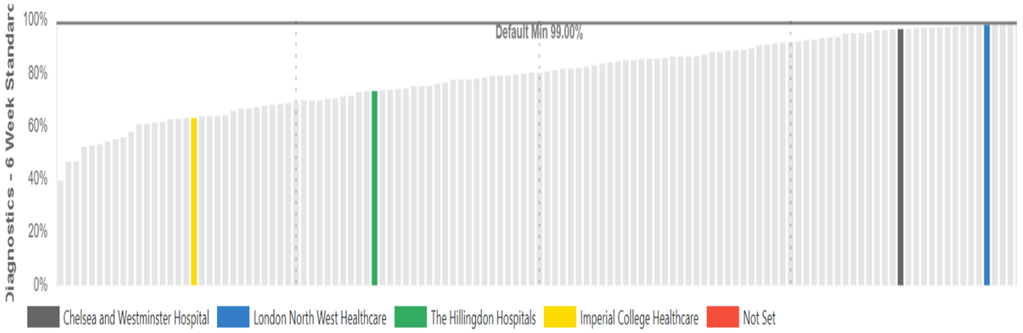
The below reports a one month retrespective and are representitive of June 2021

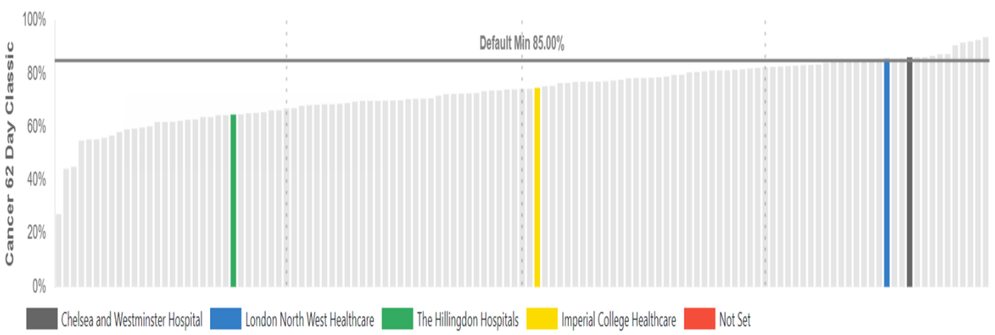




RTT 18 Week Standard: The chart above shows the relative ranking against the RTT 18 Week Standard. The Trust is currently ranked 26th of 123 Trusts nationally which is a decline in position from 24th position in June. The chart also demonstrates the position across the ICS.

RTT 52 Week Breaches: The chart above shows the relative ranking against the RTT 52ww standard. The Trust is currently ranked 33rd of 123 Trusts nationally. The chart also demonstrates the position across the ICS.





6 Week Diagnostic Standard: The chart above shows the relative ranking against the 6 Week Diagnostic Standard. The Trust is currently ranked 16th of 123 Trusts nationally which is a movement from 18th the previous month. The chart also demonstrates the position across the ICS.

62 Day Cancer Standard: The chart above shows the relative ranking against the 62 Day Cancer Standard. The Trust is currently ranked 11th of 123 Trusts nationally which is a move from 8th position last month. The chart also demonstrates the position across the ICS.

Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022 Q2	2021-2022	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	1	0	1	0	0	0	1	0	1	0	0	2	
	Hand hygiene compliance (Target: >90%)	88.0%	88.0%	91.4%	90.4%	89.6%	90.0%	91.1%	88.4%	88.6%	88.8%	91.2%	91.2%	89.5%	
Incidents	Number of serious incidents	5	4	2	15	6	2	4	13	11	6	6	6	28	
	Incident reporting rate per 100 admissions (Target: >8.5)	9.1	8.7	8.5	8.7	10.2	10.4	10.0	10.1	9.6	9.6	9.2	9.2	9.4	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.05	0.03	0.03	0.03	0.02	0.00	0.00	0.01	0.03	0.02	0.02	0.02	0.03	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.30	5.67	5.46	5.24	4.41	5.20	3.28	3.92	4.36	5.43	4.32	4.32	4.57	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.5%	
Harm	Never Events (Target: 0)	0	0	1	1	0	0	0	0	0	0	1	1	1	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	1	0	0	1	1	0	0	0	1	
	Safeguarding adults - number of referrals	21	18	19	74	52	32	32	158	73	50	51	51	232	
	Safeguarding children - number of referrals	43	24	22	124	153	156	97	536	196	180	119	119	660	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.77	0.76	0.76	0.76	0.77	0.76	0.76	0.76	0.77	0.76	0.76	0.76	0.76	
	Number of hospital deaths - Adult	28	31	32	115	49	41	55	198	77	72	87	87	313	
	Number of hospital deaths - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of hospital deaths - Neonatal	0	0	0	0	1	0	0	1	1	0	0	0	1	
	Number of deaths in A&E - Adult	0	0	0	0	1	3	1	9	1	3	1	1	9	
	Number of deaths in A&E - Paediatric	0	0	0	0	1	0	0	1	1	0	0	0	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

Never Events
A Never Event occurred in July 2021 concerning the use of the wrong implant in a total hip replacement. (ref INC82129).

Medication-related safety incidents

A total of 134 medication-related incidents were reported in July 2021. CW site reported 79 incidents, WM site reported 51 incidents and there were 4 incidents reported in community. The number of incidents reported in July has decreased for WM site and slightly increased for CW site in comparison to June 2021.

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

The Trust position of medication-related incidents involving patients (NRLS reportable) for July 2021 was 4.32 per 1,000 FCE bed days which remains above the Trust target of 4.2 per 1,000 FCE bed days.

Medication-related (NRLS reportable) safety incidents % with harm

The Trust had 0% of medication-related safety incidents with moderate harm and above in July 2021, which is within the Trust target of ≤2%.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022 Q2	2021-2022	Trend charts	
Complaints	FFT: Inpatient satisfaction % (Target: >90%)	94.5%	93.2%	97.8%	94.8%	93.3%	94.1%	97.3%	94.3%	93.8%	93.7%	97.5%	97.5%	94.5%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	2.4%	3.8%	0.8%	2.7%	3.4%	2.6%	1.3%	2.8%	3.0%	3.1%	1.1%	1.1%	2.7%		-
	FFT: Inpatient response rate (Target: >30%)	47.9%	48.7%	100.0%	54.5%	65.9%	66.4%	100.0%	70.1%	57.0%	57.7%	100.0%	100.0%	62.6%		-
	FFT: A&E satisfaction % (Target: >90%)	85.3%	82.7%	70.8%	85.0%	89.0%	84.5%	90.0%	86.4%	86.6%	83.3%	86.3%	86.3%	85.4%		!
	FFT: A&E not satisfaction % (Target: <10%)	9.2%	10.6%	20.8%	9.0%	5.9%	10.6%	8.0%	8.6%	8.0%	10.6%	10.5%	10.5%	8.9%		-
	FFT: A&E response rate (Target: >30%)	21.4%	20.0%	100.0%	21.2%	30.3%	24.6%	100.0%	26.0%	23.8%	21.3%	100.0%	100.0%	22.5%		-
	FFT: Maternity satisfaction % (Target: >90%)	87.1%	86.0%	55.6%	86.4%	100.0%	100.0%	100.0%	97.1%	87.6%	86.8%	63.6%	63.6%	87.1%		!
	FFT: Maternity not satisfaction % (Target: <10%)	10.0%	11.9%	33.3%	10.3%	0.0%	0.0%	0.0%	2.9%	9.6%	11.2%	27.3%	27.3%	9.8%		-
	FFT: Maternity response rate (Target: >30%)	24.6%	26.6%	100.0%	26.2%	100.0%	100.0%	100.0%	38.5%	25.4%	27.8%	100.0%	100.0%	26.8%		-
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	51	91	111	312	19	40	45	135	70	131	156	156	447		-
	Complaints formal: Number of complaints received	17	23	27	82	13	12	13	63	30	35	40	40	145		-
	Complaints formal: Number responded to < 25 days	14	14	11	45	5	8	3	25	19	22	14	14	70		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	1	0	1	0	1	0	0	1		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	! Either Site or Trust overall performance red in each of the past three months
Regarding Friends and Family Tests:	These metrics are currently suspended and will be re-instated it this report when brought back on line		

PALS & Complaints

The number of complaints received and investigated has increased from 30 to 39 in July 2021. Performance with responding to complaints within the 25 day KPI (95%) exceeded the target at 97%.

The number of PALS concerns logged and resolved during July has increased to 152 (129 previous month) and our performance with responding to the 5-day KPI (90%) during July was 86% - still slightly below the target, due to difficulties in contacting key staff and complexity of issues presented. We aim to resolve as many concerns instantly and for July 2021 this was 70% (365) of the concerns received for that month.

We have three complaints for investigation with the PHSO - one each for CSS, WCH and EIC Division.

Friends and Family Test

There are a number of data quality issues with the Friends and Family test data for July. A technical issue prevented the text message and phone FFT surveys being sent by our survey provider during the month. The only FFT surveys included in the report this month are those completed on paper or through the QR codes. As the quantity of surveys received was greatly reduced compared to previous months, the satisfaction rates should be interpreted with some caution. The technical issue also affected the denominator and so the 100% response rates are incorrect. This issue continued part way into August, but has now been addressed.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022 Q2	2021-2022	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.64	2.26	2.22	2.46	1.64	3.06	1.76	2.03	3.21	2.44	2.10	2.10	2.38		-
	Average length of stay - non-elective (Target: <3.95)	3.45	3.24	3.11	3.33	3.05	2.65	2.86	2.89	3.22	2.91	2.97	2.97	3.08		-
	Emergency care pathway - average LoS (Target: <4.5)	3.53	3.36	3.35	3.42	3.42	2.97	3.18	3.21	3.46	3.12	3.24	3.24	3.29		-
	Emergency care pathway - discharges	251	250	265	1002	410	410	414	1620	661	660	679	679	2623		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	7.04%	6.32%	6.67%	6.38%	10.38%	11.17%	10.43%	10.47%	8.73%	8.78%	8.55%	8.55%	8.45%		!
	Non-elective long-stayers	339	380	400	1458	321	334	331	1306	660	714	731	731	2764		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	81.1%	84.0%	83.1%	79.8%	81.4%	83.8%	80.0%	86.4%	81.2%	84.0%	82.3%	82.3%	81.9%		!
	Operations canc on the day for non-clinical reasons: actuals	0	1	0	1	1	0	0	2	1	1	0	0	3		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.04%	0.00%	0.01%	0.08%	0.00%	0.00%	0.04%	0.03%	0.03%	0.00%	0.00%	0.02%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	1	0	1	1	0	0	2	1	1	0	0	3		-
	Theatre Utilisation (Target >85%)	67.4%	65.9%	66.5%	67.7%	73.3%	74.3%	71.6%	72.6%	69.2%	68.5%	68.2%	68.2%	69.2%		!
Outpatients	First to follow-up ratio (Target: <1.5)	2.55	2.40	2.45	2.49	2.00	1.96	1.78	1.91	2.30	2.20	2.13	2.13	2.22		!
	Average wait to first outpatient attendance (Target: <6 wks)	9.0	8.5	9.0	9.0	10.3	12.2	11.9	11.1	9.6	10.2	10.4	10.4	10.0		!
	DNA rate: first appointment	8.6%	9.5%	10.1%	9.3%	8.6%	8.7%	8.2%	8.6%	8.6%	9.1%	9.2%	9.2%	9.0%		-
	DNA rate: follow-up appointment	7.9%	8.8%	9.4%	8.4%	7.5%	7.8%	7.8%	7.6%	7.7%	8.4%	8.8%	8.8%	8.1%		-

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

Emergency Re-Admission within 30 days of discharge
Readmission rates have seen an improvement from 8.78% in June 2021 to 8.55% in July 2021 against the target of <7.6%

Daycase rate
Performance against this target has remained stable between June (84.0%) and July (82.3%) 2021

Theatre Utilisation
Performance has remained stable between June (68.5%) and July (68.2%) 2021.

Outpatients
First to follow-up ratio has improved from 2.20 in June to 2.13 in July. DNA rate for first appointments has remained stable at 9.1% in June and 9.2% July 2021. DNA rate for follow-up appointments has also remained stable at 8.8% in July from 8.4% in June 2021.

Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022 Q2	2021-2022	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	97.2%	95.6%	92.7%	94.6%	98.7%	93.6%	96.9%	96.3%	98.1%	94.4%	95.4%	95.4%	95.6%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	84.6%	93.3%	90.6%	82.6%	90.9%	85.7%	83.3%	88.9%	87.5%	88.9%	88.9%	86.4%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	94.4%	100.0%	94.2%	100.0%	100.0%	89.5%	96.4%	100.0%	97.6%	93.5%	93.5%	95.6%	-
VTE	VTE: Hospital acquired	0	0	0	0	1	0	0	1	1	0	0	0	1	-
	VTE risk assessment (Target: >95%)	91.3%	90.5%	89.1%	90.2%	95.3%	96.4%	96.0%	95.7%	93.4%	93.7%	92.9%	92.9%	93.2%	!
TB Care	TB: Number of active cases identified and notified	3	5	3	13	2	7	11	26	5	12	14	14	39	-
Sepsis	ED % of patients with high NEWS score screened for Sepsis	89.1%	84.9%	44.7%	70.5%	91.1%	94.8%	61.2%	80.9%	90.1%	90.1%	51.9%	51.9%	75.5%	
	ED % of patients at risk of developing sepsis receiving antibiotics	68.4%	78.8%	57.5%	66.8%	87.1%	77.5%	82.3%	83.3%	79.7%	78.0%	71.3%	71.3%	76.7%	
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	34.2%	44.7%	31.6%	35.3%	63.8%	52.1%	47.3%	54.6%	52.1%	49.6%	40.4%	40.4%	46.9%	
	AAU/AMU % of patients with high NEWS score screened for Sepsis	87.5%	88.6%	84.6%	86.7%	95.2%	94.4%	95.4%	93.2%	90.3%	91.2%	90.1%	90.1%	89.5%	
	AAU/AMU % of patients at risk of developing sepsis receiving antibiotics	70.3%	66.7%	66.7%	68.9%	58.1%	66.7%	62.5%	64.9%	63.7%	66.7%	65.0%	65.0%	67.1%	
	Inpatient Wards % of patients with high NEWS score screened for Sepsis	84.2%	86.0%	74.5%	82.1%	92.1%	93.8%	91.9%	90.7%	88.0%	89.8%	83.2%	83.2%	86.3%	
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	7	5	1	20	0	9	5	14	7	14	6	6	34	-
	Length of stay for elective (surgical specialties only) patients with recorded diabetes	2.5	3.2	3.1	2.7	2.1	6.3	3.6	3.8	2.3	5.1	3.3	3.3	3.3	-
Improving clinical handover	% staff trained on the principles of safe and effective handover (Target >=50%)														
	% utilisation of handover tool within Cerner (Target >=70%)														

These indicators are currently unavailable - awaiting services to provide data

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

NoF# Time to Theatre
At WMUH in July 2021, 18 out of 21 patients medically fit patients had surgery within 36 hours with performance of 85.7%. 3 patients did not have surgery within this timeframe as a result of a busy trauma list overrunning, with patients undergoing surgery at 49, 44 and 45 hours respectively post admission. At CW Site 93.3% of medically fit patients had surgery within 36 hours. 1 patient did not achieve the 36 hour time window as they ate prior to surgery causing a delay. **VTE Risk Assessments**

WMUH site achieved the ≥ 95% target. CW site performance remains below target.

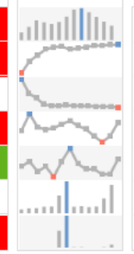
Hospital Associated thrombosis (HATs)

In July there were no reported HATs on either site

Dementia screening case finding

Both sites surpassed the 90% target in July.

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022 Q2	2021-2022	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	460	381	322	1718	306	235	159	1062	766	616	481	481	2780		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	95.49%	96.37%	96.94%	95.59%	95.60%	97.01%	97.11%	96.39%	95.55%	96.73%	97.04%	97.04%	96.04%		!
	Diagnostic waiting times >6 weeks: breach actuals	143	117	94	556	168	124	129	596	311	241	223	223	1152		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.0%	8.2%	9.4%	8.5%	7.6%	8.4%	8.6%	8.2%	7.9%	8.3%	9.1%	9.1%	8.4%		!
	A&E time to treatment - Median (Target: <60')	00:28	00:29	00:28	00:28	00:58	00:57	01:05	00:59	00:41	00:41	00:47	00:47	00:43		-
	London Ambulance Service - patient handover 30' breaches	3	0	119	125	53	122	119	341	56	122	238	238	466		-
	London Ambulance Service - patient handover 60' breaches	0	0	3	3	0	1	3	4	0	1	6	6	7		-

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

RTT Incompletes 52 week patients at month end
Numbers have continued to decline for patients waiting over 52 weeks. Numbers have declined from 616 in June 2021 to 481 at the end of July and remain ahead of the trajectory submitted as part of the Trust Operating Plan.

Diagnostics Waiting Times >6 weeks
Performance for the month of July has seen an improvement from 96.73% in June 2021 to 97.04% in July 2021.
There has been a small improvement since last month and are now within 2% of compliance at 97%;

- Imaging remains DM01 compliant since January 2021.
- Audiology has maintained compliance since December 2020.
- Physiology position has improved by 1% to nearly 97%. Breaches have been largely down to staff shortages (vacancies).
- Endoscopy position has improved by 1% to 98.5%. Remaining breaches have largely been down to difficulty accessing GA support due to demands elsewhere competing for resource.
- UDS/Cystoscopy position has improved significantly by 10% to 58%. Breaches have been due to staff shortages and recovery of post-Covid backlogs.

A&E Unplanned re-attendances
Performance reduced from 8.3% in June to 9.1% in July. Attendance in A&E remain high and the EIC Division are undertaking a piece of work to understand and improve both reattendance and readmission rates.

LAS Handover Service
The Trust continues to be one of the top performing in London for LAS handover times, however there were six 60 minute LAS handover breaches in July. These occurred at times of significant pressure in the departments. To further support LAS the two Emergency Departments are reviewing options for ambulance cohorting to ensure LAS crews are released as quickly as possible.

RTT Positions Dashboard

		Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
Domain	Indicator	May-21	Jun-21	Jul-21	May-21	Jun-21	Jul-21	May-21	Jun-21	Jul-21
RTT waiting list positions	Total RTT waiting list	23040	24491	25112	16294	17150	17264	39334	41641	42376
	Total Non-Admitted waiting list	18763	20430	21567	13795	14862	15314	32558	35292	36881
	Non-Admitted with a date	6048	9830	12870	5331	8425	10753	11379	18255	23623
	Non-Admitted without a date	12715	10600	8697	8464	6437	4561	21179	17037	13258
	Total Admitted waiting list	4277	4061	3545	2499	2288	1950	6776	6349	5495
	Admitted with a date	562	787	910	527	643	774	1089	1430	1684
	Admitted without a date	3715	3274	2635	1972	1645	1176	5687	4919	3811
	Patients waiting >78 weeks	59	47	45	56	73	42	115	120	87
	Patients waiting >104 weeks	0	0	0	1	0	1	1	0	1

RTT 52 week waiters Specialty Dashboard

	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
Local Specialty	May-21	Jun-21	Jul-21	May-21	Jun-21	Jul-21	May-21	Jun-21	Jul-21
Total	**460**	**381**	**322**	**306**	**235**	**159**	**766**	**616**	**481**
Burns Care	1	1					1	1	
Colorectal Surgery	3	3	5	2	1	4	5	4	9
Community Paediatrics	2		1				2		1
Dermatology	1			1			2		
ENT				12	4	1	12	4	1
General Surgery	31	31	35	32	22	21	63	53	56
Gynae Colposcopy				1			1		
Interventional Radiology				1			1		
Maxillo-Facial Surgery	1	2	2				1	2	2
Ophthalmology	24	14	9				24	14	9
Oral Surgery				23	15	10	23	15	10
Paediatric Cardiology	1	1	1				1	1	1
Paediatric Clinical Immunology	17	17	11				17	17	11
Paediatric Dentistry	132	117	97				132	117	97
Paediatric Dermatology	2						2		
Paediatric Ear Nose and Throat	27	25	25	22	16	1	49	41	26
Paediatric Gastroenterology		1		1			1	1	
Paediatric Maxillo-Facial Surg	16	10	7		1		16	11	7
Paediatric Plastic Surgery	14	13	13				14	13	13
Paediatric Surgery	28	21	16	10	13	6	38	34	22
Paediatric Trauma and Orthopae	2				1	1	2	1	1
Paediatric Urology	8	8	6	6	3	1	14	11	7
Paediatrics	1		3	3	3	2	4	3	5
Pain Management			1						1
Plastic Surgery	64	51	34	21	25	30	85	76	64
Podiatric Surgery				1	3	3	1	3	3
Podiatry				11	8	5	11	8	5
Trauma & Orthopaedics	60	46	33	66	45	20	126	91	53
Urology	13	12	14	47	31	6	60	43	20
Vascular Surgery	12	8	9	46	44	48	58	52	57

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022	May-21	Jun-21	Jul-21	2021-2022 Q2	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	483	486	507	1910	371	409	428	1575	854	895	935	935	3485		-
	Total number of bookings	565	584	555	2317	461	358	447	1744	1026	942	1002	1002	4061		-
	Maternity 1:1 care in established labour (Target: >95%)	97.6%	99.1%	97.6%	98.2%	95.8%	97.4%	95.2%	96.5%	96.8%	98.2%	96.4%	96.4%	97.4%		-
Safety	Admissions >37/40 to NICU/SCBU	22	16	16	67	n/a	n/a	n/a	n/a	22	16	16	16	67		-
	Number of reported Serious Incidents	1	1	0	3	1	2	2	6	2	3	2	2	9		-
	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	7.2%	6.9%	6.6%	7.2%	5.8%	5.3%	6.4%	6.1%	6.6%	6.2%	6.5%	6.5%	6.7%		-
	Number of stillbirths	0	1	1	5	1	0	2	6	1	1	3	3	11		-
	Number of Infant deaths	2	2	0	4	1	0	0	1	3	2	0	0	5		-
	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	17.4%	0.0%	0.0%	17.0%	11.0%	0.0%	0.0%	9.5%	14.2%	n/a	n/a	0.0%	13.3%		-
	Spontaneous unassisted vaginal births	33.0%	28.7%	30.8%	29.8%	34.6%	37.9%	35.6%	35.5%	33.7%	32.9%	33.0%	33.0%	32.4%		-
	Vaginal Births - spontaneous & induced	64.3%	59.7%	58.5%	60.7%	63.2%	62.8%	63.2%	63.0%	63.8%	61.1%	60.7%	60.7%	61.7%		-
	Instrumental deliveries	13.6%	13.2%	14.4%	14.4%	10.4%	10.3%	12.6%	12.1%	12.2%	11.9%	13.5%	13.5%	13.3%		-
	Pre-labour elective caesarean sections	65	77	81	292	47	56	47	195	112	133	128	128	487		-
	Emergency caesarean sections in labour	55	62	57	226	56	60	66	243	111	122	123	123	469		-

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

Workforce
The current midwifery ratios on each site are 1:27 at Chelsea and 1:28 at West Middlesex. We have now received the outcome of a recently commissioned birth rate plus analysis of the midwifery workforce and the recommended ratios are 1:24.9 Chelsea and 1:21.7 West Middlesex. We have received funding from the Trust and the maternity investment fund to increase the consultant presence on the labour ward.

Birth indicators
Total numbers of bookings has increased at West Middlesex between June and July however declined at Chelsea & Westminster. As a Trust there has been an overall increase in bookings from 942 in June to 1002 in July.

Safety
Our safety outcomes remain stable and we are currently auditing our preterm births and launching the BAPM toolkit for optimisation of the preterm baby. We are not an outlier for stillbirth or infant deaths across the sector.

Outcomes
Our outcomes are in line with the NWL sector.

62 day Cancer referrals by tumour Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	May-21	Jun-21	Jul-21	2021-2022	YTD breac…	May-21	Jun-21	Jul-21	2021-2022	YTD breac…	May-21	Jun-21	Jul-21	2021-2022 Q2	2021-2022	YTD breac…	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		95.2%	100%	100%	98.9%	0.5	95.2%	100%	100%	100%	98.9%	0.5		-
	Colorectal / Lower GI	100%	90.9%	75.0%	82.7%	4.5	100%	70.0%	92.9%	81.0%	4	100%	81.0%	83.3%	83.3%	81.9%	8.5		-
	Gynaecological	n/a	100%	66.7%	83.3%	1	50.0%	100%	57.1%	75.0%	2	50.0%	100%	61.5%	61.5%	78.6%	3		-
	Haematological	100%	100%	n/a	100%	0	60.0%	100%	100%	89.5%	1	77.8%	100%	100%	100%	92.0%	1		-
	Head and neck	n/a	100%	n/a	100%	0	100%	n/a	33.3%	60.0%	1	100%	100%	33.3%	33.3%	81.8%	1		-
	Lung	100%	50.0%	0.0%	72.7%	1.5	50.0%	100%	n/a	75.0%	1	71.4%	75.0%	0.0%	0.0%	73.7%	2.5		!
	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	100%	100%	100%	98.1%	0.5	100%	63.6%	80.0%	78.6%	4.5	100%	84.0%	87.5%	87.5%	89.5%	5		-
	Upper gastrointestinal	100%	100%	100%	100%	0	50.0%	100%	33.3%	64.7%	3	77.8%	100%	50.0%	50.0%	78.6%	3		-
	Urological	81.3%	77.8%	100%	80.7%	5.5	76.2%	81.0%	75.0%	73.7%	13	78.4%	80.0%	83.0%	83.0%	76.3%	18.5		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		50.0%	100%	n/a	83.3%	0.5	50.0%	100%	n/a	n/a	83.3%	0.5		-

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	

Trust commentary

No commentary available yet

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

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			0	11
Gynaecology		1	0	1.5
Haematology		0.5	0	1.5
Head and Neck	0	0.5	0	0
Colorectal	1	11	3	10
Lung	1	2	0	2
Other			0	0.5
Skin		7	2	5.5
Upper GI		2.5	0	1
Urology	1	4.5	2	10.5
Brain			0	0
Total:	**3**	**29**	**7**	**43.5**

Safe Staffing & Patient Quality Indicator Report – Chelsea Site

July 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	99%	79%	91%	86%	7.4	2.5	9.9	15.3		13.3%	9.3%	12.7%	1	2							91.78%
Annie Zunz	147%	78%	100%	119%	8.1	2.9	11	7.8		-21.9%	0.0%	0.0%		1	1	1					100.00%
Apollo	99%	-	90%		9.4	0	10.2	10.9		17.1%	21.5%	42.0%									100.00%
Mercury	1.01	-	1.01	-	7.6	0	7.6	9.3		20.9%	19.1%	100.0%									100.00%
Neptune	134%	167%	148%	-	19.5	2.7	22.2	10.9		25.7%	19.0%	66.7%		2							100.00%
NICU	0.9	-	0.9	-	13.3	0	13.3	26		31.7%	16.7%	0.0%									
AAU	99%	60%	99%	73%	8.3	1.9	10.2	7.8		47.3%	11.8%	48.7%	6	24							96.43%
Nell Gwynne	91%	61%	131%	65%	4.4	2.7	7.6	7.3		11.0%	10.6%	33.0%	4	15							100.00%
David Erskine	98%	67%	96%	96%	7.3	4.4	12.3	7		18.7%	31.6%	13.1%									100.00%
Edgar Horne	97%	62%	110%	93%	3.7	2.4	6.3	6.9		20.0%	0.0%	38.1%	9	34		1		1			98.42%
Lord Wigram	90%	88%	98%	101%	4.4	2.9	7.4	7		14.8%	5.2%	5.1%	5	16							93.75%
St Mary Abbots	91%	63%	79%	93%	3.8	2.2	6.7	7.2		23.3%	15.8%	0.0%	1	3				1			88.83%
David Evans	76%	94%	86%	114%	6.6	3.2	9.7	7.2		0.4%	15.2%	12.2%	2	7							88.96%
Chelsea Wing	1.31	0.96	1	0.98	8	5.2	13.2	7.2		22.2%	14.3%	23.5%	1	2							50.00%
Burns Unit	0.96	0.5	0.98	0.64	14.5	2.6	17.2	N/A		24.7%	16.2%	15.0%		4							100.00%
ICU	98%	-	100%	-	29.2	0	29.6	26		-1.5%	10.1%	0.0%									100.00%
Rainsford Mowlem	0.7	0.41	0.71	0.58	4.8	2.8	7.9	7.3		18.3%	18.3%	10.6%	4	20							83.33%

Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

July 2021

Ward	Day		Night		CHPPD	CHPPD	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	Reg	HCA					Qualified	Un-Qualified	No Harm & Mild		Moderate & Severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	101%	119%	102%	145%	3.2	3.9	7.1	7.3		6.92%	0.00%	13.64%	3	9							100.00%
Richmond	0.53	-	0.82	-	9.2	0	9.3	7.2		-0.1905	0.00%	0.00%		1							97.67%
Syon 1 cardiology	92%	95%	94%	97%	4.7	2.3	7.1	8		13.51%	0.00%	40.00%	3	15							97.78%
Syon 2	108%	82%	102%	86%	3.8	2.6	6.6	7.3		16.16%	18.46%	6.75%	5	19							98.04%
Starlight	96%	-	96%	-	6.9	0	6.9	10.9		16.51%	21.60%	0.00%									100.00%
Kew	101%	101%	99%	111%	3.4	3.3	6.8	6.9		-1.66%	4.44%	19.90%	8	34							100.00%
Crane	82%	63%	85%	89%	4.8	3.7	8.7	7.1		12.49%	3.63%	5.78%	3	10							100.00%
Osterley 1	94%	60%	102%	84%	3.9	2	6.2	7		2.85%	22.02%	6.94%	6	24							88.46%
Osterley 2	88%	94%	94%	110%	3.8	2.6	6.6	7.2		1.90%	3.86%	17.71%	3	15							100.00%
MAU	120%	128%	126%	123%	7.2	2.5	9.9	7.8		30.87%	10.90%	20.00%	5	22				2			100.00%
Maternity	89%	73%	95%	90%	4.1	1.2	5.3	15.3		3.82%	3.88%	4.82%		1							77.76%
Special Care Baby Unit	101%	106%	105%	100%	9.3	1	10.3	10.9		17.04%	0.00%	11.05%									100.00%
Marble Hill 1	114%	105%	105%	135%	4.1	2.7	7	7.3		18.42%	11.84%	21.12%	6	29							84.00%
Marble Hill 2	100%	91%	99%	154%	3.2	2.8	6.1	6.5		15.37%	22.02%	9.16%	5	22		1		1			96.97%
ITU	112%	-	116%	-	31.6	0	33.2	26		0.58%	3.10%	0.00%		1							100.00%

Safe Staffing & Patient Quality Indicator Report

July 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.

Following requirement that numbers of babies as well mothers are submitted for maternity, 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.

AAU, David Erskine, SMA and Nell Gwynne 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.

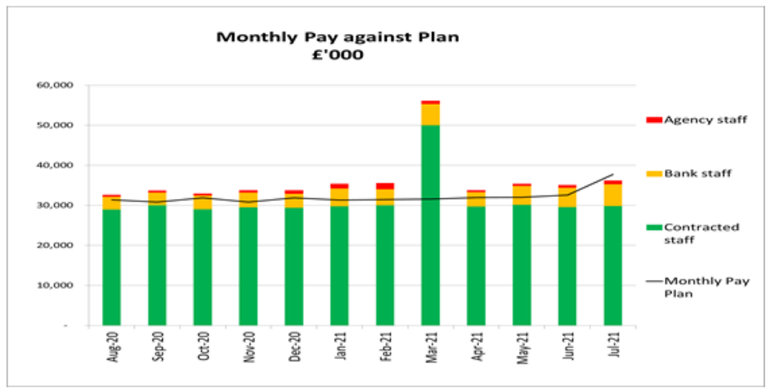
Nell Gwynne required extra RN shifts at night to care for tracheostomy patients. Low planned and actual HCA rates for Burns Unit was due to low dependency patients throughout July. Chelsea Wing has high RN day rates as they have not resumed day case activity and increased staffing for July to support a new starter. 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 and low HCA day fill rates due to long term sickness. On David Evans, staffing was dictated by elective list changes, activity and cancellations with substantive staff being redeployed to support other wards when appropriate. The establishment for SMA is currently under review as they no longer staff the SAU. Ron Johnson is currently hosted on Rainsford Mowlem therefore staff fill rates are included in Rainsford Mowlem figures, which had low fill rates due to bed closures throughout July. The high fill rate for Neptune was due to the number of CAMHS patients and resulting requirement for 1:1 care.

MAU at West Mid requires template change as the correct staffing was in place for July, the template change will commence in the Autumn. Some beds were closed on Crane during July with staffing in place for 16-20 beds which accounts for lower staff fill rates. There are also low fill rates on Richmond due to the ward not being full to capacity. Osterley 1 had low day fill rates for HCAs as they are under-establishment and Osterley 2 supported the shortfall. High fill rates on Lampton, Marble Hill 1 & 2 were due to a requirement for enhanced monitoring for confused wandering and risk of falls patients. Edgar Horne had low HCA fill rates due to long term sickness, though long term sickness on this ward is now improving.

During July there was one fall on Annie Zunz with moderate harm. The Friends and Family test showed 8 wards at WM and 8 wards at CW wards scored 100% and all other wards scoring above 80% apart from Chelsea Wing (50%) compromised by low fill rates and WM Maternity (77.76%) whose scores were compromised by low and poor feedback from the Antenatal Ward.

Finance Dashboard M4 2021/22

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	250,137	254,301	4,164
Expenditure			
Pay	(137,807)	(140,542)	(2,735)
Non-Pay	(97,733)	(98,081)	(348)
EBITDA	14,597	15,678	1,082
EBITDA %	5.84%	6.17%	0.3%
Depreciation	(7,846)	(7,846)	(0)
Non-Operational Exp-Inc	(5,790)	(5,900)	(111)
Surplus/Deficit	961	1,932	971
Control total Adj - Donated asset, Impairment & Other	(291)	(291)	(0)
Adjusted Surplus/Deficit	669	1,640	971



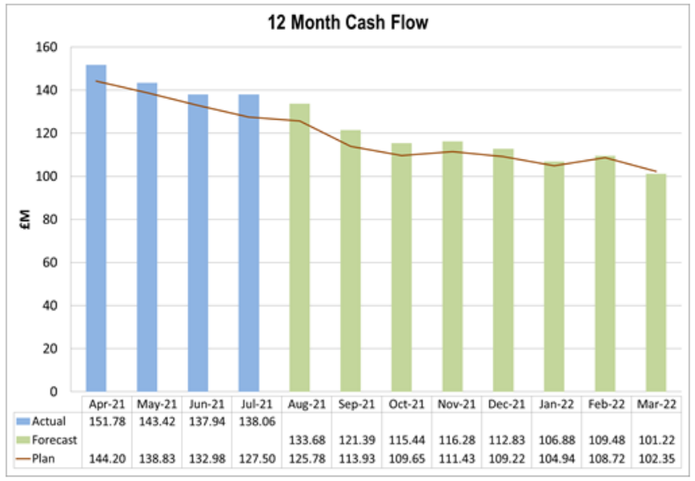
Month 12 payroll figures include additional spend items for 6.3% Pension contribution (£15.16m a notional figure) and £4.8m movement in holiday accruals (including additional two day accrua for staff R&R/Birthday); these are both matched with equivalent income.

At month 4 the Trust is reporting a YTD surplus of £1.64m, when adjusted for the financial impact of donated assets. This is £0.97m favourable against plan year to date.

Pay: Pay is overspend by £2.74m YTD. The adverse variances are predominantly against Covid, EIC and PC, with the overspend mainly against medical pay. The covid costs are offset by income.

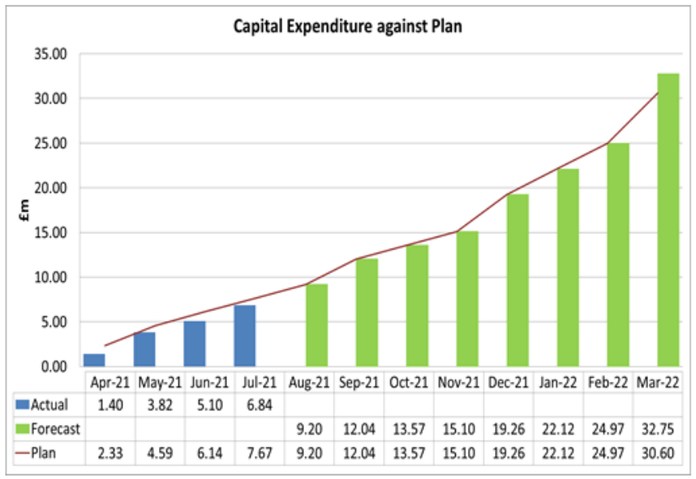
Non-Pay; Excluding pass through drugs, is £0.35m adverse YTD. Overspends against Covid, PC and EIC have been partially offset by underspend against the Central budgets.

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) primarily for drugs & devices and CNST. Sexual health contracted activity is back to cost and volume in 21/22 and PreP has been included on the baseline. The Elective Recovery Framework (ERF) performance has improved on both previous periods, once the activity was fully captured and coded. M4 performance is below the new ERF target of 95% and therefore has not received any additional ERF funding for elective activity this month.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Actual	151.78	143.42	137.94	138.06								
Forecast					133.68	121.39	115.44	116.28	112.83	106.88	109.48	101.22
Plan	144.20	138.83	132.98	127.50	125.78	113.93	109.65	111.43	109.22	104.94	108.72	102.35

The favourable cash variance to plan in M4 of £10.56m is favourable cash variance b/fwd from M3 of £4.96m, higher receipts to plan of £8.69m (higher LA Income £1.34m, higher FT's income £897k, higher CCG £1.12m higher, Health Education £4.6m higher, PP Income £198k higher, Donations £237k higher, Other Income (Sphere) £709k higher offset by AR £224K lower, NHS England -£207k lower) offset by higher cash outflows to plan £3.1m (higher Creditor Payments & No VAT Refund received).



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Actual	1.40	3.82	5.10	6.84								
Forecast					9.20	12.04	13.57	15.10	19.26	22.12	24.97	32.75
Plan	2.33	4.59	6.14	7.67	9.20	12.04	13.57	15.10	19.26	22.12	24.97	30.60

The Trust has spent £1.75m in period 4 compared to the budget of £1.53m, resulting in an overspend of £0.22m. The YTD variance against plan is an underspend of £0.83m, actual spend of £6.84m compared to budget of £7.67m. 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.

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.

Winter Planning 2021/22

The Trust's Winter Plan sets out the organisation's arrangements for ensuring service delivery during winter pressures. Although not an emergency or unexpected event, the winter period sees an increase in emergency and non-elective demand and increased clinical acuity of patients, resulting in increased pressure on patient flow and hospital resources.

The winter period also often brings with it untoward events such as widespread infectious diseases such as influenza and Noravirus, and during 2020 and 2021 COVID-19. The Winter Plan therefore also includes preparation for managing an increase in admissions with infectious diseases; including planning for the necessary surge capacity and Infection Prevention and Control guidance.

In partnership with the NWL winter planning process with the wider health and social care system, the Trust plan sets out a number of key initiatives to help meet the challenges of winter, as well as service specific plans for each of the effected service areas and support services. Key initiatives in 2021 include:

Front Door Schemes:

- **UTC redirection** – continued triage and redirection of patients to primary care where appropriate
- **Increasing Same Day Emergency Care Pathways** – to support A&E attendance avoidance, admission avoidance, earlier facilitated discharge and re-attendance reduction
- **111 Direct UTC and SDEC booking** – continuation of bookable appointment slots to regulate arrivals to UTC or to divert patients from A&E

Inpatient Flow:

- **24/7 Hospital** - increased 7 day working to address variation in discharge across the week, and increased support to the hospital at night team through the introduction of Senior Site Sister team.
- **Perfect Week/MADE events** – scheduled throughout the winter months to ensure whole system response to complex discharge
- **COVID virtual ward** – enabling admission avoidance and early supported discharge
- **Escalation Beds** – use of SMA ward at Chelsea site to support additional capacity
- **ITU capacity** – Surge capacity for 3 beds on the West Middlesex site to support COVID response

Infection Prevention & Control:

- **Flu Planning** – flu vaccination programme and delivery of rapid flu testing
- **David Erskine ward refurbishment –** provision of an additional 5 negative pressure side rooms and 2 x 5 negative pressure bays on CW site
- **Marjory Warren side room capacity –**creation of additional side rooms on the West Middlesex site to support management of infection

As in previous years, it is anticipated that a number of winter schemes will have associated costs. This will be identified through the winter planning process which will run as follows:

16th August (Bed Productivity)	Outline of 2021 winter planning ask
8th September	Submission of Divisional and support service winter plans
14th Sept (Bed Productivity)	Winter Plan review
29th Sept (EMB)	Executive Board sign off

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

PUBLIC SESSION

Board of Directors Meeting, 9 September 2021

AGENDA ITEM NO.	3.1/Sep/2021
REPORT NAME	Learning from serious incidents (June/July 2021 data)
AUTHOR	Stacey Humphries, Quality and Clinical Governance Assurance Manager Alex Bolton, Associate Director of Quality Governance
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper provides assurance on our compliance with our Serious Incident Framework, key metrics and learning opportunities arising from Serious Incident investigations.
REPORT HISTORY	Executive Management Board Meeting 18th August 2021 Patient Safety Group 25th August 2021 Quality Committee 7th September 2021
SUMMARY OF REPORT	During June/July 2021 the Trust declared 12 External Serious Incidents: • Maternal, fetal, neonatal (5 x External) • Provision of care / treatment (1 x External) • Self-harm, self-discharge, absconding (1 x External) • Hospital acquired pressure ulcer (2 x External) • Patient falls (1 x External) • Operations / procedures (1 x External) • Appointments and clerical issues (1 x External) There were 10 SI reports approved by the Divisional Serious Incident panel and the Chief Nurse/Medical Director and submitted to the NWL Collaborative (Commissioners). 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. Further information is detailed in appendix D. A Never Event occurred in December 2020 concerning the retention of a guide wire (ref 2020/23436). A second Never Event occurred in July 2021 concerning the use of the wrong implant (ref 2021/14007).
KEY RISKS ASSOCIATED	• Critical external findings linked patient harm • Reputational risk associated with Never Events.

FINANCIAL IMPLICATIONS	Penalties and potential cost of litigation relating to serious incidents and never events
QUALITY IMPLICATIONS	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.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Delivering high quality patient centred care
DECISION/ ACTION	This paper is for assurance.

Learning from Serious Incidents

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.

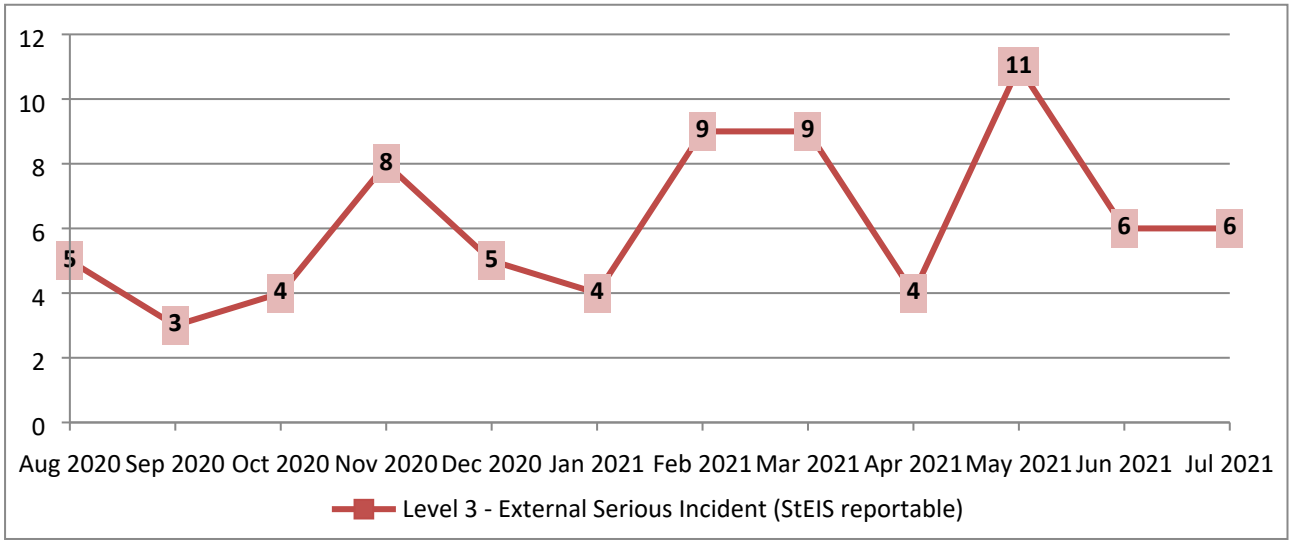
Serious Incidents are adverse events where the consequences to patients, families, staff or the organisations are so significant or the potential for learning so great, that a heightened level of response is justified. When events of this kind occur the organisation undertakes comprehensive investigations 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 August 2020 – July 2021

Between August 2020 and July 2021 the Trust reported 74 External Serious Incidents (36 CW/ 38 CW).



Graph 1: External SIs declared by level and month declared, August 2020 – July 2021

A Never Event occurred in December 2020 concerning the retention of a guide wire (ref 2020/23436). A second Never Event occurred in July 2021 concerning the use of the wrong implant (ref 2021/14007).

3. Serious Incidents declared June/July 2021

The Trust started 12 External Serious Incident Investigations:

Month	Division	Site	Specialty	Ref	Brief description
June	CSD	CW	Clinical Administration	INC81635	Diagnostic incident - Appointment not made
June	EIC	CW	Acute Medicine	INC80641	Sub-optimal care of the deteriorating patient
June	EIC	CW	Acute Medicine	INC80883	Patient Fall - #NOF
June	WCHGDP P	CW	Maternity / Obstetrics	INC80475	**HSIB:** Neonatal - Unexpected term admission to NICU
June	WCHGDP P	WM	Maternity / Obstetrics	INC80611	Maternal - IUD/Still birth >24/40
June	WCHGDP P	WM	Maternity / Obstetrics	INC81540	**HSIB:** Maternal - Post-partum haemorrhage > 1500mls
July	EIC	CW	Emergency Department	INC82687	Suicide post discharge from ED
July	EIC	WM	Acute Medicine	INC81978	Hospital acquired pressure ulcer
July	PCD	CW	Theatres	INC82129	Never Event – Wrong implant used
July	PCD	WM	Trauma / Orthopaedics	INC76970	Hospital acquired pressure ulcer
July	WCHGDP P	WM	Maternity / Obstetrics	INC82101	**HSIB:** Neonatal - Intrapartum fetal death
July	WCHGDP P	WM	Maternity / Obstetrics	INC82855	Home birth, baby born with cord neck. Baby intubated, ventilated and transferred for cooling

Table 1: External SIs declared in June/July 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 June/July 2021

Following review and agreement by the Divisional Serious Incident Panel and the Chief Nurse / Medical Director 10 Serious Incident reports were submitted to the NWL Collaborative (Commissioners).

Division	Site	StEIS Category	Specialty	StEIS ref.	Degree of harm
June 2021					
CSD	CW	Diagnostic incident including delay	Cancer Performance	2021/5657	Low
EIC	CW	Diagnostic incident including delay	Emergency Department	2021/6390	Moderate
EIC	WM	VTE	Stroke	2021/7001	None
PCD	CW	Treatment delay	Ophthalmology	2021/6018	Severe
EIC	WM	Slips/trips/falls	Care Of Elderly	2021/4910	Severe
WCHGDP P	CW	Maternity/Obstetric incident: mother and baby	Maternity / Obstetrics	2021/7327	Moderate
July 2021					
WCHGDP P	CW	Maternity/Obstetric incident: mother and baby	Maternity / Obstetrics	2020/21291 *HSIB*	Moderate
WCHGDP P	CW	Maternity/Obstetric incident: mother and baby	Maternity / Obstetrics	2021/126 *HSIB*	Moderate
PCD	CW	Treatment delay	Critical Care Outreach Team	2021/9851	Death
EIC	CW	Slips/trips/falls	Emergency Department	2021/8017	Death

Table 2: External SI reports submitted to the Commissioners in June/July 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 59 SI actions that have passed their expected due date.

In May 2021 the Datix system was updated to record if action due dates are extended. Since implementation 89 action due dates have been extended. At the time of reporting 50 of these actions remain open; 44% (22) are assigned to the Planned Care Division and 36% (12) assigned to the Women's, Children's, HIV, GUM, Dermatology and Private Patients Division.

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 (Hierarchy of controls) and the impact (criticality score 1-5) 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 1st April 2020, 64 reports have been reviewed and 322 themes were identified. Key themes contributing to the serious incidents include:

- Documentation: Records incomplete or not contemporaneous– 21 SIs
- Guidelines, Policies and Procedures: Not adhered to / not followed – 20 SIs
- Procedural or Task Design: Sub optimal/Poorly designed process – 19 SIs
- Communication: Ineffective between different specialties/teams – 16 SIs
- Education: Lack of knowledge/awareness – 16 SIs

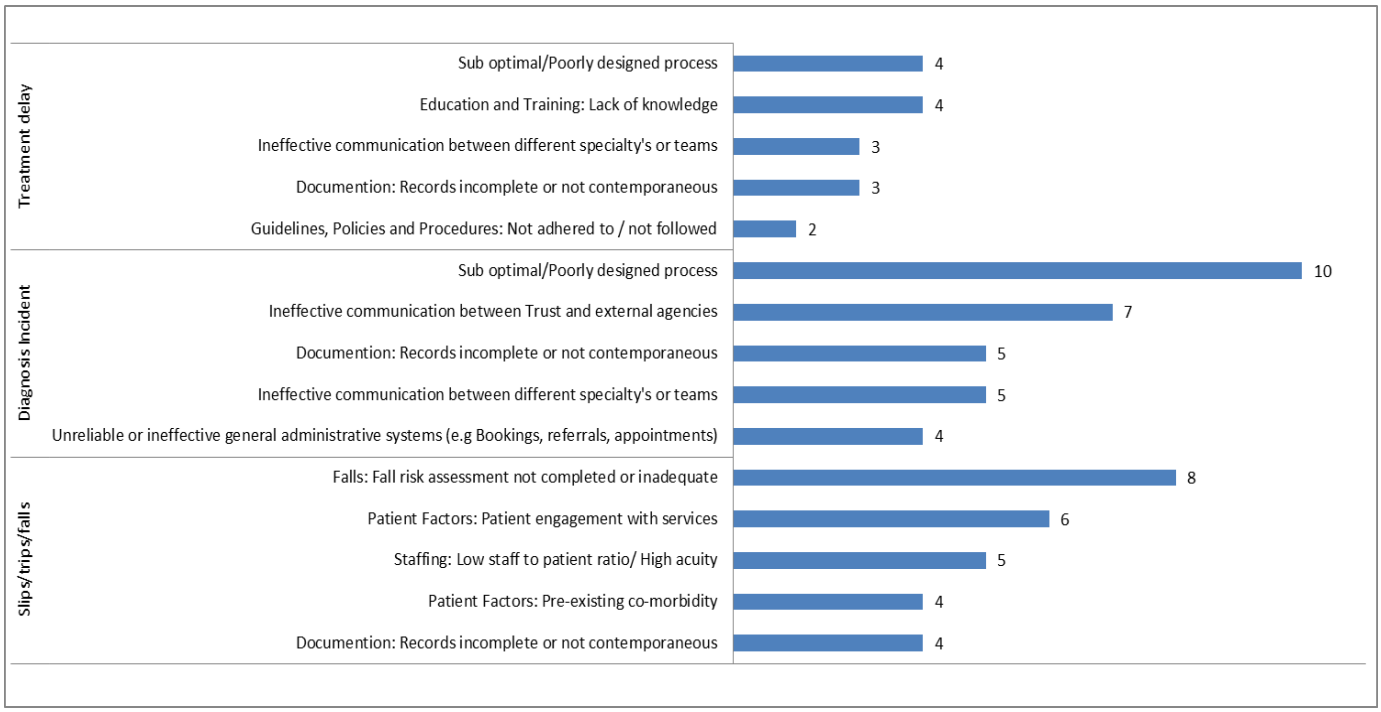
There were a number of Serious Incidents (21) that identified issues with incomplete or missing documentation; the identification of this theme does not mean missing documentation directly led to the event occurring but highlights the issue of poor documentation standards identified by the investigation process.

Non adherence to guidelines/ policies/procedures and sub optimal/poorly designed processes were the second highest themes. These themes appeared most commonly in incidents relating to delays in treatment, missed/ delayed diagnosis and medication errors.

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

- Slips/trips/falls (16 SIs)
- Diagnostic incident (14 SIs)

- Treatment delay (8 SIs)



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.

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.

Chelsea and Westminster Hospital
NHS Foundation Trust

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	3.2/Sep/21
REPORT NAME	Safe Staffing annual report
AUTHOR	Cathy Hill, Director of Nursing
LEAD	Pippa Nightingale, Chief Nursing Officer / Roger Chinn, Chief Medical Officer
PURPOSE	The purpose of the paper is to provide annual assurance to the Board as required by Developing Workforce Safeguard 2018 guidance that the Trust has safe staffing in place across the clinical professions.
REPORT HISTORY	This report was reviewed and discussed at the Executive Management Board and at the Quality Committee meeting held on 7 September 2021.
SUMMARY OF REPORT	This report sets out Trust compliance against national standards in relation to recommended staffing levels for nursing, midwifery, medical staffing and allied health professionals across a number of specialities in compliance with Developing Workforce Safeguards guidance. From a nursing perspective it includes the bi-annual staffing report and considers benchmarked staffing metrics against quality outcomes and patient experience. Though the Trust is not fully compliant with all best practice guidance from a safe staffing perspective, safe staffing is in place across the Trust and the report includes a statement from the Chief Nurse and Chief Medical Officer providing assurance that this is the case. The report includes details of improving compliance with best practice staffing guidance over the past twelve months, and also suggests priorities going forward.
KEY RISKS ASSOCIATED	Risk of non-compliance with staffing guidance could mean that clinical care provision is unsafe. A balanced approach is taken in the organisation in assessing priorities for investment going forward and daily risk assessments take place to ensure staffing is safe across the organisation.
FINANCIAL IMPLICATIONS	Full compliance with all best practice safe staffing models would have significant financial implications for the Trust and therefore moving to national best practice models is prioritised appropriately.
QUALITY IMPLICATIONS	Quality outcomes and patient experience is monitored alongside safe staffing compliance.

EQUALITY & DIVERSITY IMPLICATIONS	E&D implications are considered in the E&D plan which supports the workforce plan in recruitment of staff
LINK TO OBJECTIVES	● Deliver better care at lower cost ● Be an employer of choice ● Providing high quality patient centred care
DECISION/ ACTION	For assurance

Safe Staffing annual report

1. Introduction

The purpose of this report is to inform the Trust Board of the latest position in terms of safe staffing for Nursing and Midwifery, Allied Health Professionals and Medical Staffing in line with expectations of the NHSI Developing Workforce Safeguards guidance (2018). It also provides assurance that the Chief Nurse and the Medical Director are satisfied that staffing is safe, effective and sustainable, which will be assessed by the Single Oversight Framework developed by NHSI.

2. NHSI Developing Workforce Safeguards Guidance

In November 2018, NHSI published 'Developing Workforce Safeguards' guidance which included 14 recommendations about Safer Staffing. Trust compliance with the recommendations are listed below in figure 1:

Figure 1: Trust compliance with Developing Workforce Safeguards guidance

Recommendation	Compliance	Evidence
1. Trust must formally ensure that NQBs 2016 guidance is embedded in their safe staffing governance	Compliant	See Section 3.2
2. Trusts must ensure the three principles of safe staffing are used in their safe staffing processes: - Evidence Based Tools - Professional Judgement - Outcomes N.B. Yearly assessment will be implemented by NHSI to assess compliance with this recommendation	Compliant For in-patient wards evidence based tools are used alongside patient outcomes, patient experience, workforce metrics and professional judgement. For the AHP & medical workforce, staffing is compared to best practice models. Mortality rate is monitored closely with a programme of regular reviews in place.	See Appendix 1,2, 4 & 5 for nursing. See Appendix 1 & 3: Birthrate Plus results & Midwifery Ratios See Sections 4-5 of the paper
3. NHSI will base their assessment on the annual governance statement, in which trusts will be required to confirm their staffing governance processes are safe and sustainable	Compliant	Current document
4. NHSI will review the annual governance statement through their usual regulatory arrangements and performance	Compliant	See section 6 & Annual Quality Report

1

management processes, which complement quality outcomes, operational and finance performance measures		
5. As part of this annual assessment, NHSI will also seek assurance through the Single Oversight Framework in which a providers performance is monitored against five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capacity	Compliant	
6. As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	Compliant	See Section 6
7. Trusts must have an effective workforce plan that is updated annually and signed off the by the Chief Executive and executive leaders. The board should discuss the workforce plan in a public meeting	Compliant	See section 6 Annual workforce planning return submitted to NHSI Newly developed People Strategy based on the NHS People Plan, specifically focusing on new ways of working.
8. Board must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital Dashboard. Trusts should report on this to their board each month	Compliant	See Section 3-5 & Appendix 1 See Appendix 6: Monthly Board/NHSI submission See Appendix 7: Red Flags
9. An assessment or re-setting of the nursing establishment and skill mix (based on acuity & dependency data), and using an evidence based toolkit where available, must be reported to the board by ward or service area twice yearly, in accordance with the NQB guidance and NHSI resources. This must	Compliant	See Appendices 1-5

also be linked to professional judgement & outcomes.		
10. There must be no local manipulation of the identified nursing resource from the evidence based figures embedded in the evidence based tool used, except in the context of rigorous independent research activity, as this may adversely affect the recommended establishment figures derived for the use of this tool	Compliant	Raw data for comparison available from the Chief Nurse
11. As stated in CQCs well-led framework guidance (2018) and NQBs guidance, any service changes, including skill mix changes, must have a quality impact assessment (QIA) review.	Compliant	Recent QIAs reviewed by Chief Nursing Officer & Medical Director include: Registered Nursing Associates being deployed to ITU & maternity support workers banding in line with the national standards
12. Any redesign or introduction of new roles (included but not limited to physicians associate, nursing associates and advanced clinics practitioners – ACPs) would be considered a service change and must have a full QIA	Compliant	QIA completed to introduce Registered Nursing Associates (RNAs) on ITU. Following a review six months post implementation future RNAs would spend 6 months on a ward before moving to ICU.
13. Given day to day operational challenges NHSI expect trusts to carry out business as usual dynamic staffing risk assessment including formal escalation processes. Any risk to safety, finance performance and staff experience must be clearly described in these risk assessments	Compliant	Safe staffing escalation policy in place. Staff complete risk assessment for 1:1 specials. Staffing flexed to manage workload in ITU, paediatrics neonates and maternity on a daily basis.
14. Should risks associated with staffing continue or increase and mitigations prove insufficient, the Trust must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provisions; for example, wards, beds and teams,	Compliant	Maternity Closures: Chelsea site was closed on 8 occasions in 2020/21 for a total of 65 hours and on the West Mid site on 1 occasion for a total of 11 hours. This was due to demands on the service over-whelming the ability to provide a safe service for in-patient and labouring women. All closures

realignment or a return to the original skill mix		are agreed with exec on-call escalated to the CCG, LAS, NHS01 as appropriate. Other wards/departments closed due to outbreaks of nocosomial infections such as COVID: NHSI informed via submissions to outbreak portal.

3. Review of Nursing & Midwifery Staffing

3.1 Workforce Metrics

A review of the workforce metrics for nursing and midwifery show a largely improving position in terms of vacancy and turnover position over the last year (see Figure 2, 3 &4), though the improved turnover position is likely to be artificially positive due to the effect of COVID having reduced staff moving between organisations. Overseas recruitment continues to support the current vacancy position which will rise slightly over coming months as supply of overseas nurses over recent months has been somewhat limited. Actions are in place to address this. Recruitment pathways with local colleges and schools will be developed in the coming year and further expansion of apprenticeship pathways will occur. The Trust has now 11 home-grown Registered Nursing Associates in post with a further 20 to qualify in December 2021. Stabilising the HCA workforce and staff turnover remains the greatest priority going forward in terms of the nursing and midwifery workforce.

Figure 2: Staffing Metrics from 2018-2021

	April 2018	**April 2019**	**April 2020**	**Change between April 20/April 21**	**April 2021**
Nursing & Midwifery WTE in post	2013.4	2155.7	2260.1*	**+13.9**	2273.98
Support staff WTE in post	608.7	567.8	593.7*	**+.9**	602.75
Vacancy rate: Nursing & Midwifery	12.7%	8.3%	4.9%	**+0.6%**	5.5%
Vacancy Rate: Support Staff	14.5%	16.7%	14%	**-2%**	12%
Voluntary Turnover Rate: Nurses & Midwives	17.4%	15.6%	14.3%	**-4.1%**	10.2%
Voluntary Turnover Rate: Support Staff	19%	11.5%	15.6%	**-1.7%**	13.9%

Figure 3: Vacancy rate

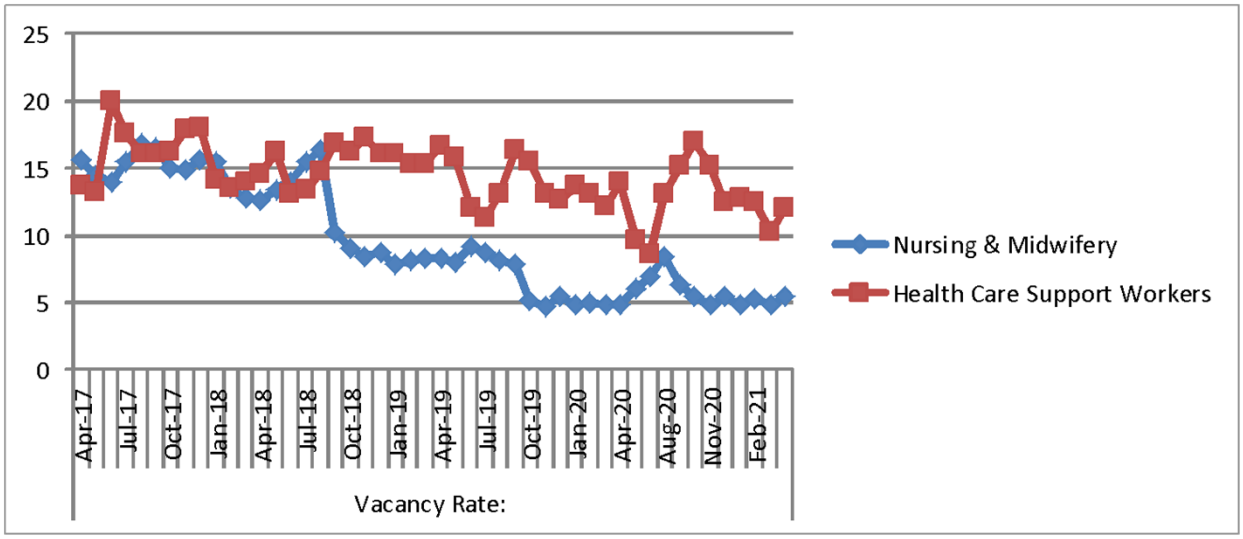
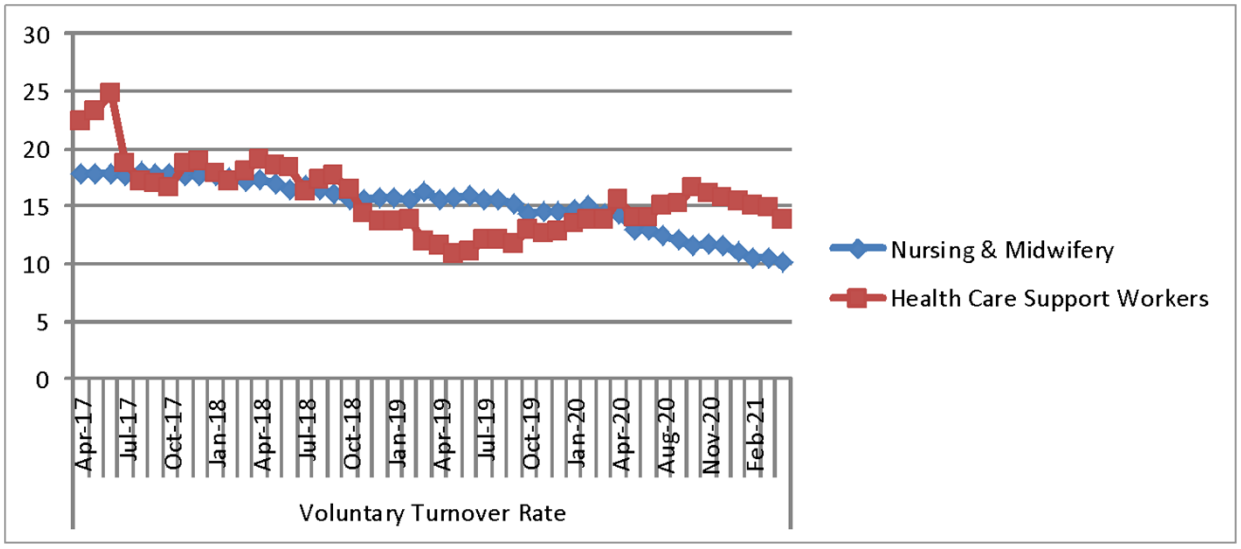


Figure 4: Voluntary Turnover Rate



3.2 Safe Staffing review for Nursing and Midwifery

In 2016 The National Quality Board (NQB) updated it's guidance for provider trusts which set out revised responsibilities and accountabilities for Trust Boards to ensure safe sustainable and productive nursing and midwifery staffing levels through a triangulated approach of evidence based tools and data, professional judgment and outcomes. It also laid out the expectation that Trusts must meet the requirements of having the right staff with the right skills in the right place and time. The NQB guidance was adapted for midwifery to include Safer Childbirth (2016) standards, the acuity and dependency scoring Birthrate Plus (BR+) and Better Births (2016) recommendations which include increased continuity and caseloading, improvements in post-natal care and mental health initiatives.

Compliance with these requirements is detailed in Figure 5.

Figure 5 Compliance with NQB guidance.

Measure	Compliance	Evidence
Right Staff		
Evidence Based Workforce Planning	Compliant	NICE 1:8 guidance adult nursing (day shift) compliance (see Appendices 1 & 6). RCN guidance paediatric wards 1:4 >2 years 1:3 <2 years compliance (see Appendix 1) 22% uplift for annual leave, sickness, training plus maternity leave. Acuity & dependency monitoring with twice yearly staffing review (see Appendix 2). Birthrate Plus audit results (see Appendix 3). British Association of Perinatal Medicine Standards compliance (see Appendix 4). Neonatal Nursing Workforce Tool 2020 (see Appendix 5).
Professional Judgement	Compliant	See risk rating of wards (see Appendix 1).
Comparing staffing with peers	Compliant	Implementation of Care Hours per Patient Day via Model Hospital (see Appendix 1)
Right Skills		
Mandatory training, development & education	Compliant	89% compliant with mandatory training across the Trust
Working as a Multi-professional team; working in a collaborative environment and investing in new roles	Compliant	Each division led by a Triumvirate of Nursing/Midwifery, Medicine & Operational Management. Recent investment in new roles include Registered Nursing Associates and Apprentice Therapists within the organisation
Recruitment & retention	Compliant	Nursing & midwifery vacancy rate remains stable and turnover reduced by 4.1% in the last year (see figure 2-4).
Right Place & Time		
Productive working & eliminating waste	Compliant	Comparison with Model Hospital benchmarks (see Appendix 1). Utilisation of Enhanced Care for Specialling Policy
Efficient deployment & flexibility	Compliant	E rostering and acuity & dependency scoring via Safecare in place to allow efficient deployment of staff according to patient dependency.
Efficient employment, minimising agency usage	Compliant	Vacancy rate for Nursing & Midwifery 5.6% (April 2021). Agency spend of £6.2 million, a marginal increase in agency spend of £207K from the previous year)

NQB stipulates that a bi-annual review of nursing establishments must occur each year and for in-patients wards (excluding critical care, neonates and maternity). The Shelford Safer Nursing Care Tool is utilised for this along with monitoring nurse sensitive indicators and professional judgement. Next year the tool will expanded to cover Emergency Departments. Theatres and Endoscopy departments will also be included in next year's safe staffing review.

Results of the reviews carried out in October 2020 and June 2021 are detailed in Appendix 2, though limited conclusions can be drawn from audit results this year as the Trust was unable to carry out the January winter audit due to the second COVID surge and acuity and ward specialties not being normal. Therefore, recommended establishments were more representative of summer months. However, the audit still proved useful particularly at West Mid, as a number of wards have changed their bed bases and specialities permanently over the last year and

these establishments need to be reviewed. To account for the decreased occupancy in these beds, these was a calculation made for wards with lower occupancy as to what staffing would be required at a 95% bed occupancy to assist with judgement that needs to be made for these establishments in the next six months.

The Safer Nursing Care Tool does not adequately take into account the care of confused wondering patients who need 1: 1 care from a HCA or RMN (this will be in the next version of the tool) and therefore the figures of bank hours requested by each ward for staff for these particular needs have been also included in Appendix 2. Going forward this will help make decisions about which wards would benefit from a more permanent RMN workforce and helpfully the Shelford Tool is currently being reviewed to account for the care of these patients.

3.3 Emergency & Integrated Care (EIC)

The most recent bi-annual acuity & dependency review (of October 2020 & June 2021) suggests that nursing establishments are largely adequate, apart from in Crane, Kew and Lampton. However, staffing on nights across the wards remains a concern where there are RN to patient ratios of 1:9 as this, provides little resilience if there is staff sickness. Many of the wards have been rated as amber in terms of impact of staffing upon safety, mainly due to rising numbers of vacancies and loss of experienced staff to other organisations in the last few months. The impact of needing to care for patients with tracheostomies and non-invasive ventilation in side rooms at present leads to additional complexities on some of the wards.
The two stroke wards show compliance with stroke standards staffing guidance of a wte:patient ratio of 1.35wte but non-compliance with an RN:HCA skill mix of 65:35%

3.4 Planned Care

The recent Bi-annual acuity & dependency audits shows some small excesses of staffing in Planned Care but the current tool does not take into account the care of confused and wandering patients so this will help with providing safe care in these settings. SAU is no longer based on SMA and therefore staffing will be adjusted in this area going forwards. Elective in-patient activity had not returned to normal levels at the time of the bi-annual audits and therefore staff were redeployed as required on a daily basis to other wards. The two Adult ITUs areas are staffed according to current Guidelines for the Provision of Intensive Care Services with a 1:1 ratio for level 3 patients and a 1:2 ratio for level 2 patients. Registered Nursing Associates have recently been introduced into this area and following review future RNAs will have an initial six months period on a ward setting first and then commence IV training and the Foundations of Critical Care Course on moving to the units.

3.5 Women, Neonatal, Children and Young People, HIV/GUM and Dermatology

Staffing levels on Neptune ward shows a slight excess of staff but staffing is moved around on a daily basis to support other units particularly NICU and Starlight. Staffing levels are in compliance with the national paediatric and neonatal staffing guidance (RCN 2013 Defining staffing levels for Children & Young people's Services). As on the adult wards, neither of the audits in the last twelve months were carried out in winter months when demand is higher, due to the COVID second wave. SCBU at West Mid meets the British Association of Perinatal Medicines standards (See Appendix 4).

The newly published Neonatal Nursing Workforce Tool 2020 was utilised to assess staffing on NICU showing a deficit of 22wte in terms of clinical staff (see Appendix 5). This has been escalated to Trust Board, the RCN and to the Operational delivery network who are supporting with the development and delivery of an action plan to address staffing shortfalls. Actions include reviewing length of stay in SCBU, considering the Nursing Associate role in SCBU, focusing on qualifications in speciality, Band 5-6 development programmes and drafting a business case for more staffing. Patient care is safeguarded in NICU by utilising temporary staff and redeploying staff from other paediatric wards at Chelsea on a daily basis. Starlight at West Mid demonstrates compliance with recommended staffing levels for when the ward is open to 16, but requires additional staff in winter months which is supported from other paediatric wards at Chelsea who move across as required.

Wards with multiple side rooms make patient surveillance challenging and therefore higher staff numbers are required on such wards. Hence Chelsea Wing requires a higher establishment than is demonstrated by the audit, also establishment from this ward is used to staff Westminster wing and care for additional day surgery patients that are not captured in the midnight census used for acuity and dependency measurement. Ron Johnson is currently based on a general ward area with less side rooms so patient surveillance is easier than usual. The staffing of Ron Johnson (the Oncology/HIV Unit) takes into account guidance from NHS England Peer Review programme facilitating a ratio of a minimum of 1:2 ratio for neutropenic septic patients. The small size of Annie Zunz ward (12 beds) makes it difficult to staff this ward more efficiently and activity captured on the bi-annual audit captures patients in bed at midnight so excludes all the day attenders, making the ward look more generously staffed than it is.

A formal assessment of maternity staffing levels required utilising Birthrate Plus was completed by the Trust in May 2021, stating that ratios of 1:26 were required at Chelsea Site and 1:22 (due to post-natal follow up of mothers who have delivered elsewhere) at the West Middlesex Site. National investment following the Ockenden report (2020) has assisted with closing some of the additional funding required. However, a cross site gap of 51wte still exists to achieve full compliance with BR+ for clinical staff and the leadership establishment to be able to deliver the Continuity of Care requirements (see Appendix 3).

4. Workforce Review for Allied Health Professionals

4.1 Workforce Metrics

Vacancy & turnover of therapies are detailed below showing an improved vacancy position and a significantly reduced turnover position at the Chelsea Site. Turnover has increased at the West Middlesex Site (see figure 6 below). Therapies have a retention action plan in place to try and address turnover issues across both sites.

Figure 6: Voluntary turnover for Therapists

	June 2019	**April 2020**	**June 2021**	**Variance**
Vacancy rate CW	7.28%	2.04%	0.87%	Improved by 1.17%
Vacancy rate WM	7.85%	11.34%	7.64%	Improved by 3.7%
Gross turnover rate CW	20.57%	25.93%	16.03%	Improved by 9.9%
Gross turnover rate WM	42.5%	22.14%	38.2%	Deteriorated by 16.06%

According to Model Hospital 20/21 data, staffing at the Trust shows that the size of the AHP workforce as a proportion of all Trust staff is low: 6.7% compared to peer median of 7.9% and national median of 8.3%, the proportion of Speech & Language Therapists are particularly low. Similarly, to other Trusts there are a higher proportion of radiographers & physiotherapists compared to other therapists (see figures 7 & 8 below).

Specific metrics related to pharmacists as detailed on Model Hospital is included in Figure 9 and it is evident from these that retention requires focussed attention in the pharmacy department in the coming year.

Last year's figures, where available, are included in brackets to allow for comparison. However, it is important to note that proportions of staffing will vary according to whether Trust staff service out-patients and the community as well.

Figure 7: Trust FTE Therapies Compared to Model Hospital Medians

Specialty	Trust FTE (19/20)	20/21	Peer Median FTE (19/20)	20/21	National Median FTE (19/20)	20/21
Occupational Therapy	(27.7)	29.9	(54.2)	64.3	(61.4)	63.9
Physiotherapy	(120.6)	131.7	(126.1)	136.1	(122.2)	133.9
Dietetics	(24.8)	24.5	(27.1)	30.4	(23.9)	25.1
Radiographers	(106.4)	105	(157.7)	155.1	(133)	142.9

Figure 8: AHP Workforce by Type

Specialty as a % of all AHPs	Trust FTE (19/20)	20/21	Peer Median FTE (19/20)	20/21	National Median FTE (19/20)	20/21
Dietetics	(8.2%)	7.8%	(6.6%)	7%	(6.2%)	6%
OTs	(9.2%)	9.6%	(13.3%)	12.9%	(15.4%)	15.3%
Physiotherapy	(40%)	42.2%	(32.9%)	32.5%	(30.6%)	30.8%
Radiography	(35.3%)	33.6%	(40.4%)	39.2%	(37%)	37%
Speech & Language	(1.5%)	1.4%	(3.4%)	3.6%	(4.6%)	4.5%
Other AHPs (including pharmacy)	(5.9%)	5.3%	(4.2%)	4.3%	(4.6%)	4.8%

Figure 9: Pharmacist workforce benchmarked using Model Hospital

Measure	Trust			Peer Median Latest data available (September 2020) Sector peers	National Median Latest data available (September 2020)
	18/19 March 2019	19/20 March 2020 unless stated	20/21* February 2021 unless stated		
Vacancy Rate	3.2%	13%	5.4%	9%	9%
Staff Turnover Rate (Total incl. Involuntary)	29%	28%	25.14%	15%	15%
Sickness Absence Rate	2%	3%	5.27%	3%	3%

4.2 Safer Staffing review for Allied Health Professionals

Recommendations around safe staffing for Allied Health professionals are less prescriptive than for nursing and midwifery. NHSI have recommended a Care Hours Per (Patient) Contact for therapists, to allow baseline assessments between trusts. However, this is dependent on e-rostering and job planning being in place so time for patient contact can be adequately counted. E-rostering is now rolled out across therapies from January 2021. Job plans are currently being updated to establish clinical hours, the main barrier is obtaining from Cerner therapy activity and contact hours, this has been requested and is in a work stream. This is essential for clinical hours to be then collated against the number of patients seen to establish Care Hours per Contact.

4.3 Seven Day Standard for Therapists & Pharmacists

Seven Day Standards include recommendations for weekend staffing for both pharmacists and therapists. Figure 10 demonstrates compliance with these standards and show the Trust to be largely compliant apart from pharmacy presence on admitting wards at the weekend at the West Middlesex Site.

Figure 10: Compliance with seven day standards by therapists:

Seven Day Standard	Compliance	Evidence/comments
Medicine reconciliation should take place within 24 hours of admission: national standard of 70%	Medicine reconciliation proves challenging at the weekend due to GP practices being closed. The last midweek mini-audit was conducted in September 2020 according to HEAG standards and collected on a Wednesday. Compliance was an average of 78 % for both sites on weekdays and 82% on weekends compared to the national and peer median of 71%.	In 2019 The Royal Pharmaceutical Society through its Hospital Expert Advisory Group (HEAG) has developed a consensus on definitions for benchmarking metrics relevant to the delivery of pharmacy services and medicines use in acute hospitals. The Trust has now adopted this approach to measuring reconciliation, which suggests that medicines reconciliation compliance is carried out mid-week and therefore excludes newly admitted weekend patients as medicines reconciliation is not possible when GP surgeries are closed.
All emergency in-patients must be assessed for complex or on-going needs within 14 hours by a multi-professional team. The multi-professional team will vary by specialty but as a minimum would include nursing, pharmacy, physiotherapy and for medical patients, occupational therapy	Partially compliant for Pharmacy. Compliant on both sites for therapies.	**Pharmacy** CW Pharmacist present on AAU on Saturday & Sunday. WM Pharmacist present on AMU on Saturdays but not Sundays. Weekend cover at the West Middlesex Site is currently under review, a business case was submitted for 7 day cover but was not approved during the 2021-2022 business planning round. **Therapies** CW 1 Physio covering T&O at weekends. 2 OTs covering ED/AAU weekends 2 Respiratory Physios on site. WM 1 Physio covering T&O at weekends. 3 OTs covering ED/AAU weekends 1 Respiratory Physio on site(currently requesting for this to be 2wte)

4.4 Guidelines for the Provision of Intensive Care Services: Pharmacy & Therapies

The Guidelines for the Provision of Intensive Care published in 2019 by The Faculty of Intensive Care Medicine & The Intensive Care Society includes guidance for therapies within Intensive Care Units as detailed below in Figure 11. A review shows the Trust to be largely compliant apart from when the units are in a surge position.

In the first COVID wave pharmacists were diverted from surgical wards as elective capacity was stepped down. In the second wave, this was not possible and an additional Band 8a bank Pharmacist (unfunded) was employed. Pharmacy also released Medicines Management Technicians (MMTs) from surgical wards to support with ordering and stock replenishment for critical care. The demand for critical care drugs went up tenfold during the pandemic peaks and the pharmacists and ITU nurses did not have time to attend to ordering and stock management. A business case has been submitted to NWL in April 2021 to request funding to provide more resilience for Intensive Care for all staff groups, over 2 sites, as part of surge planning for any future pandemic waves.

Figure 11: Compliance with Core Standards for Intensive Care Units

Standard	**Compliance**	**Comments**
0.1wte 8a Specialist Clinical Pharmacist for each single level 3 bed and every two Level 2 beds and should be present at least 5 days a week attending ward rounds.	Compliant at Chelsea Site, Monday to Friday when ITU beds ≤ 10, Non-compliant when bed numbers > 10 and > 8 Level 3 beds. Compliant at West Mid when beds ≤8 Non-compliant at West Mid when bed numbers > 8 and > 4 Level 3 beds	Business case for additional Pharmacist ITU resource submitted as part of the NWL Critical Care Bid
Physiotherapy staffing must be adequate to provide both the respiratory management 24 hours a day if required, and also the rehabilitation component 7 days a week	Compliant	
Suggested staffing levels are 1 WTE physiotherapist to 4 beds	Compliant at Chelsea Site, Monday to Friday when ITU beds ≤ 10, non-compliant when bed numbers > 10. Compliant at West Mid site when beds ≤ 8, non-compliant at West Mid when bed numbers > 8	Business case for additional Physiotherapy ITU resource submitted as part of the NWL Critical Care Bid
A senior clinical physiotherapist with suitable post registration experience and/or qualifications should lead the team.	Compliant	

Critical care Units must have access to Occupational Therapy Services 5 days a week during working hours with an identifiable Occupational Therapy Lead who is accountable for service provision	Partially compliant	No dedicated Occupational Therapists in Critical Care Units. Physiotherapists cover some aspects of the roles but not all. Business case for additional Occupational Therapy resource submitted as part of the NWL Critical Care Bid
0.05-0.1wte dieticians per critical care bed with advanced practice skills and available to patients 5 days a week during working hours	Compliant for 10 beds at Chelsea and compliant for only for 8 beds at West Mid	Compliant at Chelsea 0.6wte/10 beds Compliant at West Mid with 0.4wte/8beds Business case for additional Dietetic ITU resource submitted as part of the NWL Critical Care Bid
0.1wte Speech & language Therapist per Critical Care Bed and available to patients 5 days a week during working hours.	Partially compliant	0.5wte/10 beds for the unit at Chelsea 0.5wte/8 beds for the unit at West Mid Business case for additional SLT ITU resource submitted as part of the NWL Critical Care Bid

5. Staffing Review for Medical & Dental Workforce

5.1 Workforce Metrics for Medical & Dental Workforce

Vacancy for the medical & dental workforce deteriorated slightly in the last 12 months and turnover improved (see Figure 12 below). The vacancy figure for 2020 was affected by the additional staff employed during COVID.

Figure 12: Vacancy & Turnover Rate for Medical & Dental Workforce

Medical Workforce	**April 2018**	**April 2019**	**April 2020**	**April 2021**
Vacancy Rate	10.8%	8.4%	0.6%	1.32%
Voluntary Turnover	6.2%	3.3%	4.5%	3%

In comparison with Model Hospital 19/20 data, medical staffing at the Trust shows a higher number of FTE doctors in post compared to other trusts (see Figure 13), but does not give the figures by total percentage of the workforce so this doesn't allow a direct comparison.

Figure 13: Medical Staff in Post Compared to Model Hospital Medians (2019/20)

Staff in Post (FTE)	Trust Value 19/20 (Trust Value April 21)	Peer Median 19/20	National Median 19/20
Medical & Dental	1130.6 (1191.4)	778.8	620.3

Latest Trust data, as detailed in the Workforce Board Report (April 2021), shows 1191.4wte in post for Medical & Dental Staff.

5.2 Mortality Surveillance

The Trust uses the Summary Hospital-level Mortality Indicator (SHMI) to monitor the relative risk of mortality within our hospitals. This tool was developed by NHS Digital to calculate the relative risk of mortality for each patient and then compare the number of observed deaths to the number of expected deaths; this provides a relative risk of mortality ratio (where a number below 100 is lower than expected mortality).

Population demographics, hospital service provision, intermediate / community service provision has a significant effect on the numbers of deaths that individual hospital sites should expect; the SHMI is designed to reduce this impact and enable a comparison of mortality risk across the acute hospital sector. By monitoring relative risk of mortality the Trust is able to make comparisons between our sites and peer organisations and seek to identify improvement areas where there is variance.

The Trust remains one of the best performing in terms of relative risk of mortality with a Trustwide SHMI of 76.5 recorded between March 2020 and February 2021 (see figures 14 & 15). This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality:

- WestMid, expected 933.52 deaths, observed 721, SHMI value 77.23
- ChelWest, expected 606.4 deaths, observed 457, SHMI value 75.36

Figure 14: SHMI comparison of England acute hospital sites based on outcomes between March 2020 and February 2021 (updated 02/08/21)

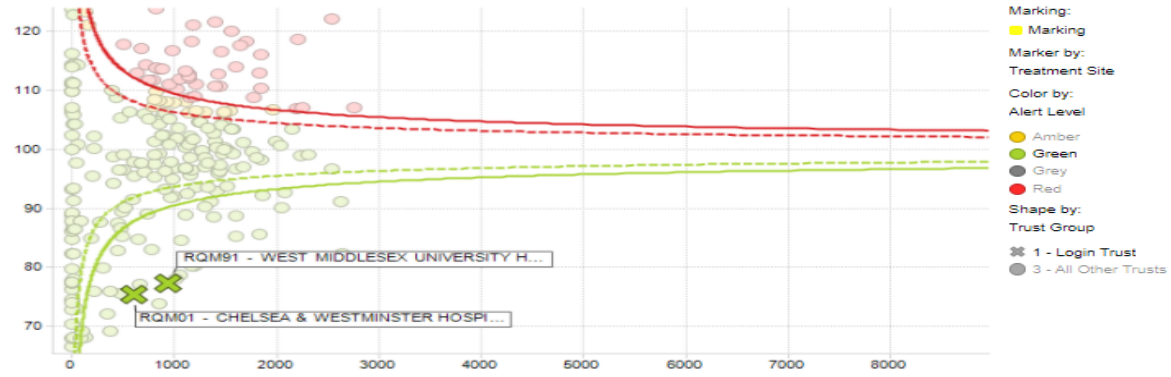
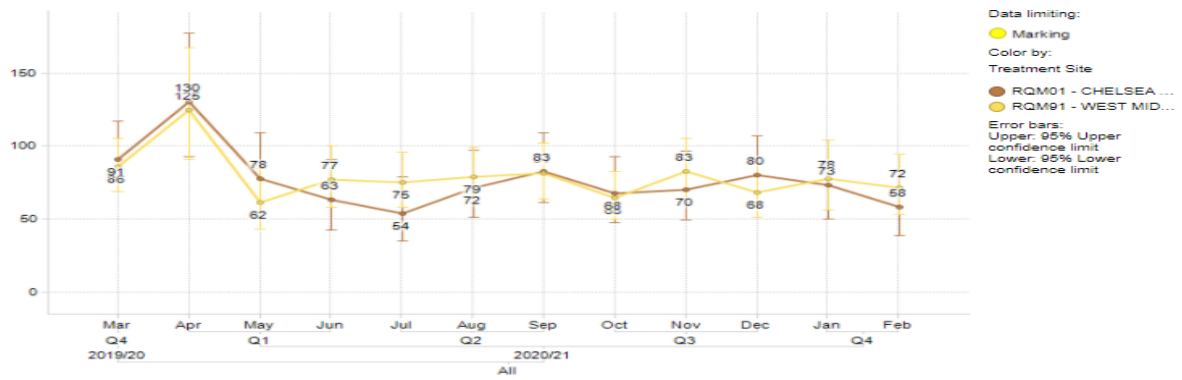


Figure 15: Monthly SHMI trend comparison of the West Mid and Chelsea Sites



Covid-19 activity is excluded from the SHMI as the tool was not designed for this type of pandemic activity.
A rise in death rates was experienced on both sites of the Trust during the first and second COVID waves but mortality has now normalised again. The outcome of mortality review is providing a rich source of learning that is supporting the organisations improvement objectives. A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q1 2021/22; this is an indicator of improving outcomes and safety.

5.3 Compliance with Seven Days Standards: Medical Staffing

Seven Day Clinical Standard 2 stipulates that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital. This guidance covers all specialties. Due to the COVID pandemic an audit has not been completed since November 2019 and there is currently no requirement to carry such audits out but plans are in place with each division to achieve the review 14 hours post admission. Challenges remain in the smaller surgical specialities where only daily ward rounds are possible during week days.

5.4 Compliance with London Maternity Intrapartum Quality Standards

Compliance with maternity staffing guidance published in 2018 is detailed below (figure 16). These standards are further supported by the yearly Maternity incentive scheme safety actions and the recent Ockenden Report (2020) for both obstetrics and anaesthetics and show the Trust to be partially compliant.

The West Middlesex Site is fully compliant with Steps 1 & 2 for Obstetric Staffing and the Chelsea Site is partially compliant with both steps. Partial compliance with Step 1 at Chelsea is due to the Consultant Obstetrician covering both Labour ward and the Maternity Day Unit on 7 of the 10 sessions per week. Further cover is required to ensure compliance with this standard at the Chelsea Site on the additional 7 sessions and between 21:00-22:00 Monday-Friday and from 14:00-22:00 on Saturday/Sunday as dedicated cover is currently provided from 08:00-14:00. This impacts upon the ability of the Chelsea Site to be compliant with Step 2. Currently the Consultant Obstetrician is present for handover and the ward rounds at 08:00, 17:00 and 20:00 and there is a Labour Ward Consultant Led ward round at 08:00-20:00.

National and Trust investment has been secured to recruit 3 further consultants that will be in post by January 2022 thus enabling the Chelsea site to be fully compliant for obstetric consultant cover. In relation to anaesthetic cover for obstetrics there is full compliance at the West Middlesex Site and Chelsea will be fully compliant by January 2022.

Figure 16: Compliance with London Maternity Intrapartum Quality Standards

Obstetric Staffing	Standard	Compliance
Step 1	The obstetric unit provides 7 day/week dedicated consultant presences 12 hours per day. The consultant should not have other duties during his time.	Compliant at West Mid Partially complaint at Chelsea (will be complaint by January 2022)
Step 2	The obstetric unit provides 7 day/week dedicated consultant presence 14 hours per day, the timing of handover should ensure that the consultant covering the night duty is present for at least 2 hours at the beginning of the night duty and carries out a ward round even if on-call rather than present for the remainder of the night	Compliant at West Mid Partially compliant at Chelsea. (will be complaint by January 2022)
Anaesthetic Staffing	Standard	
	Obstetric units provide a minimum of 12 anaesthetist consultant sessions/week on delivery suite for emergency work, which are distributed in line with periods of increased workload.	Compliant both sites
	Obstetric units to have access 24 hours a day, 7 days a week to a supervising consultant obstetric anaesthetist who undertakes regular obstetric sessions.	Compliant both sites
	Obstetric units should have a competency assessed dedicated duty anaesthetist immediately available 24 hours a day, 7 days a week to provide labour analgesia and support complex deliveries.	Compliant both sites
	There should be a named consultant obstetrician and named consultant obstetric anaesthetist with sole responsibility for each elective caesarean section list.	Compliant West Mid Will be compliant by January 2022 at Chelsea.

5.5 Compliance with Royal College of Paediatrics and Child Health Requirements

Guidance published by the Royal College 'Facing the Future - Standards for Acute General Paediatric Services' (2018) outlined 10 key requirements to deliver high quality, safe and sustainable acute general paediatric services. Compliance with standards related particularly to consultant staffing levels are compliant, though middle grade compliance is slightly compromised by vacancies (see Figure 17). Future workforce re-design will look to increase consultant posts & extend nursing roles to improve compliance with RCPCH standards.

Figure 17: Compliance with Royal College of Paediatrics & Child Health Requirements

Standard	Compliance
A consultant paediatrician is present and readily available in the hospital during times of peak activity seven days a week.	Compliant both sites CW: Consultant Paediatrician on site 24/7 WM: Consultant Paediatrician on Site 09.00-22.00 then on call from home
Every child who is admitted to a paediatric department with an acute medical problem is seen by a healthcare professional with the appropriate	Compliant both sites

competencies to work on the tier 2 (middle grade) paediatric rota within 4 hours of admission.	
Every child who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician within 14 hours of admission, with more immediate review as required according to illness severity or if a member of staff is concerned.	Consultant presence on sites allows for this
At least two medical handovers every 24 hours are led by a consultant paediatrician	Compliant both sites
Every child with an acute medical problem who is referred for a paediatric opinion is seen by, or has their case discussed with, a clinician with the necessary skills & competencies before they are discharged.	Compliant both sites
Throughout all the hours they are open, paediatric assessment units have access to the opinion of a Consultant Paediatrician	Compliant both sites, on call from home between 22.00-09.00 at the West Middlesex Site
All general paediatric inpatient units adopt an attending consultant system, most often in the form of the 'consultant of the week' system.	Compliant both sites
All general paediatric training rotas are made up of at least 10 wte posts, all of which are compliant with the UE & EU WTD	WM: Compliant CW: Rota designed for 10 people but currently running with 20% vacancy
Specialist paediatricians are available for immediate telephone advice for acute problems for all specialties, and for all paediatricians	Compliant both sites
All children, children's social care, police & health teams have access to a paediatrician with child protection experience & skills (of at least 3 safeguarding competencies) who is available to provide immediate advice& subsequent assessment, if necessary for children under 18 years of age where there are child protection concerns. The requirement is for advice, clinical assessment & the timely provision of an appropriate medical opinion, supported by a written report.	Compliant both sites

5.6 Guidelines for the Provision of Intensive Care Services: Medical Staffing

As well as making recommendations for Therapies & Pharmacy the Guidelines for the Provision of Intensive Care published in 2019 by The Faculty of Intensive Care Medicine & The Intensive Care Society makes recommendations for anaesthetic staff. The Trust is fully compliant with these recommendations (see Figure 18 below).

Figure 18: Compliance with Guidelines for the Provision of Intensive Care services: Medical Staffing

Standard	**Compliance**	**Comments**
Care must be led by a Consultant in Intensive Care Medicine. A consultant in Intensive Care Medicine will have Daytime Direct Clinical Care Programmed Activities in Intensive Care medicine written into their job plan and will exclusively cover intensive care medicine and not a second speciality at the same time.	Compliant both sites	

Consultant work patterns should deliver continuity of care	Compliant both sites	
In general the Consultant/Patient ratio should not exceed a range between 1:8-1:12 and the ICU resident patient ratio should not exceed 1:8	Compliant both sites	Newly compliant for ICU resident
There must be a designated Clinical Director and/or Lead Consultant for Intensive Care	Compliant both sites	
A consultant in Intensive Care Medicine must be immediately available 24/7, be able to attend within 30 minutes and must undertake twice daily ward rounds 7 days a week	Compliant both sites	
Rotas for consultants and resident staff must be cognisant of fatigue and the risk of burnout	Partially compliant	Funding agreed for additional consultants to support 1:8 rota, however still recruiting to 3wte vacant posts for West Mid.

5.7 **Compliance with Royal College of Physicians on Safe Staffing**

The Royal College of Physicians published guidance on safe medical staffing in 2018 recommending staffing levels for the medical take and ward cover. The Trust is partially compliant, see Figure 19 below. The Trust is currently in discussion with our HEE Lead Educational Provider about the allocation of these doctors to the organisation to enable compliance with tier 2 doctors' hours. The Executive and Trust Board will also consider resourcing for this tier of cover under business planning. It is worth noting the commitment the Trust has demonstrated with regard to the four hour standard across the Trust's emergency departments, and whilst not currently demonstrating full compliance with the 95% standard Chelsea & Westminster Hospital NHS Foundation Trust remains one of the top performing Trusts in the country in relation to these emergency access targets.

Figure 19: Compliance with Guidance on Safe Medical Staffing

Standard	**Compliance**	**Comments**
Medical staffing for patients who present acutely to hospital with medical problems – the medical assessment and admission team. Consultant led care without an immediate presence in ED & AMU, but with consultant led ward rounds or partly consultant-delivered care, with consultant presence and early involvement of the ED & AMU	Compliant both sites	
Medical staffing of a 30 bedded ward by day, Monday to Friday – the medical ward team Tier 1 (71 hours/week, 2 clinicians, 2.2wte) Tier 2 (30 hours/week, 1 clinician needed most of day if ward round/half day if no formal ward round, 1wte) Tier 3 Consultant (20.5-24.5 hours on ward each week, most of day when formal ward round, 2.5 hours other days)	Partially compliant	Compliant both sites tier 1 & 2 Compliant tiers 3 Chelsea Non-compliant tier 3 West Mid

Medical staffing of a 30 bedded ward by day, weekends and BH – the weekend medical ward team Tier 1 (8 hours cover each day, 0.5wte) Tier 2 (2 hours each day) Tier 3 Consultant (2 hours presence)	Partially compliant	Compliant both sites tier 1 Compliant tiers 2 & 3 Chelsea Newly compliant tier 2 West Mid Non-compliant tier 3 West Mid
Staffing for emergency medical care in the hospital by day & night – the medical team on call Tier 1 (1 clinician available thoughout each 16 hour period for every 100-120 beds, need 3 tier 1 posts for this) Tier 2 (most hospitals require a separate dedicated tier 2 medical registrar to provide on call cover of the wards for 12 hours during the period of greatest activity of the day, with another medical registrar leading the medical assessment and admission team, requires 2.4 tier 2 posts)	Partially compliant	Compliant both sites tier 1 Newly compliant tier 2 West Mid Non-compliant after 18.00 for tier 2 Chelsea.

6. Workforce Plan

The annual workforce planning process at Chelsea & Westminster forms an integral part of the annual business planning cycle. Each Division is required to provide a detailed workforce plan aligned to finance, activity and quality plans. The last year has bought significant learning to how we work and deliver care, technology has advanced and how we work together across boundaries and through partnerships has increased and the workforce plan will focus on how to sustain these new ways of working. New legislation will support working as a system and across North West London there is an agreed People Plan in place. Two key areas of the ICS People Plan are focused on Grow and Transform.

The plan acknowledges that delivery of the ICS plan is dependent on securing the right workforce across all ICS partner organisations; attracting, recruiting and developing our workforce to deliver its strategy. The ICS recognises the need to address urgent workforce shortages: during the pandemic, partner organisations have responded innovatively to the workforce challenge, creating new roles such as ward assistants and ITU technicians, deploying volunteers and new recruits at scale. We need to build on and go above and beyond this, ensuring that the workforce is both resilient and efficient, in support of the ICS's need for on-going financial sustainability. This will involve the development of new health and care roles to support the delivery of integrated, personalised and patient-enabled, proactive care; the development of new digital skills and the new ways of working. The Covid-19 pandemic has accelerated the delivery of new ways of working and adoption of new digital technologies and our workforce plan will ensure we maximise the benefits to be gained.

Our NWL People Plan means all organisations have committed to do the following jointly as a system.

- Develop an ICS workforce intelligence system, based on population need, to support workforce modelling and capacity / skills planning and monitoring variation across Trusts
- Establish a plan for the offboarding of the people employed in the mass vaccination sites and create a programme to support those who wish, to make a long term career in the ICS family
- Develop an Employee Value Proposition for the ICS to drive recruitment and retention
- Agree an engagement and communications strategy for local communities about the NHS as a local employer
- Work across NWL and with other London ICSs to manage international recruitment, nursing recruitment and the HCSW Vacancy reduction programme

- Support PCNs to attract and recruit to new posts, including shared posts across PCNs
- Work with partners to contribute to a vibrant labour market
- Develop a system wide volunteering programme
- Develop our offer as anchor institutes and enhancing social value
- Developing a system wide approach to apprenticeships, entry level jobs and career entry into the NHS

It is expected that workforce planning will therefore increasingly operate across the ICS over the next few years and this collaborative approach should provide better visibility on the requirements and the supply of staff, with an increased focus on recruitment and deployment of staff across organisations and geographies.

Our Trust 3 year People Strategy (due to be signed off in September) also sets out our ambitions for our people with a clear focus on new ways of working and growing for our future, setting out our key measures of success, our baseline position and our ambition targets for 2023/24. Key measures include the following:

- Number of staff transitioning to qualified posts
- Increase in new roles
- Flexible working staff survey score
- Implementation of e-job planning and the number of staff using e-roster
- Utilisation of the apprenticeship levy
- % of volunteers in to employment
- Increased local employment
- Reduced vacancy rates in core professions

The workforce plan will operationalise our NWL and Trust level plans, with clear Divisional plans developed by appropriate service leads and clinicians, directed by the Divisional Director, which would be subject to Executive Director Panel review prior to submission to Trust Board. Throughout the course of the year, actual performance against the Operating Plan, including workforce numbers, costs and detailed workforce KPIs are reviewed through the Workforce Development Committee which reports to the People and OD Committee.

The impact of changes which may affect the supply of staff, changes to clinical professional entry routes to training and funding sources or any other national drivers are factored into planning and our Workforce Development Committee has a role in regularly reviewing the impact of such changes and ensuring that appropriate plans are put in place if required. The Trust has also introduced (as detailed in previous sections) a number of new roles and ways of working which are shaping our future workforce models. The Trust is also taking a lead role as the main employer to redeploy those staff who have worked for us as part of the Covid Vaccination Hub into employment across the ICS.

7. Safe Staffing Statement

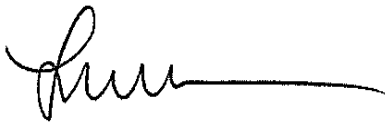
Following a review of safe staffing levels within the Trust for Nursing and Midwifery, Therapies, Pharmacy and Medicine the Chief Nurse and Medical Director conclude the following:

"As Chief Nurse and Chief Medical Officer for the Trust we confirm that we are satisfied that we currently meet safe staffing standards and compliance with the National Workforce Safeguards Standards 2018. We recognise we currently have partial compliance with elements of the medical and therapy standards. The Trust's focus in 2021 will be:

- Improve compliance in relation to Maternity ratios and staffing recommendations for Neonatal Nursing Staffing Standards
- Recruit to Consultant posts agreed for Maternity.
- Recruit to Consultant posts agreed for Intensive Care
- Review the acute medical staffing tier two model at Chelsea site to gain further compliance

- Review partial compliance with medical tier 3 cover through job planning
- Continue to work with NWL critical care group to develop a workforce plan for therapy staffing in ITU.
- Focus on staff retention, particularly in therapies, pharmacy and amongst the HCA workforce.''

Signed: **Signed:**



Pippa Nightingale
Chief Nursing Officer

Roger Chinn
Medical Director

8. Summary

The Trust Board is requested to

- Note the information in the report.
- Recognise the Trusts stable vacancy position and improved turnover position, though this may be somewhat artificial due to COVID.
- Note the improvement in compliance with Tier 2 medical cover at the West Middlesex Site during weekdays and weekends and, and at ITU resident level.
- Note the investment committed to improving compliance with resident Obstetric Consultant cover at Chelsea and Consultant Anaesthetic cover for elective caesarean section lists.
- Note the investment committed to improving Consultant Intensivist rotas.
- Note that the Trust is compliant with national requirements and regulations for reporting as laid down by the National Quality Board and the NHSI Developing Workforce Safeguards.
- Monitor the clinical outcomes and safe staffing through Quality Committee
- Monitor the delivery of the workforce plan through People and Organisational Development Committee.

Appendix 1: Nursing & Midwifery Staffing Risk Assessments

Each ward areas has been reviewed taking patient outcomes, experience and staffing metrics into account and show the current position of each inpatient area in relation to safe staffing as determined by Chief Nurse, The Director of Nursing for Workforce, Divisional, Director of Nursing & Midwifery.

Risk ratings have been agreed as follows:

Risk rating	**Description**
Low	No specific staffing related quality concerns
Medium	This could mean: ● Although not necessarily triggering on quality issues, nursing staff vacancies are thought to be affecting/possibly affecting the quality of care being provided. ● High sickness rates ● Turnover demonstrates that staff experience may be poor on the ward ● Ward is under review/watchful observation by the Divisional Director of Nursing, Lead Nurse and Matron
High	Serious quality concerns where there are evident links to staffing levels

Emergency & Integrated Care

Ward	CHPPD Ave for (19/20) 20/21	Model Hospital Peers (National) Median	Ratio RN: pt Days	Ratio RN: pt Nights (includes Nurse in Charge)	Vacancy RN, HCA (19/20) 20/21	Voluntary Turnover RN (19/20) 20/21	Pressure Ulcer 3,4 unstage-able (19/20) 20/21	Falls with Moderate/ severe harm (19/20) 20/21	Medication Incidents Moderate/ severe harm (19/20) 20/21	FFT (19/20) 20/21	Professional Safety Risk Assessment (Ward accreditation score most recent)	Rationale for risk assessment	Comments/ mitigation
AAU	(9.3) 10.9	(9.4)	1:5/7 1:2 enhanced care	1:7 1:2 enhanced care	(11.2%) 13%	(4.7%) 9.7	(1) 0	(1) 3	(1) 1	(92.2%) 90.85%	(Silver)	Junior skill mix on ward requiring skills to care for enhanced care patients. Placement of NIV patient in side rooms makes staffing challenging. Significant number of vacancies.	Recruitment and development plans in place. Bay tagging and increasing number of high-low beds to reduce falls.
David Erskine Respiratory *currently on Ron Johnson*	(6.8) 10.2	14 (8.6)	1:5	1:5	(8.3%) 4%	(28.8%) 13.45%	(0) 0	(1) 0	(0) 0	(91.2%) 89.58%	(Silver)	Junior skill mix on ward requiring skills to care for NIV patients.	Supported by AAU staff. Staffing required fluctuates depending on numbers of NIV patients.
Edgar Horne *currently on Nightingale*	(6.7) 6.8	8.3 (6.9)	1:7	1:9.3	(13.5%) 9.8%	(5.7%) 5.88%	(0) 0	(1) 1	(0) 0	(86.7%) 95.32%	(Silver)	Significant number of HCA vacancies.	Recruitment plans in place.
Nell Gwynne	(7.8) 7.8	(7.9)	1:6	1:8	(-7.5%) 7.4%	(8.6%) 0%	(0) 0	(0) 0	(0) 0	(90.5%) 85.71%	(Silver)	Adequately caring for patients with tracheostomies in side rooms proving challenging with Nurse in Charge allocated to care for them on a regular basis.	Reviewing staffing requirements. Compliant with wte: stroke patient ratios but not with RN:HCA ratios of 65:35.
Rainsford Mowlem Mixed Medicine	(6.6) 6.8	7.7 (7.7)	1:7.2	1:9	(2.5%) 12.6%	(11.5%) 13.02%	(0) 0	(0) 1	(0) 0	(82.1%) 89.47%	(Silver)	Complex elderly patients many of them requiring. 1:1 care.	
ED	N/A		Resus 1:2 Majors 1:4 EOU 1:4	Resus 1:2 Majors 1:4 EOU 1:4	(14.7%) 1%	(42.16%) 19.64%	(0) 0	(0) 0	(0) 0	90.68%	(Gold)		

Ward	CHPPD Ave for (19/20) 20/21	Model Hospital Peers (National) Median	Ratio RN: pt Days (*Includes Nurse in Charge)	Ratio RN: pt Nights (includes Nurse in Charge)	Vacancy RN, HCA (19/20) 20/21	Voluntary Turnover RN (19/20) 20/21	Pressure Ulcer 3,4 unstage-able (19/20) 2021	Falls with Moderate/ severe harm (19/20) 20/21	Medication Incidents Moderate/ severe harm (19/20) 20/21	FFT (19/20) 20/21	Professional Safety Risk Assessment (Ward accreditation score most recent)	Rationale for risk assessment	Comments/ mitigation
AMU	(9.1) 10.2	(9.4)	1:7	1:7	(5.7%) 7.4%	(8.2%) 8.8%	(0) 0	(2) 0	(0) 1	(96.8%) 96.97%	(Silver)	Number of staff leaving ward to move to other hospital departments. Management of COVID positive patients and NIV	
Syon 1 Cardiology	(6.5) 6.5	7.9 (8.8)	1:6	1:6	(11.7%) 7.7%	(5.7%) 0%	(0) 0	(0) 0	(0) 0	(97.3%) 93.40%	(Bronze	Expanded bed base, ward accreditation dropped to bronze	Reviewing staffing numbers
Marble Hill 1 Gastro	(6.5) 6.4	8.3 (6.9)	1:7.5	1:7.5	(13.6%) -1.4%	(9.7%) 7.24%	(0) 0	(2) 1	(0) 0	(92.2%) 89.17%	(Bronze		
Syon 2 Respiratory	(7.1) 5.9	14 (8.6)	1:6*	1:7.5	(14.7%) 14.5%	(10.8%) 11.63%	(0) 0	(3) 1	(0) 1	(97.4%) 97.12%	(Bronze)	Ward underfunded when it requires additional staff for higher numbers of NIV/tracheostomies	
Lampton	(6.5) 6.8	7.7 (7.7)	1:7.25	1:9.7	(0.2%) -1.6%	(0%) 0%	(0) 0	(3) 0	(0) 0	(97.3%) 96.99%	(Silver)	Daily risk assessment of staffing on ward and number of confused patients. Staff now starting to leave ward due to high workload.	Business case will be developed for additional staffing required (see Appendix 2)
Crane	(6.1) 6.6	7.7 (7.7)	1:7	1:9.3	(11.2%) 7.5%	(4.9%) 3.26%	(0) 0	(1) 3	(0) 0	(88.6%) 98.38%	(Bronze)	Reviewing staffing levels at night	
Marble Hill 2	(5.9) 6.7	9.3 (6.8)	1:7	1:9.3	(18.3%) 6.3%	(10.4%) 10.38%	(0) 0	(0) 1	(0) 0	(97.5%) 93.80%	(Silver)	Reviewing staffing levels on nights. Ward leadership needs strengthening	Close supervision by Lead Nurse. Strengthening ward leadership.
Kew	(6.2) 6.3	(7.9)	1:7	1:9.3	(6.6%) -1.7%	(18.2%) 4.55%	(0) 0	(1) 0	(0) 0	(86.9%) 88.46%	(Gold)	Reviewing staffing levels at night.	Compliant with wte: stroke patient ratios but not with RN:HCA ratios of 65:35.
ED	N/A		Resus 1:2/3 Majors 1:3/4 Obs 1:6 CDU 1:6/7	Resus 1:2/3 Majors 1:3/4 Obs 1:6 CDU 1:6/7	(13.0%) 19.7%	(15.67%) 11.07%	(0) 0	(0) 0	(0) 0	(N/A) 87.19%	(Silver)	Significant ED vacancies with a number of new starts which will need a period of focused support. Changing leadership.	Recruitment plans in place for Staff Nurses & Matrons. Development programme being reviewed for new starters

Planned Care

Ward	CHPPD Ave for (19/20) 20/21	Model Hospital Peers (National) Median	Ratio RN: pt Days	Ratio RN: pt Nights (includes Nurse in Charge)	Vacancy RN, HCA (19/20) 20/21	Volunt Turnover RN (19/20) 20/21	Pressure Ulcer 3,4 unstage-able (19/20) 20/21	Falls with Moderate/ severe harm (19/20) 20/21	Medication Incidents Moderate/ severe harm (19/20) 20/21	FFT (19/20) 20/21	Professional Safety Risk Assessment (Ward accreditation score most recent)	Rationale for risk assessment	Comments/mitigation
SMA *currently located on David Evans*	(6.9) 6.8	9.4 (8.3)	1:7	1:9.3	(7.9%) 14.8%	(21%) 9.47%	(0) 1	(1) 1	(0) 0	(96%) 95.32%	(Silver)	Improving position turnover and vacancies	
Lord Wigram T&O	(7.0) 7.7	10.6 (8.2)	1:7	1:9.3	(11.6%) 3.2%	(13.3%) 0%	(0) 0	(2) 0	(0) 0	(94.2%) 94.41%	(Gold)		
David Evans Elective surgery *currently on Edgar Horne*	(8.7) 8.2	9.4 (8.3)	1:6	1:9.3	(0.9%) -6.6%	(10.9%) 9.62%	(0) 0	(1) 0	(0) 0	(94.7%) 95.48%	(Silver)		
ITU CW	(25.6) 26.3	25.4 (27.7)	1:1 (L3) 1:2 (L2)	1:1 (L3) 1:2 (L2)	(11.1%) -1.9%	(18.3%) 15.92%	(0) 0	(0) 0	(0) 0	(0) 100%	(Gold)	Concerns remain about on-going staff well-being	Introduced Nurse Advocate role to support staff well-being
Burns	(23.7) 13.4	N/A	1:2**	1:5	(7.8%) 11.6%	(17.2%) 19.2%	(0) 0	(0) 0	(0) 0	(100%) 97.87%	(Silver)		** These staff care for day attenders too

Ward	CHPPD Ave for (19/20) 20/21	Model Hospital Peers (National) Median	Ratio RN: pt Days	Ratio RN: pt Nights (includes Nurse in Charge)	Vacancy RN, HCA (19/20) 20/21	Voluntary Turnover RN (19/20) 20/21	Pressure Ulcer 3,4 unstage-able (19/20) 20/21	Falls with Moderate/ severe harm (19/20) 20/21	Medication Incidents Moderate/ severe harm (19/20) 20/21	FFT (19/20) 20/21	Professional Safety Risk Assessment (Ward accreditation score most recent)	Rationale for risk assessment	Comments/ mitigation
Richmond	(10.8)	7.3 (7.2)	1:6	1:6	(9.9%) 0%	(19.4%) 0%	(0) 0	(0) 0	(0) 0	(98%) 100%	(Silver)		
Osterley 2 General Surgery	(6.3) 6.5	7.3 (7.2)	1:7.5	1:7.5	(19.7%) 14.5%	(8.1%) 0%	(0) 0	(0) 1	(0) 0	(93.6%) 89.86%	(Bronze)	Inconsistencies in leadership in last twelve months	Strengthening leadership
Osterley 1 Orthopaedics	(6.0) 6.8	8.0 (7.0)	1:7.5	1:7.5	(23.3%) -1.4%	(16.3%) 14.22%	(0) 1	(2) 1	(0) 0	(94.7%) 88.57%	(Bronze)	Inconsistencies in leadership in last twelve months	Strengthening leadership. QI project medication incidents
ITU WM	(27.2) 30	24.7 (26)	1:1 (L3) 1:2 (L2)	1:1 (L3) 1:2 (L2)	(9.8%) -13.8%	(18%) 9.42%	(0) 2	(0) 0	(0) 0	(0) 100%	(Silver)	Concerns remain about on-going staff well-being. Unit over-established to accommodate increased capacity required	Introduced Nurse Advocate role to support staff well-being

Womens & Childrens, HIV, GUM, Dermatology & Private Patients

Ward	CHPPD Ave for (19/20) 20/21	Model Hospital Peers (National) Median	Ratio RN: pt Days (*Includes Nurse in Charge)	Ratio RN: pt Nights (includes Nurse in Charge)	Vacancy RN, HCA (19/20) 20/21	Voluntary Turnover RN (19/20) 20/21	Pressure Ulcer 3,4 unstage-able (19/20) 20/21	Falls with Moderate/ severe harm (19/20) 20/21	Medication Incidents Moderate/ severe harm (19/20) 20/21	FFT (19/20) 20/21	Professional Safety Risk Assessment (Ward accreditation most recent)	Rationale for risk assessment	Comments/ mitigation
Ron Johnson	(8) 7.8	7.3 (9.0)	1:4.75	1:6.33	(2.6%) 6%	(17.6%) 15.73%	(0) 0	(0) 0	(0) 0	(95.4%) 89.58%	(Silver		
Annie Zunz	(9.3) 12.6	13.3 (9.4)	1:6	1:6	(15.3%) -6.3%	(54.7%) 0%	(0) 0	(0) 0	(0) 0	(99.3%) 99.42%	(Silver)		
Chelsea Wing	(14.0)	9.4 (8.3)	1:5*	1:7	(10.4%) 23.6%	(12%) 13.33%	(0) 0	(0) 0	(0) 0	(95%) 85.71%	(Bronze)	Currently have 2 x Band 6 & 5 x B5 vacancies which is likely to be impacting on patient satisfaction	Ward manager moving to NIC role Monday-Friday to support teams. PDN will be supporting new Band 5s.

Paediatrics

Ward	CHPPD Ave for (19/20) 20/21	Model Hospital Peers (National) Median	Ratio RN: pt Days	Ratio RN: pt Nights (*includes NIC)	Vacancy RN, HCA (19/20) 20/21	Voluntary Turnover RN (19/20) 20/21	Pressure Ulcer/Moisture Lesion (19/20) 20/21	Extravasation (19/20) 20/21	Medication Incidents Moderate/ severe harm (19/20) 20/21	FFT (19/20) 20/21	Professional Safety Risk Assessment (Ward accreditation score)	Rationale for risk assessment	Comments/ mitigation
Neptune	(9.4) 12.9	13.9 (15)	1:3	1:4*	(13.9%) 18.3%	(30.7%) 9.51%	(1) 0	(3) 0	(0) 0	(96.6%) 98.28%	(Silver)		
Mercury	(8.7) 8	(11)	1:3	1:3*	(5.2%) 8.7%	(14%) 3.42%	(3) 1	(2) 1	(0) 0	(97.6%) 95.35%	(Silver)		Action plan in place to improve support to students
Apollo	(16.9) 17.8	N/A	1:2	1:2	(6.9%) 11.8%	(32.9%) 20%	(2) 2	(1) 0	(0) 0	(100%) 100%	(Silver)	Fluctuating demand in winter with increased ventilated patients	Twice daily staffing huddles introduced. Staff move from NICU to assist as required.
NICU	(15.2) 14.5	25.4 (26.7)	1:4 SCBU 1:2 HDU 1:1.5 ITU	1:4 SCBU 1:2 HDU 1:1.5 ITU	(13.7%) 3.1%	(12.5%) 14.54%	(0) 3	(12) 4	(0) 3	(100%) 100%	(Silver)	Staffing challenges supported with temporary/ redeployed staff to maintain safety. Unit remains on 2 floors contributing to staffing challenges.	QI project now embedded with a 33% reduction in overall medication incidents. Refurbishment work will complete in Sept 21 with consolidation of unit to one floor. Strengthened unit leadership in place with and on-going development programmes. Action plan in place to address staffing shortfall.
Starlight	(8.3) 9.8	13.9 (15)	1:3	1:4*	(1.9%) 4.6%	(13.9%) 16.25%	(2) 0	(4) 1	(0) 0	(94.9%) 95.77%	(Silver)	Staffing may have to flex over winter considerably to manage increase in RSV cases expected	
SCBU	(8.9) 12	13.9 (15)	1:4 Special Care 1:2 HDU	1:4* Special Care 1:2 HDU	(25.9%) 7.8%	(0%) 3.84%	0 (0)	(0) 0	(0) 0	(98.2%) 100%	(Silver)		.

Maternity

Ward	CHPPD Ave for 19/20 20/21	Model Hospital Peers (National Median)	Midwifery Staffing Ratios (19/20) 20/21	Midwifery Staffing Ratio Benchmark (BR+ recom-mendation 2021)	Vacancy RM, RN, MSW (19/20) 20/21	Volunt Turnover RM, RN, MSW (19/20) 20/21	1:1 Care in Labour (19/20) 20/21	Still births (19/20) 20/21 per 1000 births	Post-partum Haemorrhage (19/20) 20/21	Sepsis (19/20) 20/21	Medication Incidents Moderate/ severe harm (19/20) 20/21	FFT (19/20) 20/21	Professional Safety Risk Assessment (Ward accreditation score)	Rationale for risk assessment	Comments/ mitigation
Maternity CW	(14.6) 16	16.9 (14.8)	(1:28.5) 1:27	1:26	(-6.8%) 3.5% RM 2.37% RN 3.1%	(13.3%) 10% RM 6.01% RN 11.65% MSW 6.57%	(96) 97.4%	(2.7) 3.25	(3.2% ≥1500mls <0.1% ≥4000mls) 3.2% ≥1500mls <0.1% ≥4000mls	(2.1%) 1%	(0) 0	Response 20.2% Score (97%) 87.4%	Ante-natal ward (Bronze) Labour ward (Silver) Birth Centre (Silver) Post-natal Ward (Gold) Simpson Unit (Gold)	Increased vacancy position, not recruited into maternity leave and staffing challenges in June/July/Aug. 26% of workforce band 5 midwives	Stable senior team. Recent recruitment and JGS total 26 MWs start in Sep. Continued active recruitment. Extensive PDM support in place for band 5s. Improved midwifery staffing ratios.
Maternity WM	(8.7) 9.8	16.9 (14.8)	(1:28) 1:28	1:22	(-1.6%) 2.4% RM 1.2% RN 2.1%	(6.5%) 3.6% RM 6.01% RN 11.65% MSW 6.57%	(95.1) 98.2%	(2.8) 2.19	(3.9% ≥1500mls <0.1% ≥4000mls) 4.2% ≥1500mls <0.1% ≥4000mls	(0.6%) 0.4%	(0) 0	Response 14.5% Score (100%) 90.5%	Ante-natal ward (Silver Labour ward (Silver Birth Centre (Gold) Post-natal Ward (Bronze)	Increased vacancy position, not recruited into maternity leave and staffing challenges in June/July/Aug Gap in recommended BR+ ratios	Stable senior team. Recent recruitment and JGS total 11 MW start in Sep. Continued active recruitment Improved MW ratio moving forward.

Appendix 2:

Acuity & Dependency Review for 2020/2021 (audits carried out in October 20 & June 2021) against actual staffing levels

Please note a winter audit was not carried out in January 2021 due to the second COVID wave & therefore limited conclusions can be drawn from the acuity & dependency review.

NB Ward establishments displayed exclude 0.6wte for ward management

Emergency & Integrated Care

Ward	Average number of patients	Average Acuity & Dependency Review Oct 20/Jun 21			Ward Establishment			Additional Staff Required to meet Oct 20/Jun21 Acuity & Dependency Review			Staffing Levels required at 95% capacity			Additional Staff Required to meet Oct 20/Jun21 Acuity & Dependency Review adjusted to 95% capacity where there are bed closures			Hours of RMNs/HCAs Specials requested in June 2021		
		WTE	RN	HCA	WTE	RN	HCA	WTE	RN	HCA	WTE	RN	HCA	WTE	RN	HCA	RMN	HCA MH	HCA 1:1
AMU	49.3	83.5	58.45	25.05	99.7	68.3	31.4	-16.2	-9.8	-6.4	103.0	72.1	30.9	3.3	3.8	-0.5	184		0
Syon 1 Cardiology	29.05	36.7	23.85	12.85	40.5	27.4	13.1	-3.8	-3.6	-0.3	36.7	23.85	12.85	-3.8	-3.6	-0.3	0		184
M Hill 1 Gastro	30.05	42.85	27.85	15	43.1	27.4	15.7	-0.2	0.5	-0.7	42.85	27.85	15	-0.2	0.5	-0.7	11.5	230	701.5
Resp Syon 2	28.75	45.05	29.3	15.8	43.7	23.6	20.2	1.3	5.7	-4.4	45.05	29.3	15.8	1.3	5.7	-4.4	23		80.5
Crane	21.65	31.5	20.45	11.05	37.0	19.5	17.5	-5.5	1.0	-6.5	41.5	26.9	14.5	4.5	7.4	-3.0	23		69
Lampton	26.7	40.3	26.2	14.1	34.6	18.9	15.7	5.7	7.3	-1.6	41.6	27.0	14.5	6.9	8.1	-1.2	0		115
Marble Hill 2*	26.75	36.4	23.7	12.8	34.5	19.2	15.3	1.9	4.5	-2.5	34.5	23.7	12.8	1.9	4.5	-2.5	0		609.5
Kew	26.3	42.8	27.8	15	37.8	19.5	18.3	5.0	8.3	-3.3	42.8	27.8	15.0	5.0	8.3	-3.3	0		34.5
AAU	46.1	81.2	56.85	24.35	89.3	69.8	19.5	-8.1	-13.0	4.8	87.0	60.9	26.1	-2.3	-8.9	6.6	701.5		92
David Erskine	18.8	25.35	16.45	8.85	40.3	22.0	18.3	-15.0	-5.6	-9.5	35.9	23.3	12.5	-4.4	1.3	-5.8	0		0
Edgar Horne	26.85	38.55	25.05	13.5	37.6	19.3	18.3	0.9	5.8	-4.8	38.2	24.8	13.4	0.6	5.5	-4.9	149.1	11.5	80.5
Nell Gwynne	21.7	33.5	21.75	11.75	37.7	19.4	18.3	-4.2	2.4	-6.6	35.2	22.9	12.3	-2.5	3.5	-6.0	0		11.5
Rainsford Mowlem	26.9	41.7	27.15	14.6	47.2	23.6	23.6	-5.5	3.6	-9.0	48.6	31.6	17.0	1.4	8.0	-6.6	11.5		11.5
								-43.7	7.0	-50.5				11.6	44.1	-32.5	1103.6	241.5	1989.5
Marble Hill 2 based on June 21 audit only																			

Planned Care

Ward	Average number of patients	Average Acuity & Dependency Review Oct 20/Jun 21			Ward Establishment			Additional Staff Required to meet Oct 20/Jun21 Acuity & Dependency Review			Staffing Levels required at 95% capacity			Additional Staff Required to meet Oct 20/Jun21 Acuity & Dependency Review * adjusted to 95% capacity where there are bed closures			Hours of RMNs/HCAs Specials requested in June 2021		
		WTE	RN	HCA	WTE	RN	HCA	WTE	RN	HCA	WTE	RN	HCA	WTE	RN	HCA	RMN	HCA MH	HCA 1:1
Richmond	11.1	15.1	9.8	5.3	23.1	15.7	7.4	-8.0	-5.9	-2.1	29.7	19.3	10.4	6.6	3.6	3.0			
SAU																			
DSU	21	7.4	4.8	2.6	9.1	5.5	3.6	-1.7	-0.7	-1.0									
Total																			
Ost 2 Gen Surg	26.8	35.35	23	12.4	39.9	24.1	15.7	-4.6	-1.1	-3.3	37.6	24.5	13.2	-2.3	0.4	-2.5			195.5
Ost 1 T&O	27.55	37.7	24.5	13.2	41.3	23.4	17.9	-3.6	1.1	-4.7	39.0	25.3	13.7	-2.3	1.9	-4.3	11.5		23
David Evans	13.5	14.65	9.5	5.1	28.0	19.4	8.6	-13.4	-9.9	-3.5	28.9	18.7	10.0	0.9	-0.7	1.4			
SMA	24.35	31.75	20.65	11.1	37.0	21.9	15.1	-5.3	-1.3	-4.0	34.7	22.6	12.1	-2.3	0.7	-3.0	23		23
Lord Wigram	23.25	34.2	22.25	11.95	35.8	20.0	15.7	-1.6	2.3	-3.8	39.1	25.5	13.7	3.3	5.5	-2.0	11.5		126.5
								-38.0	-15.5	-22.4				3.9	11.3	-7.3	46		368
DSU & Richmond based on June 2021 audit only																			

Ward	Average number of patients	Average Acuity & Dependency Review Oct 20/Jun 21			Ward Establishment			Additional Staff Required to meet Oct 20/Jun21 Acuity & Dependency Review			Hours of RMNs/HCAs Specials requested in June 2021		
		WTE	RN	HCA	WTE	RN	HCA	WTE	RN	HCA	RMN	HCA MH	HCA 1:1
Starlight	16.6	33.3	22.1	11.25	33.65	33.65	0	-0.4	-11.6	11.3	839.5	11.5	471.5
		0	0	0									
Neptune	11.3	22.65	15	7.6	26.5	23.9	2.6	-3.9	-8.9	5.0	828	345	
Mercury	17.8	37.05	24.6	12.5	36.2	33.6	2.6	0.8	-9.0	9.9	23	287.5	
Annie Zunz	7.35	9.45	6.15	3.3	15.3	10.8	4.5	-5.9	-4.7	-1.2			
Ron Johnson	15.5	21.2	13.8	7.4	28.8	18.3	10.5	-7.6	-4.5	-3.1	23		69
Chelsea Wing*	9.4	13.6	8.9	4.8	25.5	15.2	10.3	-11.9	-6.3	-5.5			69
								-28.7	-44.9	16.4	1713.5	644	609.5

Chelsea wing based on June 2021 audit only

Appendix 3: Maternity Services

Chelsea and Westminster NHS Foundation Trust - Birth Rate Plus workforce report for the West Middlesex and Chelsea and Westminster site May 2021

The Birthrate Plus staffing is based on the activity (Table 1 & 2) and methodology rather than on where women may be seen and/or which midwives provide the care. Three months casemix data (Table 3) was obtained for the months of October – December 2019 which demonstrated a high level of acuity on both sites.

Table 1 & 2 –Activity data & birth data for 20-21

Annual Total	C&WH	WMUH
Total Care (In area women)	2054	4400
OOA births at C&WFT (community exports)	3296	200
Number of OOA births having P/N care from C&WFT midwives	1600	0
Community Imports (PN care only)	800	1561
Bookings with or without Antenatal care	550	828

Place of Birth	C&WH	WMUH
Delivery Suite	4223	3735
Birth Centre	1027	782
Home	100	83
Total Births	**5350**	**4600**

Table 3- Casemix data for 20-21

	% Cat I	% Cat II	% Cat III	% Cat IV	% Cat V
C&WH DS % Casemix	4.0	12.0	10.0	42.0	32.0
		26.0%		74.0%	
WMUH DS % casemix	1.9	8.8	14.3	34.9	40.1
		25.0%		75.0%	
C&WH Generic % Casemix (DS and Birth Centre births)	8.5	18.8	6.9	29.3	36.5
		34.2%		65.8%	
WMUH Generic % Casemix (DS and Birth Centre births)	11.0	13.6	12.1	29.5	33.8
		36.7%		63.3%	

The generic casemix at CWFH indicates that 65.8% of women are in the 2 higher categories IV and V which is noticeable higher than the average for England of 58% based on 55 maternity units from a wide range of size and location. The casemix is unique to each service as reflects the clinical and social needs of women, local demographics, clinical decision making and adherence to national guidelines.

Current WTE versus BR+ recommendations (inc Continuity of Carer (CoC))

Table 4 & 5 outline the current WTE and the recommended WTE based on 2020 activity and a 22% uplift the clinical total. In addition, there is a requirement to have senior management and certain specialist roles for maternity services of 11% to the clinical total WTE. There is therefore a total shortfall of 20.15wte Bands 3 – 8 at CW and a total shortfall of 38.62wte Band 3-8 at WM.

CHELSEA & WESTMINSTER HOSPITAL

	RMs	MSWs	Bands 3 - 7
Current Total Clinical	173.11	17.83	203.64
Contribution from Specialist MWs	12.70		
Total Current Funded	**185.81**	**17.83**	**203.64**
BR+ Clinical wte			**214.59**
Skill Mix Adjustment (90/10)	193.13	21.46	
Variance +/-	-7.32	-3.63	-10.95
	Birthrate Plus	Current	**Variance**
Additional Specialist & Management wte	23.60	14.40	-9.20
OVERALL TOTAL VARIANCE	238.19	218.04	-20.15
(Postnatal Band 3 - Band 8)			

West Middlesex University Hospital

	RMs	MSWs	Bands 3 - 7
Current Total Clinical	152.84	20.80	182.14
Contribution from Specialist MWs	8.50		
Total Current Funded	**161.34**	**20.80**	**182.14**
Birthrate Plus Clinical wte			**211.68**
Skill Mix Adjustment (90/10)	190.51	21.17	
Clinical Variance +/-	-29.17	-0.37	**-29.54**
	Birthrate Plus	Current	**Variance**
Additional Specialist & Management wte	23.28	14.20	**-9.08**
OVERALL TOTAL VARIANCE	**234.96**	**196.34**	**-38.62**
(Postnatal Band 3s-Band 8)			

Table 6 outlines the additional short fall on each site needed to support achieving 52% continuity of carer. It is a national recommendation that CoC will be the default pathway by March 2023.

	Current Funded Bands 3-8wte	Birthrate Plus Bands 3-8wte to achieve **52%** CoC	WTE Variance
C&WH	218.04	245.68	-27.64
WMUH	196.34	241.13	-44.79
Total CWFT	414.38	486.81	-72.43

In July 2021 the maternity service received a national investment of to achieve compliance with the Immediate and essential action from the interim Ockenden Report of 21.2 WTE (7 WTE at CW & 14.2 WTE at WM) this will reduce the overall shortfall to -51.23 WTE.

Midwifery ratios

	Chelsea	West Middlesex
19-20	1:28	1:29
20-21	1:27	1:28
21-22	1:26	1:26
Birthrate plus recommendation	1:26	1:22

Summary

The maternity service has seen an improvement in the ratios over the last three years with Trust and National investment. A business case is currently in the process of being developed to support achieving the full recommendations of birth rate plus.

Appendix 4: Safe Staffing in Neonatal Nursing

Neonatal Nursing staffing on SCBU is assessed using the British Association of Perinatal Medicine Standards (2011) & The Toolkit for High Quality Neonatal Services DoH (2009).

British Association of Perinatal Medicine Standards (2011)	**West Middlesex** Special Care Level 1 Unit
Definition	Babies 32 + weeks Provision of invasive respiratory support for less than 12 hrs
Cot Configuration	SCBU = 16 + 5 transitional care cots
A designated lead nurse/midwife is responsible for the clinical and professional leadership and management of the service, working with the lead consultant	Yes
A minimum of 70% (special care) and 80% (high dependency and intensive care) of the workforce establishment hold a current Nursing and Midwifery Council (NMC) registration.	Yes
A minimum of 70% of the registered nursing and midwifery workforce establishment hold an accredited post-registration qualification in specialised neonatal care **(qualified in specialty QIS)**	Yes 82% staff hold QIS
Units have a minimum of two registered nurses/midwives of which at least one is QIS	Yes
Special care 1:4 staff-to-baby ratio at all times by either an RN or non-registered staff (e.g. an assistant practitioner or nursery nurse who has undertaken accredited training to a minimum of National Vocational Qualification (NVQ) 3/Foundation Degree), working under the supervision of a registered nurse/ midwife (QIS).	Yes
High dependency care 1:2 staff-to-baby ratio is provided at all times (some babies may require a higher staff-to-baby ratio for a period of time). Staff who have completed accredited training in specialised neonatal care or who, while undertaking this training, are working under the supervision of a registered nurse/midwife (QIS).	Yes 100% hold QIS ITU (band 7 & band 6)
Intensive care 1:1 staff- ratio is provided at all times (some babies may require a higher staff-to-baby ratio for a period of time). Staff who have completed accredited training in specialised neonatal care or who, while undertaking this training, are working under the supervision of a registered nurse/midwife (QIS).	N/A Yes 100% hold QIS ITU (band 7 & band 6)
Neonatal nursing establishments in each unit are calculated against commissioned activity with an uplift of 25% to accommodate expected leave (annual, sick, maternity, paternity, mandatory training and continuous professional development (CPD)), based on an 80% occupancy level.	At 22%
There is a nursing co-ordinator on every shift in addition to those providing direct clinical care.	No Band 6 coordinator in day shift and counted within number as night shift. Band 7 0.6 wte management time Band 8a matron covers paeds & SCBU areas
Additional Roles	1 wte Educator Community Outreach Nurses 2 wte band 6 0.7 wte band 5

Appendix 5: Neonatal Nursing Workforce Tool 2020.

Neonatal Nursing Workforce Tool (2020): C&W

Input unit details			
Trust	C&W		
Unit	C&W		
Designation	NICU		
Completed by	Rebecca Davies		
Date completed	12.7.2021		
Activity period	2020/2021	Days in period	365

Input activity (HRG 2016)		
	Activity	Declared cots
HRG 1 (IC)	2,673	12
HRG 2 (HD)	3,361	12
HRG 3 (SC)	4,124	13
Total	**10,158**	**37**

Input staffing numbers (WTE) DIRECT PATIENT CARE ONLY		
	Budget	In post
Total QIS	46.89	39.89
Total Non QIS	42.20	41.45
Total Non Reg	6.20	3.26
Total	**95.29**	**84.60**

Activity (HRG 2016)							
		For calculations					
	Activity	*80% of daily activity*	*WTE (6.07 / BAPM)*	Declared cots	Occupancy for period	Cots required to meet activity at average 80% occupancy	Variance: declared cots against required
HRG 1	2,673	*9.2*	*6.07*	12	61.03%	10	2
HRG 2	3,361	*11.5*	*3.04*	12	76.74%	11	1
HRG 3	4,124	*14.1*	*1.52*	13	86.91%	14	-1
Total	**10,158**			**37**	**75.22%**	**35**	**2**

Nursing workforce (WTE) DIRECT PATIENT CARE ONLY					
NB total nurse staffing required to staff declared cots = 135.06, of which 97.12 (72%) should be QIS					
	Current position		Required to meet activity at average 80% occ	Variance: budget against required	Variance: in post against required
	Budget	In post			
Total nursing staff	95.29	84.60	118.00	-22.71	-33.40
Total reg nurses	89.09	81.34	111.57	-22.48	-30.23
Total QIS	46.89	39.89	96.57	-49.68	-56.68
Total non-QIS	42.20	41.45	15.00	27.20	26.45
Total non-reg	6.20	3.26	6.43	-0.23	-3.17
Reg nurses as % nursing staff	93.5%	96.1%	94.6%		
QIS as % reg nurses	52.6%	49.0%	86.6%		

Assumptions For further detail please refer to the narrative sheet.

- Calculations are valid for neonatal unit only - transitional care staffing and activity should be excluded.
- 6.07 WTE is required for 1 nurse per shift. The detail of how this multiplier was calculated is on a separate sheet.
- Staffing requirements are based on activity, and BAPM nurse to baby ratios are used, ie IC 1:1; HD 1:2; SC 1:4.
- Numbers are for nurses **providing direct patient care only**. Exclude additional roles e.g. management, outreach, education.
- A supernumerary nurse in charge is included for all units on all shifts.
- At least 70% of registered nurses should be Qualified In Specialty (QIS).
- All intensive and high dependancy care should be undertaken by registered nurses with QIS training.
- For special care, registered to non-registered staff ratios are calculated at 70:30.
- Cot calculations assume that cots can be flexed up but not down, so round up to the higher level cots. See narrative for more detail.

Workforce calculations detail

Calculation of multiplier

	No. weeks	No. days	No. hours	Uplift for shift handover & supervision @ 2 hrs /	Total No. hours required	No. hours 1 WTE will provide	No. WTE reqd to cover all hours i.e.9490/1955	Uplift for leave @25%*	Total WTE establishment required to give 1 nurse per shift
per day			24						
per week		7	168			37.5			
per year	52.14	365	8760	730	9490	1955	4.85	1.21	**6.07**

ASSUMPTIONS:

F7 - Total number of hours per year to be covered including 2 hours per day for handover and supervision

G7 - Total number of hours available from 1 WTE per year - no annual leave entitlement because this is taken into account in uplift

NB: Total uplift for leave should remain at 25% as per Neonatal Toolkit recommendations.

Appendix 6: Example of Monthly Safer Staffing Submission to NHSI

Nursing & Midwifery Safer Staffing Report April 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. Staffing vacancy and turnover figures relate to March 2021. 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 April and hence staffing levels were reduced though on David Evans additional HCAs were required overnight as there are minimal HCAs on the roster template for nights. Some beds were closed on Lampton, Crane and David Erskine during April which accounts for lower staff fill rates. In all these instances this did not negatively impact on CHPPD. Medical beds were reduced on Rainsford Mowlem and Ron Johnson staff and patients were moved into these beds for the month, therefore staff fill rates on Rainsford Mowlem appear low.

Burns had some patients who needed closer supervision overnight from HCAs which is above the usual ward template. Osterley 1, Nell Gwynne and the Marble Hill wards had a number of patients who were confused and wandering at risk of falls and absconding and therefore needed additional HCAs. Nell Gwynne also required additional Registered Nurses to care for patient with tracheostomies. Patients with mental health needs on Mercury and Edgar Horne increased fill rates for registered and non registered staff. ICU at West Mid showed high fill rates due to increased number of patients on the unit. AMU fill rates for HCAs are high as the roster template needs adjusting to 7 HCAs on days rather than 6. 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.

Medical beds were reduced on Rainsford Mowlem and Ron Johnson staff and patients were moved into these beds for the month, therefore staff fill rates on Rainsford Mowlem appear low. AAU had a number of HCAs with staff in the pipeline, hence the low vacancy rate but this did not compromise CHPPD when compared to the national benchmark.

During April there was one fall with moderate harm on Marble Hill 2 and two unstageable pressures ulcers on the Medical Assessment Unit. Both patients with unstageable pressure ulcers were undergoing end of life care on the ward and had all mechanisms in place to minimise pressure with involvement of the tissue viability team. One of these patients was admitted with a stage 2 pressure ulcer that deteriorated. Medication errors with moderate harm occurred on Annie Zunz and Kew wards.

The Friends and Family test showed 2 wards at WM and 5 wards at CW wards scored 100% and all other wards scoring above 80%.

	Day		Night		CHPPD	CHPPD	CHPPD	CHPPD	CHPPD	CHPPD	Mar 21 Vacancy Rate	Mar 21 Vol Turnover		Inpatient fall with harm				Trust acquired pressure ulcer				Medication incidents				FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate – care staff	Reg	HCA	RNA	ANA	Total	Naional Benchmark	Total	Qualified	Un-qualified	No harm and Mild		Moderate and Severe		Stage 1& 2		Stage 3,4 & unstageable		No harm & mild		Mod & severe		
														M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	
Maternity	102%	83%	101%	99%	9.6	3.4	0.0	0.0	13.0	15.3	3.5%	10%	13.9%									7				82.91%
Annie Zunz	147%	67%	102%	112%	9.0	2.9	0.0	0.0	11.9	7.8	-6.3%	0%	0%									2		1		100%
Apollo	101%	-	101%	-	16.5	0.0	0.6	0.0	17.2	10.9	11.8%	20%	31.3%									2				100%
Jupiter	-	-	-	-	-	-	-	-	-	10.9																
Mercury	105%	150%	96%	-	7.6	1.0	0.0	0.0	8.8	9.3	8.7%	3.4%	66.7%									2				91.7%
Neptune	104%	107%	107%	-	16.2	2.2	0.0	0.0	18.4	10.9	18.3%	9.5%	66.7%									1				100%
NICU	112%	-	110%	-	15.5	0.0	0.0	0.0	15.5	26	3.1%	14.5%	12.9%									6				100%
AAU	101%	58%	101%	70%	8.3	1.8	0.0	0.0	10.1	7.8	13%	9.7%	48.6%	8								2				93.88%
Nell Gwynne	111%	66%	157%	87%	5.6	3.7	0.0	0.2	9.5	7.3	7.4%	0%	28.7%	5								3				100%
David Erskine	89%	59%	84%	81%	7.6	4.8	0.0	0.1	12.6	7	4%	13.4%	3.8%													94.44%
Edgar Horne	101%	82%	128%	86%	3.9	2.7	0.0	0.0	6.6	6.9	9.8%	5.9%	24.5%	9								5				81.61%
Lord Wigram	88%	88%	93%	94%	5.2	3.4	0.0	0.2	8.8	7.0	3.2%	0%	0%	3								2				95.65%
St Mary Abbots	98%	67%	80%	99%	4.1	2.7	0.2	0.1	7.1	7.2	14.8%	9.5%	0%									1				98.86%
David Evans	72%	80%	78%	123%	8.4	4.0	0.0	0.0	12.4	7.2	-6.6%	9.6%	11.5%	5												98%8
Chelsea Wing	-	-	-	-	-	-	-	-	-	7.2	23.6%	13.3%	15.4%													

Burns Unit	84%	73%	101%	143%	20.8	3.9	0.0	0.0	24.7	N/A	11.6%	19.2%	15.4%	2								2				88.89%
Ron Johnson	-	-	-	-	-	-	-	-	-	7.4	6%	15.7%	20.3%									3				95%
ICU	115%	-	110%	-	28.1	0.0	0.0	0.0	28.1	26	-1.9%	15.9%	133.3%									2				
Rainsford Mowlem	73%	49%	81%	60%	4.8	2.9	0.0	0.2	7.9	7.3	12.6%	13%	13.4%	9												95%

Safer Nursing and Midwifery Staffing April 2021 West Mid Site

	Day		Night		CHPPD	CHPPD	CHPPD	CHPPD	CHPPD	CHPPD	Mar 21 Vacancy Rate	Mar 21 Vol Turnover		Inpatient fall with harm				Trust acquired pressure ulcer				Medication incidents				FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	RNA	ANA	Total	National Benchmark	Total	Qualified	Un-qualified	No harm and Mild		Moderate and Severe		Stage 1& 2		Stage 3,4 & unstageable		No harm & mild		Mod & severe		
														M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	
Lampton	83%	62%	106%	92%	5.1	3.9	0.0	0.0	9.1	7.3	-1.6%	0%	6.1%									2				88%
Richmond	-	-	-	-	-	-	-	-	-	7.2																
Syon 1	99%	81%	99%	100%	4.5	1.9	0.0	0.0	6.4	8.0	23.1%	0%	0%	3												96.77%
Syon 2	112%	92%	108%	108%	4.0	3.3	0.0	0.1	7.4	7.3	13.9%	11.6%	6.4%	3								4				94.17%
Starlight	93%	-	99%	-	8.4	0.0	0.0	0.0	8.4	10.9	4.6%	16.2%	0%									6				81.52%
Kew	94%	93%	94%	97%	3.5	3.3	0.0	0.2	6.9	6.9	-1.7%	4.5%	25.3%	7								1		1		94.17%
Crane	73%	35%	87%	73%	5.1	2.6	0.0	0.5	8.2	6.9	7.5%	3.3%	6.8%	1								1				94.74%
Osterley 1	97%	91%	104%	137%	3.8	2.9	0.0	0.3	7.0	7.0	-1.4%	14.2%	0%	7												97.37%
Osterley 2	93%	95%	101%	105%	3.8	2.4	0.0	0.2	6.3	7.2	14.5%	0%	18.9%	2								2				88.89%

MAU	115%	130%	120%	110%	8.3	3.0	0.0	0.1	11.4	7.8	7.4%	8.9%	20%	8						2		4				100%
Maternity	106%	92%	106%	89%	7.5	2.4	0.0	0.0	9.9	15.3	2.4%	3.6%	2.3%									3				80.25%
Special Care Baby Unit	128%	100%	119%	100%	8.3	3.0	0.0	0.0	11.3	10.9	7.8%	3.8%	0%									1				100%
Marble Hill 1	106%	96%	100%	142%	4.0	2.8	0.0	0.2	7.1	7.3	18.4%	7.2%	11.1%	7								3				93.1%
Marble Hill 2	104%	96%	97%	188%	3.3	3.1	0.0	0.2	6.6	6.5	6.3%	10.4%	17.3%	4		1						1				97.92%
ITU	122%	-	135%	-	27.3	0.0	0.4	0.5	28.2	26	-13.8%	9.4%	0%	1								4				

Appendix 7: Red Flags for Omissions/Delays to Delivering Care

WARD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21		Total	Types
Annie Zunz									3	3				6	6,6,6,6,6,6
Kew								1	1					2	4,4
Osterley 2								1	2	1				4	6,6,2,6
Marble Hill 1		2	1											3	6,6,4
Syon 2									1		1			2	6,6
Total														17	

Red Flags
1. Unplanned omission in providing in medication
2. Delay in providing pain relief for more than 30 minutes.
3. Vital signs not assessed or recorded as outlined in care plan
4. Missed intentional rounding on patients to ensure their fundamental care needs as met as outlined in the care plan including pain assessment, personal needs and patient positioning
5. Less than 2 RN's present on the ward during the shift
6. Shortfall in RN time of 8 hours or 25% (whichever reached first)compared with the actual requirement of the shift
7. Agency staffing levels whereby more than 33% of RN time is covered by agency staff

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	3.3/Sep/2021
REPORT NAME	Mortality Surveillance Report Q1
AUTHOR	Alex Bolton, Associate Director of Quality Governance
LEAD	Roger Chinn, Chief Medical Officer
PURPOSE	The Trust Board is required to receive assurance on organisational compliance with the Learning from Deaths agenda on a quarterly basis. This report provides assurance of this compliance and the findings and learnings from our learning from deaths approach.
REPORT HISTORY	This paper was reviewed and discussed at the Executive Management Board and the Quality Committee at its meeting on 7 September 2021.
SUMMARY OF REPORT	The Trust remains one of the best performing in terms of relative risk of mortality with a Trustwide SHMI of 76.5 recorded for this period. This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality: • WestMid, expected 933.52 deaths, observed 721, SHMI value 77.23 • ChelWest, expected 606.4 deaths, observed 457, SHMI value 75.36. The Trust's approach to mortality review was revised in October 2020 to introduce a new screening step; it is the Trust's target to screen 100% of adult and child deaths and to undertake full mortality review on no less than 30% of cases. During this reporting period 92% of cases have been screened and 38% of cases have been screened & undergone full mortality review Covid-19 has had a significant impact on crude mortality but current trends indicate the rate returning to 5 year mean average. A review of deaths associated with definite or probable nosocomial COVID-19 is to be undertaken to identify overarching learning. A step change (improvement) in the relative risk of mortality has been experienced since March 2017 and has continued within Q1 2021/22; this is an indicator of improving outcomes and safety.
KEY RISKS ASSOCIATED	Delayed review closure could lead to missed opportunities to addresses weakness in service delivery.
FINANCIAL IMPLICATIONS	Limited direct costs but financial implication associated with the allocation of time to undertake reviews, manage governance process, and provide training.

QUALITY IMPLICATIONS	Mortality case review following in-hospital death provides clinical teams with the opportunity to review expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes / service delivery.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Deliver high quality patient centred care
DECISION/ ACTION	The Quality Committee is asked to take assurance on our compliance with the learning from Deaths agenda and note and comment on this report as appropriate.

Mortality Surveillance Report

1. Background

Mortality case review provides clinical teams with the opportunity to review expectations, outcomes and potential improvements with the aim of:

- Identifying sub optimal care at an individual case level
- Identifying service delivery problems at a wider level
- Developing approaches to improve safety and quality
- Sharing concerns and learning with colleagues

The Trust's mortality surveillance programme supports overarching service improvement and offers assurance to our patients, stakeholders, and the Board that the causes and contributory factors of patient deaths have been considered and appropriately responded to in an open and transparent manner.

2. Process

All adult and child death are reviewed by consultant teams using the mortality screening tool within Datix; this is used to identify cases that require further review through the full mortality review form. Neonatal deaths, stillbirths, and late fetal losses are reviewed using the perinatal mortality review tool (PMRT); this is a national mandatory monitoring and assurance dataset developed by MBRRACE-UK.

Trust targets:

- 100% of in-hospital adult and child deaths to be screen
- At least 30% of all adult and child death to undergo full mortality review
- 100% of neonatal death and stillbirths to undergo full mortality review

Learning from review is shared at specialty mortality review groups (M&Ms / MDTs); where issues in care, trends or notable learning is identified action is steered through Divisional Mortality Review Groups and the trust wide Mortality Surveillance Group (MSG).

3. Medical Examiner's office

On April 1st 2020 an independent Medical Examiner's service was introduced to the Trust to scrutinise all non-coronial deaths and:

- Provide greater safeguards for the public by ensuring robust scrutiny and flagging any potential learning
- Ensure the appropriate direction of deaths to the Coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data

The Medical Examiner's Office (MEO) provides assurance that cases are being scrutinised by experienced medical professionals; however the service does not provide the entirety of the Trust's learning from deaths approach. The mortality review process, aligned but independent to the work of the Medical Examiner, is the focus of this report.

4. Relative risk of mortality

The Trust uses the Summary Hospital-level Mortality Indicator (SHMI) to monitor the relative risk of mortality within our hospitals. This tool was developed by NHS Digital to calculate the relative risk of mortality for each patient and then compare the number of observed deaths to the number of expected deaths; this provides a relative risk of mortality ratio (where a number below 100 is lower than expected mortality).

Population demographics, hospital service provision, intermediate / community service provision has a significant effect on the numbers of deaths that individual hospital sites should expect; the SHMI is designed to reduce this impact and enable a comparison of mortality risk across the acute hospital sector. By monitoring relative risk of mortality the Trust is able to make comparisons between our sites and peer organisations and seek to identify improvement areas where there is variance.

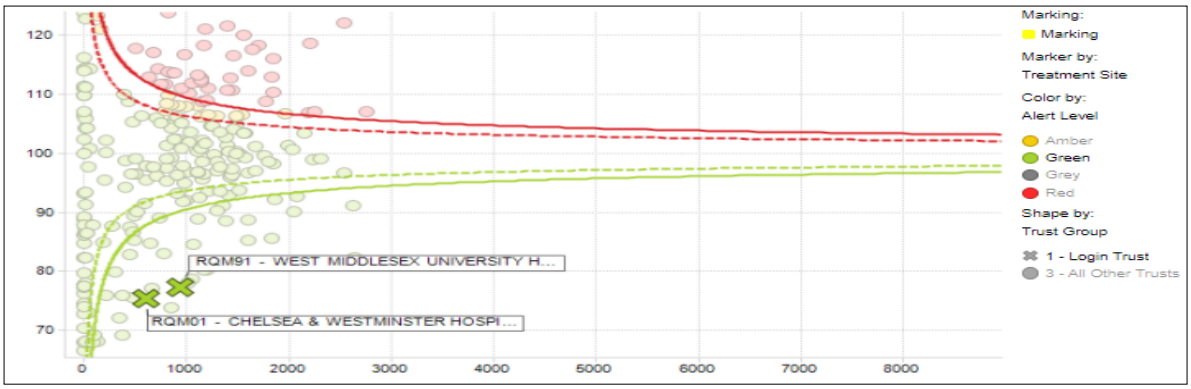


Fig 1 – SHMI comparison of England acute hospital sites based on outcomes between March 2020 and February 2021 (updated 02/08/21)

The Trust remained one of the best performing in terms of relative risk of mortality with a Trustwide SHMI of 76.5 recorded for this period. This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality:

- WestMid, expected 933.52 deaths, observed 721, SHMI value 77.23
- ChelWest, expected 606.4 deaths, observed 457, SHMI value 75.36

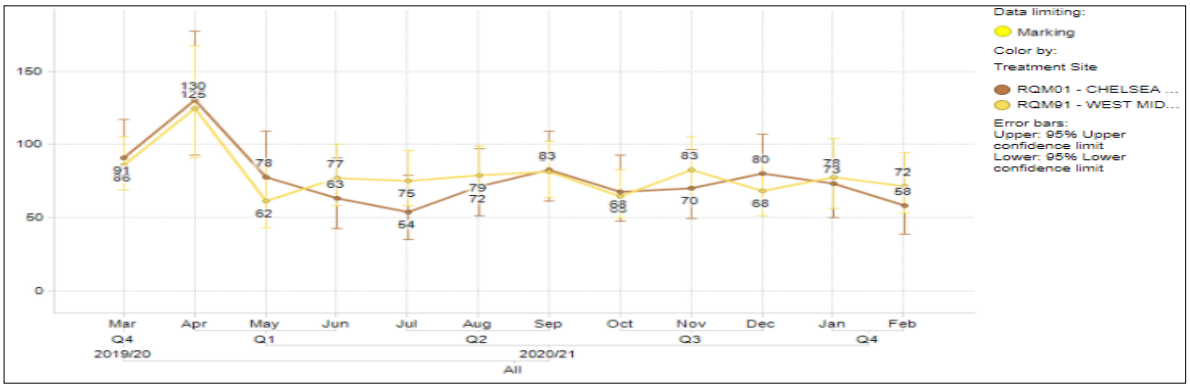


Figure 2: Monthly SHMI trend comparison of the WMUH and CWH sites

Covid-19 activity is excluded from the SHMI as the tool was not designed for this type of pandemic activity.

5. Crude mortality

Emergency spells (activity) and the deaths associated with those spells (crude number) can be used to calculate the rate of in-hospital deaths per 1000 patient spells (this calculation excludes elective and obstetric activity).

Crude mortality rates must not be used to make comparisons between sites due to the effect that population demographics, services offered by different hospitals, and services offered by intermediate / community care has on health outcomes (e.g. crude mortality does not take into account the external factors that significantly influence the relative risk of mortality at each site). Crude mortality is useful to inform resource allocation and strategic planning.

The following crude rates only include adult emergency admitted spells by age band. This approach is used as it reduces some of the variation when comparing the two sites and support understanding and trend recognition undertaken by the Mortality Surveillance Group.

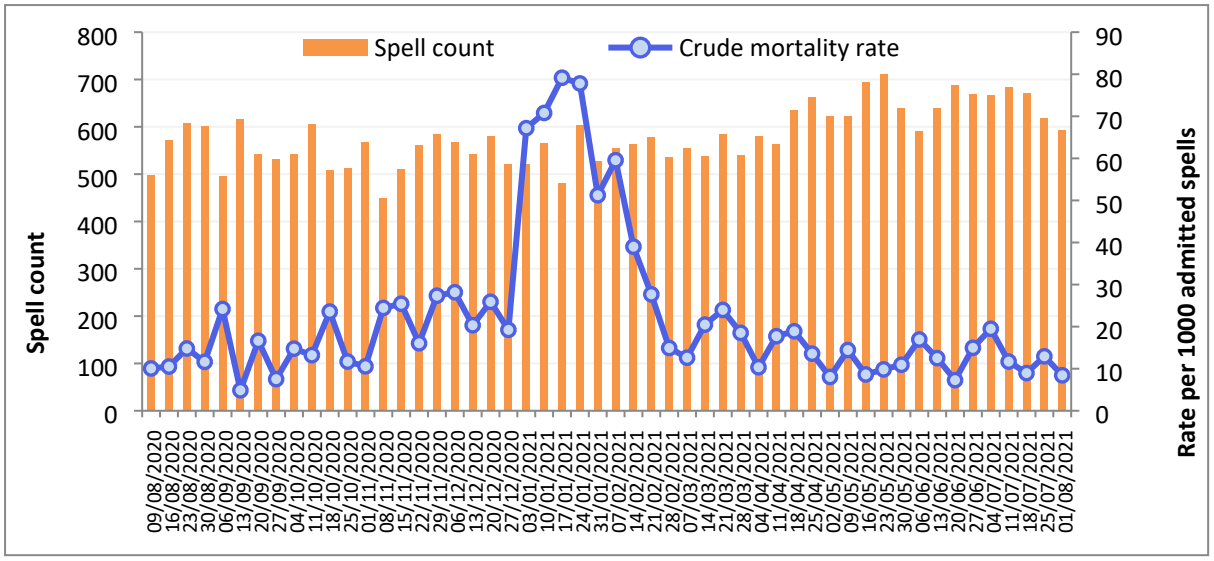


Figure 3: WestMid site, all adult deaths; crude mortality rate per 1000 emergency admissions

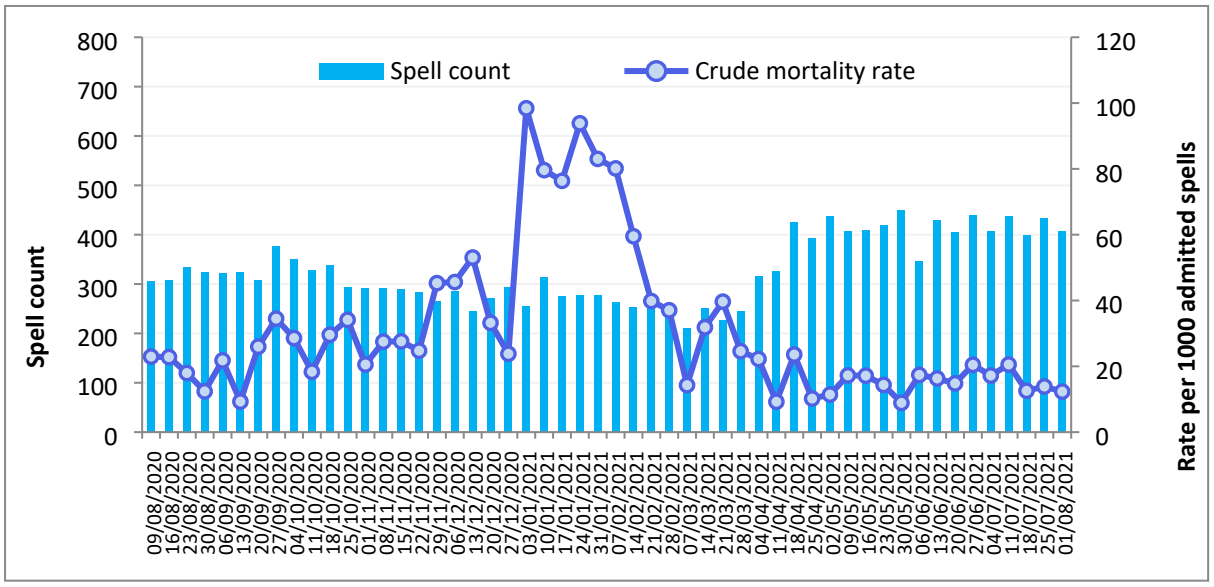


Figure 3: ChelWest site, all adult deaths; crude mortality rate per 1000 emergency admissions

Significant variation in weekly crude mortality rates have been experienced during this 52 week period. During the first covid-19 surge in March / April 2020 activity dropped sharply and the crude mortality rate rose, a second sharp increase in crude rate was experienced in January but during this covid-19 surge activity was maintained. The crude rate peaked on the week ending 17th January before rapidly reducing in February.

By comparing the actual number of emergency spell mortalities with the same week in the previous 5 year mean (2015-2019) a return to normal rate is demonstrated.

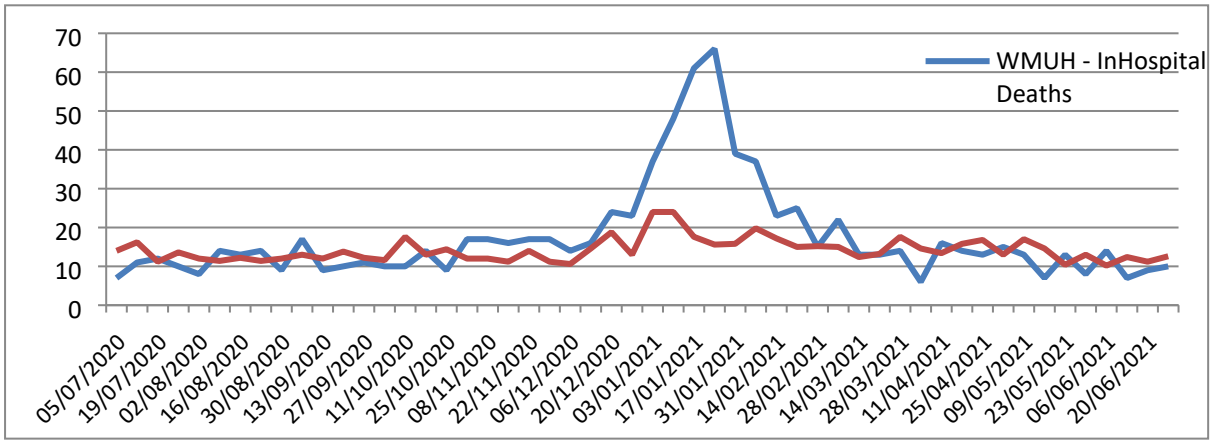


Figure 4: Weekly WestMid in hospital deaths compared to the 5 year average.

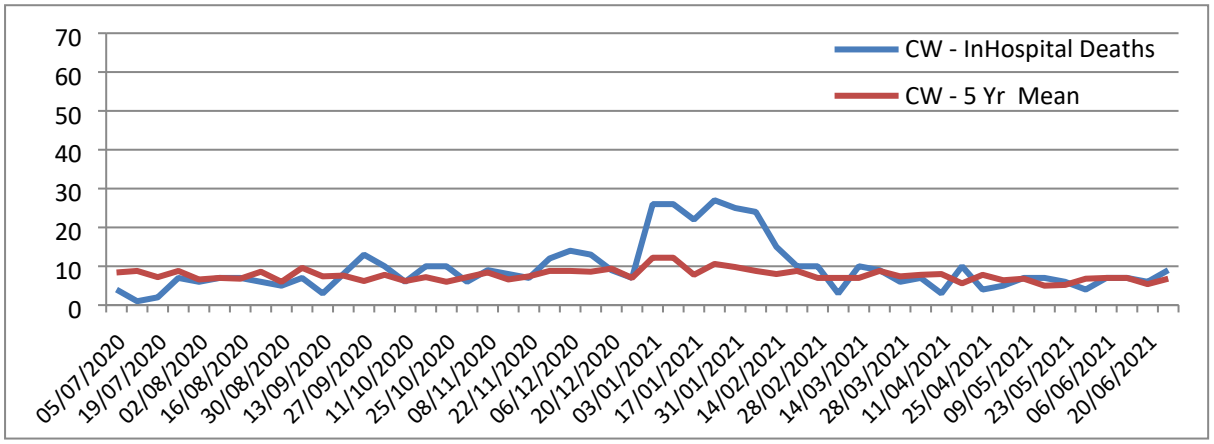


Figure 5: Weekly ChelWest in hospital deaths compared to the 5 year average.

6. Learning from COVID-19 deaths

Crude rates of death increased significantly above the 5 year mean during surges in patients being admitted with COVID-19. Sadly in some cases patients that were admitted for other reasons during this time were found to have contracted COVID-19 during the course of their admission.

Transmission of COVID-19 within The Trust's hospital sites has significant implications for patient safety, staff safety, and resource allocation. Controls were developed and introduced across the NHS to reduce the risk of nosocomial transmission; where national guidance was issued the Trust responded immediately to amend its local practice.

With all nationally recommended controls in place the risk of in-hospital COVID-19 transmission cannot be entirely mitigated due to; asymptomatic patients and staff, the infections incubation

period, the sensitivity level of COVID-19 testing options, and the inability to entirely isolate all patients (within private rooms) throughout their admission. Whilst each occurrence of nosocomial COVID-19 provides the Trust with a learning opportunity the occurrence of in-hospital transmission does not in itself mean there were gaps in the way care or services were provided.

The Trust has robust review processes in place to facilitate learning from nosocomial COVID-19 such as; IPC outbreak reviews, mortality reviews, and incident investigation. The following approach to overarching review of learning from probable and definite nosocomial COVID-19 is being introduced.

Definitions:

- Hospital-Onset Probable Healthcare-Associated (HO.pHA) - positive specimen date 8-14 days after hospital admission;
- Hospital-Onset Definite Healthcare-Associated (HO.dHA) - positive specimen date 15 or more days after hospital admission.

Outline

Retrospective case review of patients that died between May 2020 and April 2021 who were identified as having Hospital-Onset Probable or Definite Healthcare-Associated COVID-19.

The review will consider; whether there were any problems in the care provided to the patient, or notable learning suitable for sharing with colleagues; and whether the patient was adversely affected by gaps in the following core COVID-19 control measures:

- Estate and bed configuration
- Infection Prevention and Control and Bed Management Policy and Practice
- Incidence of symptomatic and asymptomatic COVID-19
- Compliance with testing arrangements
- Reporting, line of sight and escalation processes

Process

A review group is to be formed with membership from the emergency department, medicine, surgery, and infection control. The group will undertake case review of all probable and definitive nosocomial COVID-19 deaths. The following materials would be used to support review.

- Learning from outbreak meetings (IPC)
- Learning from mortality reviews
- Learning from incident investigation
- National guidance (as issued at time of infection)
- Case notes

Design

Using IPC, mortality review, incident data and case notes to confirm:

- Was the patient appropriately isolated on admission to A&E
- Was the patient appropriately tested on admission to A&E
- Was the patient appropriately cohorted following admission
- Was the patient re-tested appropriately post admission
- Was the restricted visitor policy in place
- Is there evidence that visitors attended
- Was the patient associated with an outbreak area / review
- Were there concerns raised regarding infection control documented
- Was Trust process at the time of the case in line with national guidance regarding COVID-19
- What was the community infection rate (patient home address) at the time

National guidelines and recommendation relating to testing, cohorting, PPE, isolating and infection prevention and control measures developed throughout the pandemic period; cases will be reviewed against national recommendations in place at the time of admission.

Suboptimal care
The organisations uses the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI) categories to indicate outcome avoidability or sub-optimal care provision following death:

- Grade 0: Unavoidable death, no suboptimal care
- Grade 1: Unavoidable death, suboptimal care, but different management would not have made a difference to the outcome
- Grade 2: Suboptimal care, but different care MIGHT have affected the outcome (possibly avoidable death)
- Grade 3: Suboptimal care, different care WOULD REASONABLY BE EXPECTED to have affected the outcome (probable avoidable death).

The audit tool will seek to identify where there may have been gaps in the organisations ability to reduce the risk of nosocomial covid-19 transmission; where no gaps are identified the Trust will document a CESDI grade 0, where gaps are identified the group will seek to reach a consensus on impact of COVID-19 on eventual outcome for patient.

Within this audit the reviewers will have regard of the following principles:

- The occurrence of nosocomial COVID-19 does not necessarily mean there has been a failure in Trust processes; even with all nationally recommended controls and precautions in place the risk of in-hospital transmission cannot be completely removed.
- The review is intended to identify:
    - Sub-optimal care relating to underlying medical condition (e.g. the care provided irrespective of occurrence of COVID-19) and;
    - Gaps in the Trust's approach to reduce the risk of nosocomial covid-19; occurrence of these gaps will be consider sub-optimal care
- When gaps in control are identified the reviewer will have regard to the patients underlying medical condition when considering CESDI grades, for example:
    - A frail patient with multiple co-morbidities who would likely have died regardless of acquiring nosocomial COVID-19 would be graded as CESDI 0
    - A patient who *may* have lived had they not caught COVID-19 would be a CESDI 1
    - A patient who almost definitely would not have died had they not caught COVID-19 would be graded as CESDI 2.
    - A patient who died as a direct result of sub-optimal care and treatment of their underlying medical condition / reason for admission would be graded as CESDI 3.

The outcome of this audit will be reported to the Mortality Surveillance Group, Executive Management Board, and Quality Committee.

7. Mortality Review

The Trust's approach to mortality review was revised in October 1st 2020 to introduce a new screening step; it is the Trust's target to screen 100% of adult and child deaths and to undertake full mortality review on no less than 30% of cases.

During this reporting period 92% of cases have been screened and 38% of cases have been screened & undergone full mortality review.

	No. of deaths	No. of cases screened and closed	No. of cases with full mortality review	No. of cases pending screening	% Screened	% with Full Review	% Pending
Oct-20	98	53	40	5	95%	41%	5%
Nov-20	129	69	57	3	98%	44%	2%
Dec-20	159	83	71	5	97%	45%	3%
Jan-21	383	238	136	9	98%	36%	2%
Feb-21	168	96	69	3	98%	41%	2%
Mar-21	108	44	53	11	90%	49%	10%
Apr-21	84	44	36	4	95%	43%	5%
May-21	82	38	35	9	89%	43%	11%
Jun-21	83	43	23	17	80%	28%	20%
Jul-21	95	32	14	49	48%	15%	52%
Total	**1389**	**740**	**534**	**115**	**92%**	**38%**	**8%**

The Divisional Mortality Review Group is responsible for providing scrutiny of mortality cases aligned to each Division, to identifying themes, and escalating any issues of concern to the mortality surveillance group. During this reporting period the following issues / trends have been escalated:

- Cerner / documentation: Improved use of treatment escalation plans required to full document ceilings of care decisions & discussion
- Cerner: Key information (TEP forms) not as readily accessible; training and system improvement
- Trainees need to be empowered to escalate cases out of hours
- Data quality impacted by copy and paste of notes within Cerner
- Access to translation services
- Need for cross divisional involvement in M&M discussion
- Mortality reviews now routinely required by Coroners

8. Conclusion

The outcome of mortality review is providing a rich source of learning that is supporting the organisations improvement objectives. A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q1 2021/22; this is an indicator of improving outcomes and safety.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	3.4/Sep/21
REPORT NAME	People Performance Report
AUTHOR	Karen Adewoyin, Deputy Director of People and OD
LEAD	Sue Smith, Interim Director of HR & OD
PURPOSE	The purpose of this report is to provide assurance to the Board of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance • Volunteering It also includes an update on the key work streams for Workforce and progress made during the month up to end July 2021.
REPORT HISTORY	No Workforce Development Committee or People and OD Committee were held in August therefore the documents have been circulated via e-governance.
SUMMARY OF REPORT	There has been a material increase in the vacancy rate for July from last month of 1.20% to 8.76% against the Trust target of 10%. SPC analysis shows that this is with expected levels of variance. Demand for temporary staff increased significantly in July as bank and agency staff were utilised to manage increased COVID surge. Overall compliance with core training remains at 89% this month. There has been a 2% increase in BLS this month and a 1.5% in Moving and Handling. DNA's continue to be an issue with sessions expected to be full but often running at 50% attendance, this will most likely continue until mid-September due to staff on leave and the on-going COIVD pressures. The trust's sickness rate is currently 3.31% in month which is outside the target rate of 3.30% and 3.14% 12 months rolling, which remain under the sickness target. The rate is still within SPC statistical natural variance. 12 month rolling Voluntary Turnover (on FTE) has increased in July by 0.43% to 11.31%.

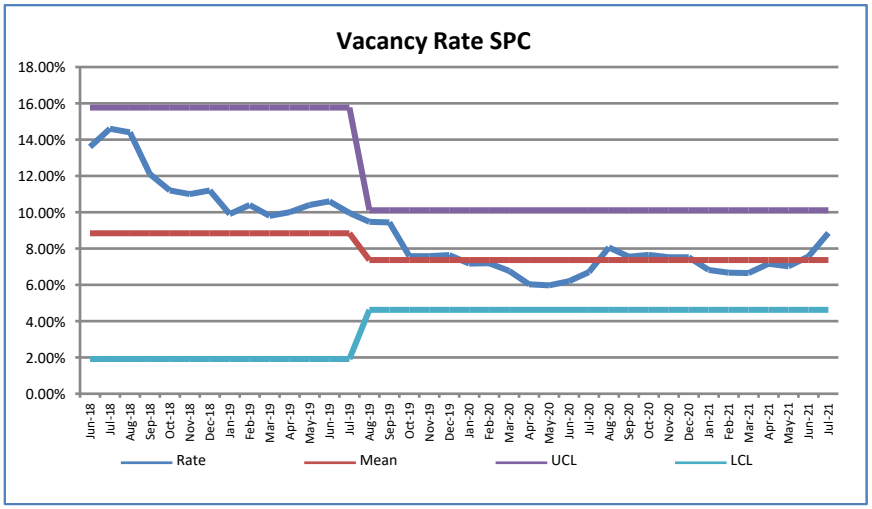
	In terms of our developing health and wellbeing offer to staff, online courses for staff and physical activity classes have commenced. A fast track Physiotherapy service will be going to tender shortly. New showering facilities are now in situ across our sites. We have 79 trained mental health first aiders in place. Counselling provision as part of our PTS offer has been gaining great feedback.
KEY RISKS ASSOCIATED	The majority of KPI's have started to return to pre-COVID-19 levels, and recovery plans in place to get ensure areas which were challenging during COVID such as mandatory training and PDR's are recovered.
FINANCIAL IMPLICATIONS	Costs associated with turnover and sickness and the impact on staff of COVID-19
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability and the impact on staff of the pandemic.
EQUALITY & DIVERSITY IMPLICATIONS	The performance report highlights some specific concerns in relation to equality, specifically the disproportionate impact of BAME staff in the disciplinary process and also the low numbers of BAME staff raising concerns of B&H given the staff survey results.
LINK TO OBJECTIVES	• Employer of Choice
DECISION/ ACTION	For information

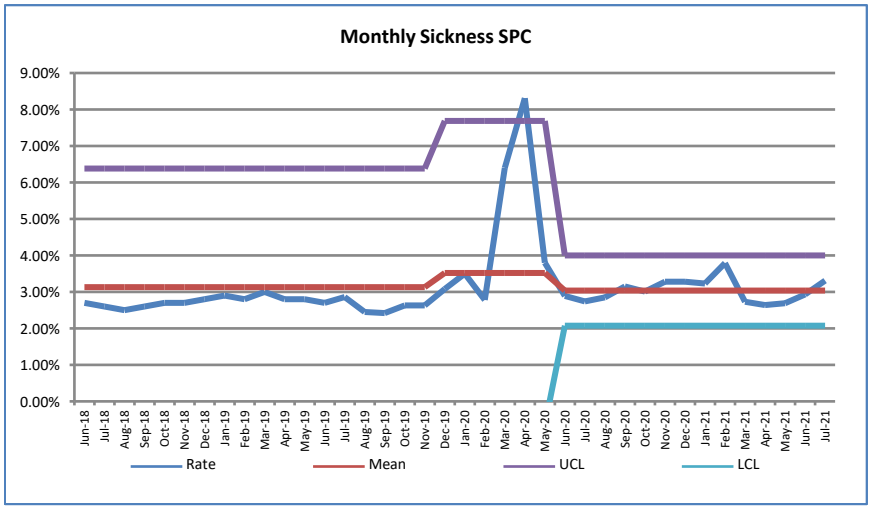
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

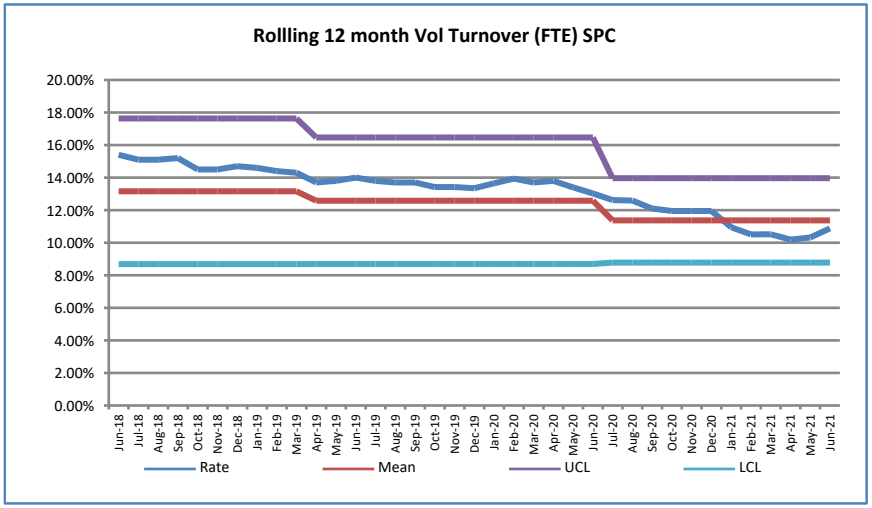
Workforce Performance Report
to the People and Organisational Development Committee

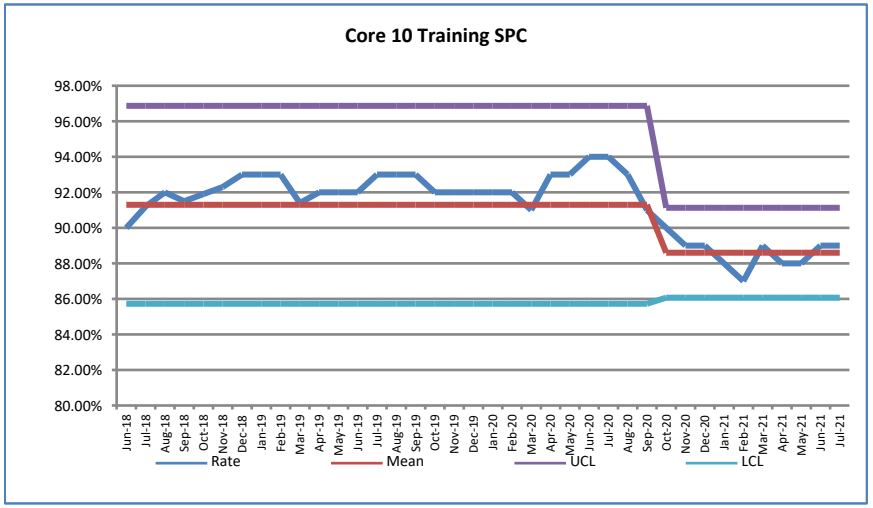
Month 04 – July 2021

Statistical Process Control – Jun 2018 to July 2021









People and Organisational Development Workforce Performance Report July 2021

Key Performance Indicators

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Target/Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	WTE	6399.52	6498.58	6535.57					⇧
1.2 Whole Time Equivalent	WTE	5971.07	6007.08	5963.18					⇩
1.3 Headcount	No.	6458	6491	6439					⇩
1.4 Overpayment Costs (arrears)	No.	98249.7	81378.36	104046.85					⇧
1.5 Overpayment (no) (arrears)	£	39	31	32					⇧
2. HR Indicators									
2.1 Sickness Absence (1 month)	%	2.74%	2.93%	3.31%	3.30%		amber		⇧
2.2 Long Term Sickness Absence	%	1.49%	1.33%	1.51%					⇧
2.3 Short Term Sickness Absence	%	1.25%	1.59%	1.81%					⇧
2.4 Gross Turnover	%	17.00%	16.10%	16.08%	17.00%			green	⇩
2.5 Voluntary Turnover (12 month rolling on WTE)*	%	12.62%	10.66%	11.20%	13.00%			green	⇧
3. Employee Relations									
3.1 Live Employment Relations Cases	No.	95	77	67					⇩
3.2 Formal Warnings	No.	0	0	2					⇧
3.3 Dismissals	No.	0	1	0					⇩
4. Temporary Staffing Usage									
4.1 Total Temporary Staffing Shifts Filled	No.	11396	20965	12934					⇩
4.2 Bank Shifts Filled	No.	10560	19675	11466					⇩
4.3 Agency Shifts Filled	No.	836	1290	1468					⇧
5. Vacancy									
5.1 Trust Vacancy Rate	%	6.70%	7.56%	8.76%	10.00%			green	⇧
5.2 Corporate	%	-21.05%	3.45%	4.39%	10.00%			green	⇧
5.3 Clinical support Service	%	9.97%	10.54%	11.11%	10.00%	red			⇧
5.4 Emerency & Integrated Care	%	10.10%	8.86%	10.97%	10.00%		amber		⇧
5.5 Planned Care	%	10.05%	4.76%	5.30%	10.00%			green	⇧
5.6 Woman's, Children and Sexual Health	%	8.55%	7.62%	8.84%	10.00%			green	⇧
6. Recruitment (non-medical)									
6.1 Offer Made	No.	-	160	159					⇩
6.2 Pre-employment check (days)	No.	-	15.7	16.8	20.00			green	⇧
6.3 Time to recuitment (weeks)	No.	-	8.42	8.02	9.00			green	⇩
7. PDRs Undertaken (Afc Staff)*									
7.1 Trust PDR Rate	%	93.96%	85.55%	77.14%	90.00%	red			⇩
7.2 Corporate	%	89.98%	80.88%	74.74%	90.00%	red			⇩
7.3 Clinical support Service	%	94.52%	84.90%	76.60%	90.00%	red			⇩
7.4 Emerency & Integrated Care	%	95.28%	88.15%	75.96%	90.00%	red			⇩
7.5 Planned Care	%	93.79%	89.30%	84.76%	90.00%		amber		⇩
7.6 Woman's, Children and Sexual Health	%	94.08%	83.63%	75.39%	90.00%	red			⇩

* The methodologies used for these KPIs is not in line with Sector/National definitions so cannot be used for comparative analysis

*The methodologies used for these KPIs is not in line with Sector/National definitions so cannot be used for comparative analysis

**Temp Staffing Excludes the Mass Vaccination and PCN Sites

People and Organisational Development Workforce Performance Report July 2021
Key Performance Indicators

Jul-21	Monthly Sickness (1 month)									
Division	Sickness Absence	RAG Status, Target 3.30%	Available WTE Hours	Absence WTE Hours	Episodes	Long Term (WTE Hours Lost)	% Long Term	% Short Term	Previous Month Sickness	% +/-
Corporate	1.83%	green	19452.8	355.02	57	192.88	0.99%	0.83%	1.76%	0.06%
Clinical Support	4.80%	red	30981.98	1488.37	256	659.33	2.13%	2.68%	4.58%	0.23%
Emergency & Integrated Care	2.49%	green	50139.22	1248.7	250	485.11	0.97%	1.52%	2.41%	0.09%
Planned Care	2.62%	green	33153.01	868.06	176	363.74	1.10%	1.52%	2.27%	0.34%
Women's, Childrens and Sexual health	4.22%	red	51953.27	2194.85	383	1101.25	2.12%	2.10%	3.39%	0.83%
Trust	3.31%	amber	185680.27	6155.01	1122	2802.32	1.51%	1.81%	2.93%	0.39%

Jul-21	Core Training				
Course	Last month	This Month	Target	RAG Status	Trend
Core Training Rate	89%	89%	90%	amber	⇨
Theory Adult BLS	89%	89%	90%	amber	⇨
Practical Adult BLS	72%	89%	90%	red	⇧
Conflict Resolution - Level 1	78%	74%	90%	red	⇩
Equality & Diversity	96%	79%	90%	green	⇩
Fire	93%	96%	90%	green	⇧
Health & Safety	88%	93%	90%	amber	⇧
Infection Control (Hand Hygiene)	93%	88%	90%	green	⇩
Infection Control - Level 2	92%	94%	90%	green	⇧
Information Governance	91%	90%	95%	amber	⇩
Moving & Handling - Level 1	88%	91%	90%	amber	⇧
Moving & Handling - Level 2 Theory	90%	90%	90%	green	⇨
Moving & Handling - Level 2 Patient	87%	90%	90%	amber	⇧
Safeguarding Adults Level 1	77%	88%	90%	red	⇧
Safeguarding Adults Level 2	91%	79%	90%	green	⇩
Safeguarding Adults Level 3	89%	91%	90%	amber	⇧
Safeguarding Children Level 1	86%	89%	90%	amber	⇧
Safeguarding Children Level 2	93%	83%	90%	green	⇩
Safeguarding Children Level 3	91%	93%	90%	green	⇧

Category	Jul-21
No of Disciplinary cases opened in month	3
No of current, live disciplinary cases	6
Average length of current disciplinary cases	30
Average length of disciplinary investigation	21
Total Disciplinary cases opened in year (from April 21)	8
% BAME Disciplinary Cases in year	87.50%
% BAME Disciplinary Cases in month	100.00%
No of current, live MHPS cases	2
Average length of current MHPS cases	79.5
Average length of MHPS investigation	33
% BAME – current MHPS Cases	50.00%
Exclusions - No. of live in month	1
Grievance - No. of live cases in month	2
Grievance – Average length of case	107.5
Grievances - % that are BAME	50.00%
B&H cases - included in grievance numbers	2
Sickness - No. of cases in month	39
Long Term - sickness cases in month	28
Short Term - sickness cases in month	10
No. of Employment Tribunals (ET)	11
Staff attending ER training sessions	84

Jul-21	Vacancy/ Bank and Agency Ratios as "Fill Rate"							
Division	Budgeted WTE	Staff In Post WTE	Vacancy (WTE)	Bank Usage WTE*	Agency Usage WTE*	Total WTE Used	Budget Less WTE Used	Req Status
Corporate	658.37	629.44	28.93	53.33	1.91	684.67	-26.30	red
Clinical Support	1121.5	996.89	124.61	106.82	0.18	1103.90	17.60	green
Emergency & Integrated Care	1803.33	1605.56	197.77	191.57	39.65	1836.78	-33.45	red
Planned Care	1128.69	1068.88	59.81	99.56	31.24	1199.68	-70.99	red
Women's, Childrens and Sexual health	1823.68	1662.41	161.27	156.47	22.22	1841.10	-17.42	red
Trust	6535.57	5963.18	572.39	607.75	95.20	6666.13	-130.56	red

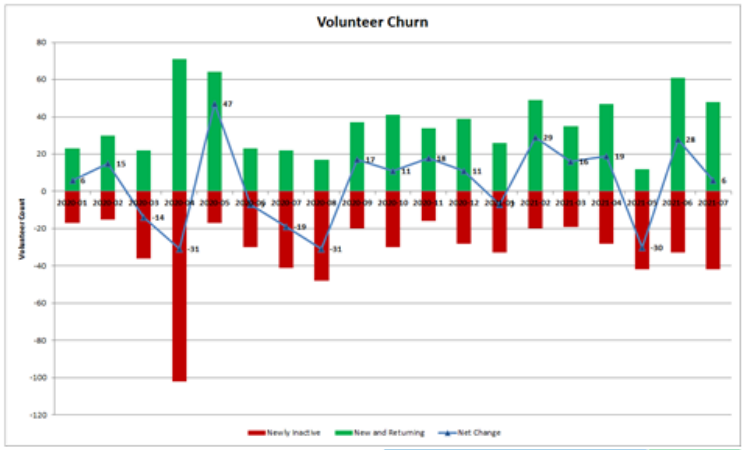
*Usage for Mass Vax Sites not included

Jul-21	Voluntary Turnover (12 month rolling)		
Division	Turnover	Previous Month	% +/-
Corporate	10.96%	10.26%	0.69%
Clinical Support	11.96%	11.06%	0.90%
Emergency & Integrated Care	14.05%	13.74%	0.32%
Planned Care	8.02%	7.87%	0.15%
Women's, Childrens and Sexual health	10.06%	9.35%	0.71%
Trust	11.31%	10.88%	0.44%

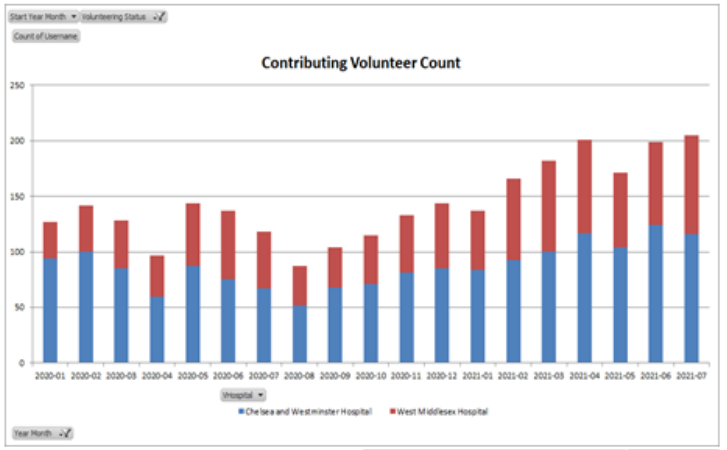
People and Organisation Development Workforce Performance Report
Volunteer Staff Activity Profile – July 2021

Trust Summary

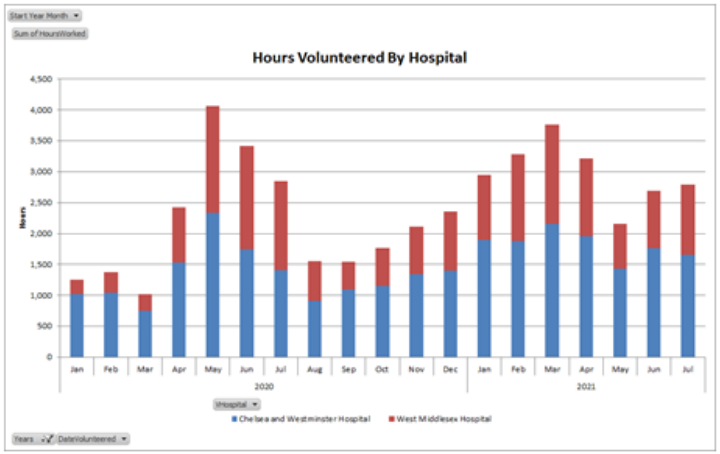
Change on Last Month +6



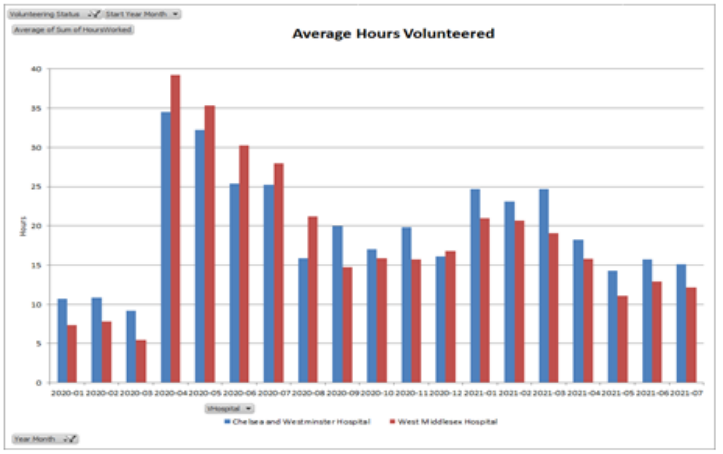
Change on Last Month +3%



Change on Last Month +4%



Change on Last Month -5%



Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisation Development Workforce Performance Report
July 2021

Establishment, Staff in Post and Vacancies:

There has been an material increase in the vacancy rate for July from last month of 1.20% to 8.76% against the Trust target of 10%. SPC analysis shows that this is with expected levels of variance.

The qualified nursing vacancy rate is 6.77%. The medical establishment is under review to address historic issues of career grade and trainee doctors coding so that a more robust position can be made.

Temporary Staffing:

Demand for temporary staff increased significantly in July as bank and agency staff were utilised to manage increased COVID surge. Nursing demand is considerably higher compared to last July, increased by 39% year on year, which demonstrates the impact of the latest COVID wave (albeit demand is still lower than compared to during other surge periods). As expected, this has impacted fill rates however overall fill remains better than other surge periods with less shifts unfilled. Agency usage has also increased to meet the spike in demand, but we have not yet reached the levels of agency staff used in the winter. In response to these fill pressures a Bank incentive has been introduced in both A&E and maternity departments. The initial results suggest this has increased shift fill, although overall pressure remains. Medical temporary staffing also saw significant demand increase (up 40% year on year). The number of Dr bank shifts worked continues to increase year on year, but despite this bank fill rate fell by 16% (due to the increased demand). The result was more reliance on agency. Work continues on the North West London collaborative bank. We are also progressing with the agency master vendor tender in order to replace the existing arrangement that is due to expire in January 2022

Core Training Compliance:

Overall compliance remains at 89% this month. There has been a 2% increase in BLS this month and a 1.5% in Moving and Handling. DNA's continue to be an issue with sessions expected to be full but often running at 50% attendance, this will most likely continue until mid-September due to staff on leave and the on-going COIVD pressures.

Information Governance has seen a 2.5% increase and is now at 90% (National Target 95%) reminder emails to non-compliant staff continue to be sent by Head of IG.
There has been a drop in both Safeguarding Adults and Children Level 3, this is due to the session being historically face-to-face. The Safeguarding Children Team are due to have 3 sessions a month from Mid-September via Zoom with a capacity of 35 per session. The Safeguarding Adult team are running one session a month from Mid-September via Zoom with a capacity of 24 per session.

Sickness Absence:

The trust's sickness rate is currently 3.31% in month which is outside the target rate of 3.30% and 3.14% 12 months rolling, which remain under the sickness target. The rate is still within SPC statistical natural variance. It is notable that the two spikes over the last 12 months are in line with the Covid waves 2 and 3. The post waves position is increasing however although remains in a comparatively better position that the same point 12 months ago. Long-term and short-term sickness are 1.51% and 1.81% respectively. The three most common reasons for sickness were Gastro Intestinal Problems, Chest and respiratory problems and Other known causes not elsewhere classified. In terms of impact and FTE days lost, Gastro is replaced by Anxiety, Stress and Depression in the top 3. The ER team continue to monitor and advise on sickness in partnership with line managers.

Staff Turnover Rate: Voluntary:

12 month rolling Voluntary Turnover (on FTE) has increased in July by 0.43% to 11.31%. No operating Division is over the target rates for voluntary turnover but as Covid-19 pressure abates, movement of staff may increase. It is imperative that Divisional and Clinical Leads have robust retention plans in place to maintain and improve of the voluntary rates. An anticipated consequence of the work to code staff/career grades and training/deanery medics on budgets and ESR will be a rise on the Medical and Dental rates as well as overall rates. The high level of 12 month Involuntary Turnover shown against the Corporate Division and Other Additional Clinical Support Staff Group is due to the end of fixed term contracts of 109 short term contracts supporting Covid-19 (Covid-19 Support Staff Cost centre)

PDRs:

The PDR rate for staff in non Medical roles has been adversely effected by Covid pressures and the national suspension of appraisal performance tracking as well as confusion caused by the change locally of the way appraisals have been reported. Linking appraisals to increment points has caused confusion as to when staff are actually due their appraisals within a 12 month period and aligned to the AfC pay progression rules. A paper will be discussed through the committee cycle detailing a recommendation to revert to tracking and planning appraisals on a 12 month rolling basis in line with Trust policy whilst ensuing that between the recruitment/induction process there is no conflict with the AfC pay progression timescales and a one off exercise to realign appraisal dates for the staff directly effected. This will present a challenge with a baseline staring point that will require a remedial trajectory to ensure the target rate is achieved by the close of the financial year

People and Organisation Development Workforce Performance Report
July 2021

Diversity & Inclusion:

Key highlights in the last month included the launch of the staff disability network which has an executive sponsor and co-chairs. The staff Disability network will be signing of its ToR at end of August 2021. The network has put forward two participants in the Calibre Programme hosted by Imperial College Healthcare Trust which is an ICS wide leadership development programme aimed at disabled staff. It is a 3 month programme that begins in September 2021. The National data sets required for our WRES and WDES staff data submission have been reviewed and quality assured on our data and will meet the submission deadline on the 31st August. The Trust also has participants in the NWL Inclusive and Compassionate Leadership pilot programme and the WRES experts programme. We are also reviewing the D&I champions programme through a QI lens as part of the PDSA cycle. The new Head of Wellbeing, Inclusion and Staff Engagement has undertaken a mapping exercise and have completed a Business Continuity Plan (BCP) for EDI work streams based on a tier system. This will also be tracked via our team EDI annual plan which will be matched to the priorities in our ChelWest People Strategy streamlining work and pulling in information from our HRBPs across the divisions which should result in connected priorities ,more engagement and enhanced communication.

Leadership and Development:

The Management Fundamentals programme is currently under review for content to ensure this delivers the latest information to staff on robust people and personal development management principles. From August, this programme will also be offered to staff at The Hillingdon Hospitals in line with the current partnership work in place across both Trusts. Management vs. leadership continues to be the course with the highest attendance, along with PDR and Time Management. Work is currently under way with sector support from NHSEI to develop materials and a training package for national roll out to managers and staff on Wellbeing Conversations. Further details will be shared in due course. Feedback from the current Cohort 17 of the Emerging Leaders Programme (17 delegates) has so far been positive and a session on Public Health has been included as a pilot to broaden attendees' knowledge of work across the sector. Applications for Cohort 18 will open in August with a planned October start. The Trust is participating in an ICS Leadership Ladder Programme with other participating Trusts across the sector. This programme is a 12-month secondment stretch opportunity specifically designed to support BAME staff at AfC Bands 8a-8c. The aim of the programme is to for at least 50% of participants to progress onto other senior roles at the end of their placement. Two staff members across the Trust have been successfully accepted onto the programme and are in the process of initial meetings with ICS and working through notice of secondment arrangements with their respective line managers.

Health and Wellbeing:

Online courses for staff and physical activity classes have commenced. A fast track Physiotherapy service will be going to tender shortly. New showering facilities are now in situ across our sites. We have 79 trained mental health first aiders in place. Counselling provision as part of our PTS offer has been gaining great feedback. We are putting in place a flowchart so that staff are away of what mental wellbeing support is available as part of a stepped care approach. We have a contract management meeting to review the usage of our Back up care offer and have sent communications out to all staff as feedback had indicated that not all staff were aware that the offer was also applicable for Carers of Adults. We are mapping nursery provision for staff across our sites. We have launched the Peppy (menopause) service for staff access and have a webinar in August. We have issues regarding storage of bikes and bikes being stolen and a business case is at Capital programme board. We are introducing wellbeing conversations across the Trust and have some tools/templates to support this. Provision to benefits such as will writing, financial wellbeing services and alcohol and smoking support remain in place.
We are also reviewing the H&W champions programme through a QI lens as part of the PDSA cycle. The same approach is being taken to H&W as EDI in terms of BCP for H&W workstreams.

Organisational Change

The Divisional HR Business Partners continue to support a number of organisational change programmes across the Trust. Currently, there are 4 live formal consultations affecting 44 staff members. There are further 3 consultations due to launch formally in August. There is an increasing level of change ahead particularly in relation to collaboration and sector wide working, the team are also supporting the HR implications of the Pharmacy Wholly Owned Subsidiary, the insourcing of Sphere in house and the West London's Children's Hospital. In addition, the team are supporting a number of smaller scale, informal changes across the Divisions.

Volunteers:

There were 116 active volunteers in July, contributing 2,794 hours of volunteering across both sites. There was a fall in numbers of volunteers from June but a rise in the hours contributed. The roles are also changing away from Covid-response and towards recovery. The service is focussing on supplying volunteers to wards, growing the youth pathway, and engaging in new projects such as deploying to outpatients, pharmacy and returning volunteers to ED. The service organised its annual volunteering survey in July. There were 174 responses (a response rate of 53%) and volunteers' overall satisfaction was 4.4 out of 5. The service scored highly for satisfaction across all measured areas.

People and Organisation Development Workforce Performance Report
July 2021

Transactional Plan:

In July, the average recruitment lead time for time to hire stood at 8 weeks. In line with the revised HR work plan, there will be focus over the upcoming months on integrating and streamlining the on boarding process to further improve recruitment lead times and candidate experience, collaborative working across North West London and the ICS to improve NHS to NHS staff transfer processes and seamless movement of staff across North West London and pan London. Work is also underway to refresh the Diversity and Inclusion Champions Programme which supports the EDI commitments within the People Plan and the Inclusive recruitment standards across North West London. As part of Growing the Workforce and attracting talent, work is on-going with regards to international recruitment in line with the Capital Nurse Consortium and more recently successful international recruitment for AHPs specifically Occupational Therapists as these roles have been difficult to fill previously and retention of the mass vaccination workforce.

Mass Vaccination Recruitment Programme

The mass vaccination programme is starting to wind down across North West London. As the programme moves to Phase 3 in the Autumn, all but one of the Mass Vaccination sites will be closed in North West London. One site will remain open in Ealing and will provide Booster vaccinations to the population of Ealing. Roving models will work out of CP house, Ealing to provide vaccinations to 12-15 years in schools. In addition to this are team will be formed to offer booster vaccinations to the more vulnerable populations such as the homeless, housebound, care home residents and asylum seekers. Hospital Hubs will be stepped up across the sector to provide Booster vaccinations to Health and Social Care staff alongside Flu vaccinations. The remainder of the Booster programme will be provided by PCNs. Some staffing may be required for PCN activity by Chelsea and Westminster as the lead employer for this aspect of the Booster programme. The focus remains on the retention arm of the programme and support is being offered to the workers in the programme to help them find alternative employment across NWL where vacancies exist in the sector.

Apprenticeships:

There are currently 213 total apprentices in the Trust, across 124 clinical and 89 non-clinical apprenticeships. The Trust is now working with 3 Functional Skills providers in order to cater for all staff, regardless of their home post code. All staff requiring Functional Skills have been assisted to enrol on Government Funded (Adult Education Budget) course. So far, there is 100% pass rate across both sites. The first batch of Registered Nurse Degree Apprentices (RNDA, full route; 3.5yrs) is expected to complete their programme by the end of this year. We are expecting 10 RNDAs to become Registered Nurses, and employed as Band 5, this year, including the last batch of fast track (2 years) overseas RNDAs. Four (4) Apprentice Nursing Associates (ANAs) have completed their programme and are now Registered Nursing Associates (RNA); they are now employed on Band 4 posts by their respective clinical areas, including ITU. Thirteen (13) more ANAs are due to complete their programme this year. There are currently 50 ANAs in the programme and the Trust is planning to have 10 more in October 2021, in order to meet the Health Education England (HEE) target. The Trust is currently selecting a provider for the 18 months top up course for RNAs to transition into RNs. There are 4 non-clinical apprentices who have completed their programme this year. There are 51 staff who are currently progressing in their Level 7 Senior Leader Apprenticeship Programme, 34 doing the MSc and 17 doing the MBA. Feedback sessions are currently being held to provide further support for these groups; so far the feedback is more on the positive side. The update on the Apprenticeships page on the intranet has now been completed and this provides a lot of information and guidance to all staff on how to access apprenticeships and relevant

Employee Relations:

Disciplinary and MHPS cases

The average length of case is now presented as two separate lines: 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 overall average length for the entire disciplinary process is 30 days- the target for this is 60 days.

From April 2021 the KPI figures also includes 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 investigations was 33 days with the overall process taking 79.5 days. Several of the current cases commenced prior to the second covid surge, which impacted on their progression.

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. Of the disciplinary cases for non-medical staff opened in July both were from a BAME background (100%).

Grievance and Bullying & Harassment cases

The ER team are supporting managers in concluding these cases and the average length of case is 107.5 days in July 2021 (this is for the entire process). Of the two live grievance cases, both are concerns relating to Bullying & Harassment. 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.

Framework for early resolution of ER cases

Much of the planned work in relation to taking forward an early resolution approach to managing ER cases was paused during 2020 due to the covid-19 pandemic. This work will now resume and will provide managers with the training and support to manage early conversations confidently, without the need to escalate concerns to a formal process. The Trust will also train a cohort of approximately 10 internal mediators. This will allow the Trust to run an internal, independent mediation service which can be used to resolve issues prior to formal processes.

Board of Directors Meeting, 9 September 2021

PUBLIC SESSION

AGENDA ITEM NO.	3.5/Sep/21
REPORT NAME	Digital Programme Update
AUTHOR	Bruno Botelho – Deputy COO , Director of Digital Operations (DoDO)
LEAD	Robert Hodgkiss – Deputy CEO, COO Kevin Jarrold, Chief Information Officer
PURPOSE	The purpose of the paper is to provide the Trust Board with assurance of the progression of our Digital Programme Work across the Trust
REPORT HISTORY	This report has been reviewed at the Executive Management Board in July 2021
SUMMARY OF REPORT	The paper provides an update on some projects currently in progress under the Digital and Innovation agenda.
KEY RISKS ASSOCIATED	N/A
FINANCIAL IMPLICATIONS	N/A
QUALITY IMPLICATIONS	Failure to successfully embed the digital solutions (including functionalities within main the EPR) would have adverse implications for patient experience and outcomes
EQUALITY & DIVERSITY IMPLICATIONS	Work in progress as part of Digital and Innovation solutions
LINK TO OBJECTIVES	State the main corporate objectives from the list below to which the paper relates. • Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care • Deliver financial sustainability • Create an environment for learning, discovery and innovation
DECISION/ ACTION	The Board is asked to note the progress being made and comment/challenge as appropriate.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Trust Public Board Update

Digital Programme Update

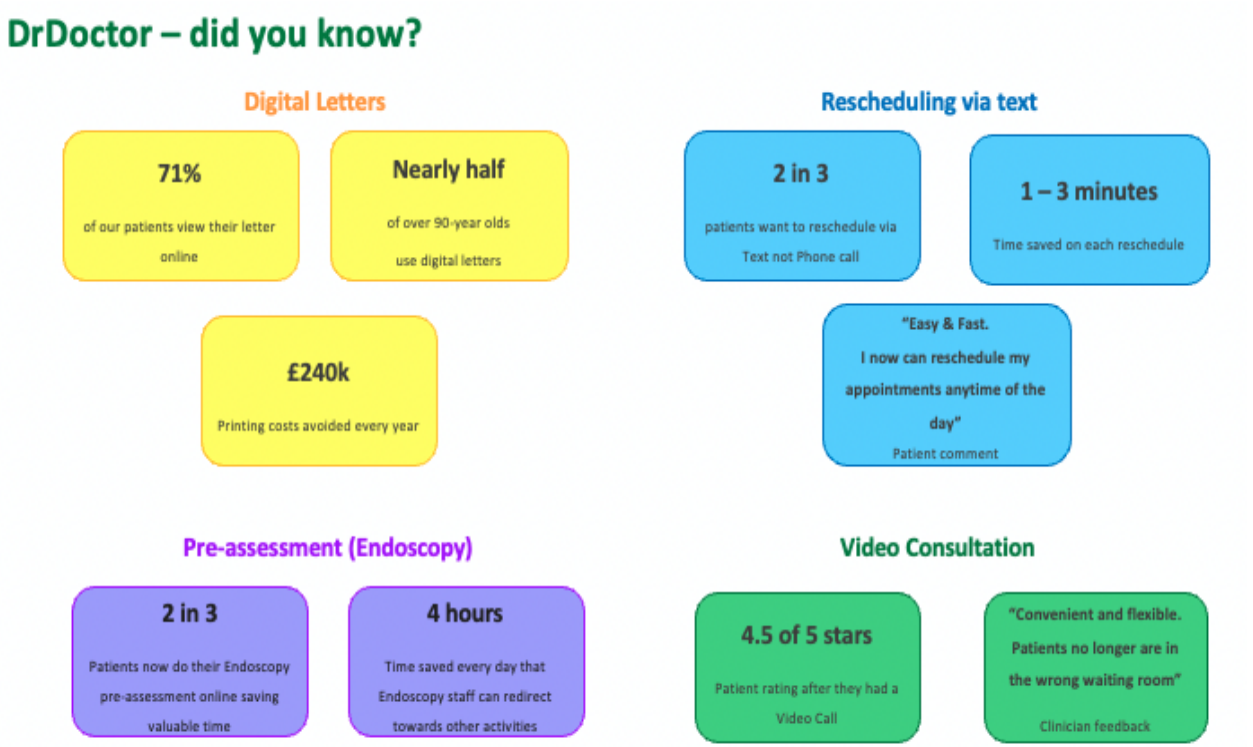
September 2021

Digital Update (RH/KJ)

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 Video Consultation integration with Cerner- LIVE (RH/KJ)

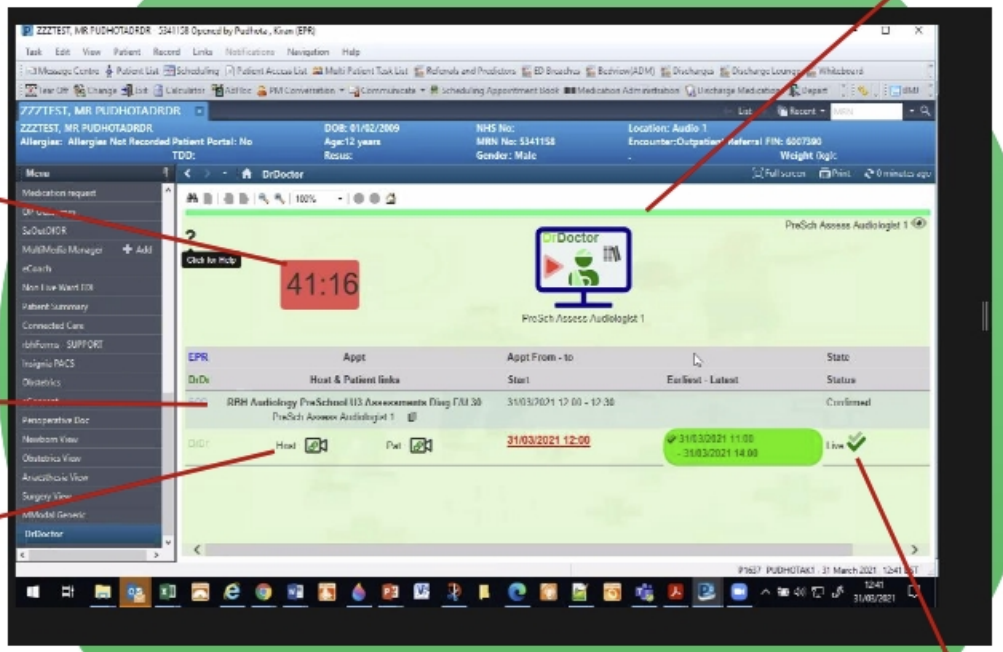
Video API

API Functions:

Search for video meetings – populate EPR with links directly to video consultation

Send a message into a video meeting – Clinicians can message patients to let them know if they are running late

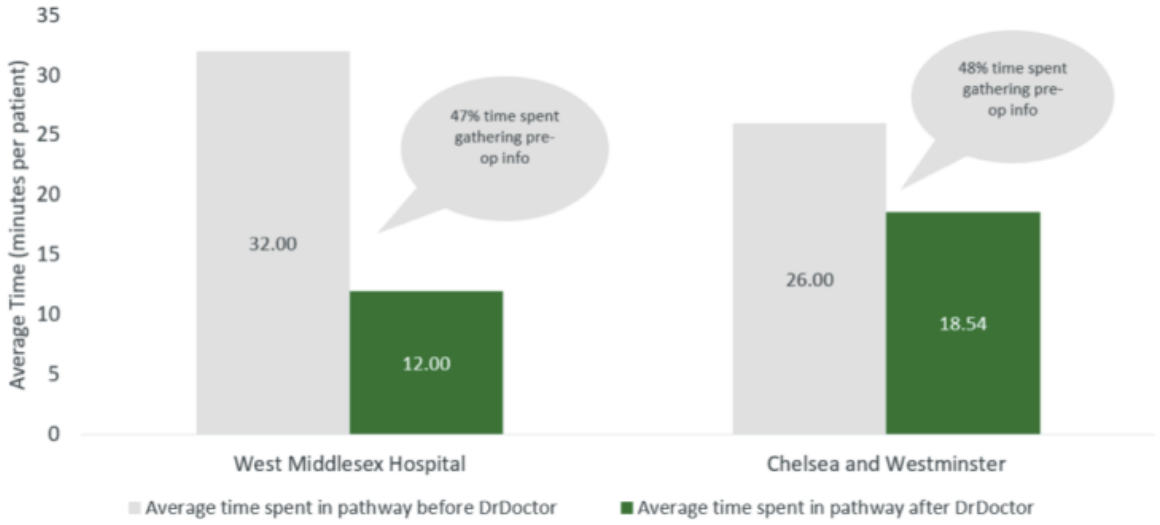
Create video meetings – Clinicians can create ad-hoc clinics from EPR



DrDoctor Endoscopy Project (RH/KJ)

The implementation of multiple DrDoctor solutions throughout the Endoscopy pathway allowed administrative time savings

Processes were monitored and data captured before and after implementation



** Total time calculated based on average number of patients seen per day and potential time saved per patient's pathway at each hospital site (7 mins for CW and 20 mins for WM).*

29% (~133 min)*

Average time reduction per day after Endoscopy Pathway Implementation at Chelsea and Westminster (CW)

63% (~360 min)*

Average time reduction per day after Endoscopy Pathway Implementation at West Middlesex Hospital (WM)

Pre-op assessment

Highest time savings seen after implementing digital pre-op assessment survey

End to End Pathway Management Tool (RH/KJ)

June 2021- Proof of Concept is LIVE **within CWFT**

- **One** access
- **One** Inpatient waiting list
- **One** collaborative tool for clinical and non clinical management and tracking patients:

- Consultant (Surgeons + Anaesthetist)

- Operational and DQ teams

- Theatre team

- Schedulers

- Governance monitoring

- Training Content