



Quality report

2021/22



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PART 1

OVERVIEW AND WELCOME

Overview and welcome from the chief executive

I am proud to present the Chelsea and Westminster Hospital NHS Foundation Trust quality account which shows how we performed against our priorities during 2021/22 and sets out our priorities for the coming year 2022/23. It also gives an overview of our key performance indicators and assurance statements.

Our values are firmly embedded throughout our organisation. They outline the standard of care and experience that our patients and members of the public should expect from any of our staff and services, and 2021/22 was no exception.

During 2021/22 the Trust has continued to work collaboratively and innovatively with NHS providers across the North West London Integrated Care System—closer working arrangements have enabled us to support the delivery of safe, effective and responsive services to our community.

Within our Trust we have seen extraordinary examples of outstanding care. Our staff, partners and volunteers have continued to go above and beyond and, although I say it every year, I have been incredibly impressed and grateful for the commitment to patient safety and quality of care they demonstrate every single day. Without this, we would not be the organisation that we are.

Our staff are crucial in keeping our Trust running smoothly. It has been a priority this year to ensure that they are well-supported and empowered to care for our patients and each other. We have fully embedded our staff welfare and support service across the organisation and have invested in our team's development goals, ensuring we have the people and skills we need for the future. We've also reintroduced our ward and department accreditation scheme to enable peer reviews of clinical areas and engage all staff in our quality journey. Last June, we were incredibly fortunate to have been paid a visit by His Royal Highness The Prince of Wales to meet some of our young apprentices who were supported into work by the Prince's Trust. His Royal Highness then went on to open the hospital welfare garden—kindly gifted by Amaffi Perfume House—where he planted a commemorative cherry tree and unveiled a plaque in what is a much-valued facility for staff during and following the pandemic.

We run the one of largest maternity services in the UK, supporting the births of nearly 11,000 babies in 2021/22. I'm particularly proud that this year the service was shortlisted for a national Royal College of Midwives award for *delivering excellence in maternity care during a global pandemic*. The teams went above and beyond for their patients, offering a full range of virtual antenatal support, extended midwifery support and obstetric support, with a choice of home or hospital birth—we were one of four services in London able to do this. We also provided psychological support for staff via wellbeing sessions led by our midwifery advisors.

Last summer, we opened our state-of-the-art adult and neonatal intensive care units which enable us to treat more than 2,000 critically ill adults and babies at our Chelsea site by incorporating the latest innovations and digital solutions personalised to each patient's needs. Our neonatal unit has since been selected to join the Unicef UK Baby Friendly Initiative, a great achievement for all the teams involved.

We developed our approach to improving elective care coordination through digital innovation. Our approach to quality means we make the most of our resources. We ensure

the care we provide is more convenient to our patients and that our staff are focused on delivering direct care to our sickest patients. This has meant that we have maintained our services during a period of national pressure and places us in an excellent position to continue that improvement trajectory in the years ahead.

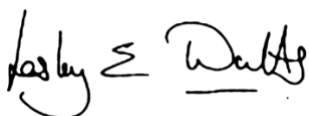
I am extremely proud of the progress we have made with our 2021/22 quality priorities—although not all our ambitions were realised, the Trust has continued to deliver year-on-year improvements to our service delivery and quality of care. Looking forward, our Trust quality priorities for 2022/23 are aligned to our quality strategy, supported by the Trust Board and our Council of Governors.

Our 2022/23 quality priorities are to:

- **Improve patient safety**—reducing the risk of inpatient falls with harm
- **Improve effectiveness and outcomes**—improving clinical handover
- **Improve patient experience**—timeliness and quality of communication with patients and primary care
- **Responsiveness**—improving end-of-life care

We continue to be committed to the delivery of a comprehensive quality improvement programme that will achieve these priorities and improve patient care, patient experience, and the Trust's culture and environment.

I would like to take this opportunity to thank you all—you have shown that you are proud to care for your patients and colleagues. With our Trust's history of delivering outstanding care, working together with our partners, putting our patients at the centre of our decisions and, above all else, our incredible staff, we are confident we can meet any challenges that come our way and we look forward to the year ahead.



Lesley Watts
Chief Executive Officer

Our Trust

Chelsea and Westminster Hospital NHS Foundation Trust is one of the top ranked and top performing hospital Trusts in the UK. We employ more than 6,500 staff over our two main hospital sites, Chelsea and Westminster Hospital (CW) and West Middlesex University Hospital (WM), and across a number of community-based clinics within North West London.

We pride ourselves on providing outstanding care to a community of more than 1.5 million people. Both hospitals have emergency departments (A&Es), where more than 300,000 patients were treated this year. The Trust runs one of the largest maternity services in the UK, delivering nearly 11,000 babies every year. Our specialist care includes our world-renowned burns service, which is the leading centre in London and the South East, our Chelsea Children's Hospital with paediatric inpatient and outpatient services (now part of the West London Children's Hospital along with Imperial College Healthcare NHS Trust), and our specialist HIV and award-winning sexual health services.

We aspire to provide locally-based and accessible services, enhanced by world-class clinical expertise. Our excellent financial and operational performance is a source of great pride to us—it is nationally recognised and sees us simultaneously achieving our financial plan while continuing to be one of the best performers against the national access standards for accident and emergency (A&E), referral to treatment (RTT) and cancer.

Through the North West London Integrated Care System, we work as a wider health system to drive improvements to care, and to deliver integrated care in Hammersmith and Fulham, Hounslow, West London and beyond.

Our core services include:

- Full emergency department (A&E) services for medical emergencies, major and minor accidents and trauma at both Chelsea and Westminster (CW) and West Middlesex (WM) sites—the departments are supported by separate on-site urgent care centres (UCCs) and have a comprehensive ambulatory emergency care (AEC) services
- Emergency assessment and treatment services including critical care units at both sites alongside designated trauma and stroke units at each site
- Acute and elective surgery and medical treatments, such as day and inpatient surgery and endoscopy, outpatients, services for older people, acute stroke care and cancer services
- Comprehensive maternity services, including consultant-led care, midwife-led birth centres, community midwifery support, antenatal care, postnatal care and home births—there is a specialist neonatal intensive care unit (NICU) at CW, a special care baby unit (SCBU) at WM, a cross-site specialist fetal medicine service, and a private maternity service at CW
- Children's services including emergency assessment, a 24/7 paediatric assessment unit (PAU), and inpatient and outpatient care
- HIV and sexual health services

- Diagnostic services, including pathology and imaging services and a cardiac catheterisation laboratory at WM
- A wide range of therapy services, including physiotherapy and occupational therapy
- Education, training and research
- Corporate and support services

Clinical services are also provided in the community and we have a range of visiting specialist clinicians from tertiary centres who provide care locally for our patients. For some highly specialised services, patients may have to travel to other trusts.

Key facts and figures

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Outpatient attendances (excluding sexual health and private patients)	767,330	776,287	801,270	791,337	651,567	795,583
Emergency department (A&E) attendances	282,157	306,048	326,116	331,525	215,438	335,374
Inpatient admissions	136,837	141,476	145,136	142,233	100,221	138,448
Babies delivered (excluding private patients)	10,682	10,644	10,420	10,550	9,959	10,066
Patients operated on in our theatres	33,683	36,140	33,476	26,573	13,643	23,628
X-rays, scans, and procedures carried out by clinical imaging (excluding private patients)	391,609	468,154	431,235	453,922	357,932	450,240
Total staff numbers (including our partners ISS, HATS, JCA, Bouygues)	6,350	6,601	6,977	6,392	6,495	6,564

Our vision

The Trust is committed to consistently delivering the highest quality of care and outcomes for our patients. Our ambition is to strengthen our position as a major health provider in North West London, and beyond, to enhance our position as a major university teaching hospital, driving internationally recognised research and development, and to establish ourselves as one of the NHS's primary centres for innovation.

Our strategic objectives

Strategic priority 1: Deliver high-quality, patient-centred care

Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department, and their experience and quality of care will be second to none.

Strategic priority 2: Be the employer of choice

We will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers. We will recruit and retain the people we need to deliver high-quality services to our patients.

Strategic priority 3: Sustainability

We will look to continuously improve the quality of care and patient experience through the best use of our financial, physical, and human resources including collaborative working.

Our values

Our PROUD values underpin everything we do at our Trust. They have helped to deliver high-quality care and unite our staff and services at both our hospitals and our clinics throughout London.

Our values are firmly embedded in our organisational culture and continue to demonstrate the standard of care and experience our patients and members of the public should expect from all our staff and services.

- Putting patients first
- Responsive to patients and staff
- Open and honest
- Unfailingly kind
- Determined to develop



The year in photos

April 2021



HR celebrate their CW+ PROUD award



Our first hip replacement as a day case

May 2021



Celebrating ODP Day



International Clinical Trials Day

June 2021



The Trust has visits from Prince Charles and Matt Hancock



July 2021



We celebrate the NHS's birthday at both West Mid and Chelsea



Estates and Facilities say goodbye to Manuel, who retires after 47 years of service to the NHS

August 2021



We welcome Antonio Lagdameo, the Philippine Ambassador to the UK, and Laure Beaufigl, the new UK Ambassador to the Philippines, to our Chief Nursing Awards event



The kindness to staff poster campaign is launched across both our hospital sites

September 2021



Celebrations at West Mid for their 100th birthday



We mark World Sepsis Day at the Trust

October 2021



Chelsea ICU celebrate receiving Gold in their ward accreditation



Sam Slaytor (Head of Inclusion, Wellbeing and Engagement) receives a Halloween flu jab

November 2021



Staff are rewarded with healthy treats for completing their annual staff survey



Celebrating Occupational Therapy Week 2021

December 2021



The Trust runs a pop-up vaccination hub at Chelsea FC



We run virtual Christmas celebrations for staff, including a competition for the ward with the best decorations

January 2022



Victoria Cochrane (Director of Midwifery and Gynaecology) is named in the Queen's New Year's Honours list



Military personnel assist the Trust during winter pressures

February 2022



To: Vivienne

Your are fabulous Vivi, a constant support to all of us on Ron Johnson ward. You never say no, you always find a way to help.

We appreciate everything that you do. Thank you.



Our Valentine's Day virtual message board enabled staff to send each other messages of appreciation



Staff came together to run bake sales to raise money for relief efforts for Typhoon Odette in the Philippines, raising £1,370

March 2022



Staff 'go green' in every sense of the word—celebrating St Patrick's Day



Raising awareness of sustainability initiatives for Waste Awareness Week

PART 2.1

PRIORITIES FOR IMPROVEMENT

This section provides an overview of our approach to quality improvement, our improvement priorities for the upcoming year and a review of our performance over the last year. We are proud of our quality and safety culture and ongoing focus to improve and innovate to drive best practice.

Our culture of improvement and innovation

The Trust operates an ambitious quality improvement programme. Our well-embedded improvement process is based around the Trust PROUD values and an improvement framework. We have a dedicated quality improvement team that works to support colleagues to develop ideas, grow their skills and deliver changes to improve patient care.

This year we have focused on growing a collaboration between research, innovation and quality improvement. We want all staff to feel part of a culture where new ideas and thinking are encouraged and supported—whether those lead to research, innovation or continuous improvement projects.



Highlights from this year include:

- We refreshed and extended our Quality Improvement (QI) and innovation learning and development programmes to invest and grow improvement skills and capabilities across the organisation at all levels. This year we trained more than 160 staff.
- We created more opportunities for staff to share learning, ideas and successes—we developed a highly-read monthly QI bulletin to showcase best practice across the Trust. We held our annual Research, Innovation and Quality Improvement (RIQI) event with 59 projects celebrating and inspiring future work, 12 oral presentations and 3 keynote speakers.
- We cultivated partnerships by working closely with colleagues from our charity CW+, across the areas of research and development, innovation and patients, and working with external partners to bring innovation and improvement to our services. For example, we launched our Horizon Fellowship which is delivered in partnership with Digital Health London, made up of structured learning and project-focused days.
- We increased opportunities for ideas generation, including a CW+ Dragon's Den funding call with more applications than ever before, and seven projects sponsored.

Next year our focus is on continuing to align our support offer across research, innovation and improvement. We will also be increasing patient and public engagement directly in the improvement programme.

Our quality priorities for 2022/23

The Trust's 2022/23 quality priorities have been identified through engagement with multiple stakeholder groups:

- Engagement and feedback from our Council of Governors quality subcommittee and engagement subcommittee which includes external stakeholders
- Engagement and feedback from our Board's quality committee
- Divisional review of incident reporting and feedback from complaints

Each priority is aligned to one or more of our three strategic objectives and triangulates with areas identified as offering the greatest opportunities for improvement. The identification of these priorities has been supported by a review of learning from incidents, patient feedback (complaints, concerns and patient experience), mortality reviews, claims and coroners' inquests.

Our ambition is for teams to continue to develop transferrable and sustainable knowledge and skills to carry on the journey of improvement within the organisation and across the wider health and care system. Within that context, we have set the following priorities for 2022/23:

- **Improve patient safety:** Reducing the risk of inpatient falls with harm
- **Improve effectiveness and outcomes:** Improve clinical handover
- **Improve patient experience:** Timeliness and quality of communication with patients and primary care
- **Responsiveness:** Improve end-of-life care

Each quality priority will be led by a senior clinician and supported by a steering group—progress will be monitored at the Trust's Improvement Board and overseen by the committees of the Board.

We are committed to focusing on these priorities, along with a wide range of other work on improving the quality of care provided to our patients, the experience they receive, and the environment and culture in which our staff work.

Priority 1 (safety): Reducing the risk of inpatient falls with harm

Why have we chosen this as a quality priority?

Hospital falls leading to harm and increased morbidity are unfortunately common and preventable events that occur across NHS England—for this reason, falls reduction has been a primary area of focus of the Trust for many years. The context within which the Trust plans and provides care has fundamentally changed during 2020/21 and 2021/22 due to the need to respond to COVID-19—this changing context is associated with:

- **Environmental changes:** Ward moves, layouts and isolation requirements
- **Staffing resource:** Pressure on nursing and support staff availability
- **Equipment:** Personal protective equipment requirements
- **Patient support:** Reduced visiting for inpatients
- **Patient condition:** Increasingly frail patients admitted

These changes have significantly affected the risk of inpatient falls—it is therefore incumbent upon the organisation to review, refine and improve our controls within this important safety area.

What do we aim to achieve during 2022/23?

We will:

- Increase the number of patients over 65 to have a falls risk assessment documented within 6 hours of admission to hospital to 100%
- Increase the number of patients over 65 to have a falls care plan documented within 12 hours of risk assessment completion to 100%
- Increase the number of staff trained in the measurement and documentation of lying and standing blood pressure to 90%
- Reduce the number of falls with severe harm by 50%

How will we measure our success?

Process measures:

- Percent of patients over 65 to have a falls risk assessment documented within 6 hours of admission to hospital
- Percent of patients over 65 to have a falls care plan documented within 12 hours of risk assessment completion
- Percent of nursing and support staff to receive training relating to measurement and documentation of lying and standing blood pressure

Outcome measures:

- Percent of patients to have documentation of lying and standing blood pressure
- Percent of falls with severe harm

Balancing measures:

- Safer staffing ratios (including increased use of bank/agency)
- Number of pressure ulcers
- Average length of stay

Priority 2 (effectiveness): Improve clinical handover

Why have we chosen this as a quality priority?

Handover of patient care within hospitals traditionally consists of a brief conversation and brief notes at the end of shift or when a patient is being transferred to the care of another team—this approach raises risks relating to content and record keeping variability.

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 content and setting for a safe and efficient handover. The Trust aims to engage our clinical teams to assess our handover processes in line with national best practice and to develop the necessary improvements that will support the safe and effective handover of patient care.

What do we aim to achieve during 2022/23?

We will ensure there is 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 a standardised approach to content and record keeping.

- Increase the utilisation of the CernerEPR handover tool to 70%
- Increase the number of staff who attend the hospital at night meeting and achieve attendance of 95% of admitting medical wards
- Increase the number of clinical staff trained in principles of safe and effective handover to 50%

How will we measure our success?

Process measures:

- Percentage utilisation of CernerEPR handover tool to support patient handover

Outcome measures:

- Percent of all hospital at night handover meetings to be attended by each specialty
- Percent of clinical staff to be trained in the principles of safe and effective clinical handover
- Percent of all handovers to be attended by each admitting medical ward

Balancing measures:

- Average time taken for handover
- Number of incidents near handover time

Priority 3 (experience): Communication with patients and primary care

Why have we chosen this as a quality priority?

The quality and timeliness of information sharing and engagement with patients, GPs and family members greatly influences the experience of care. It is fully recognised that poor communication and engagement can lead to gaps in care planning, especially if important appointments or outcomes are missed. Due to an increase and changes in activity, there is a need to communicate more regularly with GPs about prioritisation and outcomes.

What do we aim to achieve during 2022/23?

We will:

- Demonstrate a 50% improvement in patient experience relating to appointment and outcome communication
- Reduce the number of complaints and informal concerns primarily relating to appointments and outcome communication by 25%
- Increase number of discharge summaries to be sent to the patient's GP within 24 hours following inpatient, day case or A&E attendance to 100%
- Increase the number of outcome letters to be sent to patients and their GPs within 7 days following outpatient appointments to 100%

How will we measure our success?

Process measures:

- Percent of complaints and informal concerns primarily relating to appointments and outcome communication

Outcomes measures:

- Percent of improvement in patient experience relating to appointment and outcome communication
- Percent of discharge summaries to be sent to the patient's GP within 24 hours following inpatient, day case or A&E attendances
- Percent of outcome letters to be sent to patients and their GPs within 7 days following outpatient appointments

Priority 4 (responsiveness): Improve end-of-life care

Why have we chosen this as a quality priority?

Nationally, a third of NHS inpatients are within the last 12 months of life. The Trust is committed to ensuring that these patients receive personalised, appropriate care that is tailored to their needs and the needs of those important to them. It is the Trust's ambition to implement a 2-year quality priority focusing on coordinated, individualised care at the end of life, delivered by staff who have had the appropriate training and education and that is in line with the preferences and priorities of the individual.

In line with the NHS Long Term Plan, the Trust's ambition is to deliver more integrated, person-centred care to patients in the last months of life. This is being supported by the introduction of the London Urgent Care Plan (UCP) digital system. This system provides a shared record of patients' preferences around their care, including decisions around goals of care and treatment escalation. Implementation of this system will help to identify patients presenting to the acute Trust who already have an urgent care plan, ensuring the care that is offered is appropriate and in line with expressed preferences, including decisions about admission and clinical management. For those who do not yet have a record but may benefit from one, a care planning discussion will be offered and recorded on the UCP system. This record will be able to be accessed across primary, secondary and tertiary care supporting a more coordinated, cohesive experience across different care settings.

What do we aim to achieve during 2022/23?

We aim to increase the identification and support to patients, and those important to them, at the end of life through personalised care planning, ensuring that patients at the end of life have a timely and safe transfer to their preferred place of care.

- Increase the number of patients being transferred on a fast-track pathway within 4 days to over >85% with centralised support for the management of fast-track discharges
- Increase the number of fast-track applications being submitted within >90% of fast-track applications to be submitted within 3 working days
- Over >80% of fast-track discharges will be completed within 5 working days, with centralised support for the management of fast-track discharges

How will we measure our success?

Process measures:

- Time of transfer and discharge under the fast-track process
- Time of submission for the fast-track applications
- Staff training in end-of-life care

Outcome measures:

- Numbers of patients attending A&E who have an urgent care plan in place
- Number of complaints and PALS requests relating to end-of-life care

Balancing measures:

- The time patients spend within A&E

Our quality priority achievements in 2021/22

In this section of the report, we review how we performed in 2021/22 in relation to the priorities set in our Quality Report.

The Trust set the following priorities for 2021/22:

- **Priority 1:** Improving sepsis care
- **Priority 2:** Improving cancer care
- **Priority 3:** Improving diabetes care
- **Priority 4:** Improve clinical handover

Priority 1: Improving sepsis care

Sepsis is a life-threatening condition with around 123,000 cases each year in England and an estimated 37,000 associated deaths. Timely identification and appropriate antimicrobial therapy have been shown to be effective in reducing transition to septic shock and therefore reducing mortality. For this reason, sepsis care was set as a two-year Trust quality priority in 2019/20.

During 2021/22, 89% of our patients were screened for sepsis within one hour—unfortunately, we were only able to complete this process and document that patients received antibiotics within one hour 42% of the time. Timely screening in our emergency departments was impacted by the volume of patients admitted and timely screening within inpatient wards was impacted by complex interprofessional working. Antibiotic administration within one hour was also impacted by the COVID-19 pandemic, as patients with COVID-19 mirrored ‘triggers’ for sepsis—therefore, the guidance and Trust protocols were to exclude the use of antibiotics.

These important safety measures will continue to be supported and monitored by the Trust. Live monitoring and response will utilise the command centre within the Trust, with metrics being reported through the Integrated Board report (on overall screening in A&E and adult inpatient wards, and clinical reviews in A&E and adult inpatient wards).

Our target	Baseline (Mar 2021)	Achieved
More than 90% of our A&E and admitted patients will be screened for sepsis within 1 hour	A&E: 70% Ward: 35%	A&E: 86% Wards: 90.4%
More than 90% of all confirmed septic patients will receive antibiotics within 1 hour	45%	42%

Priority 2: Improving cancer care

In 2020/21 the Trust established improving cancer care as a quality priority to deliver personalised care for people who are newly diagnosed with cancer. Through the pandemic the Trust has increased support to our patients by focusing on end-to-end cancer pathways and ensuring personalised and high-quality care is provided, in line with the national priority.

From August 2021, the project continued to consistently achieve and surpass the Trust quality standard of offering $\geq 75\%$ of all eligible cancer patients a holistic needs assessment (HNA) at the point of diagnosis.

As a result, the Trust has ensured that patients diagnosed with cancer have a supportive conversation, health and wellbeing information, resources available during the conversation, and their personal needs assessed with an HNA approach.

Our target	Baseline	Achieved
More than 75% of our patients will receive a holistic needs assessment and personalised care plan	62%	86%

Priority 3: Improving diabetes care

Improving inpatient diabetes care was set as a Trust quality priority in 2020/21. This priority was chosen following the National Diabetes Inpatient Audit (NADIA) report, which showed that between 2010 and 2019, 10–15% of inpatients at our Chelsea site and 23% at our West Middlesex site had diabetes. Nationally, there is evidence that patients with diabetes, regardless of their reason for admission, have a longer average length of stay than other patients and are at risk of experiencing diabetes-related harm (such as hypoglycaemia, new foot ulcers and diabetic ketoacidosis) if their care is not optimised for their condition.

During this quality priority, the Trust established an average length of stay of 4 days for elective patients with diabetes who were admitted for elective surgery. Unfortunately, the Trust has not achieved the target of 300 non-diabetes staff trained in 10-point training—however, we have made great strides in the implementation of online training for wider staff throughout the Trust and have also implemented the training as part of our Care in Excellence HCA training.

Our target	Baseline	Achieved
300 non-diabetes staff will receive 10-point training	131	229

Priority 4: Improve clinical handover

Improving clinical handover was established as a Trust quality priority in 2020/21. This was set as a quality priority as effective handover between clinical teams is widely accepted as essential for patient safety. The initial focus for this quality priority was the aspects of medical handover aspects for its first year. During this time, the CW site has regularly had 67% of staff attending handover at night and 95% attendance during the day. A training session has also been implemented for junior doctors with plans to expand this to wider clinical staff.

Unfortunately, the Trust has not achieved this target, though the organisation and staff remain focused on delivering improvement in this area—it is for this reason that clinical handover remains a quality priority improvement area for 2022/23, with an increased target focus areas.

Our target	Baseline	Achieved
50% of clinical staff to be trained in the principles of safe and effective handover	0% formally trained	100% of junior doctors trained
95% of all handovers to be attended by each medical downstream ward	Handover meetings underrepresented by medical and surgical wards	

PART 2.2

STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

This section includes mandatory statements about the quality of services that we provide relating to financial year 2021/22. This information is common to all quality accounts and can be used to compare our performance with that of other organisations. The statements are designed to provide assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

Review of services

During 2021/22, Chelsea and Westminster Hospital NHS Foundation Trust provided and/or subcontracted 87 relevant health services.

The Trust has reviewed all the data available on the quality of care in these NHS services through our performance management framework and assurance processes.

The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2021/22.

Participation in clinical audits and national confidential enquiries

Clinical audit drives improvement through a cycle of service review against recognised standards. We use audit to benchmark our care against local and national guidelines so we can allocate resources to areas requiring improvement and as part of our commitment to ensure the best treatment and care for our patients. National confidential enquiries investigate an area of healthcare and recommend ways to improve it.

During 2021/22, 42 national clinical audits and 8 national confidential enquiries covered health services provide by the Trust. During that period, we participated in 95.2% of the national clinical audits and 100% of national confidential enquiries applicable to the Trust.

The national clinical audits and national confidential enquiries in which the Trust was eligible to participate during 2021/2022 are listed within Annex 1.

National clinical audit

Outcome reports from 52 national clinical audits were reviewed by the Trust during 2021/22. Annex 2 provides a summary of some of the actions the Trust intends to take to improve quality, safety and clinical effectiveness arising from participation in national clinical audit—this is not intended to be a comprehensive reflection of the action plans. Actions are ongoing and are monitored via divisional quality boards and the Clinical Effectiveness Group (CEG).

Local clinical audit

The reports of 80 local clinical audits were reviewed by the Trust during 2021/22 and the following actions to improve the quality of healthcare provided are planned:

- To increase opportunities for learning from local clinical audit by increasing participation and presentation of key audits at the Clinical Effectiveness Group and developing a local clinical audit repository that can be accessed by all staff

Commitment to research as a driver for improving the quality of care and patient experience

2,787 patients receiving relevant health services provided, or subcontracted, by Chelsea and Westminster Hospital NHS Foundation Trust in 2021/22 were recruited during that period to participate in research approved by a research ethics committee.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer, making our contribution to wider health improvement and enables our clinical staff to stay abreast of the latest treatment possibilities.

The Trust was involved in conducting 151 research studies in 2021/22 in A&E, anaesthetics, critical care, diabetes, ENT (ear, nose and throat), maternity, ophthalmology, surgery, metabolic and endocrine medicine, sexual health, genetics, neurology, neonatology, infection, urology, cancer, gastroenterology, paediatrics, haematology, respiratory medicine, cardiology, rheumatology, dermatology and stroke.

130 Trust staff members participated as chief investigators and principal investigators for research studies approved by a research ethics committee at the Trust during 2021/22.

In the last year, 541 publications have resulted from our involvement in research and audits, which shows our commitment to transparency and our desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

Commissioning for Quality and Innovation (CQUIN) schemes

CQUIN is a quality framework that allows commissioners to agree annual payments to hospitals based on the number of schemes implemented.

The Trust's income in 2021/22 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the scheme was suspended nationally during this financial year.

Registration with the Care Quality Commission (CQC)

The CQC is the independent regulator of health and adult social care in England. They register, and therefore licence, providers of care services if they meet essential standards of quality and safety. The CQC monitors licenced organisations on a regular basis to ensure that they continue to meet these standards.

The Trust is required to register with the CQC and its current registration status is 'fully registered'. The Trust has 'no conditions' on registration. The CQC has not taken enforcement action against the Trust during 2021/22.

Trust overall CQC rating

The Trust's overall CQC rating is 'Good'.

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Outstanding ☆
	Use of Resources	Outstanding ☆

CQC rating split by hospital, core service and CQC domain

Rating for Chelsea and Westminster Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Mar 2018	Good Mar 2018	Outstanding Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Medical care (including older people's care)	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Surgery	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Critical care	Good ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
Maternity	Requires improvement Jan 2020	Good Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020
Services for children and young people	Good Mar 2018	Good Mar 2018	Outstanding Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
End of life care	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Outpatients	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018
HIV and Sexual Health Services	Good Jul 2014	N/A	Outstanding Jul 2014	Outstanding Jul 2014	Outstanding Jul 2014	Outstanding Jul 2014
Overall*	Good ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020

Rating for West Middlesex University Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Medical care (including older people's care)	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Surgery	Requires improvement Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Critical care	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Maternity	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Outstanding Jan 2020	Good Jan 2020	Outstanding Jan 2020
Services for children and young people	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
End of life care	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018
Outpatients	Good Mar 2018	Good Mar 2018	Good Mar 2018	Good Mar 2018	Requires improvement Mar 2018	Good Mar 2018
Overall*	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020

Secondary Uses Service (SUS) information

The Trust submitted records during 2021/22 to the SUS for inclusion in the hospital episode statistics which are included in the latest published data. Best/worst figures were unavailable for NHS number completeness and General Medical Council (GMC) practice code completeness.

Data security and protection toolkit

Information governance is the way organisations process or handle information. It covers information relating to patients and staff, as well as corporate information, and helps to ensure the information is handled appropriately and securely with a particular emphasis on managing personal data within the data protection legislation.

The data security and protection toolkit (DSPT) is an online self-assessment tool that all organisations must use if they have access to NHS patient data and systems must be in place to provide assurance that they are practicing good data security and handling personal information correctly.

For 2020/21 the Trust achieved 'standards met' and the organisation believes it will again achieve this standard for 2021/22.

Clinical coding error rate

The Trust was not subject to the payment by results clinical coding audit during 2021/22 by the Audit Commission.

Data quality

The Trust is taking the following actions to improve data quality:

- **Coordination by the Data Quality Steering Group (DQSG):** The group is responsible for ensuring there is an overarching and coordinated approach to data quality across the organisation. Oversight and assurance are provided by the Information Governance Steering Group (IGSG) and the Audit and Risk Committee (ARC).
- **Validation of Referral to Treatment (RTT) data:** The Trust utilises standard operating procedures for the validation of RTT data. Findings are shared with service managers and divisional leads to ensure robust actions are taken in response to learning.
- **Information governance steering group (IGSG):** The Information and Data Quality policy has been updated with the next review date of Mar 2023. This has been shared with the IGSG via the DGSG (Data Quality Steering Group) to ensure oversight and assurance.
- **Data Quality (DQ) Monitoring:** Several dashboards have been built on the Qlik Sense app to monitor data quality from CernerEPR systems with regards to agreed DQ measures. A Foundry tool is also used to manage data quality on inpatient/outpatient waiting lists. Outputs are shared and monitored by the Data Quality Steering Group, at weekly elective access meetings and, where applicable, the Clinical and Operational Innovation Steering Group.

Learning from deaths

1,263 adult and child deaths occurred within the Trust's hospital sites during 2021/22. This comprised the following number of deaths which occurred in each quarter of that reporting period: 329 in Q1, 250 in Q2, 308 in Q3 and 376 in Q4.

By April 2022, 414 case record reviews and 31 investigations had been carried out in relation to the 1,263 deaths that occurred during this reporting period—this represents case review/investigation of 32% of total deaths. In 31 cases, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 97 in Q1, 124 in Q2, 130 in Q3 and 63 in Q4.

No cases, representing 0% of the total number of deaths during the reporting period, were judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consistent of: 0 representing 0% for Q1, 0 representing 0% for Q2, 0 representing 0% for Q3 and 0 representing 0% for Q4.

These numbers have been estimated following case record reviews and root cause analyses. The impact of problems in care provision is graded using the classification system initially developed within the confidential enquiry into stillbirth and deaths in infancy (CESDI).

CESDI outcome grading system:

- **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)

Excellent clinical care is provided to the majority of patients who die at the Trust—however, areas for improvement are identified via the case record review process. Key themes for improvement identified via this route include:

- The process for handover between clinical teams
- Communication and coordination between clinical teams
- Quality of clinical record keeping
- Establishment of, and ongoing, communication with patients and their families regarding ceilings of care and escalation planning
- Demand and staffing resource

Where case record reviews or investigations identified potential areas for improvement, individual action plans are developed to support and monitor change delivery. Learning from case record reviews are scrutinised at the organisation's Mortality Surveillance Group (MSG)—learning is also cascaded to divisional and specialty mortality and morbidity groups.

The impact of the case record review process and the associated improvement actions can be assessed using the Summary Hospital Level Mortality Indicator (SHMI). The relative risk of mortality at the Trust between Dec 2020 and Nov 2021 was 0.71, which is statistically significantly lower than expected. For this period, the Trust was operating with the lowest relative risk of mortality within NHS England acute providers.

Reporting against core indicators

The following data outlines the Trust performance on a selected core set of indicators. Comparative data shown is sourced from the Health and Social Care Information Centre (HSCIC) where available.

Where the data is not available from the HSCIC, other sources have been used as indicated. Data which has not been published is indicated as 'data not published' (dnp).

Core indicators

Summary Hospital Level Mortality Indicator (SHMI)

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 ¹
Summary hospital level mortality indicator (SHMI)	0.83	0.79	0.76	0.77	0.75	0.71
National Performance: Worst	1.21	1.22	1.20	1.19	1.20	1.19
National Performance: Best	0.70	0.69	0.70	0.68	0.69	0.71
National Performance: Mean	1	1	1	1	1	1

Data source: digital.nhs.uk/data-and-information/publications/statistical/shmi

The Trust considers that this data is as described for the following reasons:

- The Trust maintains excellent performance in terms of relative risk of mortality and has seen sustained improvement in this national indicator since March 2017
- For the period Dec 2020 to Nov 2021, the Trust has the lowest SHMI (relative risk of mortality) across all NHS England acute providers
- The Trust submits data as part of the Secondary Uses Statistics (SUS) return that is then used by NHS Digital to compile the national summary hospital mortality index (SHMI)

The Trust intends to take the following actions to improve this indicator, and therefore the quality of its services, by:

- Maintaining mortality surveillance and assurance provided by scrutinising and analysing information from mortality review, serious incidents, external datasets, and triggers/indicators associated with the SHMI
- Promoting further clinical engagement and the use of the organisation's safety learning systems which provide a platform for recording and analysing consultant-led reviews

Percent of patient deaths with palliative care coding

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 ¹
Percent of patient deaths with palliative care coded	31.5%	32.0%	51.0%	54.0%	55.0%	47.0%
National performance: Worst	3.9%	11.5%	14.2%	9.0%	8.0%	11.0%
National performance: Best	56.3%	59.8%	59.5%	58.0%	63.0%	64.0%
National performance: Mean	30.10%	31.6%	33.4%	36.0%	35.5%	39.7%

Data source: digital.nhs.uk/data-and-information/publications/statistical/shmi

¹ The reporting period of 2021/22 is Jan 2021 to Dec 2021

The Trust considers that this data is as described for the following reasons:

- The percentage of patients coded as palliative care has progressively increased from 32% in 2017/18, 51% in 2018/19 and 55% in 2020/21
- The National Audit of Care at the End of Life (2019) identified that the Trust's specialist palliative care team saw 57% of the cases audited
- The Trust experienced increased crude mortality associated with the national COVID-19 pandemic—during 2020/21 the specialist palliative care team saw 90% of all COVID-19 patients at end of life
- The figure of 47% for 2021/22 represents a reduction in patients with palliative care coding, although we remain above the national mean of 39.7%—it is noted that published data for 2021/22 is only available until Nov 2021, this coupled with previous COVID-19 activity may have impacted this metric

The Trust intends to take the following actions to improve this indicator and thereby the quality of its services, by:

- The Trust participates in the National Audit of Care at the End of Life (NACEL)—findings from the 2021 audit will be used to triangulate and monitor this metric
- It is the Trust's ambition to deliver more integrated, person-centred care to patients in the last months of life—for this reason, improvement in our approach to end-of-life care is one of our Quality Priorities for 2022/23

Patient reported outcome measures (PROMs)

Patient reported outcome measures (PROMs) measure quality from the patient perspective and seek to calculate the health gain experienced by patients following one of two clinical procedures, which are hip replacement or knee replacement.

Percentage of patients reporting an improvement in health following surgery		2016/17		2017/18		2018/19		2019/20		2020/21 ²	
		Trust	National average	Trust	National average	Trust	National average	Trust	National average	Trust	National average
Hip replacement	EQ-VAS	56.5%	70.9%	70.4%	68.6%	73.0%	69.1%	70.5%	69.4%	63.6%	69.7%
	EQ-5D	92.7%	85.6%	95.2%	89.7%	91.2%	89.8%	96.3%	89.4%	100%	89.8%
	Oxford Hip Score	93.6%	92.3%	94.9%	97.0%	97.4%	97.0%	99.2%	96.9%	100%	97.2%
Knee replacement	EQ-VAS	51.2%	48.0%	57.4%	59.6%	63.2%	59.1%	57.8%	59.5%	60.0%	58.6%
	EQ-5D	79.5%	72.2%	87.4%	82.2%	83.9%	82.2%	81.7%	82.4%	72.7%	82.2%
	Oxford Knee Score	79.6%	88.3%	95.9%	94.3%	96.5%	94.4%	93.9%	94.3%	92.3%	94.1%

Data source: digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms

² PROMs data for 2021/22 has not been published—it will be included in the 2022/23 Quality Report

The Trust considers that this data is as described for the following reasons:

- Established process in place to collect, collate and calculate data associated with this indicator before submission to NHS digital (monthly)

The Trust intends to take the following actions to improve this indicator and thereby the quality of its services, by:

- Monitoring PROMs performance within the Planned Care Division's Quality Board to enhance oversight of process

Readmission within 28 days

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 ³
Readmission (28 days)—age 0–15 years	1.7%	6.9%	6.7%	6.3%	5.7%	9.0%
National performance: Worst	dnp	dnp	19.4%	16.9%	17.7%	17.5%
National performance: Best	dnp	dnp	3.2%	4.5%	3.0%	0.0%
National performance: Mean	dnp	dnp	10.8%	8.7%	9.1%	8.1%

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 ³
Readmission (28 days)—age 16+ years	6.1%	12.2%	12.7%	13.2%	9.4%	9.7%
National performance: Worst	dnp	dnp	29.4%	17.4%	15.8%	13.1%
National performance: Best	dnp	dnp	2.0%	11.4%	5.2%	4.4%
National performance: Mean	dnp	dnp	13.5%	13.9%	10.7%	8.7%

The Trust considers that this data is as described for the following reasons:

- Readmission rates have increased on previous years and are now above the national mean—this indicator is routinely reviewed as part of the organisation's standard governance procedures and anomalies are investigated

The Trust intends to take the following actions to improve this indicator and thereby the quality of its services, by:

- Enhanced monitoring of readmissions through the Bed Productivity programme group, which is responsible for ensuring there is an overarching and coordinated approach to monitoring quality indicators relating to flow through our hospitals, including safe discharge—oversight and assurance is provided by the Improvement Board and the Quality Committee (QC)
- Maintaining and improving workstreams around demand, capacity and patient flow as part of the Bed Productivity programme

³ Latest published data available for period Apr–Dec 2021

Responsiveness to personal needs

The national inpatient survey asks five questions focussing on responsiveness and personal care. The data below shows the national average, highest and lowest performers and our previous performance.

	2016/17	2017/18	2018/19	2019/20	2020/21 ⁴	2021/22 ⁵
Responsiveness to personal needs	65.7	65.4	67.1	63.7	72.9	dnp
National performance: Worst	60.0	85.0	58.9	59.5	67.3	dnp
National performance: Best	85.2	60.5	85.0	84.2	85.4	dnp
National performance: Mean	68.1	68.6	68.1	68.6	74.5	dnp

Data Source: digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-4---ensuring-that-people-have-a-positive-experience-of-care-nof/4.2-responsiveness-to-inpatients-personal-needs

The Trust considers that this data is as described for the following reasons:

- This indicator forms part of the national patient safety survey and is reviewed alongside the Friends and Family Test, complaints and incidents—not in isolation
- The Patient Survey results for 2020 (published in Jun 2021) are overseen and acted upon by the Patient and Public Experience and Engagement Group which reports to the Quality Committee

The Trust has taken the following actions to improve this indicator and thereby the quality of its services, by:

- Patient experience is a priority for the organisation—although the 2020 inpatient survey has shown some improvements from the previous year, it highlights room for improvement regarding care and treatment, which fits with ‘response to personal needs’
- The patient experience team has been triangulating feedback alongside the Friends and Family Test, pulling themes from the national patient survey and the Trust complaints and PALS themes
- The patient and public experience and engagement group reviews the survey results along with other key metrics—divisional leads are responsible for taking forward actions within their areas and reporting back to the Trust patient experience group
- Divisional patient experience metrics are in place—there is an emphasis on staff engagement to share good practice and to improve on negative themes from the results

⁴ Latest data collection period available for period Jan–May 2021

⁵ Data for 2021/22 has not been published—it will be included in the 2022/23 Quality Report

Staff recommending our Trust

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Staff are happy with the standard of care that would be provided to a friend or a relative	73%	78%	81%	79%	79%	76.1%
National performance: Worst	dnp	46.4%	39.7%	39.8%	49.7%	43.6%
National performance: Best	dnp	89.5	90.4%	90.5%	91.7%	89.5%
National performance: mean	70%	70.9%	70.4%	71.4%	74.2%	66.9%

Date source: www.nhsstaffsurveys.com/results/interactive-results/

The Trust considers that this data is as described for the following reasons:

- The indicator is part of the nationally reported and validated staff survey dataset

The Trust has taken the following actions to improve this indicator and thereby the quality of its services, by:

- Engaging all staff in the delivery of the Trustwide Quality Priorities (see Part 2.1)

Venous thromboembolism risk assessment

Venous thromboembolism (VTE) occurs when a deep vein thrombosis (blood clot in a deep vein, most commonly in the legs) and pulmonary embolism (where such a clot travels in the blood and lodges in the lungs) causes substantial long term health problems or death. Risk assessments for VTE ensures that we intervene with preventative measures at the earliest opportunity.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22 ⁶
Percentage of admitted patients risk assessed for VTE	93.0%	86.1%	75.8%	83.0%	83.7%	93.2%
National performance: Worst	63%	72%	74.4%	71.7%	dnp	dnp
National performance: Best	100%	100%	100%	100%	dnp	dnp
National performance: mean	95.6%	95.8%	95.6%	95.5%	dnp	dnp

Data source: www.england.nhs.uk/patient-safety/venous-thromboembolism-vte-risk-assessment-19-20/

The Trust considers that this data is as described for the following reasons:

- There has been an improvement in VTE risk assessment performance across both sites
- The Thrombosis and Thromboprophylaxis Group include VTE risk assessment performance as a standing agenda item as part of the ongoing work to monitor performance and support divisions with improvement
- Cohorting arrangements (assessment, data capture and reporting) were applied for VTE risk assessments for groups of patients undergoing procedures that are considered low risk of VTE using the Department of Health/NICE risk assessment categories

⁶ NHS England's national VTE data collection and publication programme was suspended in Mar 2020—national benchmarking will be included in the Trust Quality Report when publication recommences

The Trust intends to take the following actions to improve this indicator and thereby the quality of its services, by:

- Hospital associated VTE events undergo root cause analysis (RCA) investigations— learning and actions to reduce the risk of recurrence are fed back to clinical teams and the Thrombosis and Thromboprophylaxis Group
- Enhancing live monitoring of VTE completion rates by clinical teams
- Enhancing divisional, speciality, and ward oversight of VTE risk assessment completion rates with regular compliance monitoring reports
- The Trust’s VTE policy and risk assessment process is to be updated and advertised to all clinical staff
- Increasing use of VTE magnets on ward noticeboards to identify patients requiring VTE risk assessment completion
- Development of VTE patient information leaflets to increase patient education and awareness on VTE prevention and treatment
- Delivering VTE education via various channels, such as an induction programme for junior doctors and pharmacists, grand rounds and departmental meetings
- Performing quarterly audits on inpatients at risk of VTE receiving appropriate thromboprophylaxis (if indicated), with feedback to divisional clinical leads and pharmacy staff, and taking action to address any contributory factors for omission of thromboprophylaxis when not clinically indicated, such as reviews of ward stock levels, staff education, training and awareness, and review and update of guidelines.

Clostridium difficile (C.diff) occurrence

Public Health England changed the surveillance definitions for *Clostridium difficile*. From April 2019, any cases of *C.diff* within 48 hours of admission have been classed as hospital acquired (previously this was 72 hours).

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Count: Trust onset, healthcare associated	dnp	18	19	32	20	35
Rate: Trust onset, healthcare associated per 100,000 bed days	dnp	5.9	6.8	11.9	9.5	dnp
National performance: Worst	dnp	95.6	90.2	64.6	80.6	dnp
National performance: Best	dnp	0	0	0	0	dnp
National performance: Mean	dnp	15.1	13.6	15.01	18.2	dnp

Data source 1: www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data

Data source 2: www.gov.uk/government/statistics/c-difficile-infection-monthly-data-by-prior-trust-exposure

The Trust considers that this data is as described for the following reasons:

- The dataset is nationally reported and validated
- Performance monitored through the Trust Infection Prevention and Control group
- Performance overseen by the Executive Management Board and Trust Board, via the monthly performance and quality report
- The number of Trust-attributed cases has risen to 35 in 2021/22 from 20 in 2020/21—this increase is likely due to a return to pre-pandemic levels (2019/20 n=32) along with the new case definition
- Root cause analysis meetings (RCAs) were held for all cases, and only one lapse in care attributing to the development of *clostridium difficile* was identified—all other cases were deemed unpreventable

The Trust has taken the following actions to improve this indicator and thereby the quality of its services, by:

- Clinical engagement—escalation of *C.diff* symptoms and improved clinical root cause analysis meeting attendance
- Antibiotic stewardship facilitated by the introduction of the ICNET clinical surveillance system at the West Middlesex University Hospital in July 2021—the use of this service across both hospital sites has improved antimicrobial prescribing, monitoring and auditing
- Hand hygiene—supporting high levels of hand hygiene compliance through monthly audit programme
- Environmental decontamination—ongoing high levels of environmental hygiene
- Isolation/cohort nursing—prompt recognition of patients with suspected infectious diarrhoea/*C.diff* and isolation
- Documentation—*C.diff* checklist now available on CernerEPR
- Hand hygiene poor compliance—areas with poor compliance have produced divisional action plans, and compliance is monitored at the Infection Prevention and Control group.
- Testing for *C.diff*—clinical teams leading with education and support from the infection prevention and control team to improve appropriateness of testing/retesting

Number of patient safety incidents that resulted in severe harm or death

The data for this indicator is taken from the National Reporting and Learning System (NRLS). The figures for lowest- and highest-scoring hospitals enable comparison with other acute non-specialist NHS trusts and demonstrate the wide range of incident reporting across the NHS acute sector.

Number and rate of patient safety incidents		Trust	Lowest	Highest
2021/22	Number	dnp		
	Rate per 1,000 bed days			
2020/21	Number	9,575	32,917	3,169
	Rate per 1,000 bed days	45.4	118.7	27.2

Number and % of patient safety incidents resulting in severe harm or death		Trust	Lowest	Highest
2021/22	Number	dnp		
	Rate per 1,000 bed days			
2020/21	Number	29	69	56
	Rate per 1,000 bed days	0.3	0.2	1.8

The Trust considers this data is as described for the following reasons:

- All staff at the Trust are reminded through several different channels (such as local induction, safety meetings, clinical updates and leadership courses) that all incidents must be reported on the local incident management system Datix
- All incidents reported on Datix are investigated by the clinical team and then quality-checked and reviewed by the quality and clinical governance department prior to upload to the NRLS
- All applicable patient safety incidents are uploaded to NRLS within the required timeframe

The Trust has taken/will be taking the following actions to improve this rate and therefore the quality of its services, by:

- Staff continue to be engaged in the use of the Datix incident reporting system through an ongoing programme of training and awareness raising initiatives—clinical governance presence at meetings, including senior nursing and midwifery quality rounds, team briefings, divisional away days and quality boards continue to support messaging
- Patient safety incidents continue to be reviewed daily by the quality and clinical governance department who escalate or take appropriate action when necessary
- Serious incidents are investigated and the findings used to inform learning and quality improvement
- The divisional quality boards include incident reporting as a standing item on agendas as part of the ongoing work to continually improve reporting rates
- A quarterly incident report summarises incident investigations, pulls out themes and learning, and identifies any trends in incidents—this report is disseminated throughout the organisation

PART 3

OTHER INFORMATION AND ANNEXES

This section provides further information on the quality of care we offer based on our performance against NHS Improvement Single Oversight Framework Indicators, national targets, regulatory requirements and other metrics we have selected.

Performance indicators

During 2021/22, the NHS, as a whole, has seen particular challenges in the achievement of key regulatory and contractual performance metrics, including quality and workforce key performance indicators (KPIs). The Trust has performed well in comparison to peers within the extremely challenging operating environment characterised by the acute impact of the COVID-19 pandemic and subsequent recovery actions.

The start of the financial year was especially challenging but, during the year, compliance has shown steady improvement. Of particular note is the Trust's continued strong performance in delivering our 2-week and 31-week targets within the cancer pathway.

Below is a summary of some of our KPIs for 2021/22. However, this should be read in conjunction with the main narrative of the annual report for a better understanding of the context of these performance measures. You can find details of our current performance, updated monthly, on our website www.chelwest.nhs.uk.

NHS Improvement (NHSI) risk assurance framework

The table below summarises the performance indicators for the Trust.

	Target	Performance
Incidents of <i>C.difficile</i> (hospital-associated infections)	26	36
All cancers: 31-day wait from diagnosis to first treatment	96%	93.7%
All cancers: 31-day wait for second or subsequent treatment (surgery)	94%	88.9%
All cancers: 31-day wait for second or subsequent treatment (anti-cancer drug treatments)	98%	100%
All cancers: 62-day wait for first treatment (urgent GP referral to treatment)	85%	80.4%
Cancer: Two-week wait from referral to date first seen—comprising all cancers	93%	95.1%
Referral to treatment waiting times <18 weeks— incomplete	92%	72.5%
A&E: Total time in A&E ≤4 hours	95%	84.4%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	compliant	compliant

Local quality indicators

Local quality indicators provide us with an opportunity to review the KPIs that are important to us and the quality of patient care that our patients receive. The following indicators are tracked by the Executive Management Board and the Quality Committee to ensure we have focus on where we can embed and sustain improvements and share learning.

Indicator		2019/20	2020/21	2021/22
Patient Safety	Patients with hospital acquired MRSA infections (target 0)	1	4	6
	Hand hygiene compliance (target >90%)	86.0%	92.6%	92.1%
	Number of serious incidents	72	76	75
	Number of never events	1	2	2
	Incident reporting rate per 100 admissions (target >8.5%)	8.9%	11.6%	9.3%
	Percentage of patient safety incidents resulting in severe harm or death	0.01	0.03	0.02
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (target ≥4.2)	4.51	4.49	3.74
	Medication-related (NRLS reportable) safety incidents % with moderate harm and above (target <2%)	0.1%	0.6%	0.5%
	Summary Hospital Mortality Indicator (SHMI) (target <100)	77	75	71

Indicator		2019/20	2020/21	2021/22
Clinical Effectiveness	Dementia screening case findings (target >90%)	88.2%	74.3%	94.0%
	Fractured neck of femur time to theatre <36 hours for medically fit patients (target 100%)	92.1%	90.4%	78.4%
	Stroke care: Time spent on dedicated stroke unit (target >80%)	92.0%	87.2%	93.8%
	VTE: Hospital acquired	18	16	26
	VTE risk assessment (target >95%)	83.0%	83.7%	93.2%
	Sepsis: Inpatient wards % of patients with high NEWS score screened for sepsis	n/a	86.1%	88.5%

Indicator		2019/20	2020/21	2021/22
Patient Experience	FFT: Inpatient satisfaction (target >90%)	94.8%	95.5%	95.5%
	FFT: A&E satisfaction (target >90%)	89.8%	89.9%	82.2%
	FFT: Maternity satisfaction (target >90%)	92.3%	88.8%	88.0%
	Complaints: Number of formal complaints received	840	392	448
	Complaints: Number of formal complaints responded to within 25 working days	395 (47%)	238 (61%)	341 (76%)
	Complaints: Number of formal complaints referred and upheld by the Ombudsman	13	4	3

Other quality improvement indicators

The care quality programme (CQP) has established a structure for continuous quality improvement in the Trust to improve quality of care, reduce variation in a sustained manner and support improvement. The work programme involves six bespoke tools to improve quality and safety in all clinical areas within our organisation. These are:

- A ward and department accreditation scheme to enable the organisation to peer review clinical areas and award a grading and improvement plan based on set quality standards
- A twice-annual peer review of clinical areas involving external peer reviewers with Trust staff—this was paused throughout COVID-19, with aims to reinstate for 2022/23
- Weekly multidisciplinary quality rounds led by clinical and non-clinical staff, with a focus on education, including a measurable audit component
- Focus groups led by executives and senior managers to spend time with teams to gain staff views and establish methods to support staff
- A senior manager link programme for each clinical area with regular quality reviews and supportive visits

The Trust continues with an ambitious quality improvement plan to reach an ‘Outstanding’ CQC rating. The improvement process is now well-embedded, based around the Trust PROUD values and an improvement framework. A quality improvement team is also embedded in the organisation.

The improvement framework has created a positive competitive culture to drive the improvement of care in clinical areas. Additionally, the assessment process and methodology for ward and department accreditations allows the executive and Trust Board to be sighted objectively on the quality progress of each clinical area. This improvement approach has been positively received within the organisation and has created opportunities for executive directors to recognise and celebrate positive achievement.

Quality focus—ward and department accreditation

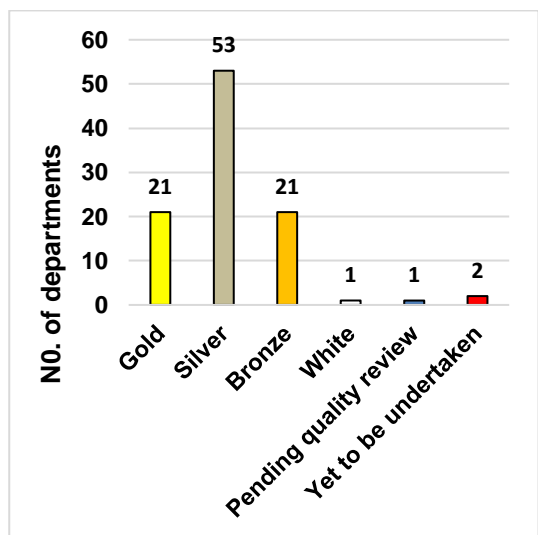
Led by the Deputy Director of Nursing within the portfolio of the Chief Nursing Officer, the Trust has continued to develop the ward and department accreditation programme and the peer review accreditation process. The programme uses an assessment tool aligned to the CQC framework and is customised to the individual requirements of clinical areas in the Trust. The grading awarded to each area is visible in the clinical environment on quality boards. The grading system uses ranges from gold to white:

- **Gold:** Achieving the highest standards with embedded evidence in data
- **Silver:** Achieving the standards expected with evidence of active ongoing improvement data
- **Bronze:** Achieving minimum standards with some improvement work underway
- **White:** Not achieving the minimum standards required within accreditation criteria

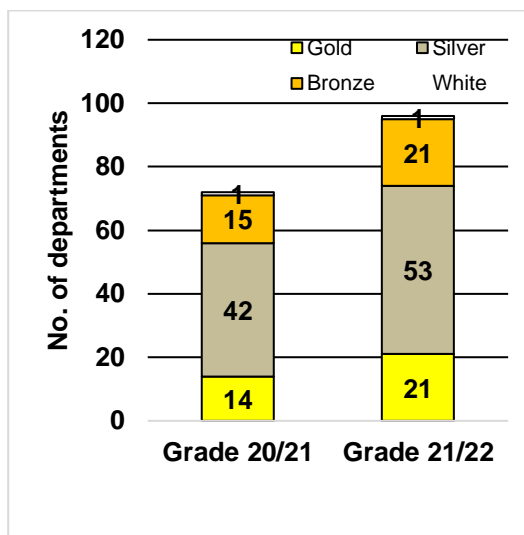
The Trust completed 96 accreditation assessments across clinical areas during the year—at the time of reporting, accreditation has been carried out in 98% of areas. There has

been a 69% improvement in areas achieving gold from 2020/21, demonstrating a stable or enhanced improvement in accreditation grades. Furthermore, a 52% increase of completion of ward accreditations, comparative to activity in 2020, exemplifies the assessment as embedded within the organisation. At the end of the financial year, two areas remain outstanding due to extenuating circumstances.

Distribution of grades awarded 2021/22



2020/21 and 2021/22 grade comparison



Themes for improvement identified during the accreditation process are documented in a report to inform the clinical teams of their achievements and actions required. These are highlighted in terms of priority and are considered particularly important in relation to patient, visitor and staff safety. Areas of good practice are also clearly highlighted in the report and to the staff concerned.

Over the year, further clinical areas joined the accreditation programme and several enhancements were made to the process. Robust grading criteria were introduced to guide the assessment teams to award appropriate gradings. Furthermore, the accreditation document has been reviewed to align with the CQC's framework for inspection and the Trust's quality improvement framework.

The ward accreditation programme is currently under review to enhance the value and meaning of the assessment to enable objective benchmarking. This work is being undertaken as part of NHS pan-London ward accreditation network. This work will allow optimisation of collaborative working with Acute Providers in North West London and an increase in peer reviewers.

Implementation of MAGNET (an international nursing accreditation system), led by the Director of Nursing at West Middlesex, will place onus on improvement following ward accreditation through shared governance councils. This work will be supported by the improvement and innovation fellow to further develop a culture of improvement, utilising the ward accreditation for benchmarking.

Additional quality highlights

Our people

Clinical Learning and Development

Learning and development has continued over the past 12 months, supporting both undergraduate and postgraduate learning alongside the delivery of ad hoc programmes to meet the demands for service changes or patient needs.

The team has continued to support preregistration nursing (adult and child) and midwifery students, in addition to expanding our partnerships with new universities to ensure we have a continued partnerships in developing a future workforce. The Trust has also embarked on an innovative blended learning approach to nurse training in collaboration with NWL ICS and Sunderland University as part of a pilot to increase access to nursing qualification.

Core (mandatory) training is on an improving trajectory and the pandemic has resulted in development of new ways of training delivery and assessment, while maintaining the high standards we have set. Some areas, remain challenging—the relevant Trust governance group monitors these, for example, transfusion training monitored by the Transfusion Safety Group.

The Clinical Learning and Development (CLD) team have been instrumental in maintaining preceptorship programmes for new and internationally qualified nurses joining the Trust, the programme continued despite the pandemic to ensure new staff receive the foundation training when entering the Trust.

In collaboration with recruitment and retention programmes, the CLD team have supported 196 internationally educated nurses to complete their UK NMC registration exams, achieving a 100% pass rate because of the comprehensive training and practice provided. All these nurses were employed to posts in the Trust.

Postgraduate development for nursing, midwifery and allied health professional (AHP) staff has continued offering opportunities to develop and move into new roles aligned to our Trust service aims. Health Education England funding (£403k) has supported 605 staff attending further education with 504 leading to accredited qualifications. The training aligns to ICS priorities aimed at meeting the needs of the communities we serve in North West London (NWL).

Leadership development

The Ashridge-Hult Executive Business School Level 7 (Masters level) Senior Leader Apprenticeship programme has continued. The Emerging Leaders programme was redesigned as a virtual programme with multiple cohorts taking place across the year.

We have revised our Management Fundamentals programme, which offers a range of virtual masterclasses for leaders and managers, including topics such as management vs leadership, time management and prioritisation, and influencing and collaboration. This is now run across both Chelsea and Westminster and The Hillingdon Hospitals NHS Foundation Trust.

In collaboration with the North West London Integrated Care System (ICS), we have participated in pilots for an Inclusive and Compassionate Leadership programme and a Leadership Ladder programme. The Inclusive and Compassionate Leadership programme includes 4 days of training around unconscious bias, self-compassion, and creating inclusive and compassionate teams—and includes three action learning set meetings. This pilot is currently under review. The Leadership Ladder provides two 6-month placements for BAME staff in Agenda for Change (AfC) bands 8a–8c at another organisation within the ICS, with the goal of supporting participants into more senior roles longer term. To date, we have hosted two placements and have two members of staff participating. This programme has been underway for six months, with a decision on the programme post-pilot yet to be made.

Apprenticeships

Apprenticeships have continued to grow with increased offerings, such as Level 6 Improvement Leader and Level 6 Operating Department Practitioner. We currently have 82 staff on non-clinical apprenticeships and 110 staff on clinical apprenticeships.

Over the last 12 months, 36 staff members have completed apprenticeship programmes. The majority of these have been clinical apprenticeships—4 nursing degree apprenticeships, 26 nursing associate foundation degree apprenticeships, and 2 maternity support workers apprenticeships. The increase in numbers of registered nursing associates in the organisation is facilitating skill mix reviews on some wards. Three members of staff completed a business administrator apprenticeship, and one member of staff completed a team leader/supervisor apprenticeship. The apprenticeship offer has now been expanded to include Allied Health Professionals (AHP) programmes and Finance, Human Resources, Leadership and Management qualifications, with some of these being at a masters level.

Work experience

Work experience has remained on hold for face-to-face placements due to COVID19 restrictions, but we have continued to work across the ICS in partnership with Springpod to deliver an interactive online work-related learning programme for students in years 10–13 who are interested in growing their understanding of the different careers in the NHS. The programme consists of 10 hours of learning, including background reading, quizzes and live webinars from professionals in the field. We piloted a nursing, midwifery and AHP programme in July 2020 with 200 students taking part. The next cohort included medicine and support services with 1,628 students completing the programmes. We have since run two more programmes, supporting more than 3,300 students to gain an understanding of NHS careers.

Our estate

Intensive Care Unit

Our new Intensive Care Unit (ICU) is a world-class facility, home to the latest health technology and design innovations. With support from our charity CW+, our critical care unit incorporates the latest innovations and digital solutions that can be personalised to reduce anxiety, pain and stress, improving patient experience and recovery. On completion, the adult ICU has the capacity to care for an additional 500 patients every year—an increased capacity of 45%.

For our patients and our staff who care for them, the transformation of the ICU makes a huge difference. The team have seen first-hand the difference that these redevelopments have already made.

In March 2020, Phase 1 of the adult ICU was opened early to care for patients suffering from COVID-19 at the start of the pandemic. As the ICU team faced the greatest health challenge of our generation, having never experienced anything like it before, the extra capacity made a huge difference.

Across the new ICU, more space has been created for staff and patients. The unit is flooded with natural light and has improved air flow, both essential for improving the quality of the care environment. There are integrated sensors that can monitor patients' vital signs and track physiological responses. In each ICU room, the acoustics, lighting, layout, furnishings and equipment have all been selected to help the patient's brain, body and senses rest and heal far more effectively.

This pioneering approach is coupled with cutting-edge technology throughout the units and the impact these innovations are having on patient care to build a compelling evidence base, an ideal blueprint to share with sister institutions and across the NHS. The team, with the support of CW+, are also improving patient experience with connection to our arts in health programme, and have calming imagery of landscapes to enjoy as part of our RELAX digital programme.

Research has also shown that incorporating elements of nature into healthcare environments can improve healing—with the installation of the Sky Garden just outside the ICU, the team have created a transformative experience for both patients and staff, where they can escape into nature and feel transported away from the clinical environment. This is particularly important for the mental health of our staff, patients and their families, which is also being supported by our ICU psychology service. A dedicated ICU psychology service was set up at the start of the pandemic to care for the mental wellbeing of not only patients, but their relatives and the staff caring for them.

Neonatal Intensive Care Unit

The new Neonatal Intensive Care Unit (NICU) at Chelsea and Westminster Hospital opened in June 2021 following a three-year build. Planning had commenced in 2015 in response to several issues facing the clinical team, including a lack of capacity for referrals, inadequate space around each cot, which had implications for infection control, and a suboptimal environment for babies, families and staff.

The new NICU has 40% more space and the capacity to admit up to 150 more babies each year. There is a focus on family integrated care, with cot spaces that can be closed for family privacy and facilities for siblings, including a dedicated play area and a specially designed handwash area for younger members of the family. There is a strong emphasis on infection control in the design of the unit, as well as inbuilt strategies to control light and sound levels for the wellbeing of the babies. There are also new facilities for staff, including a rest area, seminar room and changing rooms.

The NICU staff are very grateful to everyone who supported the design and build of the new unit.

Our services

Vaccination programme

We became part of the national planning for COVID-19 vaccinations in January 2021. As part of this role, the Trust worked with colleagues across the Integrated Care System, government (national and local), and commercial partners to provide multiple vaccination opportunities to our community. The Trust was the lead employer for the vaccination service across North West London.

During 2021/22, the Trust ran vaccination centres at Brentford Leisure Centre, the Science Museum, Westminster Abbey and West Middlesex University Hospital for members of the public. These centres were supported by several pop-up vaccination events in Twickenham, Stamford Bridge, the Heaven nightclub and St Mary The Boltons church. Staff vaccination hubs were also established on each of our hospital sites and at the Hillingdon Hospital.

The Trust supported staff and members of the public with concerns and anxiety about vaccination, running separate clinics for adults and young people with a learning disability and/or autism, and those with needle phobia.

We continue to run a vaccination hub at West Middlesex University Hospital, supporting the spring booster program and vaccination of individuals over 12 years old.

Maternity services

This has been another incredibly active year for maternity services within the Trust. We are one of the largest maternity services in the UK, supporting the births of 10,900 babies during 2021/22. The services across both sites achieved the CNST (Clinical Negligence Scheme for Trusts) 10-point safety plan for the third consecutive year, which demonstrates the service's commitment to improvements in the quality and safety of clinical care delivered to women, birthing people and their families.

There has been increased scrutiny on maternity services following an independent review of the maternity care at Shrewsbury and Telford NHS Trust. Immediate and essential actions from the interim Ockenden review was received by all maternity services in England in December 2020 and our maternity service is now compliant with 97% of the recommendations, with a plan to be fully compliant by June 2022. The full Ockenden report was received in March 2022 and the service is currently benchmarking itself against the additional 15 immediate and essential actions and 92 compliance metrics contained within.

The service was shortlisted for a national Royal College of Midwives award for 'delivering excellence in maternity care during a global pandemic' due to the service providing the following during the pandemic:

- A homebirth service (one of only two services in London to maintain this)
- All three choices for place of birth (one of only four services in London to achieve this during waves one and two)
- Communication strategy to engage all service users (weekly updates on the Trust website, Facebook Live sessions and use of social media)

- Full range of virtual antenatal education packages and videos developed to support these
- Extended midwifery and obstetric support for the 44 women who were in ICU during the pandemic
- Psychological support for staff via wellbeing sessions led by professional midwifery advisors

COVID Medicine Delivery Unit

With the very successful vaccine programme, a subset of vulnerable individuals was identified who were unable to mount an antibody response to either the vaccine or to a COVID-19 infection itself. Several treatments have subsequently become available and, following a letter from the National Chief Medical Officer, each Integrated Care System was required to establish a COVID Medicine Delivery Unit.

For North West London, this was on the Chelsea and Westminster site, opening one week before Christmas with just over a week's notice. The team worked with colleagues from community and primary care trusts to achieve this timeframe and these vulnerable patients were given the opportunity for treatment.

As a sector we were the first to have a satellite unit at Charing Cross Hospital Renal Unit for dialysis patients and a further satellite infusion centre at Northwick Park Hospital, all aimed at delivering treatment to eligible patients of North West London. A real team effort—but special mention to Dr Sofia Cavill, Ron Moody, Stephen Hughes and Deirdre Linnard.

Our digital ambitions

Following a busy two-year period, the Digital Operations team at the Trust is focusing on three pillars for 2022/23—infrastructure, smarter tools and remote monitoring, aiming to:

- Restore/reset NHS services
- Deliver the Trust objectives
- Empower patients and improve clinical ownership

There will be greater attention to pathway management tools and patient flow. As a result, we will continue to work on the Improving Elective Care Coordination for Patients (IECCP) programme and develop further solutions to create an integrated ecosystem. Cancer, waitlist, theatre, command centre, diagnostic and automation are agreed work programmes for 2022/23.

The Digital team structure has been adapted to support delivery of the programme and create sustainably in the long term while committing to reduce costs.

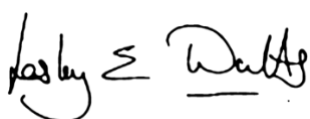
Declaration

It is important to note, as in previous years, that there are several inherent limitations in the preparation of quality reports which may impact the reliability or accuracy of the data reported. Data is derived from many different systems and processes. Only some of these are subject to external assurance or included in the internal audit programme of work each year.

National data definitions do not necessarily cover all circumstances and local interpretations may differ. Where any local interpretations of national data definitions are applied, the Trust will ensure that variations are taken through appropriate governance to ensure the intent of the definition is achieved.

Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to reanalyse historic data.

Notwithstanding these inherent limitations, to the best of my knowledge the information in this report is accurate.

A handwritten signature in black ink, appearing to read 'Lesley Watts', with a stylized flourish at the end.

Lesley Watts
Chief Executive Officer

Annex 1: National clinical audit and confidential enquiries participation

National programme work	Trust eligible	Trust participated	% submitted
Case Mix Programme (CMP)	Yes	Yes	Ongoing (continuous data collection)
Elective Surgery (National PROMs Programme)	Yes	Yes	Ongoing (continuous data collection)
Emergency Medicine QIPs: Pain in Children (care in Emergency Departments)	Yes	Yes	Ongoing (continuous data collection)
Epilepsy 12 - National Audit of Seizures and Epilepsies for Children and Young People	Yes	Yes	Ongoing (continuous data collection)
Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls	Yes	Yes	Ongoing (continuous data collection)
Falls and Fragility Fracture Audit Programme (FFFAP): National Hip Fracture Database	Yes	Yes	Ongoing (continuous data collection)
Falls and Fragility Fracture Audit Programme (FFFAP): Fracture Liaison Service Database (FLS-DB)	Yes	Yes	Ongoing (continuous data collection)
Gastro-intestinal Cancer Audit Programme (GICAP): National Bowel Cancer Audit	Yes	Yes	Ongoing (continuous data collection)
Gastro-intestinal Cancer Audit Programme (GICAP): National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Yes	Ongoing (continuous data collection)
Inflammatory Bowel Disease Audit	Yes	No	n/a
LeDeR - learning from lives and deaths of people with a learning disability and autistic people	Yes	Yes	Ongoing (continuous data collection)
National Adult Diabetes Audit (NDA): National Diabetes Foot Care Audit	Yes	Yes	Ongoing (continuous data collection)
National Adult Diabetes Audit (NDA): National Inpatient Diabetes Audit, including National Diabetes In-patient Audit - Harms	Yes	Yes	Ongoing (continuous data collection)
National Adult Diabetes Audit (NDA): National Core Diabetes Audit	Yes	Yes	Ongoing (continuous data collection)
National Adult Diabetes Audit (NDA): National Diabetes in Pregnancy Audit	Yes	Yes	Ongoing (continuous data collection)
National Asthma and COPD Audit Programme (NACAP): Adult Asthma Secondary Care	Yes	Yes	Ongoing (continuous data collection)
National Asthma and COPD Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease Secondary Care	Yes	Yes	Ongoing (continuous data collection)
National Asthma and COPD Audit Programme (NACAP): Paediatric Asthma Secondary Care	Yes	Yes	Ongoing (continuous data collection)
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Yes	Ongoing (continuous data collection)
National Cardiac Arrest Audit (NCAA)	Yes	Yes	Ongoing (continuous data collection)

National programme work	Trust eligible	Trust participated	% submitted
National Cardiac Audit Programme (NCAP): Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	Ongoing (continuous data collection)
National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (CRM)	Yes	Yes	Ongoing (continuous data collection)
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Yes	Yes	Ongoing (continuous data collection)
National Cardiac Audit Programme (NCAP): National Heart Failure Audit	Yes	Yes	Ongoing (continuous data collection)
National Child Mortality Database (NCMD)	Yes	Yes	Ongoing (continuous data collection)
National Comparative Audit of Blood Transfusion: 2021 Audit of Blood Transfusion against NICE Guidelines	Yes	Yes	100%
National Early Inflammatory Arthritis Audit	Yes	Yes	85%
National Emergency Laparotomy Audit (NELA)	Yes	Yes	Ongoing (continuous data collection)
National Joint Registry	Yes	Yes	Ongoing (continuous data collection)
National Lung Cancer Audit	Yes	Yes	Ongoing (continuous data collection)
National Maternity and Perinatal Audit (NMPA)	Yes	Yes	Ongoing (continuous data collection)
National Neonatal Audit Programme (NNAP)	Yes	Yes	Ongoing (continuous data collection)
National Paediatric Diabetes Audit	Yes	Yes	Ongoing (continuous data collection)
National Perinatal Mortality Review Tool	Yes	Yes	Ongoing (continuous data collection)
National Prostate Cancer Audit (NPCA)	Yes	Yes	Ongoing (continuous data collection)
Respiratory Audits: National Outpatient Management of Pulmonary Embolism	Yes	Yes	Ongoing (continuous data collection)
Respiratory Audits: National Smoking Cessation 2021 Audit	Yes	Yes	Ongoing (continuous data collection)
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes	Ongoing (continuous data collection)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	Yes	Ongoing (continuous data collection)
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	Yes	Ongoing (continuous data collection)
Trauma Audit & Research Network (TARN)	Yes	Yes	Ongoing (continuous data collection)
Urology Audits: Management of the Lower Ureter in Nephroureterectomy Audit	Yes	No	n/a

Confidential enquiry project title	Trust eligible	Trust participated	% submitted
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal mortality surveillance and confidential enquiry	Yes	Yes	Ongoing (continuous data collection)
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal confidential enquiries	Yes	Yes	Ongoing
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal mortality surveillance	Yes	Yes	Ongoing (continuous data collection)
Medical and Surgical Clinical Outcome Review Programme: Epilepsy Study	Yes	Yes	90%
Medical and Surgical Clinical Outcome Review Programme: Transition from child to adult health services	Yes	Yes	Ongoing
Mental Health Clinical Outcome Review Programme (NCISH)	not eligible but Trust reviews annual NCISH recommendations		

Annex 2: National clinical audits reviewed by the Trust

National clinical audit	Lead department	Summary and agreed actions arising from national clinical audits
National Early Inflammatory Arthritis Audit (NEIAA)	Rheumatology	<ul style="list-style-type: none"> Albumin-globulin results to GPs and triaging of referrals is being used cross-site to reduce numbers of new patients being seen Institution of electronic monitoring system Investigate access to mental health service Education of administrative/booking team to prevent utilising early arthritis follow up slots for other groups of patients
Falls & Fragility Fractures (FFFAP): Inpatient Falls	Older Adults and Frailty	<ul style="list-style-type: none"> Mechanism needed to assess gap between actual and reported falls Identify baseline metrics and finalise QI project detail Further audit templates to be developed when falls dashboard introduced
Falls & Fragility Fractures (FFFAP): Fracture Liaison Service Database	Rheumatology	<ul style="list-style-type: none"> Business case for an additional Fracture Liaison Service Nurse Band 6, plus a full-time administrator to service develop and meet the demand of the service is currently in progress
National Emergency Laparotomy Audit (NELA)	Surgery	<ul style="list-style-type: none"> SHO in emergency general surgery to be appointed to address NELA data input Care of elderly input post op lacking medicine to nominate consultant for post op reviews of surgical patients
National Clinical Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Paediatrics	<ul style="list-style-type: none"> Procure dedicated admin support for Neuro service and Epilepsy 12 audit—admin support for obtaining results
National Maternity & Perinatal Audit (NMPA)	Obstetrics and gynaecology	<ul style="list-style-type: none"> New IT infrastructure roll out. To determine maternity buy-in across both sites End to end digital program to be identified and procured for maternity
National Paediatric Diabetes Audit (NPDA)	Paediatrics	<ul style="list-style-type: none"> Completion of insulin pump therapy pathway and cross-site guideline Re-instate Nurse-led clinic to prepare young people and their families for transition from paediatric to adult services

Annex 3: Statement from the Council of Governors

Governors comments on the Quality Report 2021/22

The Governors have read the Trust Quality Report 2021/22 with great interest. We remain impressed by the continued commitment of the Trust's staff in working towards the progressive improvement to the quality of care across the Trust. It has been another testing year, and we cannot thank the staff enough for their diligent care and impressive work ethic as the Trust negotiates a new normal past COVID, alongside improving the Trust's Quality Priorities.

The Governors have endorsed the Trust's 2022/23 Quality Priorities which have been identified through engagement with multiple stakeholder groups and aligned to one or more of the Trust's three strategic objectives—prioritising the delivery of high-quality, patient centred care, to be the employer of choice, and to embrace sustainability. Furthermore, we applaud the over-arching ambition to enable teams to continue to develop transferrable and sustainable knowledge and skills to carry on the journeys of improvement within the organisation and across the wider health and care system.

Following the Safety, Effectiveness, Experience and Responsiveness themes, we applaud the first Quality Priority to reduce the risk of inpatient falls with harm. Hospital falls leading to harm and increased morbidity are common and preventable events that occur across NHS England. As such, falls will be a primary focal point for the Trust for many years to come, and we the Governors look forward to seeing how the Trust reviews, refines and improves controls within this important safety area. The priorities objectives are to increase the number of patients over 65 having falls risk assessments documented within 6 hours of admission to hospital to 100%, to increase the over 65s falls care plan documentation to within 12 hours of risk assessment completion, again to 100%, to increase the number of staff trained in measuring and documenting lying and standing blood pressure to 90%, and, finally, to reduce the number of falls with severe harm to 50%. This will be a tall order and the Quality Subcommittee look forward to seeing how the Falls Operational Group will track and assist this goal.

Improving clinical handover will be carried over from 2021/22 given its extensive remit and its previous success. Last year's handover concentrated on the medical aspect of doctor to doctor, this year the priority will extend to clinical handover (everybody else). We as Governors appreciate how important the handover of patient care is within our hospitals, and how the traditional brief conversation and brief notes at the end of a shift belies risks relating to content and record keeping variability. As such, we hold great hopes in the increased utilisation of the CernerEPR handover tool, an increase in staff numbers attending Hospital at Night meetings and an increase in the number of staff trained in principles of safe and effective handover. An effective handover between clinical teams is widely accepted as essential for patient safety so this is a most auspicious priority to adopt.

The Governors wholeheartedly approve communication improvements with patients and primary care services as a new quality priority for 2022/23. It is fully appreciated that poor communication and engagement can lead to gaps in care planning, especially if important appointments or outcomes are missed. The Trust hopes to demonstrate a 50% improvement in patient experience relating to appointment and outcome communication, to reduce the number of complaints and informal concerns by 25%, to increase the number of discharge summaries sent to GPs within 24 hours following inpatient care,

daycase or A&E attendance by 100%, and, finally, increase the outcome letters sent to GPs within 7 days following outpatient appointments to 100%.

Improving end of life care is also a new quality priority for 2022/23. This is such an important initiative which we've learnt to value more because of the pandemic and increased morbidity cases within our Trust. It is astounding that nationally a third of NHS inpatients are within the last 12 months of life. The Trust, as such, is committed to ensuring that these patients receive personalised, appropriate care that is tailored to their needs and the needs of those important to them. It is the Trust's ambition to implement a 2-year Quality Priority focusing on coordinated, individualised care at the end of life, delivered by staff who have had the appropriate training and education in line with the preferences and priorities of the individual. This is in line with the NHS Long Term Plan, and it is the Trust's ambition to deliver more integrated, person-centred care to patients in the last months of life. This is being supported by the introduction of the London Urgent Care Plan (UCP) digital system. This system provides a shared record of patients' preferences around their care, including decisions around goals of care and treatment escalation. Implementation of this system will help to identify patients presenting to the acute Trust who already have an urgent care plan, ensuring the care that is offered is appropriate and in line with expressed preferences, including decisions about admission and clinical management. This record will be able to be accessed across primary, secondary, and tertiary care supporting a more coordinated, cohesive experience across different care settings. It is a huge undertaking but one which the Governors see as both vital and integral to a better system in hospital and furthermore in the greater reaches of community care. If we can improve our system then hopefully outside services can evolve alongside us, eventually to benefit each other. For this priority to be a success there will need to be a 100% increase in the number of patients with Urgent Care Plans identified in A&E, as well as an increase in the number of fast-track discharges delivered in less than 4 days. Finally, the percentage of staff trained in end-of-life care will need to be increased too. These are brave and robust priorities for our Trust to undertake but necessary with an ever-increasing ageing population.

There have been many additional quality highlights over the last year. The Care Quality Programme (CQP) has established a structure for continuous quality improvement in the Trust to improve quality of care, reduce variation in a sustained manner and support an improvement culture in the organisation. The Trust continues with an ambitious quality improvement plan to reach an 'Outstanding' CQC rating. The improvement process is now well-embedded, based around the Trust PROUD values and an improvement framework. Furthermore, the quality focus remains consistent in ward and department accreditation, the identified themes for improvement are documented in a report to inform the clinical teams of their achievements and actions required.

Additional quality highlights include Clinical Learning and Development which has also developed over the past 12 months, supported by both undergraduate and postgraduate learning alongside the delivery of ad hoc programmes to meet the demands for service changes or patient needs. Leadership development continues to support emerging leaders with the Ashridge-Hult Executive Business School Level 7 Senior Leader Apprenticeships, and the Emerging Leaders programme was redesigned as a virtual programme with multiple cohorts taking place across the year. In collaboration with the NWL ICS the Trust has also participated in pilots for an Inclusive and Compassionate Leadership programme and a Leadership Ladder programme. The Trust's estate sees a new Intensive Care Unit (ICU), a world-class facility, home to the latest health tech and design innovations. With support from the Trust's charity CW+, the critical care unit incorporates the latest

innovations and digital solutions that can be personalised, ever supporting pioneering approaches and research. Additionally, the new Neonatal Intensive Care Unit (NICU) at Chelsea and Westminster Hospital opened in June 2021 following a three-year build, for which planning started in 2015. It is a substantial asset to the Trust with 40% more space and the capacity to admit up to 150 more babies each year, and an innovative focus on family integrated care. Maternity was shortlisted for a national Royal College of Midwives award for 'delivering excellence in maternity care during a global pandemic' due to the service provided during the pandemic. To add to all these great accomplishments, the Trust became the lead employer for the vaccination service across North West London, working with colleagues across the Integrated Care System, government (national and local), and commercial partners to provide multiple vaccination opportunities to our community.

The Governors are continually impressed by the Trust's ability to stride forward in quality of care, and we are delighted to see the ongoing steady improvement in past Quality Priorities which continues to impact positively on patient care. The Governors commend all the hard work carried out across the Trust in what has been another challenging year. And we look forward to re-engaging with the Quality Awards for innovations which so wonderfully help improve the patient experience or working procedures/environment/mental wellbeing of the hospital staff, particularly where an idea which saves money can be rolled out cross-site. A chance to properly celebrate staff efforts once again.

We are continually in awe of the staff who, over this past year, have risen time and time again to deliver exceptional care, and the Governors would like to thank the staff of both Chelsea and West Middlesex for all the hard work and dedication that goes into making us one of the top Trusts. We Governors are aware that it is only through the staff's continual efforts that we achieve high ratings in many areas. We want staff throughout the Trust to know how appreciated they are and know that we applaud their resilience over what has been a very trying and exhaustive pandemic period.

Thank you all.

Laura-Jane Wareing

Chair of the Council of Governors Quality Subcommittee

Annex 4: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality reports for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2021/22* and supporting guidance
- The content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2021–March 2022
 - Papers relating to quality reported to the Board over the period April 2021–March 2022
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - The latest national patient survey
 - The latest national staff survey
 - CQC inspection reports
- The quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- The performance information reported in the quality report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The quality report has been prepared in accordance with NHS Improvement's *Annual Reporting Manual and Supporting Guidance* (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board:

Matthew Swindells

Matthew Swindells
Chairman

Lesley E Watts

Lesley Watts
Chief Executive Officer

Epilogue

About the Trust website

The maintenance and integrity of the Trust's website is the responsibility of the directors. The work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Your comments are welcome

We hope that you have found our quality report interesting and easy to read. We would like to hear your thoughts about it, so please let us have your comments by using the contact details below.

Director of Corporate Governance and Compliance

Chelsea and Westminster Hospital NHS Foundation Trust
369 Fulham Road
London
SW10 9NH

E: chelwest.ft.secretary@nhs.net

You can receive our monthly newsletter to stay up-to-date and get involved in improving quality at our hospitals by becoming a member of our foundation trust—please see www.chelwest.nhs.uk/membership for details.



Chelsea and Westminster Hospital
NHS Foundation Trust

369 Fulham Road
London
SW10 9NH

Main Switchboard
+44 (0)20 3315 8000

Website
www.chelwest.nhs.uk

 fb.com/chelwest
fb.com/westmidhospital

 [@chelwestft](https://twitter.com/chelwestft)
[@westmidhospital](https://twitter.com/westmidhospital)

 [@chelwestft](https://instagram.com/chelwestft)

