PROUD TO CARE

QUALITY REPORT

2022/23

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust


Senior Midwife
SENIOR MIDWIFE


Dräger
Movita


EMERGENCY DEPARTMENT

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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 Report which shows how we performed against our priorities during 2022/23 and sets out our priorities for the coming year 2023/24. It also gives an overview of our key performance indicators and assurance statements.

The last 12 months represent a period of major service transformation and advancement for the Trust. Our expansion in robotic surgery has led to European breakthroughs, while also leading on national clinical research to tackle and treat endometriosis, supporting our ambition to be recognised as a progessive leader in women's health.

HIV and sexual health services continue to be at the forefront of innovation, now the largest and busiest in Europe, delivering world-class care and outcomes for 200,000 patients each year. We are also leading on specialist transgender health clinics in the capital and now offer the first NHS-commissioned masculinising surgery service.

For the last two years, the Trust has had a strong reputation for safe care, consistently having one of the lowest death rates in England, which is one of the key criteria for measuring patient safety. According to latest published figures for the Summary Hospital-level Mortality Indicator (SHMI), the Trust once again has the lowest in the country.

We continue to realise the benefits of implementing our digital programme and have successfully commenced a digital end-to-end pathway solution which has been endorsed and supported by the national NHS team, and this has now been implemented in a range of other acute trusts across the country. This means our hospitals share one digital platform and access to patient records is seamless, allowing clinical staff to have access to relevant patient information securely and quickly. This has not only improved coordination of patient care but has also contributed to better and more efficient care for all patients as we adapted pathways in response to the pandemic.

There is no denying it has been an incredibly challenging year for everyone working in the NHS right now. Thanks to the continued extraordinary efforts of our staff—preparing for and managing periods of industrial action, winter planning and wider operational pressures—we remain one of the top performing health providers in the country.

It has never been more evident that, to provide excellent care to our patients, we must also provide excellent support to the people who work within the Trust to deliver our aspirations for excellence. During the year we have continued to develop our comprehensive staff wellbeing and support service to ensure our staff receive the help they need to continue to support our patients.

I would like to take this opportunity to thank all our staff, volunteers and partners who have shown incredible commitment to the care of our patients and colleagues. I am confident we will continue to go above and beyond for the patients and communities we serve, and I look forward to the year ahead as the Trust goes from strength to strength.

Our values

The Trust 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.

They are:

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

Our priorities

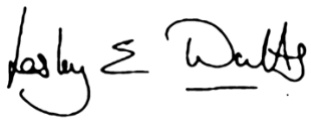
I am extremely proud of the progress we have made with our 2022/23 quality priorities—although not all of our ambitions were realised, the Trust has continued to deliver year-on-year improvements to our service delivery and quality of care. Looking forward, our Trust quality priorities for 2023/24 are aligned to our quality strategy, supported by the Trust Board and our Council of Governors.

Our 2023/24 quality priorities are:

- **End of life care:** Supporting people in their last months or years of life
- **Effective discharge:** Enabling safe and timely discharge
- **Frailty care:** Improving the identification and care of frail patients
- **Patient safety incident response framework:** Enhancing patient safety through learning and improvement

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.

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 nearly 7,000 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 nearly 350,000 patients were treated this year. The Trust runs one of the largest maternity services in England, delivering approximately 10,000 babies every year. Our specialist care includes our new Centre for Gender Surgery, our world-renowned burns service, which is the leading centre in London and the South East, our paediatric inpatient and outpatient services, 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 the CW and WM sites—the departments are supported by separate on-site urgent care centres (UCCs) and have comprehensive ambulatory emergency care (AEC) services

- Emergency assessment and treatment services including critical care and a surgical assessment unit (SAU)—the Trust has 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[1]	2020/21	2021/22	2022/23
Outpatient attendances (excluding sexual health and private patients)	767,330	776,287	801,270	791,337	651,567	795,583	777,916
Emergency department (A&E) attendances	282,157	306,048	326,116	331,525	215,438	335,374	348,754
Inpatient admissions	136,837	141,476	145,136	142,233	100,221	138,448	153,670
Babies delivered (excluding private patients)	10,682	10,644	10,420	10,550	9,959	10,066	9,740
Patients operated on in our theatres	33,683	36,140	33,476	26,573	13,643	13,526	25,102
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	455,334
Total staff numbers	6,350	6,601	6,977	6,392	6,495	6,564	6,951

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.

[1] The CernerEPR (electronic patient record) system was implemented during 2019/20, which resulted in changes in the way activity data was recorded

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.

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

The year in photos

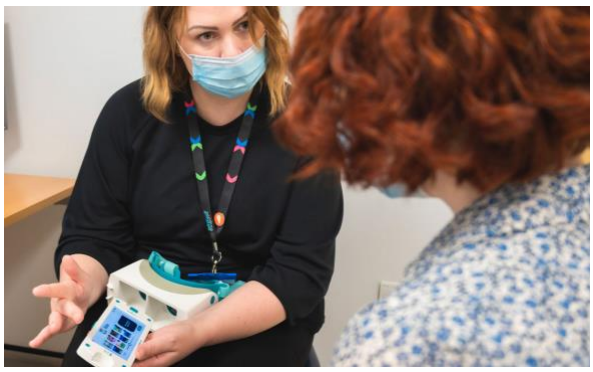
April 2022

Our consultant midwives received a silver Chief Midwifery Officer award for excellent services to maternity care during the pandemic

Our new da Vinci X surgical robot enables more patients to receive minimally invasive procedures with quicker recovery times

May 2022

Piano performance by former hand surgery patient Naiole Missi to celebrate her extraordinary recovery



We launched Eirene virtual reality headsets to support women who have experience pregnancy loss

June 2022

Secretary of State for Health and Social Care opens our new Paediatric Ambulatory Care Clinic (PACC)

Celebrating the Windrush generation's significant contributions to our Trust and the wider NHS

July 2022

We celebrate the NHS's 74th birthday with special tea parties at Chelsea and West Middlesex

Members of the All-Party Parliamentary Group on HIV and AIDS learned how we provide convenient and efficient sexual health care at our clinics

August 2022

The Mayor of Hounslow opens a new Heritage Exhibition at West Mid to celebrate its remarkable 100+ year history

Our new outpatient pharmacy CW Medicines opens at our Chelsea and 56 Dean Street sites

September 2022

We held our first Staff Awards ceremony since before the pandemic to recognise and commend staff from across our Trust

Our Venus Homebirth team at West Mid celebrated two years of supporting women and birthing people who chose to birth at home

October 2022

The Queen Consort met our pioneering Domestic Abuse team and staff working in the field in our maternity services

We hosted the first hospital screening of a game-changing endometriosis film followed by an expert panel Q&A session

November 2022

We welcomed colleagues from the Danish AIDS Foundation to our sexual health clinics and A&E

Our Trust was named as Best in UK for delivering Radiology Services at the Radiology Awards 2023

December 2022

We marked World AIDS Day with events and outreach work including an HIV testing event at G-A-Y Bar in Soho

Chief Executive Lesley Watts was awarded CBE in His Majesty the King's New Year Honours

January 2023

Staff in our Obstetrics and Gynaecology team were recognised at the Imperial College Faculty of Medicine Awards

Planning permission was granted for a new, state-of-the-art diagnostic centre at West Middlesex University Hospital

February 2023

Consultant Cardiologist Dr Fu Siong Ng shed light on heart health to raise awareness of heart attack symptoms as part of the #HelpUsHelpYou campaign

Our A&E team at Chelsea piloted new NHS England schemes to improve patient care and experience

March 2023

Three little miracles reunite 17 years after the triplets were born prematurely in 2006 at just 29 weeks

We celebrated Trans Day of Visibility with a panel discussion to recognise and celebrate the contribution of our trans and non-binary staff

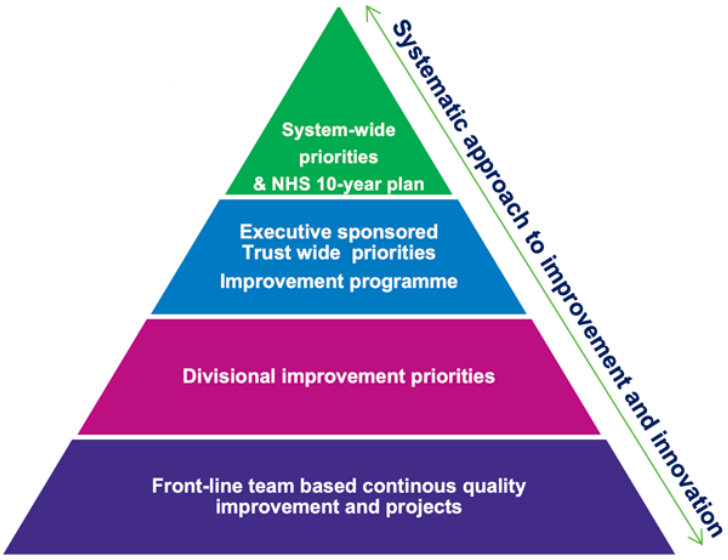
PART 2.1

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 continued our quality improvement (QI) and innovation, learning and development programme to invest and grow improvement skills and capabilities across the organisation at all levels. This year we trained more than 200 staff within the Trust's emerging leaders programme and team away days.

- We continued our clinical improvement and innovation fellow scheme, appointing a Trust midwife and clinical nursing improvement and innovation fellow to develop additional skills and support the Trust in improvement and innovation activities.

- We cultivated partnerships by working closely with colleagues from our charity CW+, research and development, innovation and patients, and worked with external partners to bring new innovations and improvement to our services.

- 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 51 projects celebrating and inspiring future work, 12 oral presentations and two keynote speakers.

- We increased opportunities for ideas generation, including a CW+ Dragon's Den funding call with more applications than ever before and introduced our first sustainability focused 'green call'.

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

Our quality priorities for 2023/24

The Trust's 2023/24 quality priorities have been identified through engagement with multiple stakeholder groups:

- Engagement and feedback from our Council of Governors and engagement forum which includes external stakeholders
- Engagement and feedback from our Board's Quality Committee
- Review of incident reporting and feedback from complaints and concerns

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 2023/24:

- **End of life care:** Supporting people in their last months or years of life
- **Effective discharge:** Enabling safe and timely discharge
- **Frailty care:** Improving the identification and care of frail patients
- **Patient safety incident response framework:** Enhancing patient safety through learning and improvement

Each priority will be overseen by a quality priority lead and delivery will be supported by the organisation's improvement department. Progress on the delivery of the Trust's quality priorities will be monitored on a quarterly basis through report to the Executive Management Board and the Quality Committee.

We are committed to focusing on these priorities to best improve the quality of care, patient experience, and the environment and culture within which our staff work.

Priority 1: Improving 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. The Trust implemented a 2-year quality priority in 2022/23 focusing on the provision of coordinated, individualised care at the end of life, delivered by staff who have had the appropriate training and education, and in line with the preferences of the patient.

What do we aim to achieve during 2023/24?

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 Universal Care Plan (UCP) digital system (previously called the London Urgent Care Plan)—this system provides a shared record of patients' care preferences, including decisions around goals and treatment escalation. The use of this system will help to identify patients who already have an urgent care plan, ensuring that the care offered as soon as they are admitted is appropriate and in line with their expressed preferences. For those patients who do not yet have an urgent care plan 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.

Supporting people's preferences for place of care and death can have significant impacts on our patients and those important to them—for this reason the Trust has committed to improving the 'fast-track' discharge process. Fast-track is a process to rapidly access NHS funding for care outside of hospital, either at home or in a care home, for patients who are rapidly deteriorating in the context of a life-limiting illness. It is the Trust's ambition to reduce the timeframe of these transfers so that patient preferences can best be met at the end of life.

How will we measure our success?

- 75% of fast-track transfers to be delivered in under four days
- 100% of patients with a pre-existing urgent care plan attending A&E to be identified

Priority 2: Supporting effective discharge

Why have we chosen this as a quality priority?

Hospital discharge arrangements impact patient outcomes, experience and the cost of healthcare provision. By integrating discharge processes within digital solutions, the Trust can ensure timely and safe discharges, reduce readmissions and provide patients with the support they need to manage their conditions at home. This approach also supports better information availability and communication between teams, improving the continuity and quality of care.

What do we aim to achieve during 2023/24?

This quality priority will develop and embed digital solutions designed to support communication between system partners and patients, minimise internal delays and optimise the discharge process.

How will we measure our success?

- 95% of patients to have an identified anticipated discharge date within 24 hours of admission
- 75% of community or social care referrals (where relevant) completed within 24 hours

Priority 3: Improving frailty care

Why have we chosen this as a quality priority?

Frailty is a loss of resilience, meaning people with frailty are unable to bounce back quickly after an illness, accident or other stressful event. People with frailty are also at risk of developing conditions such as anxiety and depression, and are more likely to have unplanned hospital admissions. Due to our aging population, an increasing number of people are at risk of developing frailty. Early recognition and timely intervention can save lives, prevent harm, improve patient experience and reduce unwarranted variation in care. It is, therefore, the Trust's ambition to improve how we recognise frailty, assess patient needs and intervene to best support patients and reduce risk.

What do we aim to achieve during 2023/24?

It is the Trust's ambition to improve identification, management and prevention of frailty through evidence-based interventions, multidisciplinary team reviews and data-driven approaches earlier within a patient's pathway and within the emergency care pathway.

How will we measure our success?

- 35% of all patients aged 65 and over attending A&E or same-day emergency care (SDEC) to receive a clinical frailty assessment and follow-up
- 95% of all patient-facing staff to receive frailty training

Priority 4: Patient safety incident response framework (PSIRF)

Why have we chosen this as a quality priority?

The patient safety incident response framework (PSIRF) is an innovative national approach to developing and maintaining effective systems and processes for responding to patient safety incidents, and is a core element of the NHS patient safety strategy. The framework enhances the Trust's approach to safety learning and supports strategic, preventative, collaborative, fair and just, credible and people-focused investigations. The changes required to implement PSIRF will be coordinated across the Acute Provider Collaborative to enhance sector consistency.

What do we aim to achieve during 2023/24?

To empower and enable our staff respond to patient safety events through the implementation of the patient safety incident response framework in collaboration with the Acute Provider Collaborative.

How will we measure our success?

- 95% of all staff will receive level 1 (essentials for patient safety) training
- 95% of our staff at band 6 and above and our medical professionals will receive level 2 (access to practice patient safety) training
- The Trust will have launched the implementation of PSIRF by end of the 2023/24 financial year

Our quality priority achievements in 2022/23

During 2022/23 we set a range of quality priorities aimed at improving the safety, effectiveness and experience of care received by our patients. These related to:

- **Priority 1:** Falls
- **Priority 2:** Clinical handover
- **Priority 3:** End of life care
- **Priority 4:** Communication with patients and primary care

Priority 1: Reducing the risk of inpatient falls with harm

Patient falls within a hospital setting can result in reduced confidence, increased length of stay and direct patient harm. With appropriate assessment and intervention, the falls risk can be minimised or prevented.

Key achievements:

- **Monitoring:** A falls dashboard has been developed that provides an overview of falls risk assessment completion within the electronic clinical record.

- **Education:** A comprehensive education programme relating to falls risk assessment and prevention has been developed for nursing staff. Additionally, the Trust is participating in the development of a north west London falls training package.

- **Equipment:** A review of the equipment available to support falls risk reduction has been undertaken leading to the procurement of low beds for every ward.

This programme of work has contributed to a 44% reduction in the number of falls that resulted in severe harm as well as a significant increase in the number of falls risks assessments for patients over 65 being recorded within the electronic clinical record.

Metric	Baseline	Target	Achieved
Number of falls leading to severe harm/death	16	8	9
Percentage of patients over 65 to have falls risk assessment	2.9% (CW) 34.3% (WM)	90%	87.6%

Priority 2: Improving clinical handover

Effective handover between clinical teams is an essential element in the delivery of safe and effective care. Since this was established as a quality priority in 2020/21, the Trust has sought to enhance opportunities for effective handover by engaging clinical teams and supporting delivery.

Key achievements:

- **Decision making:** Implementation of a SBAR (situation, background, assessment, recommendation) form within the electronic clinical record to support decision making and enhance documentation.

- **Process:** A clinical handover policy has been introduced across the Trust together with a nursing and midwifery handover framework. These internal processes are supported by the transfer policy supported by the Acute Provider Collaborative.

- **Education:** A comprehensive education programme has been developed to support clinical engagement in handover practices. This includes handover focus at induction for all medical staff, an e-learning module and the delivery of simulation training.

The initial focus for this quality priority was medical handover. This has led to increased engagement and attendance in the Trust's handover meetings with 95% attendance achieved (daytime handover). Attendance at the essential meeting is being supported by the introduction of a digital solution (Alertive)—this acts as a reminder and supports participation.

Metric	Baseline	Target	Achieved
Utilisation of CernerEPR tool to support patient handover	-	-	Implemented
Increase number of staff trained in principles of safe and effective handover	0%	50%	35%
Medical downstream—increase the number of staff who attend hospital at night and medical downstream ward by each specialty	nil	95%	87%
Handover at night—increase the number of staff who attend hospital at night and medical downstream ward by each specialty	nil	95%	63%

Priority 3: End of life care

End of life care was established as a two-year quality priority in 2022/23. The programme of work is, therefore, still in its infancy and additional time is required to effectively implement the London universal care plan (UCP) system. The UCP is an essential element of this quality priority as it supports the sharing of patient's care preferences, including the decisions around goals of care and treatment escalation. Implementation of this system will help to identify patients presenting to the Trust who already have a UCP, ensuring that the care offered is appropriate and in line with expressed preferences, including decisions about admission and clinical management integrated within our Trust Timely Care Hub.

Metric	Target	Achieved
Fast-track transfers to be delivered in less than 4 days	>75%	Implementation ongoing
Patients with a universal care plan attending A&E are identified	100%	Implementation ongoing

Priority 4: Communication with patients, carers and GPs

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. For this reason, a programme of work has been introduced to enhance the effectiveness of these communication channels.

Key achievements:

- **Monitoring:** Digital solutions developed to ensure outstanding discharge summaries are identified and rectified. This monitoring system is integrated into the organisation's governance structure.

This quality priority has led to improvement in patient experience—however, work will continue to be delivered to ensure the Trust meets its overall targets and continues to consistently communicate and support our patients, carers and their GPs.

Metric	Target	Achieved
Formal complaints (appointment related cumulative)	12	10
Informal complaints (cumulative)	358	142
Patient experience (local survey)—very good and good	96%	92.8%
Completion of discharge summaries	100%	98.7%
Completion of outpatient letters	95%	85%

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 2022/23. 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 2022/23, 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 2022/23 represents 100% of the total income generated from the provision of relevant health services by the Trust for the year.

Participation in clinical audits and national confidential enquiries

Clinical audits drive improvement through a cycle of service review against recognised standards. We use audits 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.

During 2022/23, 48 national clinical audits and 9 national confidential enquiries covered health services provided 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 the Trust was eligible to participate in during 2022/23 are listed within Annex 1 (page 49).

National clinical audit

Outcome reports from 50 national clinical audits were reviewed by the Trust during 2022/23. Annex 2 (page 52) 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 109 local clinical audits were reviewed by the Trust during 2022/23 and the following actions to improve the quality of healthcare provided are planned:

- To increase opportunities for learning from local clinical audits 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.

Commissioning for Quality and Innovation (CQUIN) schemes

Commissioning for Quality and Innovation (CQUIN) is a quality framework that allows commissioners to agree annual payments to hospitals based on the number of schemes implemented. This scheme was re-introduced in 2022/23, however the Trust's income was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework because the scheme was suspended nationally during this financial year. During 2022/23 the Trust participated in the following nation CQUINs:

- Flu vaccinations for frontline healthcare workers
- Appropriate antibiotic prescribing for UTIs in adults aged 16+
- Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions
- Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer, meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways
- Achieving 70% of patients with confirmed community-acquired pneumonia to be managed in concordance with relevant steps of the BTS CAP care bundle
- Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24
- Achieving 1.5% of acute Trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5 via secure electronic messaging
- Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending
- Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis

Each scheme is structured around indicators and milestones designed to drive improvement, directly or indirectly, in aspects of patient safety, patient experience and clinical effectiveness. A proportion of clinical services income within each contract is linked to these schemes, and actual payments are made based on how well the schemes are delivered according to an assessment by the commissioner of evidence submitted by the Trust. Delivery of our improvement goals associated with CQUINs is monitored by the Trust Board on a quarterly basis.

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. They monitor 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 2022/23.

Trust overall CQC rating

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

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 2022/23 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 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 to provide assurance that they are practicing good data security and that personal information is handled correctly.

For 2021/22 the Trust achieved 'standards met' and the organisation believes it will again achieve this standard for 2022/23.

Clinical coding error rate

The Trust was not subject to the payment by results clinical coding audit during 2022/23 by the Audit Commission.

Data quality

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

- **Validation of referral to treatment (RTT) data:** The Trust utilises a standard operating procedure for the validation of referral to treatment 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 2025. This has been shared with the IGSG via the DGSG (Data Quality Steering Group) to ensure oversight and assurance.

- **Data quality (DQ) monitoring:** A number of dashboards have been built on the Qlik Sense app to monitor data quality from CernerEPR systems with regards to agreed DQ measures. The 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

During 2022/23, 1,497 adult and child deaths occurred within the Trust's hospital sites. This comprised the following number of deaths which occurred in each quarter of that reporting period—360 in Q1, 340 in Q2, 416 in Q3 and 379 in Q4.

By 15 May 2023, 785 cases had been screened for potential learning, 506 full case record reviews had been completed and 33 investigations had been carried out in relation to the 1,497 deaths that occurred during this reporting period—this represents case screening/ review/investigation of 34% of total deaths.

In 33 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 151 in Q1, 139 in Q2, 133 in Q3 and 83 in Q4.

During the reporting period, no cases were judged to be more likely than not to have been due to problems in the care provided to the patient.

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 actions plans are developed to support 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 Trust uses the Summary Hospital-level Mortality Indicator (SHMI) to monitor the relative risk of mortality. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die based on the characteristics of the patient. The metric is calculated by NHS England using information submitted by all acute providers. The Trust has one of the lowest relative risks of mortality within NHS England—this provides excellent assurance regarding the provision of our care and services.

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	2022/23[2]
Summary hospital level mortality indicator (SHMI)	0.83	0.79	0.76	0.77	0.75	0.72	0.71
National Performance: Worst	1.21	1.22	1.20	1.19	1.20	1.22	1.22
National Performance: Best	0.70	0.69	0.70	0.68	0.69	0.72	0.71
National Performance: Mean	1	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 Mar 2017
- 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 the mortality surveillance and assurance provided by scrutinising and analysing information from mortality reviews, serious incidents, external datasets and triggers/indicators associated with the SHMI
- Promoting further clinical engagement and use of the organisation's safety learning systems which provides a platform for recording and analysing consultant led-reviews
- Undertaking patient level clinical and coding reviews of any specialties or conditions which show as mortality outliers when compared with national data

Percent of patient deaths with palliative care coding

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23[3]
Percent of patient deaths with palliative care coded	31.5%	32.0%	51.0%	54.0%	55.0%	47.0%	48.0%
National performance: Worst	3.9%	11.5%	14.2%	9.0%	8.0%	11.0%	13.0%
National performance: Best	56.3%	59.8%	59.5%	58.0%	63.0%	64.0%	66.0%
National performance: Mean	30.10%	31.6%	33.4%	36.0%	35.5%	39.7%	40.0%

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

[2] The reporting period of 2022/23 is Jan–Dec 2022
[3] The reporting period of 2022/23 is Jan–Dec 2022

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

- 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 COVID-19 pandemic—during 2020/21 the specialist palliative care team saw 90% of all COVID-19 patients at end of life

The Trust intends to take the following actions to improve this indicator, and therefore 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 are used to triangulate and monitor this metric

The Trust's ambition is to deliver more integrated, person-centred care to patients in their last months of life. For this reason, improvement in our approach to end of life care is one of our quality priorities for 2023/24.

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[4]		2016/17		2017/18		2018/19		2019/20		2020/21	
		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

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 therefore the quality of its services, by:

- Monitoring PROMs performance within the Planned Care Division's Quality Board to enhance oversight of process and report assurance to the Clinical Effectiveness Group

[4] National data publication has been paused by NHS England—PROMs outcomes will be included in future Quality Reports when publication resumes

Readmission within 28 days

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Readmission (28 days)—age 0–15 years	1.7%	6.9%	6.7%	6.3	5.7%	9.0%	6.20%
National performance: Worst	dnp	dnp	19.4%	16.9%	17.7%	17.5%	19.55%
National performance: Best	dnp	dnp	3.2%	4.5%	3.0%	0.0%	0.00%
National performance: Mean	dnp	dnp	10.8%	8.7%	9.1%	8.1%	9.80%

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Readmission (28 days)—age 16+ years	6.1%	12.2%	12.7%	13.2%	9.4%	9.7%	10.20%
National performance: Worst	dnp	dnp	29.4%	17.4%	15.8%	13.1%	21.20%
National performance: Best	dnp	dnp	2.0%	11.4%	5.2%	4.4%	0.00%
National performance: Mean	dnp	dnp	13.5%	13.9%	10.7%	8.7%	7.50%

Re-admission rates have increased on those in previous years and are now above the national mean. These indicators are 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 therefore the quality of its services, by:

- Enhanced monitoring of readmissions through the bed productivity programme, 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)

- Maintain and improve workstreams around demand, capacity and patient flow as part of the bed productivity programme

- It is the Trust's ambition to ensure timely and safe discharges, reduce readmissions, and provide patients with the support they need to manage their conditions at home—for this reason, effective discharge is one of the Trust's quality priorities for 2023/24

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	2021/22	2022/23[5]
Responsiveness to personal needs	65.7	65.4	67.1	63.7	72.9	dnp	dnp
National performance: Worst	60.0	85.0	58.9	59.5	67.3	dnp	dnp
National performance: Best	85.2	60.5	85.0	84.2	85.4	dnp	dnp
National performance: Mean	68.1	68.6	68.1	68.6	74.5	dnp	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

[5] National data publication has been paused by NHS England—responsiveness to personal need outcomes will be included in future Quality Reports when publication resumes

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 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 therefore the quality of its services, by:

- Patient experience is a priority for the organisation and this is reflected in the Patient Experience Strategy published during 2022/23

- The patient experience team triangulates 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 improve on negative themes from the results

Staff recommending our Trust

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Staff are happy with the standard of care that would be provided to a friend or a relative	73%	78%	81%	79%	79.0%	76.1%	72.1%
National performance: Worst	dnp	46.4%	39.7%	39.8%	49.7%	43.6%	39.2%
National performance: Best	dnp	89.5	90.4%	90.5%	91.7%	89.5%	86.4%
National performance: Mean	70%	70.9%	70.4%	71.4%	74.2%	66.9%	61.9%

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 data set

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

- Engaging all staff in the delivery of the Trustwide quality priorities—see *Part 2.1: Priorities for improvement* from page 16

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	2022/23[6]
Percentage of admitted patients risk assessed for VTE	93.0%	86.1%	75.8%	83.0%	83.7%	93.2%	92.7%
National performance: Worst	63%	72%	74.4%	71.7%	dnp	dnp	dnp
National performance: Best	100%	100%	100%	100%	dnp	dnp	dnp
National performance: Mean	95.61%	95.80%	95.6%	95.5%	dnp	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:

- The improvement in VTE risk assessment performance achieved during 2021/22 has been maintained
- The Thrombosis and Thromboprophylaxis Group includes 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 the 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

The Trust intends to take the following actions to improve this indicator, and therefore 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
- Updating the Trust's VTE policy and risk assessment process and advertising to all clinical staff
- Increasing the use of VTE magnets on ward noticeboards to identify patients requiring VTE risk assessment completion

[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

- Developing VTE patient information leaflets to increase patient education and awareness on VTE prevention and treatment

- Delivering VTE education via various channels—eg induction programme for junior doctors and pharmacists, grand rounds, 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—actions to address any contributory factors for omission of thromboprophylaxis when not clinically indicated include, for example, review of ward stock levels, staff education, training and awareness, review and update of guidelines

Clostridium difficile (*C.diff*) occurrence

Public Health England changed the surveillance definitions for *C.diff* in Apr 2019—before this date cases of *C.diff* detected four or more days after admission to hospital were classified as hospital-onset healthcare-associated. Following the Apr 2019 change, this classification was given to all cases identified two or more days post admission.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Count: Hospital onset, healthcare associated	dnp	18	19	32	20	36	27
Rate: Hospital onset, healthcare associated per 100,000 bed days	dnp	5.9	6.8	11.9	9.5	11.52	9.3
National performance: Worst	dnp	95.6	90.2	64.6	80.6	dnp	dnp
National performance: Best	dnp	0	0	0	0	dnp	dnp
National performance: Mean	dnp	15.1	13.6	15.01	18.2	dnp	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

During 2022/23 there were 27 Trust healthcare associated *C.diff* cases against a Trust target of 25—this represents a 25% decrease in comparison to 36 Trust apportioned cases for the year 2021/22.

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

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

- The dataset is nationally reported and locally 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

- Root cause analysis (RCA) meetings were held for all cases

The Trust has taken the following actions to improve this indicator, and therefore 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 West Middlesex University Hospital in Jul 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 a 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 produced divisional action plans—compliance monitored at 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
2022/23	Number	11,762	dnp	dnp
	Rate per 1,000 bed days	32.36		
2021/22	Number	11,183	3,441	49,603
	Rate per 1,000 bed days	44.5	23.7	205.5
2020/21	Number	9,575	3,169	37,572
	Rate per 1,000 bed days	45.4	27.2	118.7

Number and % of patient safety incidents resulting in severe harm or death		Trust	Lowest	Highest
2022/23	Number	28	dnp	dnp
	Rate per 1,000 bed days	0.2		
2021/22	Number	23	3	216
	Rate per 1,000 bed days	0.1	0.02	0.8
2020/21	Number	28	4	261
	Rate per 1,000 bed days	0.1	0.03	1.1

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

- All staff at the Trust are reminded regularly through multiple channels (such as local induction, safety meetings, clinical update, 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 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

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 2022/23, the NHS 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.

Below is a summary of some of our KPIs for 2022/23. These should be read in conjunction with the main narrative of the Annual Report and Accounts 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 *C.diff* (hospital-associated infections)	26	27
All cancers: 31-day wait from diagnosis to first treatment	96%	94.2%
All cancers: 31-day wait for second or subsequent treatment (surgery)	94%	83.3%
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%	71.3%
Cancer: Two-week wait from referral to date first seen (comprising all cancers)	93%	95.8%
Referral to treatment waiting times <18 weeks—incomplete	92%	60.4%
A&E: Total time in A&E ≤4 hours	95%	77.0%
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	2022/23
Patient Safety	Patients with hospital-acquired MRSA infections (target 0)	1	4	6	7
	Hand hygiene compliance (target >90%)	86.0%	92.6%	92.1%	95.3%
	Number of serious incidents	72	76	75	69
	Number of never events	1	2	2	1
	Incident reporting rate per 100 admissions (target >8.5%)	8.9%	11.6%	9.3%	9.2%
	Percentage of patient safety incidents resulting in severe harm or death	0.01	0.03	0.02	0.02
	Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days (target >=4.2)	4.51	4.49	3.74	3.92
	Medication-related (NRLS reportable) safety incidents % with moderate harm and above (target <2%)	0.1%	0.6%	0.5%	0.2%
	Summary Hospital Mortality Indicator (SHMI) (target <100)	75	77	71	72

	Indicator	2019/20	2020/21	2021/22	2022/23
Clinical Effectiveness	Dementia screening case findings (target >90%)	88.2%	74.3%	94.0%	94.7%
	Fractured neck of femur time to theatre <36 hours for medically fit patients (target 100%)	92.1%	90.4%	78.4%	75.1%
	Stroke care: Time spent on dedicated stroke unit (target >80%)	92.0%	87.2%	93.8%	89.6%
	VTE: Hospital-acquired	18	16	26	58
	VTE risk assessment (target >95%)	82.1%	86.2%	93.1%	92.7%
	Sepsis: Inpatient wards percentage of patients with high NEWS score screened for sepsis	N/A	86.1%	88.5%	93.2%

	Indicator	2019/20	2020/21	2021/22	2022/23
Patient Experience	FFT: Inpatient satisfaction (target >90%)	94.8%	95.5%	95.5%	95.6%
	FFT: A&E satisfaction (target >90%)	89.8%	89.9%	82.2%	79.3%
	FFT: Maternity satisfaction (target >90%)	92.3%	88.8%	88.0%	89.1%
	Complaints: Number of formal complaints received	840	392	448	476
	Complaints: Number of formal complaints responded to within 25 working days	395 (47%)	238 (61%)	341 (76%)	401 (84%)
	Complaints: Number of formal complaints referred and upheld by the Ombudsman	13	4	3	1

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 an improvement culture in the organisation. 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 a number of clinical areas involving external peer reviewers with Trust staff
- 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 across all clinicians to drive the improvement of care in their clinical areas. Additionally, the assessment process of the 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

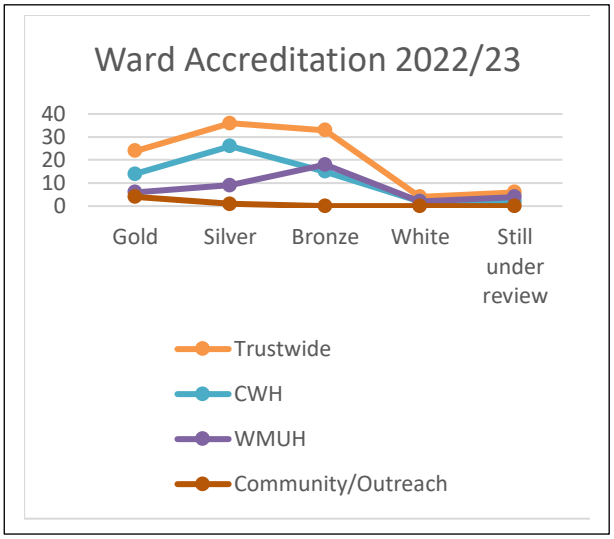
This programme is led by the deputy director of nursing within the portfolio of the corporate nursing team. Ward and department accreditation was introduced into the Trust during summer 2016. The programme uses an assessment tool linked to the CQC key lines of enquiry. Accreditation uses a snapshot team audit approach using bespoke questions. After an accreditation the area is awarded one of the four Trust quality gradings and this should be displayed on the quality boards.

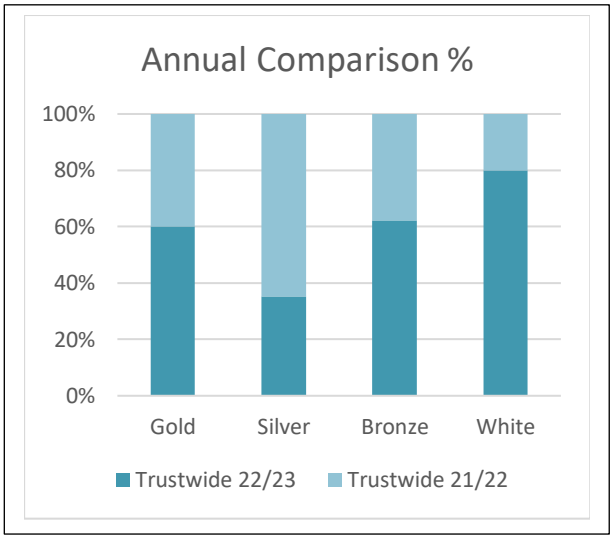
The Trust gradings of 'gold to white' generally follow the CQC's method of ratings:

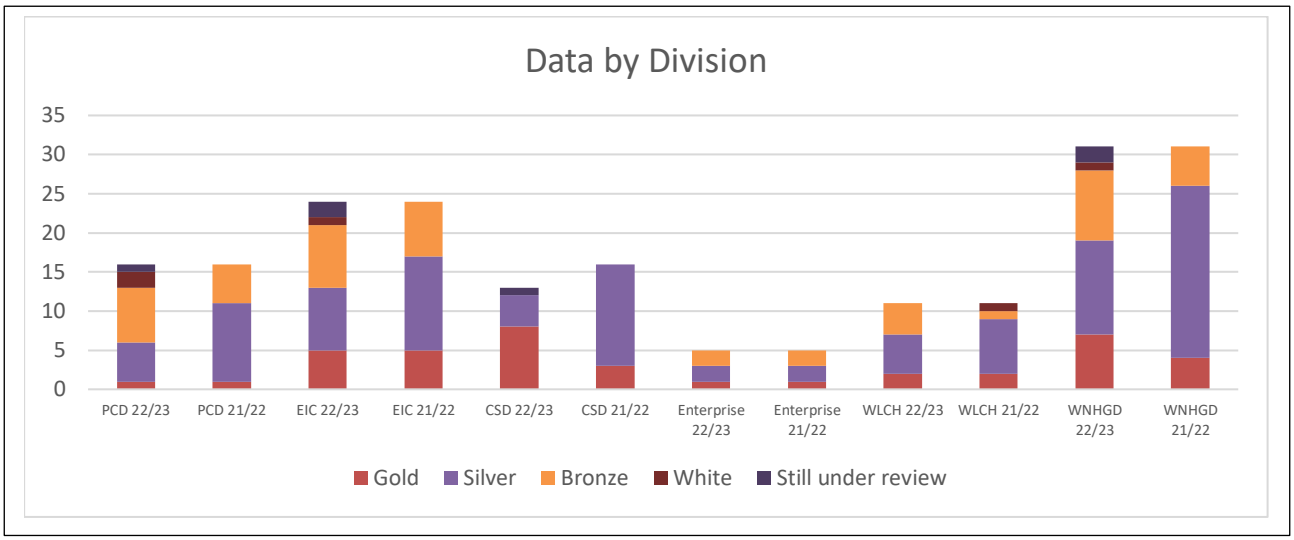
CQC grading	Trust rating for ward accreditation
Outstanding	Gold—achieving highest standards with evidence in data
Good	Silver—achieving minimum standards or above with evidence in improvement data
Requires improvement	Bronze—achieving minimum standards, or below with active improvement work underway
Inadequate	White—not achieving minimum standards and no evidence of active improvement work

In 2022/23, 103 areas have had a ward/department accreditation. However, due to winter operational pressures, nine of these were carried forward from 2021. As these nine areas had been awarded gold, they were not reaccredited in 2022/23.

From Apr 2022–Mar 2023, 94 ward/department accreditations took place. Across the Trust, the following gradings have been achieved 24 gold, 36 silver, 33 bronze, 4 white (finalised), 6 white (still undergoing review).







Accreditation is used to give assurance and drive improvements in the quality and safety of patient care in all clinical areas of the Trust. Regular accreditation inspections should facilitate improvements in the standard of clinical patient care and support these improvements to be maintained, ensuring consistent, high-quality care.

Themes for improvement identified during the 2022/23 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 or staff safety. Areas of good practice are also clearly highlighted in the report and to the staff concerned. Over the past year, common themes for improvement identified on the accreditations included:

- Compliance to infection control practices
- Information governance standards
- Compliance to mandatory safety checks
- Compliance to medicines management

Plan for 2023/24

A new tool for ward and department accreditation has been designed. The aim is to simplify capturing and collating the data to obtain a consistent approach with no assessor bias and to allow for reporting of results and trends in a meaningful way. The new tool will be electronic and assessors will input the data via MS Forms—the system will be set up to collate the results based on pre-programmed scoring and weighting for each question.

The accreditation method consists of a snapshot inspection using an approved audit tool and evaluation of ward and department key performance indicators. The questions used have been divided into nine themes:

- Infection prevention and control
- Health and safety
- Environment
- Safeguarding and mental health
- Patient experience
- Medicines management

- Harm-free care—nursing and midwifery care, falls prevention, pressure ulcer prevention, nutrition and hydration, documentation
- End of life care
- Leadership

Other ward and department data that will be looked at as part of the accreditation process will include:

- Mandatory training rates
- PDR rates
- Use of bank and agency
- Staff sickness
- Family and Friends feedback
- Harm-free care reports
- Senior leader temperature check audit results
- Results of audit results carried out in line with the Trust quality round programme

Accreditation will take place weekly on either one of the two main hospital sites. The assessment team will consist of someone from the corporate nursing team, patient experience team, infection prevention and control, health and safely, and estates and facilities.

There will be bespoke accreditation tools for inpatient wards, critical care, theatres and recovery, outpatients, paediatrics and maternity.

During May 2023 the new tool was being piloted to ensure it is fit for purpose with a plan to launch the new process in Jun 2023. All 103 areas will have an accreditation following the new process prior to the end of Mar 2024. Accreditation progress will be reported through the Trust Clinical Effectiveness Group, Executive Management Board and the Trust Quality Committee.

Additional quality highlights

Vaccination programme

Following the successful mass vaccination hubs across north west London, West Middlesex University Hospital remained open for patients, public and staff from 12 years and upwards. This successfully supported an autumn campaign on both hospital sites where the COVID-19 vaccine was given alongside the flu vaccination.

We have now commenced a spring campaign on the West Middlesex site for a reduced cohort of patients, public and staff which will run until 30 Jun 2023. The spring cohort includes those over 75 years of age and those who are immunosuppressed. In the autumn, our vaccination centres will be open for patients, public and staff across both hospital sites.

Although we are the top acute trust within north west London in providing flu vaccinations to staff, in autumn we will be looking at further improvements to our flu vaccination programme to increase the number of staff who are vaccinated to best protect our patients and colleagues. We are also planning to support our community by providing flu vaccinations to the public.

As a Trust, we have supported local residential homes, including the Royal Hospital Chelsea, to receive their autumn and spring vaccinations. Chelsea and Westminster Hospital provided more than 18,000 vaccines against mpox, which helped to stop the spread.

Magnet4Europe

Magnet4Europe is a four-year Horizon 2020 EU-funded project that aims to improve mental health and wellbeing among health professionals in Europe. The project officially started in Jan 2020 and takes place in six European countries. The Magnet model has four key themes closely aligned to our Trusts quality priorities—transformational leadership, structural empowerment, exemplary professional practice and new knowledge and improvements, all linked by empirical outcomes.

As one of 12 sites in England selected to take part in this project, we have made steady progress over the past year despite service pressures. Successes include the set-up of six pilot sites for shared decision-making councils, which enable nurses and healthcare support workers to identify and address topics that effect their wellbeing and that of their patients at ground level. To oversee this, we have set up a shared decision-making leadership council, chaired by the chief nursing officer and supported by our hospital chairty CW+.

We have designed innovative ways to collect, analyse and benchmark nurse sensitive indicator data (such as fall rates and hospital-acquired pressure ulcers) and aim to link these to shared decision-making. We are undertaking an ongoing survey of the educational needs of nurses and midwives. This will enable more nurses, midwives and allied health professionals to lead, deliver and support our research, innovation and evidence-based practices.

Finally, we have introduced peer reviews for nurses and midwives as part of the PDR process. The impact of the Magnet4Europe project is monitored by regular national and local staff satisfaction and wellbeing surveys.

Veteran awareness

As part of the Trust's ongoing to commitment to patients and staff who have served in the armed forces, the Trust has achieved Veteran Awareness Accreditation and an Armed Forces Covenant Employer Recognition Silver Award. This helps us to ensure that those who have served in the armed forces are not disadvantaged in healthcare and that their needs are met.

Maternity services

This has been another incredibly productive year for maternity services within the Trust. We continue to be the fourth largest maternity service in the UK, supporting the births of approximately 10,000 babies in 2022/23. The services across both sites achieved full compliance in the CNST maternity incentive scheme 10-point safety plan for the fourth consecutive year, which demonstrates our commitment to improving quality, safety and personalisation of the clinical care provided to pregnant women and people and their families.

Feb 2023 saw the implementation of phase 1 of the end-to-end digital maternity pathway with phase 2 planned for late 2023. Recent 2021 MMBRACE data has highlighted that perinatal mortality rates across the service are lower than trusts of a similar size and there is a clear focus across all areas of maternity and neonatal services to ensure perinatal mortality continues to reduce year on year in line with the national ambition to reduce stillbirths and neonatal deaths in England by 50% by 2030.

There continues to be increased scrutiny on maternity services in England following the findings of the independent reviews of maternity care at Shrewsbury and Telford (Mar 2022) and the *Reading the Signals* report from East Kent (Oct 2022). As part of the regional assurance process, the service received a visit from the regional maternity team in Jul 2022 and received positive feedback regarding our progress towards implementation and embedding the seven immediate and essential actions of the Interim Ockenden Report. We have been fully compliant against the recommendations since Nov 2022.

The recommendations from these reports are now contained within the three-year delivery plan for maternity and neonatal services published in Mar 2023 and sets out how the NHS will make maternity care safer, more personalised and more equitable for women, babies and families by focusing on the following themes:

- Listening to and working with women and families, with compassion
- Growing, retaining and supporting our workforce
- Developing and sustaining a culture of safety, learning and support
- Standards and structures that underpin safer, more personalised and more equitable care

There are 43 recommendations in the plan and we have carried out an initial gap analysis against the recommendations. We are planning engagement events across the themes and are awaiting technical guidance to confirm clear areas of compliance and non-compliance.

The Care Quality Commission (CQC) inspected maternity services at Chelsea and Westminster Hospital and West Middlesex University Hospital in Feb 2023. During this time, inspectors looked only at ‘well-led’ and ‘safe’ domains. The inspection was part of a wider national maternity inspection programme. Both services’ overall ratings remain unchanged from our inspection in 2019, demonstrating the dedication and commitment of all staff working in maternity.

- The maternity service at West Middlesex is rated ‘outstanding’ overall
- The maternity service at Chelsea and Westminster is rated ‘good’ overall

There are areas for improvement and the service has already developed an action plan to track this and ensure improvements are implemented and embedded.

As highlighted in the CQC reports, there are many areas of outstanding practice in the maternity services at the Trust:

- Maternity services have a strong focus on reducing workforce inequalities and inequalities experienced by pregnant women and people using the service—part of this work included developing 12 staff as maternity cultural safety champions. The purpose of the cultural safety champions is to address inequalities and improve equity for staff and people using services with protected characteristics. The champions delivered cultural safety training as part of yearly mandatory training. The service is the first in London to receive its accreditation from the Capital Midwife Anti-Racism Framework to eradicate racism in the workplace.

- The service was awarded the National Positive Practice in Mental Health winner for 2022 in perinatal and maternal mental health for its maternal trauma and loss care (M-TLC) service which offers joined-up psychological specialist support with maternity services to treat and prevent trauma associated with childbirth.

- Maternity services had improved the way it worked with local communities. The maternity voices partnership (MVP) holds monthly focus groups with service users to hear feedback from a wide range of communities and has co-produced an induction of labour information booklet and decision aids, as well as a Muslim Mums Memo Card with local Muslim women. This will develop into becoming a maternity and neonatal voices partnership (MNVP) inline with the single delivery plan for maternity and neonatal services.

- The service was shortlisted for its work in continuing to adapt and improve services in the ‘excellence during a global pandemic’ award, including use of private ambulance services to secure the homebirth service, swift adaptation of services using technology and redeployment and developing an antenatal vaccination centre.

- The service had a strong focus on staff wellbeing and generated initiatives to maintain and improve this, including staff recognition schemes, award nominations, career clinics and emotional wellbeing support.

- Provision of obstetric-led urgent ultrasound clinics within the maternity triage setting enabled women and birthing people timely access to scans recommended as part of the *Saving Babies’ Lives Care Bundle v2*. The clinic provided a ‘one-stop shop’ with continuity of carer where results of scans were discussed and care planning was completed straight away. This service was commended in the recently published Single Delivery Plan.

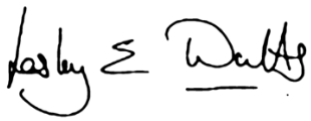
Declaration

It is important to note, as in previous years, that there are a number of inherent limitations in the preparation of quality reports which may impact the reliability or accuracy of the data reported. Data is derived from a large number of 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.



Lesley Watts
Chief Executive Officer

Annex 1: National clinical audit and confidential enquiries participation

National clinical audit participation

National programme work	Trust eligible	Trust participated	% submitted
Breast and Cosmetic Implant Registry (BCIR)	yes	yes	ongoing
Case Mix Programme (CMP)	yes	yes	ongoing
Elective Surgery (National PROMs programme)	yes	no	ongoing
RCEM: Mental health self-harm	yes	yes	ongoing
Emergency Medicine QIPs: Infection Prevention and Control	yes	yes	100%
Epilepsy 12: National Audit of Seizures and Epilepsies for Children and Young People	yes	yes	ongoing
Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls (NAIF)	yes	yes	ongoing
Fracture Liaison Service Database	yes	yes	ongoing
Falls and Fragility Fracture Audit Programme (FFFAP): National Hip Fracture Database (NHFD)	yes	yes	ongoing
Gastro-intestinal Cancer Audit Programme (GICAP): National Bowel Cancer Audit	yes	yes	ongoing
Gastro-intestinal Cancer Audit Programme (GICAP): National Oesophago-Gastric Cancer Audit (NOGCA)	yes	yes	Ongoing
Improving Quality in Crohn's and Colitis (IQICC)—previously named Inflammatory Bowel Disease (IBD) Audit	yes	no	nil
Muscle Invasive Bladder Cancer Audit	yes	no	nil
National Adult Diabetes Audit (NDA): National Diabetes Foot Care Audit (NDFA)	yes	yes	ongoing
National Adult Diabetes Audit (NDA): National Diabetes Inpatient Safety Audit (NDISA)	yes	yes	ongoing
National Adult Diabetes Audit (NDA): National Core Diabetes Audit (NDA)	yes	yes	ongoing
National Adult Diabetes Audit (NDA): National Pregnancy in Diabetes Audit (NPID)	yes	yes	ongoing
National Asthma and COPD Audit Programme (NACAP): Adult Asthma Secondary Care	yes	yes	ongoing
National Asthma and COPD Audit Programme (NACAP): Chronic Obstructive Pulmonary Disease Secondary Care	yes	yes	ongoing
Children and Young People Asthma Secondary Care	yes	yes	ongoing
National Audit of Breast Cancer in Older Patients (NABCOP)	yes	yes	100%
National Audit of Care at the End of Life (NACEL)	yes	yes	100%
National Audit of Dementia	yes	yes	ongoing
National Bariatric Surgery Registry (NBSR)	yes	yes	ongoing
National Cardiac Arrest Audit (NCAA)	yes	yes	ongoing

National programme work	Trust eligible	Trust participated	% submitted
National Cardiac Audit Programme (NCAP): Myocardial Ischaemia National Audit Project (MINAP)	yes	yes	ongoing
National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (CRM)	yes	no	nil
National Cardiac Audit Programme (NCAP): National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	yes	yes	ongoing
National Cardiac Audit Programme (NCAP): National Heart Failure Audit (NHFA)	yes	yes	ongoing
National Child Mortality Database (NCMD)	yes	yes	100%
National Comparative Audit of Blood Transfusion: 2022 National Comparative Audit of Blood Sample Collection and Labelling	yes	yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	yes	yes	ongoing
National Emergency Laparotomy Audit (NELA)	yes	no	nil
National Joint Registry (NJR)	yes	yes	ongoing
National Lung Cancer Audit (NLCA)	yes	yes	ongoing
National Maternity and Perinatal Audit (NMPA)	yes	yes	ongoing
National Neonatal Audit Programme (NNAP)	yes	yes	ongoing
National Obesity Audit (NOA)	yes	yes	ongoing
National Ophthalmology Database Audit (NOD)	yes	no	nil
National Paediatric Diabetes Audit (NPDA)	yes	yes	ongoing
National Prostate Cancer Audit (NPCA)	yes	yes	ongoing
Perioperative Quality Improvement Programme (PQIP)	yes	yes	ongoing
National Acute Kidney Injury Audit	yes	yes	ongoing
Sentinel Stroke National Audit Programme (SSNAP)	yes	yes	ongoing
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	yes	yes	ongoing
Society for Acute Medicine Benchmarking Audit (SAMBA)	yes	yes	50%
Trauma Audit & Research Network (TARN)	yes	yes	ongoing
UK Parkinson’s Audit	yes	yes	50%

National confidential enquiry participation

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
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
National Perinatal Mortality Review Tool	yes	yes	ongoing
Medical and Surgical Clinical Outcome Review Programme: Transition from child to adult health services	yes	yes	42%
Medical and Surgical Clinical Outcome Review Programme: Crohn's Disease	yes	yes	83%
Medical and Surgical Clinical Outcome Review Programme: Community Acquired Pneumonia	yes	yes	73%
Medical and Surgical Clinical Outcome Review Programme: Testicular Torsion	yes	yes	100%
Mental Health Clinical Outcome Review Programme (NCISH)	Not eligible but Trust reviews annual NCISH recommendations		

Annex 2: National clinical audits reviewed by the Trust

Audit title	Department	Summary and agreed actions arising from national clinical audits	Trust status
Myocardial Ischaemia National Audit Project (MINAP)	Cardiology	• Documentation to improve discharge summary • Enhanced discharge pro forma checklist • Acute coronary syndrome pathway development	complete
National Outpatient Management of Pulmonary Embolism (PE)	Respiratory	• Recommend review of Ambulatory Emergency Care Pulmonary Embolism guidelines and inclusion of the Pulmonary Embolism Severity Index to support clinical decision-making (underway) • Develop handouts for outpatient PE with information	in progress
National Smoking Cessation Audit (2021/22)	Respiratory	• Identify hospital smoking cessation practitioner(s) (HSCP)	complete
		• Identify acute or respiratory pharmacist lead to promote good prescribing practice and audit • Link to very brief advice (VBA) training module on Trust training website • Establish standard operating procedure and identify who should deliver this • Establish clear method of capturing this data as blank notes risk • Establishment of on-site tobacco dependency treatment services	in progress
Sentinel Stroke National Audit programme (SSNAP)	Stroke	• Business case for 7-day stroke service to be developed	in progress
		• Improve timely reporting of Holter-process development with cardiology diagnostics • Ongoing discussion regarding timely HASU transfers with bed managers/hospital manager	complete
National Hip Fracture Database (NHFD)	Trauma/ orthopaedics	• Reinstate spot check audit of NHFD data to ensure transitional aged care • Package correctly inputting intertrochanteric fracture grade • Need to realign reporting to NHFD that AMU is similarly being admitted to orthopaedic specialist wards since this is the agreed pathway from ED across West Mid Site—AMU is a ward able to deliver specific and appropriate geriatric care to elderly patients • Rollout 2x autotexts among the ortho junior doctor team to improve completion of preoperative AMTS and postoperative 4AT assessments • Continue to escalate time to surgery breaches and discuss reasons for patient breaches at monthly cross-site meeting • QIP underway by ED consultants and anaesthetists to improve consistency of documentation and delivery of nerve blocks—awaiting outcome data • To benchmark staff within ED, anaesthetics and advance clinical practice who can potentially be trained to bridge the gap in anaesthetic provision immediately when admitted in ED • MDT to review NOFF booklet and go through rigorous patient information process	in progress
National Maternity and Perinatal Audit (NMPA)	Maternity	• K2 end-to-end digital record expected to improve compliance • Liaise with digital team regarding improving documentation and ease of audit	in progress

Action plan completion is monitored and the Divisional Quality Boards and reported to the Clinical Effectiveness Group.

Annex 3: 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 is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period Apr 2022–Mar 2023
    - Papers relating to quality reported to the Board over the period Apr 2022–Mar 2023
    - 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

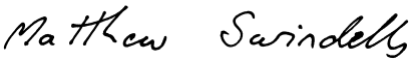
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice

- 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

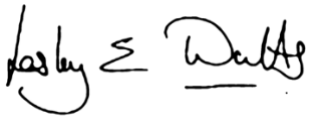
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board:



Matthew Swindells
Chairman

21 Jun 2023



Lesley Watts
Chief Executive Officer

21 Jun 2023

Annex 4: Statement from the Council of Governors

Governors comments on the Quality Report 2022/23

The Governors have read the Trust Quality Report 2022/23 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 periods of industrial action and wider operational pressures, alongside improving the Trusts Quality Priorities.

The Quality Report illustrates how the last 12 months have also represented a period of major service transformation and advancement for the Trust. I would just like to pull out five key areas where this has happened. An expansion in robotic surgery has led to European breakthroughs. Leading national clinical research to tackle endometriosis, supporting the Trusts ambition to be recognised as a progressive leader in women's health. HIV & sexual health services continue to be at the forefront of innovation, now the largest and busiest in Europe. Hospital Mortality Indicator (SHMI) is once again the lowest in the country. The digital programme has commenced a digital end-to-end pathway solution, now endorsed and supported by the national NHS team & implemented in other acute trusts across the country, so that hospitals share one digital platform improving patients care.

The Governors have endorsed the Trust's 2023/24 Quality Priorities. They have been identified through engagement with multiple stakeholder groups and aligned to one or more of the Trust's three strategic objectives. Those objectives being to prioritise 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. These are all robust and brave priorities for our Trust to undertake.

The first quality priority **Improving End Of Life Care** will be carried over from 2022/23 given its extensive remit and success. This is such an important initiative as a third of our 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. The Trust implemented a 2-year Quality Priority in 2022/23 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 Universal Care Plan (UCP) digital system (previously called the London Urgent Care Plan). 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 4days. Finally, the percentage of staff trained in End-of-Life care will need to be increased too.

Second priority **Supporting Effective Discharge** enabling a safe and timely discharge. Hospital discharge arrangements impact patient outcomes, experience and the cost of healthcare provision, so by integrating discharge processes within digital solutions the Trust can ensure timely & safe discharges, reduce re-admissions and provide patients with the support needed to manage their conditions at home. This Quality Priority will develop and embed digital solutions designed to support communication between partners and patients, improving the continuity & quality of care. Aiming towards 95% of patients to have an identified anticipated discharge date within 24hrs of admission, and 75% of community or social care referrals completed within 24hrs.

Following the Safety, Effectiveness, Experience and Responsiveness themes we applaud the third Quality Priority to **Improve Frailty Care** after last year's priority to reduce the risk of inpatient falls with harm. It is the Trusts ambition to improve how we recognise frailty, assess patient needs and intervene to best support patients and reduce risk. Frailty is a loss of resilience, meaning people with frailty are unable to bounce back quickly after an illness, accident, or other stressful event. These people are also at risk of developing conditions such as anxiety and depression, and are more likely to have unplanned hospital admissions. Due to our ageing population, an increasing number of people are at risk of developing frailty. As such early recognition and timely intervention can save lives, prevent harm, improve patient experience and reduce unwarranted variation in care. An improvement in identification, management and prevention of frailty through evidence-based interventions, multidisciplinary team reviews and data driven approaches are aiming at 35% of all patients aged 65 and over attending A&E or SDEC (same day emergency care) to receive a clinical frailty assessment and follow up, as well as 95% of all patient-facing staff to receive frailty training.

The Governors wholeheartedly approve **Patient Safety Incident Response Framework** (PSIRF) as the fourth priority. It is an innovative national approach to developing and maintaining effective systems and processes for responding to patient safety incidents, and is a core element of the NHS patient safety strategy, as the framework enhances the Trusts approach to safety learning and supports strategic, preventative, collaborative, fair and just, credible and people focused investigations. The necessary changes will be coordinated across the Acute Provider Collaborative to enhance sector consistency. As such 95% of all staff will receive level 1 (essentials for patient safety) training, 95% at band 6 and above and our medical professionals will receive level 2 (access to practice patient safety) training, and the Trust will launch the implementation of PSIRF by the end of 2023/24 financial year.

There have been many Quality Priority highlights over the last year, Risk of Inpatient Falls priority has resulted in the development of a falls dashboard, overviewing risk assessment completion electronically, and a comprehensive education programme relating to falls risk assessment and prevention. The Trust is also participating in the development of a NWL falls training programme. A review of equipment available to support falls risk reduction has led to the procurement of low beds for every ward. This programme of fabulous work

has contributed to a 44% reduction in the number of falls that result in severe harm, alongside a significant increase in assessments for patients over 65. Improving Clinical Handover saw the implementation of SBAR (situation, background, assessment, recommendation) form electronically supporting decision making & enhanced documentation. A clinical handover policy introduction across the Trust together with a nursing and midwifery handover framework, and a comprehensive education programme to support clinical engagement in handover practices was also established. End Of Life Care, established as a 2-year priority in 2022/23 is still in its infancy, and additional time is required to effectively implement UCP system. Communication With Patients, Carers & GPs has seen digital solutions developed to ensure outstanding discharge summaries are identified and rectified, this quality priority has led to improvement in patient experience. Furthermore 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.

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 in what is a constantly changing landscape.

Thank you all.

Laura-Jane Wareing
Chair of the Council of Governors Quality Subcommittee

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.

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

E: chelwest.corporategovernance@nhs.net

You can receive our 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.

NHS
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
@westmidhospital

@chelwestft