



Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Supplementary Agenda

Wednesday 3 June 2015

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration:	Opposition	Co-optees
Councillor Rory Vaughan (Chair) Councillor Hannah Barlow Councillor Natalia Perez Shepherd	Councillor Andrew Brown Councillor Joe Carlebach	Patrick McVeigh, Action on Disability Bryan Naylor, Age UK Debbie Domb, HAFCAC

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Members of the public are welcome to attend. A loop system for hearing impairment is provided, along with disabled access to the building.

Date Issued: 01 June 2015

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<u>Item</u>		<u>Pages</u>
7.	IMPLEMENTING THE RECOMMENDATIONS FROM THE FRANCIS REPORT: IMPERIAL COLLEGE HEALTHCARE NHS TRUST AND CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST Chelsea and Westminster Hospital NHS Foundation Trust has provided the attached report.	1 - 3
8.	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST: CQC ACTION PLAN Chelsea and Westminster Hospital NHS Foundation Trust has provided the attached report.	4 - 8

Francis Report

Update

18th May 2015

Choose
**Chelsea and
Westminster**

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

Leadership, accountability, complaints, workforce, education and training

Recommendations for Trusts:

- 3-8 values –Trust values are featured in adverts, job descriptions, person specifications and induction information. Our lanyards list the Trust values and staff are expected to, and held to account for, demonstrating these. Our Star Awards were based around our Trust values.
- 12 – staff are encouraged to report incidents & we continue to work to improve feedback, moving to electronic solution in next 6 months. Whistleblowing policy is online, and currently being reviewed.
- 86 – requirement for training of Directors in their responsibilities & accountability. This is being undertaken in 2015/16
- 109-122 Complaints – following an external review we have improved complaints processes, incorporating work from the Patients Association.
- 172 proficiency in English; the Trust has systems in place to test numeracy and literacy of nurses and HCAs pre-appointment .
- 173 - 174 the duty of candour – this is incorporated into all SUI's reported to ensure staff have been open & transparent with families.
- 179 'gagging clauses' – these are not used by the Trust.

- 185, 191 recruiting with values; values based questions and scenarios are being used
- 195 – Ward managers are now 60% supervisory, with the aim to increase this in 2016/17 to 100%
- 197 – the Trust is investing in leadership training for Ward managers, and senior nurses/ managers.
- 236 – all patients have a named lead consultant.
- 237 – multi disciplinary team working is in place across wards, with a focus on multi disciplinary training including simulation.
- 243 – electronic automated recording and escalation of observations is being piloted in AAU & will be rolled out across wards

- **ADDITIONAL COMMENTS**

- Much of the report centres on changing culture including openness, honesty, better communication and challenge
- It is also focuses on individuals taking responsibility for their own behaviour and action/ inaction

These continue to be priorities for the Trust, in making continuous improvements. There is also a great deal of work being undertaken nationally which the Trust is either participating in e.g. Cavendish certificate, or remains focused on.



Care Quality Commission report – driving up standards of quality for patients

Vanessa Sloane, Director of Nursing



The CQC's findings

- Are services at this trust safe? Requires Improvement
- Are services at this trust effective? Requires Improvement
- Are services at this trust caring? Good
- Are services at this trust responsive? Requires Improvement
- Are services at this trust well-led? Requires Improvement

Overall rating for the trust: **Requires improvement**, with 13 areas of outstanding practice recognised



What we have done since the inspection

Many actions were already known to us and by the publication of the report recommendations had been completed including:

- Access to IT systems for agency staff
- Robust medicines management by matrons and pharmacy staff
- Recruitment of 276 permanent nurses and midwives in 2014/15.

However more needs to be done and the recommendations are a key theme in our Quality Account.





Peer review – demonstrating we're doing what we said we would

- To provide internal assurance and demonstrate progress made since the inspection
- CQC-style inspection by experts from Healthwatch, North West London CCG's, The Royal Marsden, West Middlesex University Hospital, The Hillingdon Hospital, St Georges University Hospital NHS Foundation Trust and The Royal Brompton Hospital
- Independent desktop review to gain assurance we have changed processes





Initial findings

- Overall rating – **Good**
- The peer review found outstanding practice in Critical Care and HIV and Sexual Health
- The reviewers found many examples of good practice, but also found that some improvements that had been made since the CQC Report were inconsistent across the Trust. Further work is needed to build on the progress that has been made.

