London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Agenda

Monday 17 September 2018 at 7.00 pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration	Opposition
Councillor Lucy Richardson (Chair) Councillor Jonathan Caleb-Landy Councillor Bora Kwon Councillor Fiona Smith	Councillor Amanda Lloyd-Harris
Co-optees	
Debbie Domb, H&F Coalition Against Cuts Victoria Brignell, Action On Disability Jim Grealy, Save Our Hospitals Bryan Naylor, Age UK	

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Date Issued: 07 September 2018

London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Agenda

17 September 2018

Item		Pages
1.	**MINUTES OF THE PREVIOUS MEETING**	4 - 10

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on Monday, 2 July 2018.

(b) To note the outstanding actions.

2. APOLOGIES FOR ABSENCE

3. DECLARATION OF INTEREST

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

4. HEALTHWATCH To Follow

5. STAFF ENGAGEMENT, SATISFACTION, RECRUITMENT AND RETENTION 11 - 27

This report was commissioned in response to HISPAC discussions regarding national and local concerns about NHS workforce recruitment and retention. It sets out Imperials approach, metrics and policies across all key sites and offers some insight into how they support and engage with staff.

6. WORKFORCE: CAPACITY, DEVELOPMENT, ENGAGEMENT AND SUPPORT - CHELSEA & WESTMINSTER HOSPITAL NHS FOUNDATION TRUST - APPENDIX 2 WORKFORCE PERFORMANCE REPORT - MONTH 04 1819 28 - 50

This report to the Health, Inclusion and Social Care Policy and Accountability Committee from Chelsea & Westminster Hospital NHS Foundation Trust (the Trust) provides a position update. The report includes current Trust and London benchmarking performance reporting and an indication of action and interventions planned for further support.

7. WEST LONDON MENTAL HEALTH TRUST UPDATE 51 - 67

This report is intended to give an update on the major improvements within the adult in-patient mental health service since the full CQC inspection of the Trust which took place in November 2016.

8. WORK PROGRAMME 68 - 70

The Committee is asked to consider its work programme for the remainder of the municipal year.

9. DATES OF FUTURE MEETINGS

Tuesday, 4 December 2018
Monday, 11 February 2019
Tuesday, 26 March 2019

London Borough of Hammersmith & Fulham

Health, Inclusion and Social Care Policy and Accountability Committee

Draft Minutes

Monday 2 July 2018

PRESENT

Committee members: Councillors Lucy Richardson (Chair), Jonathan Caleb-Landy, Bora Kwon and Amanda Lloyd-Harris

Co-opted members: Victoria Brignell (Action On Disability), Jim Grealy (Save Our Hospitals) and Bryan Naylor (Age UK)

Other Councillors: Ben Coleman, Patricia Quigley

Officers: Olivia Clymer, Chief Executive, Healthwatch; Martin Calleja, Head of Health Partnerships; Olivia Clymer, Chief Executive Officer, Healthwatch; Mick Fisher, Head of Public Affairs, Imperial; Labab Lubab, Partnership Strategy Manager, Housing; Shona Maxwell, Medical Directors Office, Imperial; Julien Redhead, Medical Director, Imperial; and Phillip Sharpe, Assistant Director of Adult Social Care.

188. APPOINTMENT OF A VICE CHAIR FOR 2018-19 AND COMMITTEE TERMS OF REFERENCE

The Chair, Councillor Lucy Richardson invited nominations for the appointment of Vice-Chair. Councillors Bora Kwon and Amanda Lloyd-Harris each nominated themselves and an agreement was reached by a majority vote of 2 to 1.

RESOLVED:

That Councillor Bora Kwon be appointed Vice-Chair of the Committee for the municipal year 2018/19.

189. APPOINTMENT OF CO-OPTEES

RESOLVED

That the following co-opted members be re-appointed for the municipal year 2018/19:

Victoria Brignell, Action on Disability
Debbie Domb, Hammersmith and Fulham Coalition Against Cuts
Jim Grealy, Save Our Hospitals
Bryan Naylor, Age UK

190. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Fiona Smith and co-optee Debbie Domb.

191. DECLARATION OF INTEREST

Councillor Amanda Lloyd-Harris declared an interest as a Trustee of Lyon Almshouse. Co-optee Bryan Naylor declared an interest as a Trustee Director of Hammersmith & Fulham Age UK.

192. MINUTES OF THE PREVIOUS MEETING

RESOLVED

The minutes of the previous meeting held on 13 March 2018 were agreed as an accurate record.

193. HEALTHWATCH

Councillor Richardson welcomed Olivia Clymer who presented a brief, verbal update. Outlining the remit of Healthwatch, which was publicly funded and covered the Royal Borough of Kensington and Chelsea and the London Borough of Hammersmith and Fulham. Current areas of focus included young people and what they wanted from healthcare; local engagement with young people from age of 16-25 and the lack of robust information for them, challenging the assumption that young people prefer to access everything online with increased levels of digitisation. An Interim report was anticipated by November 2018.

RESOLVED

That the verbal report be noted.

194. IMPERIAL COLLEGE TRUST'S DRAFT QUALITY ACCOUNT 2017/18

Shona Maxwell, Professor Julien Redhead and Mick Fisher were welcomed to the meeting. Councillor Richardson briefly explained that the Committee had unfortunately missed the opportunity to scrutinise the Draft Quality

Accounts for 2017/18 due to the timetable imposed by the Care Quality Commission and because of local borough elections purdah.

Professor Redhead acknowledged that areas for improvement had been identified. The Trust was currently placed in the top five nationally with strong performance on cancer, achieving the 60-day standard. However, they had continued to struggle with Accident and Emergency (A&E). The Trust aimed to continue engagement with residents and key priorities had been channelled into the draft strategy. Key performance indicators were to be monitored through the Trusts own governance structure.

Mr Naylor asked how Imperial were specifically addressing the concerns of older people who must navigate complex silos and site pathways. Professor Redhead responded that this was a local and national concern and that they were working to improve things like signage around the Trust's sites.

Councillors Caleb-Landy and Kwon highlighted concerns about the Trusts plans for Charing Cross and the uncertainty around these. There was no mention of the future of Charing Cross in the Trusts Annual Report but there was a reference to further investment for site improvements. Professor Redhead confirmed that that there were no plans to close the Charing Cross for the foreseeable future and that the Trust would continue to invest in the site, including A&E. Councillor Kwon pointed out that the end of the current comprehensive spending review 2021 was only three years away and that the promise of investment did not offer reassurance given that there were no plans beyond this. Professor Redhead confirmed that the Trust continued to work with the CCG to provide the best plans for patients and the future configuration of services.

Recruitment and retention of nurses across the NHS workforce was highlighted as a concern by Councillor Lloyd-Harris. The Trust recognised that nursing was in crisis and welcomed any suggestions that might address this.

Merrill Hammer (Save Our Hospitals) raised concerns about the way in which the NHS consulted, particularly about consultation on changes to A&E. Professor Redhead explained that this was a cost issue and under review. There were difficulties in redeveloping a site and wider input would be welcomed.

Following a discussion around Delayed Transfer of Care (DTOC), Professor Redhead recognised that there were delays in moving on care and social service referrals, particularly with patients over 7 and 21 days stay. Although this had compared well nationally, a third of patients remained hospitalised for longer than required, and who did not necessarily need to be there.

Councillor Coleman asked about Charing Cross, the Trusts consideration of SaHF (Shaping a Healthier Future) and the CCG's views on plans to downgrade Charing Cross. Professor Redhead said that while the substance of SaHF was referenced, it was the CCG that was largely responsible for its implementation.

Councillor Coleman referenced page 112 of the Agenda and the Quality Report and staff satisfaction, and the how the Trust addressed staff reports about poor behaviour and performance. Ms Maxwell explained that the Trust had introduced measures to improve the management of performance and encourage greater openness to report incidents. There were staff ward and departmental meetings, standards agendas to ensure staff were on message and consideration about the culture of the working environment. Safeguarding training was offered to staff (adults and children) and the Trust was actively listening to staff. Significant work had been undertaken that could now be translated into tangible outcomes.

Jim Grealy referenced page 102 of the Agenda, waiting list improvement programme, and asked what key factors might impact on a patient's wait time and cause this to exceed 52 weeks. Professor Redhead said that the impact of emergency cases affected routine patient care and delayed elective procedures. Additional factors included the use of patient data sharing and accuracy of information. The issue was not about the number of beds.

Patient discharge and readmission impacted on patients between the hospital and the introduction of a medical and social packages in the community. Lisa Redfern observed that there was little mention of social care. Professor Redhead explained that they were working closely with the CCG and colleagues in social care to ensure that care packages were in place, but that there could be miscommunications about the start dates for care packages. There were also certain ambulatory discharges that were included in the figures provided.

Councillor Coleman commented that there was a joint responsibility between the Council, CCG and the Community Independence Service. He observed that there was often a lack of information and insufficient co-ordination. The Trust was under great pressure to discharge early and there was a significant concern that this would adversely affect vulnerable people. Professor Redhead said that cost was not a factor in decisions to discharge and that a fine balance was maintained in the allocation of resources.

RESOLVED

That the report be noted.

195. OLDER PEOPLE'S HOUSING STRATEGY 2017-2022

Labab Lubab presented the Older People's Housing strategy 2017-2022, jointly produced and published (March 2018) by Housing and Adult Social Care, which aimed to enable older people to live independently. There were four main objectives which included utilising current housing stock, raising awareness regarding available help and to address gaps in communication. A primary objective was to develop a steady supply of high quality housing through strategic Council planning that was suitable for a range of housing needs. The aim was to support older people to maintain independence, a commitment in the Administrations previous manifesto. It was noted that this

had previously been considered by the Environment, Regeneration, Housing and the Arts Policy an Accountability Committee (ERHAPAC). Councillor Richardson also confirmed that a joint thematic meeting with members from this and ERHAPAC on the impact of housing on health and social need was planned for later in the year.

During the discussion which followed, the limitations of Council housing stock within the borough was recognised, particularly those that were inaccessible. Mr Lubab explained that much of these were in blocks and so presented a physical barrier to those using wheelchairs. A comprehensive and detailed assessment was required to update current lists. The allocation of sheltered housing was also a concern, where stock initially earmarked for older people was allocated to other groups, changing the nature of the community.

Mr Naylor asked about frail care units, which were lacking in the Borough. Mr Lubab explained that frail care units offered 24-hour, extra onsite care. There were many homes that could provide day to day care but when older people needed specialist care, they were frequently hospitalised despite not needing clinical care, with an increasing number placed outside the Borough. Councillor Coleman confirmed that the White City development would include 80 extra care units (paragraph 3.12 of the report). It was also clarified that the Council was pioneering more creative options to meet the needs of people with learning disabilities such as home share, facilitating generational partnerships, matching those with low level care needs in exchange for accommodation.

Given the that the Borough had the 4th highest proportion of older people living in the borough with long term health condition, Mr Grealy asked whether the interface between social care, mental health and housing had been discussed with the CCG. Mr Lubab confirmed that the Council had begun to address these issues at a local level with the CCG and were working with local teams to monitor social isolation and loneliness.

RESOLVED

That the report be noted.

196. DRAFT DISABLED PEOPLE'S HOUSING STRATEGY

A report on the draft Disabled People's Housing Strategy was presented by Mr Lubab, continuing the earlier discussion around housing needs in the context of health and social care. The Administration's manifesto commitment identified the need for accessible housing as identified in the Disabled People's Strategy, addressing the needs of disabled people in the Borough. Of the four key themes which linked with Disabled Peoples Commission (DPC) report, co-production was key. This commitment recognised the need to have a conversation and to jointly develop solutions for re-engagement. One of the initiatives was to look at equipment (aids and adaptations) and aim for this to be co-produced. There were inherent challenges to achieving this, to identify what services were out there and improve the information about them. This needed to be communicated

through accessible channels, to better facilitate disabled people's access to those services.

LBHF was the largest landlord in the Borough and was working to ensure that staff were developed and trained to meet the need of residents with non-visible disabilities. They would work with the Disabled Facilities Group (DFG, chaired by Jane Wilmott) to better understand what housing stock was available and the specifics of any adaptations made on individual units categorised. This would enable the Council to clearly communicate with providers, with the aim of increasing suitable, accessible provision. The recently approved Emlyn Gardens Scheme included 8 units for people with learning disabilities. Challenging silo working was one of the biggest barriers to progressing this.

Councillor Caleb-Landy outlined his interest in mapping need, given that learning disabilities were hidden, and the critical role of having suitable housing during transitional stages, where people were most likely to fall into crises. Mr Lubab said that a preventative, long term plan was to work with families from an earlier point, accepting that there will be changes. They were working closely with Adult Social Care and the allocations team and that the Disabled People's Strategy strengthened this process. The newly formed Preparing for Adulthood (PfA) transitions service illustrated one way of breaking down barriers, challenging silo working. By contrast, it was noted that the equipment service (aids and adaptations) was unresponsive with residents not being listened to. Councillor Coleman confirmed that a resident's satisfaction survey on this would be undertaken and resident's views being consulted on at a later meeting of this Committee.

Victoria Brignell pointed out that there had been no further update to the accessible housing register since 2013 and asked when this would be undertaken. Mr Lubab responded that the Mayor of London had recommended varying target levels in different London boroughs and that this would now be a fundamental task for housing officers. The Mayor of London had recommended that a minimum of 10% (of developments over 10 units) must be accessible. To identify and categorise accessible housing, with lifts or step-free would become an integral part of a routine housing officer assessment.

In terms of wheelchair access accommodation, there was a commitment to increase disabled access homes by 800. Any development exceeding 10 units would be required to have 10% of its units as accessible. Westfield, for example, (currently in the first phase of development) would be required to have 10% of its units as wheelchair accessible. Another key concern (although not in the Borough) was adaptations being removed from adapted units following refurbishment, rather than the unit being suitably reallocated.

Mr Lubab confirmed that it would be possible to put details about dates and information about the update to the accessible housing register online. The challenges to progressing this were clear; housing officers would need to listen to people with disabilities to enable them to get the facilities needed.

Early access would shape future service provision and this would have to be built up, with housing officers working closely with housing associations.

Julian Hillman (Chair of Trustees H&F Mencap) commented that the learning disabled will need to be helped and supported by carers and that this would a further consideration, given that this was one of the most disadvantaged groups in the borough. Mr Lubab responded that he would be happy to work with Mencap to crystallise and strengthen this point in the strategy.

Councillor Richardson commented that a Parents Active member had organised for her son to live with a carer using care package payments, Personal Independence Payments (PIP) and that this illustrated how well parents shared resources by grouping together. It was confirmed that the strategy would be a "living" document, and would evolve, subject to further review.

RESOLVED

That the report be noted.

197. WORK PROGRAMME 2017-18

It was clarified that the work programme would be developed and agreed in accordance with members priorities. A joint meeting with ERHAPAC was agreed, potentially for 4 December 2018, where there dates for both committees coincided. Budget scrutiny was noted for February 2019; and the draft quality accounts (CQC) would considered in March 2019.

RESOLVED

That the report be noted.

198. DATES OF FUTURE MEETINGS FOR 2018/19

The date of the next meeting of the Committee was noted as Wednesday, 18 September 2018.

Meeting started: 6pm
Meeting ended: 8.25pm

Chair .....

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London Borough of Hammersmith & Fulham **HEALTH, INCLUSION AND SOCIAL CARE POLICY & ACCOUNTABILITY** **17 SEPTEMBER 2018**	
STAFF ENGAGEMENT, SATISFACTION, RECRUITMENT AND RETENTION	
Report of Imperial College Healthcare NHS Trust	
Open Report	
Classification - For Policy & Accountability Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Director: Lisa Redfern, Strategic Director for Social Care and Public Services Reform	
Report Author: Mick Fisher, Head of Public Affairs, Imperial College Healthcare NHS Trust	**Contact Details:** Tel: 0203 312 5586 E-mail: mick.fisher@nhs.net

1. EXECUTIVE SUMMARY

1.1. This report explores the concerns raised following discussions at previous Policy and Accountability Committees regarding recruitment and retention within the NHS of its workforce. It will explore issues such as staff engagement and the metrics around this drawn from staff satisfactions surveys. The main body of the report is attached as **Appendix 1** to this report.

2. RECOMMENDATIONS

2.1. That the Committee discuss the report and its findings; and

2.2. That the Committee notes the report.

3. PROPOSAL AND ISSUES

3.1. N/A

4. OPTIONS AND ANALYSIS OF OPTIONS

4.1. N/A

5. CONSULTATION

5.1. N/A

6. EQUALITY IMPLICATIONS

6.1. N/A

7. LEGAL IMPLICATIONS

7.1. N/A

8. FINANCIAL AND RESOURCES IMPLICATIONS

8.1. N/A

11. IMPLICATIONS FOR BUSINESS

11.1 N/A

12. RISK MANAGEMENT

12.1 N/A

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

13.1 N/A

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None.		

LIST OF APPENDICES:

Appendix 1 – Staff Engagement, Satisfaction, Recruitment and Retention

Imperial College Healthcare
NHS Trust

Staff engagement, satisfaction, recruitment and retention

Report from Imperial College Healthcare NHS Trust
to the London Borough of Hammersmith & Fulham
Health, Inclusion and Social Care Policy and Accountability Committee

1. Introduction

This report to the Health, Inclusion and Social Care Policy and Accountability Committee from Imperial College Healthcare NHS Trust (the Trust) provides an update on the areas of staff engagement, satisfaction, recruitment and retention as requested.

Our aim in this report is to provide an overview of the wide range of activities, targets and performance reporting which come together to create our strategic approach to engaging, recruiting and retaining staff in our Trust. While we are making real progress we fully recognise that there is more for us to do.

Evidence shows that staff who are engaged and happy in their jobs, respected and given opportunities to learn, provide better care for their patients. We have implemented a number of improvements to increase staff engagement throughout the organisation and to help us to deliver our annual targets. In the 2017/18 national NHS survey, we not only achieved our highest staff engagement score to date, we also moved up to above the national average. At the same time, we have seen our incident reporting rates increase while maintaining low levels of harm and some of the lowest mortality rates in the country. However, we also recognise we need to do more to ensure and promote equality and diversity and tackle bullying and harassment. The recent independent investigation of our disciplinary processes has generated a huge amount of learning for the Trust, not just in terms of a set of specific recommendations, but also by demonstrating the need to do more to build an organisational culture where concerns and poor behaviours are addressed as openly and constructively as possible.

We are impacted by many of the same issues affecting NHS trusts across England, and particularly in the Greater London region, including difficulties in recruiting enough staff with the right skills. Our revamped domestic and international recruitment campaign helped us keep our nurse vacancy rate slightly lower than the London NHS trust average for 2017/18. Staff retention has also been a key area of focus particularly due to the uncertainty surrounding Brexit and impacts of this on health sector staff retention. A key aspect of reducing our voluntary turnover rate is to ensure staff have the opportunity for career progression, feel their job is worthwhile and fulfilling, and they are supported to develop. We are pleased to have seen a decrease in staff voluntarily leaving the Trust in 2017/18. Again however, we know there are challenges to be addressed not least the need to improve the satisfaction and retention of our junior doctors as well as our more senior nursing and midwifery staff.

Overall, we believe that despite significant challenges our Trust is making progress towards becoming an open, honest and transparent organisation providing care that is safe, effective, responsive, caring and well led.

2. Imperial College Healthcare NHS Trust overview

The Trust provides acute and specialist health care in north west London for around a million and a half people every year. Formed in 2007, we are one of the largest NHS trusts in the country, with over 11,500 staff. We have five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and Western Eye – as well as a growing number of community services.

With our academic partner, Imperial College London, we are a founding member of one of the UK's six academic health science centres (now expanded to include Royal Brompton & Harefield NHS Foundation Trust and the Royal Marsden NHS Foundation Trust), working to ensure the rapid translation of research into better patient care and excellence in education. We are also part of Imperial College Health Partners, the academic health science network for North West London, spreading innovation and best practice in healthcare more widely across our region.

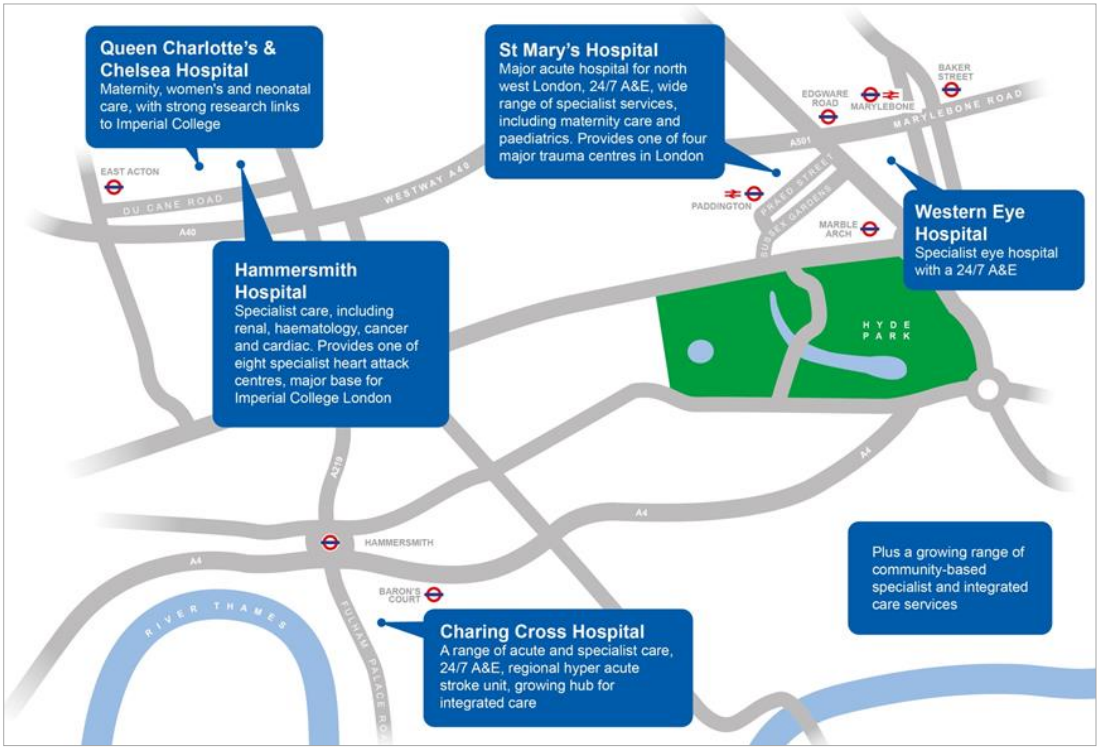


Figure 1 – Map of hospitals in Imperial College Healthcare NHS Trust

3. Trust ethos and values

During 2015/16, around 4,000 staff came together from across the Trust to refresh our values and ensure we have a clear and shared understanding of who we are, what we want to achieve and how we should behave to our patients and each other.

The Trust has set out its ethos and values. To help everyone to be as healthy as they can be, we want to look out for the people we serve as well as to look after them.

We look after people by providing care, whenever and however we are needed, listening and responding to individual needs. We look out for people by being their partner at every stage of their life, supporting them to take an active role in their own health and wellbeing.

We are one team, working as part of the wider health and care community. We are committed to continuous improvement, sharing our knowledge and learning from others. We draw strength from the breadth and depth of our diversity, and build on our rich heritage of discovery.

By doing all this, we ensure our care is not only clinically outstanding but also as kind and thoughtful as possible. We are also able to play our full part in helping people live their lives to the fullest. Our promise is better health, for life.

Our values are:

Kind – we are considerate and thoughtful, so you feel respected and included.

Expert – we draw on our diverse skills, knowledge and experience, so we provide the best possible care.

Collaborative – we actively seek others' views and ideas, so we achieve more together.

Aspirational – we are receptive and responsive to new thinking, so we never stop learning, discovering and improving.

4. Workforce composition

By staff group: At the end of March 2018 the Trust employed 11,789 staff. Approximately 69 per cent are employed in clinical roles.

Headcount by Trust staff group	Headcount
Admin and clerical	1,841
Allied health professional (qualified)	628
Allied health professional (unqualified)	92
Doctor (career grade)	38
Doctor (consultant)	1,022
Doctor (training grade)	1,530
Nursing (qualified)	3,721
Nursing (unqualified)	1,004
Pharmacist	131
Scientific and technical (qualified)	813
Scientific and technical (unqualified)	337
Senior manager	632
Trust total	**11,789**

By gender:

Gender – all	Headcount
Female	8,337
Male	3,452
Trust total	**11,789**

Gender – senior management	Headcount
Female	354
Male	260
Trust total	**614**

Gender – board of directors	Headcount
Female	3
Male	10
Trust total	**13**

Gender – executive team	Headcount
Female	3
Male	7
Trust total	**10**

By age and ethnicity:

Age group	Headcount
16-19 years	9
20-29 years	2,389
30-39 years	3,596
40-49 years	2,933
50-59 years	2,136
60 years and over	726
Trust total	**11,789**

Ethnic origin	Headcount
White - British	3,153
White - Irish	403
White - any other White background	1,518
Mixed - White and Black Caribbean	74
Mixed - White and Black African	68
Mixed - White and Asian	83
Mixed – any other mixed background	177
Asian or Asian British - Indian	893
Asian or Asian British - Pakistani	210
Asian or Asian British - Bangladeshi	133
Asian or Asian British - Any other Asian background	1,091
Black or Black British - Caribbean	474
Black or Black British - African	1,066
Black or Black British - Any other Black background	448
Chinese	191
Any other ethnic group	640
Undefined	796
Not stated	371
Trust total	**11,789**

5. Quality strategy and People and organisational development (P&OD) strategy

Our current Trust Quality strategy ends in 2018. The new Quality strategy is currently under development. To strengthen our approach to developing the new strategy we commenced a listening campaign in December 2017 as well as an evidence scan to ensure it is designed to meet a range of national, system-wide and community needs and priorities. The campaign focused on what quality means to different stakeholders with a key principle of inclusiveness: connecting with those who we find hardest to reach, taking steps to overcome barriers to participation and encouraging everyone to have their say. Through this we have listened to over 700 people face to face and their perspectives are being used to shape our priorities.

To oversee and coordinate the work we have convened a quality strategy design group involving representatives from across and beyond the organisation including members of our Lay Partners Forum, Healthwatch Central West London and Citizens UK. When the strategy is launched we will continue to work together as we deliver the priorities set out as part of the new strategy. At the same time we will work with partners to ensure that patients, staff and community groups are involved in the co-design of improvement initiatives.

The Quality strategy for 2018-23 will be aligned to the Care Quality Commission (CQC) domains of quality and will set out our direction and plan for how we will improve to a rating of 'good' in all domains and 'outstanding' where possible.

Five domains of quality: Our new Quality strategy will set our Trust goals to match the CQC's current quality domain definitions. We have therefore amended them in anticipation as follows:

Safe: People are protected from abuse and avoidable harm.

Effective: People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Caring: The service involves and treats people with compassion, kindness, dignity and respect.

Responsive: Services meet people's needs.

Well-led: The leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture (see our performance under this quality domain relating to staff engagement and satisfaction in Section 6 below).

Published in 2016, the P&OD strategy is designed to support the changing needs of the organisation, developing skills and capabilities amongst our staff. It encompasses plans to enhance patient and staff experience by focusing on attraction, on-boarding, retention, development and continuous improvement in engagement with our workforce.

6. Staff engagement and satisfaction: performance on the 'Well-led' quality domain 2017/18

Evidence shows that staff who are engaged and happy in their jobs, respected and given opportunities to learn, provide better care for their patients. We have implemented a number of improvements to increase staff engagement throughout the organisation and to help us to deliver our annual goal and targets.

Across the Trust the domain of 'Well Led' in the February 2018 CQC Inspection report was rated as 'Requiring Improvement'.

Our overall Trust goal for the 'Well-led' quality domain is:

"To increase the percentage of our staff who would recommend this Trust to friends and family as a place to work or a place for treatment on a year-by-year basis."

We achieved our goal and increased the percentage of staff who would recommend our Trust as a place to work and as a place for treatment: We monitor staff engagement through the national staff survey and through our annual internal survey 'Our Voice, Our Trust' which was run between May and June 2017 and published in August 2017 (2,802 of our people responded, which represents 33 per cent of the total workforce). We were pleased to see that our scores for both of these increased again this year - they are our best results for these two questions since the staff survey was introduced in 2013:

- Internal staff survey 'place to work' target 67 per cent : outcome 72 per cent
- National staff survey 'place to work' target 64 per cent : outcome 66 per cent
- Internal staff survey 'place for treatment' target 85 per cent : outcome 86 per cent
- National staff survey 'place for treatment' target 72 per cent : outcome 73 per cent

In addition to these, the top five performing questions across our annual internal survey were:

- I understand how my work makes a difference to other people (96 per cent)
- I am clear about the values and behaviours expected of me at work (94 per cent)
- I am clear about my own objectives and responsibilities (94 per cent)
- I am trusted to prioritise my workload myself (93 per cent)
- the people in my team work together to provide a great service (90 per cent)

Our staff were less positive about the following questions:

- senior leaders are genuinely interested in staff opinions and ideas (57 per cent)
- senior leaders communicate well with the rest of the organisation (57 per cent)
- senior leaders are visible and approachable (56 per cent)
- I generally have enough time to complete all my work (54 per cent)
- poor behaviour and performance is addressed effectively in this organisation (48 per cent).

The results of the national staff survey, which ran between October and December 2017, were published in March 2018 and reported to our Trust's Board of Directors. As stated above, they showed an improvement in the percentage of our staff who recommended the Trust to friends and family as a place to work and as a place for treatment.

Our staff engagement score increased for the third year in a row in the 2017/18 national NHS survey, reaching a score of 3.84 out of five. We not only achieved our highest engagement score to date, we also moved up to above the national average (from being below average three years ago) when compared with trusts of a similar type.

We achieved some very positive scores in the national staff survey, above the national average, including in the following four areas:

- quality of non-mandatory training, learning or development (4.17 out of 5, against a national average of 4.05)
- percentage of staff agreeing that their role makes a difference to patient/service users (91 per cent, against a national average of 90 per cent)
- quality of appraisals (3.20 out of 5, against a national average of 3.11)

- staff satisfaction with the quality of work and care they are able to deliver (3.99 out of 5, against a national average of 3.91).

Nevertheless, the survey results also make it clear that we still have much more to do. We have below average scores when compared to other trusts in relation to the numbers of our staff reporting experiences of harassment, bullying or abuse in the workplace as well as discrimination, and witnessing potentially harmful errors, near misses or incidents. The results in these areas, as follows:

- 35 per cent of our staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- 29 per cent experienced harassment, bullying or abuse from staff in the last 12 months
- 37 per cent witnessed potentially harmful errors, near misses or incidents in the last 12 months
- 19 per cent experienced discrimination at work in the last 12 months.

The results for the 2017 national staff survey are currently being analysed to inform local and strategic engagement plans.

Goal/target	National target / national average	Performance in 16/17	Target for 17/18	Outcome in 17/18	Target achieved?
To increase the percentage of staff who would recommend this trust to friends and family as a place to work	N/A	65% (internal staff survey published Sept 2016) 62% (national staff survey published March 2017)	67% (internal staff survey) 64% (national staff survey)	72% (internal staff survey published August 2017) 66% (national staff survey published March	Yes
To increase the percentage of staff who would recommend this trust to friends and family as a place for treatment	N/A	83% (internal staff survey published Sept 2016) 70% (national staff survey published March 2017)	85% (internal staff survey) 72% (national staff survey)	86% (internal staff survey published August 2017) 73% (national staff survey published March 2018)	Yes

We met our voluntary turnover rate target: We are pleased to have seen a decrease (from 10.2 per cent in 2016/17) in staff voluntarily leaving the Trust in 2017/18 and have met our voluntary turnover rate target (target 10 per cent : outcome 9.1 per cent). A key aspect of reducing the voluntary turnover rate is to ensure staff have the opportunity for career progression, feel their job is worthwhile and fulfilling, and they are supported to develop. Some of the ways we are working to ensure this include:

- the implementation of the Nurse Recruitment & Retention Strategy (see Section 8 below)
- careers clinics (band 2 – 6 nurses and midwives)
- development of Springboard (band 5/6 nurse development programme)
- exploration of flexible benefits for staff
- further development of flexible recruitment and retention premium (RRP)
- becoming an ‘employer of choice’ for student nurses and midwives
- “Great place to work week”, “Pulse” magazine and new “Your working life” intranet section.

Our sickness absence rate remains low: Low sickness absence is an indicator of effective leadership and good people management (target 3.1 per cent : outcome 2.9 per cent). We are continuing our focus on supporting the health and wellbeing of our staff along with supportive management interventions for those who are absent due to sickness. There are a range of activities and services available within the Trust including occupation health, staff counselling, stress management, yoga and meditation classes, and smoking cessation clinics. In September 2017 we also ran our third annual market place of opportunities for staff to get fit, be active and have fun as part of our first 'Great place to work' week.

Last year we maintained our performance overall in the General Medical Council's National Training Survey of junior doctors and our performance for placement satisfaction as measured by SOLE (Student Online Evaluation): We aim to provide the best learning environment for our doctors. Two important elements we use to monitor the satisfaction of our trainee doctors and medical students are:

Student Online Evaluation (SOLE): The feedback we receive from our medical students through the local SOLE system has previously been mixed. Our aim is to focus on improving their experience in a consistent manner, with the target of obtaining a minimum score of 0.5 (which corresponds to a 'mostly agree' score) for satisfaction for all student placements. In 2016/17, we achieved this target for 79 per cent of our programmes this year, compared to 76 per cent last year (target 100 per of placements with score of 0.5 or more : outcome 79 per cent).

General Medical Council's National Training Survey (GMC NTS): This annual survey can highlight not only problems with teaching in organisations, but also patient safety issues and problems with bullying and undermining. The results of the GMC NTS were published in July 2017. Whilst the 2016 survey demonstrated significant improvement on previous results, the 2017 results indicate that we have maintained our performance overall (target 5 per cent reduction on total 25 red flags in 2016 : outcome total 24 red flags in 2017). Ongoing supportive improvement plans are in place for specialties of concern through education specialty reviews.

Two specialties (ophthalmology and neurosurgery) have been removed from enhanced monitoring by the GMC due to their sustained improved performance. Critical care at Charing Cross Hospital remains under enhanced monitoring with a formal action plan in place with monthly review meetings with the medical director. Actions being taken include:

- increasing registrar level posts to decrease rota intensity
- increasing consultant supervision by increasing consultant level posts
- providing suitable rest facilities for our junior doctors.

Since the results of the 2017 survey, we have been focusing on driving further change by:

- strengthened governance with education specialty reviews chaired by the medical director and continued support for local faculty groups embedded as business as usual
- sharing good practice from the specialties with green flags
- embedding time for education in job plans and making it sustainable
- supporting the development of the multi-professional workforce through the implementation of the integrated education strategy
- enhanced our faculty development programme for consultant supervisors to include refresher modules and provision of educational appraisals.

The results of the 2018 General Medical Council National Training Survey were recently published and show a deterioration in our results with a 56 per cent increase in red flags and

33 per cent decrease in green flags. Work is currently underway to understand the underlying causes and develop action plans.

Although we did not meet our percentage target for the number of doctors who have had an appraisal, we had positive feedback from our Higher Level Responsible Officer Quality Review Visit: It is a national requirement that non-training grade doctors have an annual medical appraisal as part of the General Medical Council's Revalidation process, during which doctors have a formal structured opportunity to reflect on their work and to consider how their effectiveness might be improved, with the focus on enhancing quality and improvements in patient care (target 95 per cent : outcome 84.5 per cent).

A number of actions are being taken to increase compliance including monthly professional development drop-in sessions across all Trust sites and reviewing the PREP system to ensure it is user friendly and easy to navigate by doctors. There is also ongoing contact with doctors who are overdue with application of the Trust policy where appropriate.

In February 2017 the Trust was visited by the London Revalidation Team to assess against the Core Standards Framework for the supervision, support and management of medical staff by the organisation and the Responsible Officer. The visit highlighted a number of areas of good practice including appraisers having refresher training that was well evaluated by participants, the production of electronic revalidation monthly newsletters, and good working relationships between the medical staff team and the revalidation team. An action plan has been developed for areas highlighted for improvement.

We did not meet our target for the percentage of staff who have had a performance development review (PDR): Our appraisal scheme 'performance development and review (PDR)' for staff, excluding doctors, is aimed at driving a new performance culture across the Trust. Although we are below target we have improved on last year's result (target 95 per cent : outcome 88.5 per cent).

The national staff survey results for 2017 indicate that out of those who completed the survey, 89 per cent had been appraised within the last 12 months which is above the national average. In addition respondents stated that the quality of appraisals was above the national average and was in our top five highest performing results. We continue to run a one day essential training course for all managers undertaking PDRs. We have also introduced an additional half day training to support managers in preparing for specific PDR conversations, maintaining a real focus on making sure that staff have meaningful and positive PDR meetings.

The 2018 cycle of PDRs has just been completed and new performance data will be available shortly.

We did not achieve our target of 90 per cent of staff being compliant with core skills training: Our core skills training programme ensures the safety and well-being of all our staff and patients; this includes modules which have a direct impact on patient safety. The percentage of staff who completed all the core skills modules slightly decreased last year and we continue to target areas where compliance is particularly low (target 90 per cent : outcome 87.4 per cent).

Current compliance following a targeted programme to maximise compliance rates shows an improvement to 89.53 per cent for our Core 10 topics and 88.82 per cent for our Core Clinical Topics (as at the start of September 2018).

We did not achieve our target to have 10 per cent of staff trained as fire wardens and departmental safety coordinators in 60 per cent of clinical wards, clinical departments and corporate departments: Targets for the departmental safety co-ordinators (DSCs) and

fire wardens are included to drive improvements in health and safety (departmental safety coordinator target 60 per cent : outcome 49 per cent) (fire wardens target 10 per cent : outcome 9 per cent).

Targeted work has been underway to increase the numbers of trained staff, however high demand on our clinical areas has restricted the availability of our staff to attend the training sessions. In response, a more concise training package for fire wardens has been developed this year and a new e-learning course is being considered for DSC training. We are also reviewing the way that we measure DSC compliance to ensure accurate reporting next year.

A task and finish group approach has been commenced to achieve compliance with DSC numbers. All departments have been invited to join the group and a targeted approach will be employed to ensure we achieve improved coverage across all areas during the coming year 2018/19, when the target has increased to 75 per cent.

7. Independent investigation of our disciplinary processes

In early August 2018 the Trust published the report of the independent investigation into the disciplinary process that resulted in the dismissal of Amin Abdullah, a nurse at Charing Cross Hospital who took his own life in February 2016.

The Trust commissioned independent consultancy Verita to carry out the investigation in October 2017. The investigation was overseen by a stakeholder panel including representatives of the Trust and NHS Improvement, Mr Abdullah's partner and his partner's representative.

The Trust accepts all of the investigation's findings and recommendations. The full Trust statement covering our response and immediate actions is included as Appendix 1.

8. Staff recruitment and retention

Recruiting and retaining staff remains one of our biggest challenges. Throughout 2017/18 we maintained safe staffing levels. Although our vacancy rates remained higher than our targets, we ensured staffing met planned safe levels throughout the year. Where shifts were not filled, staffing arrangements were optimised and any risk to safe care minimised by the senior nurses.

Recruitment and retention is highlighted as a significant issue through the Trust's Corporate Risk Register. Risk 2499 is titled "Failure to meet required or recommended vacancy rate for Band 2-6 ward based staff and all Nursing & Midwifery staff" and sets out the following causes:

- National shortage of nursing and midwifery (N&M) in some disciplines
- Conflicting operational priorities slowing down recruitment process
- Competition from neighbouring Trusts attracting potential employees
- High turnover especially for Band 2 & 6 & N&M staff
- High turnover of Band 5& 6 N&M staff within two years of joining
- Tier 2 visa requirements
- The increase in emergency activity has resulted in additional capacity which requires the recruitment of staff
- Additional beds opened
- Planning for additional posts is reactive compared to planning for additional beds

The Trust has a recruitment and retention action plan to address recruitment and retention challenges. In addition, there have been a series of campaigns run for the hard to recruit staff groups and areas. The 2017/18 action plan was made up of a series of initiatives outlined as follows and has been refreshed for 2018/19. The key objectives are to ensure there is sufficient and relevant recruitment activity for nursing and midwifery staff to achieve the voluntary turnover, vacancy rate targets and meet patient safety standards. There are six work streams, which are:

- managing trends and hotspots
- delivering competitive rewards and benefits
- enhancing the offer for staff at different career stages
- providing career opportunities
- maximising recruitment
- delivering strategic supply of nurses.

Recruitment
The Trust created a new recruitment brand and the concept focuses on the strapline 'Full of Opportunity'. The careers microsite which was stand-alone has been updated and aligned to the new brand and moved onto the main website; rolling adverts have been rewritten to complement the brand: new marketing materials have been created; and a style guide has been developed for all advertising including social media.

We ran a 'Great place to work' week in September 2017 to promote our employment offer to our internal staff. The staff pages on the Trust intranet pages were refreshed to complement the employment offer and 'Pulse', the Trust magazine included feature articles to promote the employment offer.

An automatic offer is in place for student nurses and this has seen the retention rate increase to 60 per cent. In addition, a student attraction strategy has been developed which includes attending student fairs, placing adverts on student job boards and running a series of adverts specifically for students.

The Trust runs monthly recruitment open days for all staff groups, attends recruitment fairs for nurses, midwives and radiographers and has quarterly advertising campaigns in place for nurses and midwives. A 'preferred supplier list' has been introduced for all staff groups and the proposal is to build on this list and work with agencies to recruit staff in hard to recruit areas.

A team of resourcing business partners has been recruited and is aligned to our clinical divisions to run bespoke campaigns for different staff groups and directorates. Recruitment and retention premiums have been put in place for a number of staff groups including, sonographers, cardiologists and Band 5 nurses.

Finally an internal transfer scheme has been piloted and the plan for 2018/19 is to extend this and to further develop the careers clinics in 2018/19. The latter are proving very successful in other trusts.

'Growing our own'
The Trust is expanding its proactive approach to making sure we have enough people with the right skills. This includes developing new types of roles – nursing associate, advanced clinical practitioners and return-to-practice nurses. The Trust has been part of the nursing associate pilot in 2017/18 and had a cohort of 13 nursing associates training with the Trust; we have subsequently recruited a further cohort of 27 trainee nursing associates who commence with the Trust in October 2018.

The ‘Strategic supply of nursing’ business case launches the introduction of the graduate nurse apprentice to complement the health care support worker apprentice. There is a training programme in place for sonographers and the numbers for this scheme will be increased in 2018/19.

Retention
A range of retention initiatives have been introduced. The length of the Preceptorship programme was redesigned to last for one year to better support newly qualified band 5 nurses. A new leadership programme for band 5/6 nursing and midwife staff was introduced to fast track high potential nurses into leadership roles and support those who have secured promotion to be the best leaders they can be.

An engagement toolkit and master class was developed to support the staff survey and to help all leaders and managers consider how to create a ‘Great place to work’ and improve retention. In addition, more than 800 staff attended ‘In your shoes’ workshops to support engagement and retention. Our action plan was showcased by NHS Improvement as part of their master class series in November 2017.

In 2018/19 the Trust will be a part of Cohort 3 of the NHS Improvement retention programme. A business case has been put together to secure a ‘Supply of nurses’ for the next five years. This includes funding for recruiting international nurses at scale and pace, money to ramp up retention activity initiatives and funding to make our pipeline much more sustainable going forward by expanding our nursing associate and graduate student cohorts and launching the graduate nurse apprenticeship.

9. Maintaining safe staffing levels

Our recruitment campaign helped us keep our nurse vacancy rate at 14.7 per cent – slightly lower than the London NHS trust average. Although our vacancy rates remained higher than our targets for 2017/18, we ensured staffing met planned safe levels. Where shifts were not filled, staffing arrangements were optimised and any risk to safe care minimised by the senior nurses taking the following actions:

- using the workforce flexibly across floors and clinical areas
- the nurse or midwife in charge of the area working clinically and taking a case load
- specialist staff working clinically during the shift to support their ward based colleagues.

Our divisional nurse directors regularly review staffing at ward level alongside local quality metrics to ensure there are no quality or safety concerns regarding safe staffing levels.

Goal/target	National target / national average	Performance in 16/17	Target for 17/18	Outcome in 17/18	Target achieved?
We will have a general vacancy rate of 10 per cent or less	N/A	11.6%	10% or less	12.1%	No
We will have a vacancy rate for all nursing and midwifery staff of 12 per cent or less	N/A	19%	10% or less	14.7%	No
We will maintain the percentage of shifts meeting planned safe staffing levels at 90 per cent for registered nurses and 85 per cent for care staff	90% for registered nurses 85% for care staff	97% for registered nurses 95% for care staff	90% for registered nurses 85% for care staff	97% for registered nurses/midwives 95% for care staff:	Yes

10. Agency Spend

Since the beginning of 2016/17 we have been set an annual agency spending cap by our regulator NHS Improvement. As a Trust, we have worked diligently and successfully to reduce our agency spend, exceeding the targets set by NHS I for 2016/17 and 2017/18 and reducing our agency spend by 43 per cent from £51million to £29 million in 2017/18.

For 2018/19, NHS Improvement has set the Trust an agency spending cap of £27.74 million which requires us to reduce spend in this area by a further 6.3 per cent.

11. Summary

We are impacted by many of the same issues affecting NHS trusts across England: growing and changing care needs, especially of older people and those with long-term conditions; developing and making the most of advances in care and treatment; difficulties in recruiting and retaining enough staff with the right skills; and, all in the context of a continuing squeeze on public finances.

We recognise the necessity of making an ongoing investment in our staff. Our Trust has an amazing workforce – the 70th anniversary of the NHS in July 2018 sparked a wave of inspirational stories about our people, past and present. It's important that we continue to recognise and celebrate their achievements, and give them the space and support to shape change for themselves.

Recruiting and retaining staff remains one of our biggest challenges. We are addressing this NHS-wide issue by increasing our own focus on training and development, including through apprenticeship routes, as well as investing more in recruitment in the nearer term. We also recognise we need to do more to ensure and promote equality and diversity. A particular focus for 2018/19 is improving workforce representation of black and minority ethnic staff on band 7 and above and to reduce the disproportionate representation of black and minority ethnic staff receiving a lower rating in their appraisal.

As the annual NHS staff survey shows, our Trust is making progress on building a more engaged and supported workforce. However, the same survey shows the need to focus on the themes of: equality and diversity; and, violence, harassment and bullying.

The Trust's new chief executive has initiated a major programme to be launched this autumn with staff and wider stakeholders to define and encourage the behaviours that we should all expect of one another and to understand and remove any barriers that stand in the way. It is the next step on from a similar approach we took to refresh our values and to galvanise all our staff around a shared promise to our patients and communities.

Appendix 1

Trust statement issued 9 August 2018

Investigation of the disciplinary process that led to our dismissal of Amin Abdullah – significant actions and learning for the Trust

Today Imperial College Healthcare NHS Trust has published the report of the independent investigation into the disciplinary process that resulted in the dismissal of Amin Abdullah, a nurse who took his own life in February 2016.

The Trust commissioned independent consultancy Verita to carry out the investigation in October 2017. The investigation was overseen by a stakeholder panel including representatives of the Trust and NHS Improvement, Mr Abdullah's partner and his partner's representative.

This has been a thorough and fair investigation and we accept all of its findings and recommendations. Above all else, it is now clear that we let Amin down and, for that, we are truly sorry.

As you will see, the investigation has generated a huge amount of learning for the Trust that we have committed to put in place across the organisation as quickly as possible.

Commenting on the report, Imperial College Healthcare NHS Trust chief executive, Professor Tim Orchard, said:

"This has been a thorough and fair investigation and we accept all of its findings and recommendations. Above all else, it is now clear that we let Amin down and, for that, I am truly sorry.

"The investigation has generated a huge amount of learning for the Trust. Not just in terms of the specific recommendations but also by demonstrating the need to do more to build an organisational culture where concerns and poor behaviours are addressed as openly and constructively as possible. We, of course, need to do that while also continuing to act quickly to protect patients and colleagues whenever necessary.

"The report documents a series of actions — from the way a patient's comments were dealt with on the ward to the way Amin's disciplinary case was constructed and managed — that resulted in a dismissal that should not have happened, despite the Trust being found to have appropriate processes and policies in place.

"These errors were compounded by the way in which the executive team sought assurances about the management of Amin's disciplinary process. This resulted in our initial review that did not tell us what we needed to know. As such, we are very grateful to Amin's partner for pursuing a detailed review; without his persistence, we would not have generated all of this vital learning. I am also grateful to the whole stakeholder panel including Narinder Kapur for working with us to oversee the review and to Verita for undertaking the investigation.

"From just our initial reflections on the report, it is clear that our primary responsibility as the Trust's leadership team is to now ensure all of the learning is acted upon across the whole organisation.

"As well as accepting all of the report's findings and recommendations, I am commissioning a full overhaul of how we support and manage our disciplinary processes, both formal and informal. In the meantime, we are immediately putting in place a set of interim measures to

ensure all current and new disciplinary cases meet key standards that draw on the Verita report and other best practice. This includes:

- a new checkpoint involving a senior staff member unrelated to the case to assess whether or not to move on to formal proceedings
- a formal offer of pastoral care to all staff in a formal disciplinary process
- ensuring staff undertake new training before taking up a role as an investigating officer or a chair of a disciplinary hearing
- additional review by a senior staff member unrelated to the case at the conclusion of the investigation
- a new outcome letter template and guidance.

“There are issues to follow up with specific individuals and teams but, as this case demonstrates so powerfully, it will be essential that this is done fairly and with support and by following proper process.

“Separately, I have already initiated a major programme to be launched this autumn with staff and wider stakeholders to define and encourage the behaviours that we should all expect of one another and to understand and remove any barriers that stand in the way. It is the next step on from a similar approach we took to refresh our values and to galvanise us all around a shared promise to our patients and communities.

“The annual NHS staff survey shows that our Trust is making real and steady progress on building a more engaged and supported workforce. We know we have much further to go. The true legacy of this report into Amin’s dismissal will not be for it to set these organisational improvements back but to propel them forward. As such, we have published the Verita report in full and its learning will be the focus of discussion and reflection with staff at all levels over the coming weeks and months.

“I very much regret that Amin is not here to be offered an apology for the mistakes that we made and a personal commitment from me that we will act on all of the learning from his case. I have offered that apology and commitment to Amin’s partner. I have also offered a further apology to the patient caught up in this review.”

London Borough of Hammersmith & Fulham **HEALTH, INCLUSION AND SOCIAL CARE POLICY & ACCOUNTABILITY** **17 SEPTEMBER 2018**	
WORKFORCE: CAPACITY, DEVELOPMENT, ENGAGEMENT AND SUPPORT REPORT FROM CHELSEA & WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	
Report of CHELSEA & WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	
Open Report	
Classification - For Policy & Accountability Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Director: Lisa Redfern, Strategic Director for Social Care and Public Services Reform	
Report Author: Dominic Conlin, Director of Strategy & Integration, Chelsea & Westminster Hospital NHS Foundation Trust	**Contact Details:** Available on enquiry

1. EXECUTIVE SUMMARY

1.1. This report explores the concerns raised following discussions at previous Policy and Accountability Committees regarding recruitment and retention within the NHS of its workforce. It will explore issues such as staff engagement and the metrics around this drawn from staff satisfactions surveys. The main body of the report is attached as **Appendix 1** to this report.

2. RECOMMENDATIONS

2.1. That the Committee discuss the report and its findings; and

2.2. That the Committee notes the report.

3. PROPOSAL AND ISSUES

3.1. N/A

4. OPTIONS AND ANALYSIS OF OPTIONS

4.1. N/A

5. CONSULTATION

5.1. N/A

6. EQUALITY IMPLICATIONS

6.1. N/A

7. LEGAL IMPLICATIONS

7.1. N/A

8. FINANCIAL AND RESOURCES IMPLICATIONS

8.1. N/A

11. IMPLICATIONS FOR BUSINESS

11.1 N/A

12. RISK MANAGEMENT

12.1 N/A

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

13.1 N/A

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None.		

LIST OF APPENDICES:

Appendix 1 – Workforce: Capacity, Development, Engagement and Support - Chelsea & Westminster Hospital NHS Foundation Trust Report

Appendix 2 - Appendix 2 Workforce Performance Report - Month 04 1819

Appendix 1

Workforce: Capacity, Development, Engagement and Support

**Report from Chelsea & Westminster Hospital NHS Foundation Trust
to the London Borough of Hammersmith & Fulham
Health, Inclusion and Social Care Policy and Accountability Committee**

Introduction

This report to the Health, Inclusion and Social Care Policy and Accountability Committee from Chelsea & Westminster Hospital NHS Foundation Trust (the Trust) provides a position update. The report includes current Trust and London benchmarking performance reporting and an indication of action and interventions planned for further support.

The Committee have identified Workforce Capacity and Development as a key issue for the provision of safe, high quality services and the purpose of this report is to provide an overview and analysis of this key area and to support an informed dialogue

Strategic Priorities

At the start of the financial year, 2017/18, the Trust Board agreed 3 strategic priorities that would guide the work of the Trust as a whole. These priorities were:

1. Deliver high-quality patient-centred care
2. Be the employer of choice
3. Deliver better care at lower cost

This recognised, as the Committee have done, the pivotal importance of our workforce. Specific measures were identified by which the Board would be able to establish whether or not these priorities were being delivered. A summary of how the Trust has performed in delivering each of these priorities is set out in the tables below:

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.		
What we aim for	How we are performing	
We will continue to have some of the lowest mortality rates in the NHS.		The Trust has the 6th best mortality rates in the country with an index of 79.1 against a national average of 100.
We will be the best performing London Trust for A&E, cancer and Referral to Treatment standards.		The Trust compares its waiting times to those of a group of similar hospitals across London. Based on the latest available data, the Trust has the best waiting time performance against the 4-hour A&E, 62-day cancer and 18 week referral-to-treatment standards.
We will consistently have more than 30% of our patients completing the *Friends and*		34.1% of inpatients responded to our Friends and Family Test survey. This was an

Family Test.		improvement on the previous year in which the response rate was 29.7%% and exceeded the 30% target set by the Trust Board.
More than 90% of those providing feedback saying they would recommend our services.		89.4% of inpatients said they would recommend the Trust to friends and family. This was a slight improvement on the previous year in which the recommendation rate was 89.2%, but was just short of the 90% target set by the Trust Board.

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, and we will recruit and retain people we need to deliver high-quality services to our patients and other service users.		
What we aim for	How we are performing	
We will have more than 90% of our permanent jobs filled by permanent staff		88.4% of our jobs are filled with permanent staff. Whilst this is below the 90% target set by the Trust Board there has been a steady improvement since the beginning of the year when 86.3% of posts were filled with permanent staff.
We will have less than 13% of our staff leaving each year		The Trust currently has a turnover rate of 15.3% Whilst this is more than the target set by the Trust Board, it is an improvement since the start of the year when turnover was 16.4%.
We will achieve an above average score for staff engagement in the national Staff Survey.		The Trust was in the top 20% of providers in the country for staff engagement according to the latest NHS Staff Survey.

Strategic Priority 3 - Deliver better care at lower cost		
We will look to continuously improve the quality of care and patient experience through the most efficient use of our resources (financial and human, including staff, partners, stakeholders, volunteers and friends).		
What we aim for	How we are performing	
We will deliver our financial plan in full		The Trust is exceeding performance against its financial plan by £1.3m.
We will be in the top 10% of NHS Trusts for financial efficiency based on national best practice		The Trust is in the top 10% of trusts for financial efficiency with the 14th lowest costs in the country.

The Trust has made good progress against its Priorities, which was one of the issues commented upon in the Care Quality Commission's recent inspection and **Good** assessment; and NHS Improvements rating of **Outstanding** for Use of Resources, but we recognise that there is still considerable risk – and therefore actions to be taken – in our ambition to be the employer of choice.

Key Issues & Actions

The Trust reports on a monthly basis against a series of designate measures. Our Workforce Performance report for July is attached as Appendix 1 as a worked example. This is scrutinised each month at the Workforce Development Committee, a meeting attended by the Executive Directors of the Trust; and subsequently presented at the bi-monthly People and OD committee which is chaired by a Non-Executive Director on behalf of the Board.

Full details are in the report and a short executive summary of key measures is set out as Figure 1 with some accompanying analysis:

Summary of overall performance is set out below

Page	Areas of Review	Key Highlights	Previous Year	Previous Month	In Month	Target	Change
5	Vacancy	Vacancy rate has increased by 0.9%	14.4%	13.6%	14.6%	10.0%	↗
6	Turnover	Turnover has decreased by 0.3%	21.2%	19.7%	19.5%		↘
7	Voluntary Turnover	Voluntary turnover has decreased by 0.3%	16.0%	15.4%	15.1%	13.0%	↘
10	Sickness	Sickness has decreased by 0.07%	2.5%	2.7%	2.6%	3.3%	↘
15	Temporary Staffing Usage (FTE)	Temporary Staffing % usage has increased by 0.1% this month		16.2%	16.3%		↗
17	Core Training	Core Training compliance has increased by 1.2%	85.4%	90.0%	91.2%	90.0%	↗
18	Staff PDR	The percentage of staff who have had a PDR has increased by 0.2%	13.8%	90.0%	90.2%	90.0%	↗

The Trust voluntary turnover rate was 15% as at July 2018 which has shown a downward trend from April 2017 which was 16.4%.

The Trust vacancy rate was 14.6% as at July 2018 which has shown a downward trend from April 2017 which was 16%.

The Trust is participating in the NHS Improvement Retention Support programme and has developed a Retention Improvement plan which aims to reduce the Trust turnover rate by 2% by October 2018. This is actively managed through a recruitment and retention team in place to address these issues co-sponsored by the Nursing Director and Director of People and Organisational Development.

The Retention support plan focuses on the following themes:-

- Improving training/career development opportunities
- Enhancing support from managers
- Encouraging staff reaching pensionable age to stay in work
- Improving our benefits offer

The Trust also developed an Attraction and On-boarding strategy which includes international recruitment campaigns, better support for new starters and a more efficient recruitment.

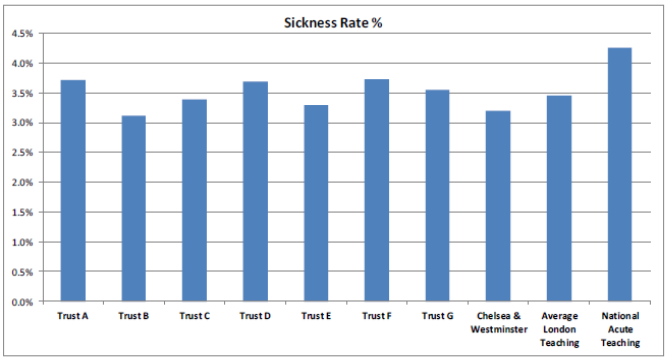
In May 2017 the Trust introduced joiner and leavers surveys to better understand what makes people leave the organisation and also understand how the Trust can improve the experience of new starters. The results from these surveys and analysis of National Staff Survey are used to inform both the retention and attraction and on-boarding plans.

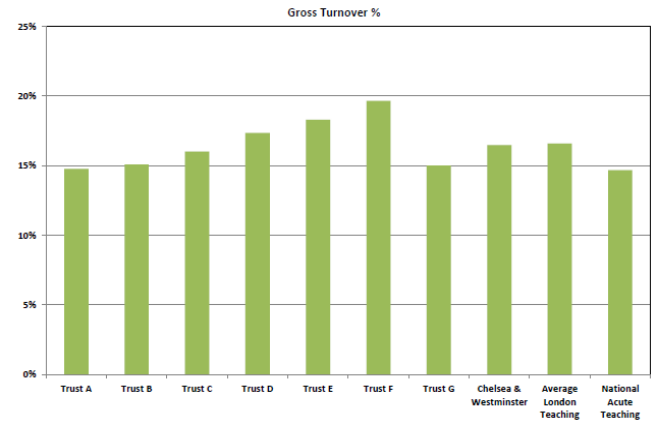
Follow up actions include:

- Prioritising retention of student nurses: the Trust has introduced a guaranteed job offer to all students that complete their training with the Trust. This is actively managed through a recruitment and retention team which is chaired by the director of Nursing and reports into the Workforce development committee.
- Focused work on staff engagement at looking at how we improve the experience of staff working at the Trust in order to support retention
- Developed a 2 year Staff Experience Plan focusing on 8 key areas including staff security, health and wellbeing and equality and diversity.

The Appendix provides snapshot and annual run charts to show performance. Figure 2 shows a comparative position on key metrics across London.

Section 5: Workforce Benchmarking





COMMENTARY

This benchmarking information comes from iView the Information Centre data warehouse tool.

Sickness data shown is from Feb '17 which is the most recent available on iView. Compared to other Acute teaching trusts in London, Chelwest had a rate just below the average at 3.1%. In the top graph, Trusts A-G are the anonymised figures for this group. The Trust's sickness rate was lower than the national rate for acute teaching hospitals in January.

The bottom graph shows the comparison of turnover rates for the same group of London teaching trusts (excluding junior medical staff). This is the total turnover rate including all types of leavers (voluntary resignations, retirements, end of fixed term contracts etc.). Chelwest currently has higher than average turnover (12 months to end March). Stability is lower than average. High turnover is more of an issue in London trusts than it is nationally which is reflected in the national average rate which is 1.6% lower than Chelwest.

**As with all benchmarking information, this should be used with caution. Trusts will use ESR differently depending on their own local processes and may not consistently apply the approaches. Figures come direct from the ESR data warehouse and are not subject to the usual Trust department exclusions and so on.

Reference Group	Gross Turnover Rate %	Stability Rate %	Sickness Rate %
Trust A	14.77%	84.74%	3.71%
Trust B	15.08%	84.53%	3.11%
Trust C	16.01%	83.58%	3.38%
Trust D	17.34%	82.61%	3.69%
Trust E	18.29%	82.00%	3.29%
Trust F	19.65%	80.44%	3.72%
Trust G	14.99%	84.75%	3.55%
Chelsea & Westminster	16.48%	82.97%	3.19%
Average London Teaching	16.58%	83.20%	3.46%
National Acute Teaching	14.67%	85.20%	4.26%

Ref: This report is taken from I-View NHS Data Warehouse report (2017)

This corroborates some of the output data from Starter and Leaver surveys in that the Trust is in a materially competitive workforce and demographic landscape. We also recognise that that as a central London Trust our turnover rates are higher than average; that as a smaller

Teaching Hospital our turnover rates are higher than average but that the success of our Culture & Values Programme and other engagement initiatives that some measures score very positively such as:

- Sickness and absence
- Quality of appraisals (top 20% re National Staff Survey)
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Percentage of staff able to contribute towards improvements at work (top 20% re National Staff Survey)
- Recommendation of the organisation as a place to work or receive treatment
- Overall indicator of staff engagement: (top 20% re National Staff Survey)

Key Initiatives for 2018/9

Nurse and Midwives represent the Trust's largest single professional work group. In 2017 the Royal College of Nursing (RCN) reported that there were 40,000 unfilled posts in nursing which was double the number in 2014. In July 2017 the Nursing & Midwifery Council noted that for the first time ever the number of nurses joining the register was less than the number of leavers. According to Model Hospital data the Trust has the second highest turnover rate in London. For registered nurses and midwives voluntary turnover remains static at about 17.5%. Nationally work is being led by NHSI to improve retention of Nursing and Midwifery staff and the Trust was one of the first waves to take part, an action plan now being in place to improve retention, but no such work has been undertaken for the non-qualified nursing and midwife workforce, and this is now presenting itself as a priority and a specific opportunity

The Trust reviewed and evaluated the support roles in wards and clinical departments and are putting in place a series of initiatives to act on our findings. These include:

- Introduction of new roles to support existing workforce and provide innovative career opportunities such as Nurse Associates, Assistant Practitioners
- Improved training in a co-provided programme such as for NVQ level 3 in Care; or level 3 apprenticeships
- Developing a career framework (which would allow staff to progress from band 2 to band 7 in a 10 year period) to be co-provided by accredited University partners

Concluding Statement

The Trust face many of the challenges of the wider NHS and health and care colleagues in the capital. We have sought – with some success - to prioritise this key issue through a combination of:

1) Culture, Values and Engagement.
2) Specific programme initiatives

The Trust welcomes the contribution from the Committee on how wider 'whole system' support can continue to address the risk and improve the position to bring benefit and confidence to the population we serve.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Performance Report
to the Workforce Development Committee

Month 4 – July 2018

Workforce Performance Report Aug‘17 - Jul‘18

Performance Summary

Summary of overall performance is set out below

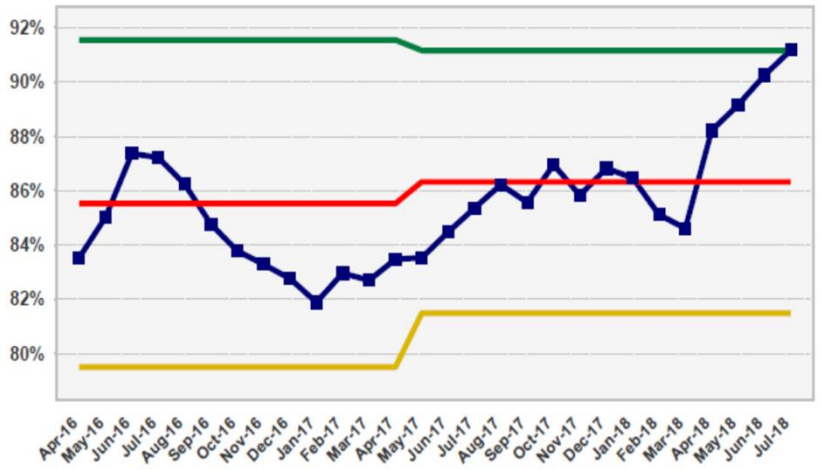
Page	Areas of Review	Key Highlights	Previous Year	Previous Month	In Month	Target	Change
5	Vacancy	Vacancy rate has increased by 0.9%	14.4%	13.6%	14.6%	10.0%	↗
6	Turnover	Turnover has decreased by 0.3%	21.2%	19.7%	19.5%		↘
7	Voluntary Turnover	Voluntary turnover has decreased by 0.3%	16.0%	15.4%	15.1%	13.0%	↘
10	Sickness	Sickness has decreased by 0.07%	2.5%	2.7%	2.6%	3.3%	↘
15	Temporary Staffing Usage (FTE)	Temporary Staffing % usage has increased by 0.1% this month		16.2%	16.3%		↗
17	Core Training	Core Training compliance has increased by 1.2%	85.4%	90.0%	91.2%	90.0%	↗
18	Staff PDR	The percentage of staff who have had a PDR has increased by 0.2%	13.8%	90.0%	90.2%	90.0%	↗

In addition to the information in this report, the trust monitors its workforce data by protected characteristics as defined by the Equality Act. To view the most recent annual workforce equality report please click this link http://connect/departments-and-mini-sites/equality-diversity/

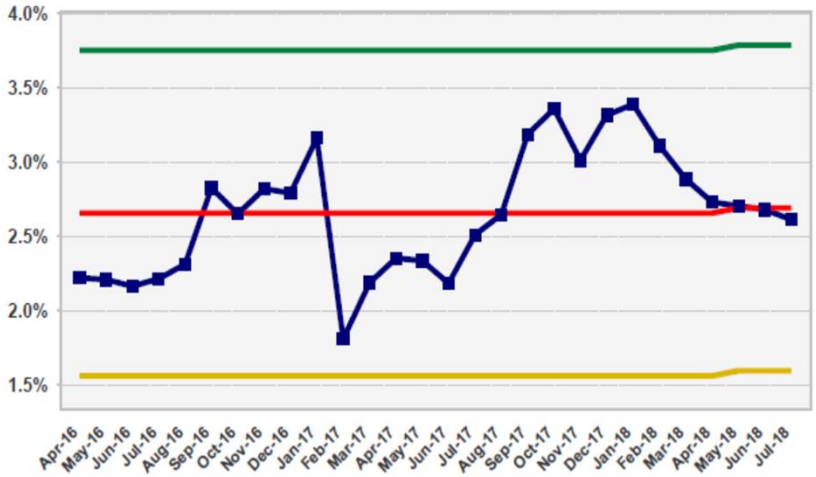
Statistical Process Control – April 2016 to July 2018

Statistical Process Control Charts for the 28 months April 2016 to July 2018

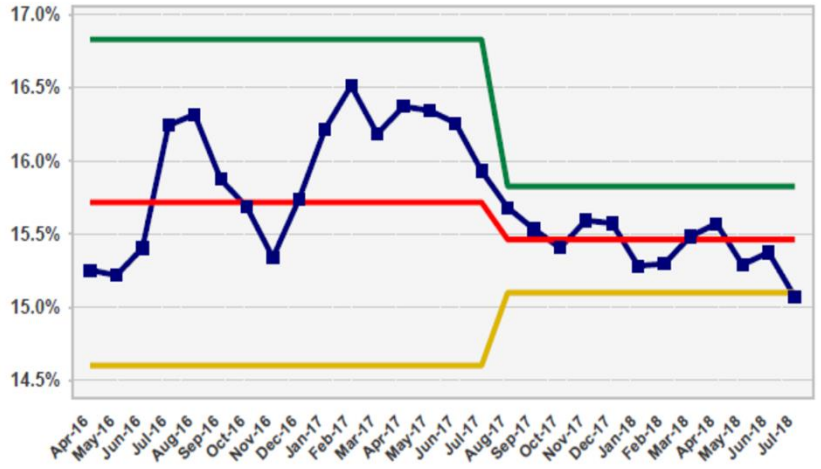
Mandatory Training compliance



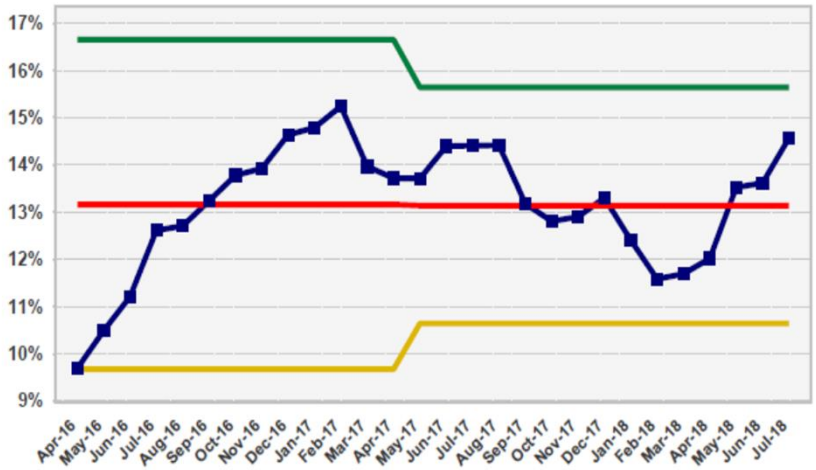
Sickness absence



Staff turnover rate

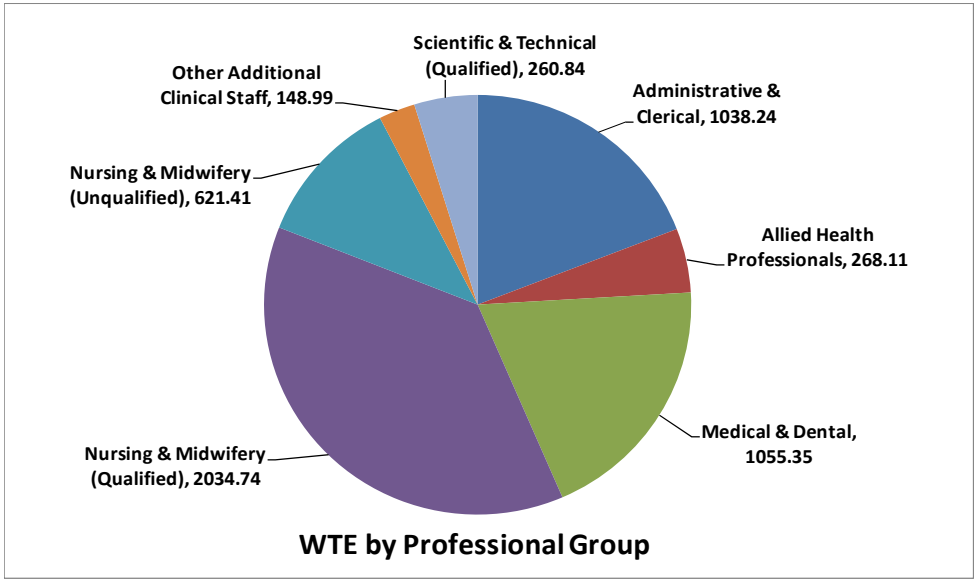


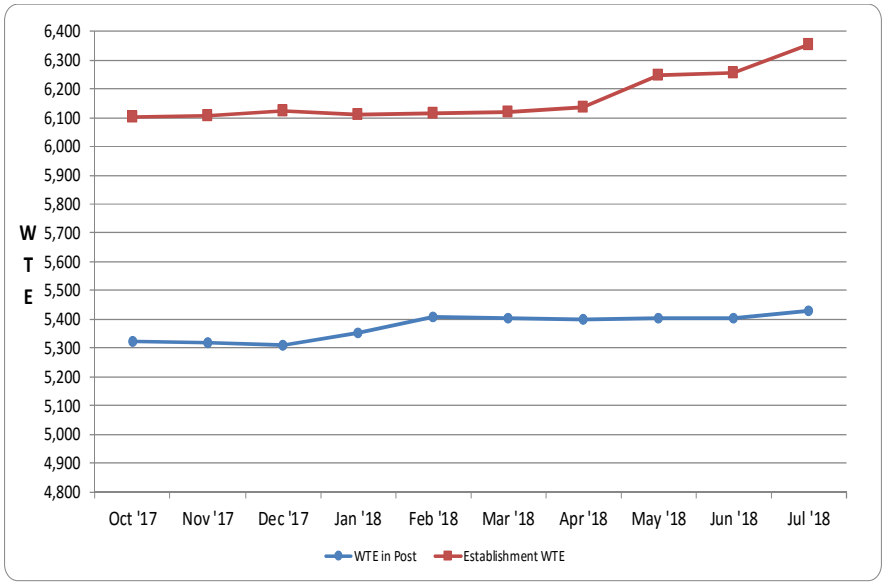
Vacancy rate

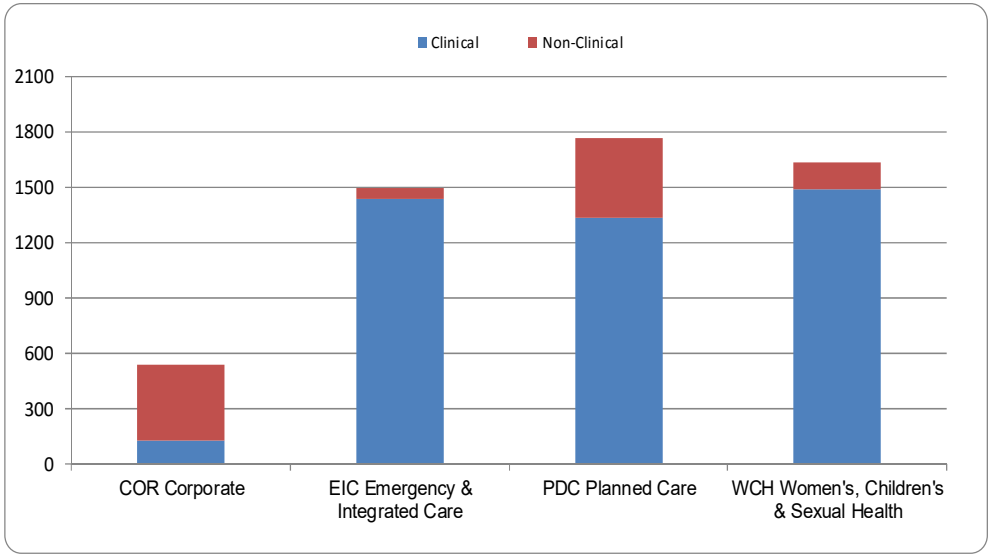


Current Staffing Profile

The data below displays the current staffing profile of the Trust







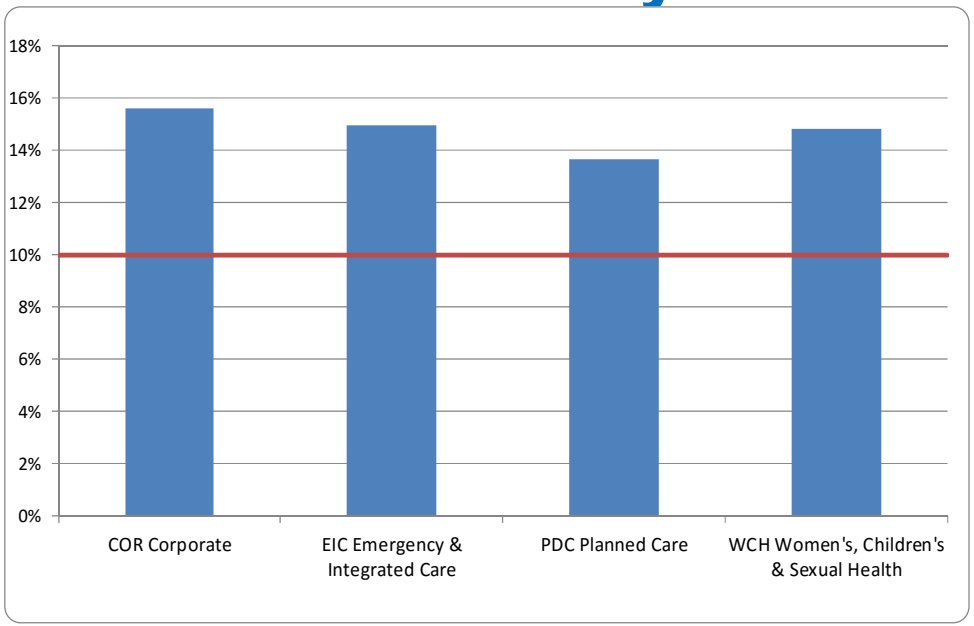
COMMENTARY

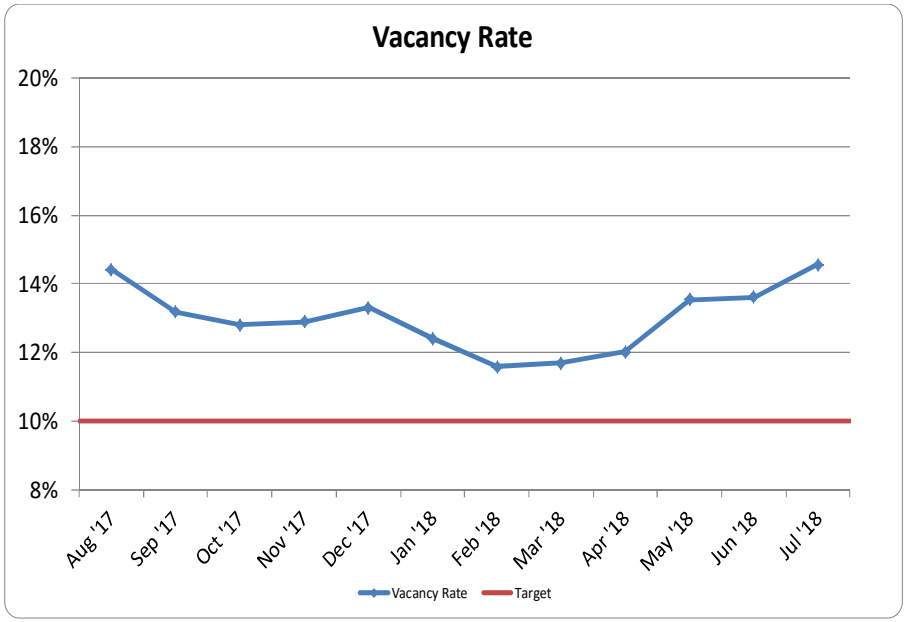
The Trust currently employs 5904 people working a whole time equivalent of 5428 which is 23 WTE greater than June. The largest increase in July was Qualified Nursing (5 WTE), whilst Other Allied Health Professionals staff reduced by 2.27 WTE.

Over the last year, staff numbers have increased by 261.95 WTE with the highest increase being in the EIC Division (231.5 WTE). The professional group with the highest increase has been Qualified Nursing & Midwifery (150.27 WTE).

In July there were 1852 WTE staff assigned to the West Middlesex site and 3576 WTE to Chelsea.

Section 1: Vacancy Rates





Vacancies by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	11.0%	11.7%	13.3%	15.6%	↗
EIC Emergency & Integrated Care	13.5%	16.2%	14.7%	15.0%	↗
PDC Planned Care	11.8%	13.8%	13.4%	13.7%	↗
WCH Women's, Children's & Sexual Health	11.2%	11.3%	12.9%	14.8%	↗
Whole Trust	**12.0%**	**13.5%**	**13.6%**	**14.6%**	↗
West Mid Site	**12.0%**	**14.3%**	**15.1%**	**16.2%**	↗
Chelsea Site	**12.1%**	**13.1%**	**12.8%**	**13.7%**	↗

Vacancies by Professional Group	Apr '18	May '18	Jun '18	Jul '18	Trend
Administrative & Clerical	11.6%	13.7%	15.9%	17.1%	↗
Allied Health Professionals	13.1%	14.5%	12.3%	13.1%	↗
Medical & Dental	10.8%	13.0%	12.4%	12.7%	↗
Nursing & Midwifery (Qualified)	12.7%	13.4%	14.0%	15.5%	↗
Nursing & Midwifery (Unqualified)	14.5%	16.2%	13.1%	13.4%	↗
Other Additional Clinical Staff	5.0%	6.1%	8.4%	8.2%	↘
Scientific & Technical (Qualified)	9.8%	12.1%	11.3%	11.4%	↗
Total	**12.0%**	**13.5%**	**13.6%**	**14.6%**	↗

Service	Establishment WTE	Staff in Post WTE	Vacancy Rate %	Trend
WM Paediatric Starlight Unit	59.2	22.9	61.3%	↗
CW Medical Day Unit	23.7	10.3	56.6%	↗
WM Radiology	60.7	35.9	40.8%	↔
CW Estates	41.2	27.6	33.0%	↗
WM T&O	32.4	21.8	33.0%	↔

COMMENTARY

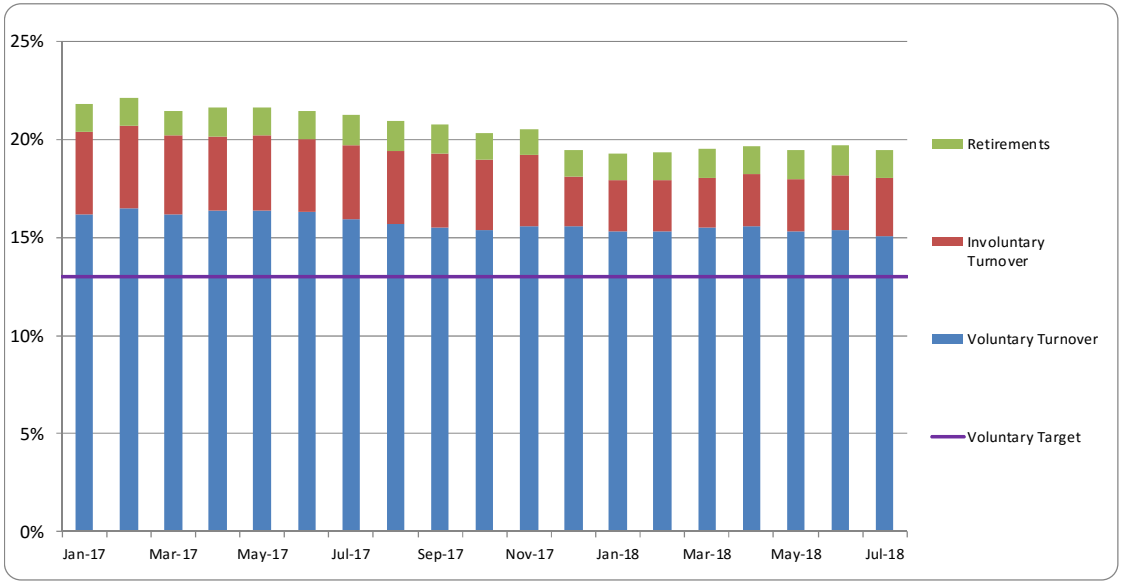
The vacancy rate has increased by 0.95% in July.

The vacancy rate currently is highest in the Administrative & Clerical professional group at 17.14% and in the Emergency & Integrated Care Division at 14.97%.

The table above shows the services with more than 20 staff which currently have the highest vacancy rates at the Trust.

Section 2a: Gross Turnover

The chart below shows turnover trends. Tables by Division and Staff Group are below:



COMMENTARY

The total trust turnover rate has decreased slightly by 0.2% to 19.5% this month. In the last 12 months there have been 1017 leavers.

The Trust now has data from responses to exit surveys to enable more focused work on retention.

	Gross Turnover				
Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	21.4%	21.4%	23.0%	22.9%	↘
EIC Emergency & Integrated Care	20.1%	20.2%	20.5%	19.8%	↘
PDC Planned Care	18.2%	18.1%	18.0%	17.6%	↘
WCH Women's, Children's & Sexual Health	20.2%	19.7%	19.9%	20.1%	↗
Whole Trust	**19.6%**	**19.5%**	**19.7%**	**19.5%**	↘

	Gross Turnover				
Professional Group	Apr '18	May '18	Jun '18	Jul '18	Trend
Administrative & Clerical	18.8%	19.4%	21.0%	20.0%	↘
Allied Health Professionals	20.8%	21.5%	22.4%	22.4%	↔
Medical & Dental	16.3%	16.1%	15.8%	16.5%	↗
Nursing & Midwifery (Qualified)	19.5%	19.2%	18.8%	18.9%	↗
Nursing & Midwifery (Unqualified)	23.0%	22.1%	22.4%	20.0%	↘
Other Additional Clinical Staff	23.2%	22.3%	23.9%	26.2%	↗
Scientific & Technical (Qualified)	19.6%	19.1%	18.8%	19.0%	↗
Whole Trust	**19.6%**	**19.5%**	**19.7%**	**19.5%**	↘

Leaver Category	Number of Leavers
Death in Service	2
Dismissal	20
Employee Transfer	13
End of Fixed Term Contract	117
Redundancy	4
Retirement	66
Voluntary Resignation	795
Total	**1017**

Section 2b: Voluntary Turnover

	Voluntary Turnover						Other Turnover July 2018	
Division	Apr '18	May '18	Jun '18	Jul '18	Trend	Leavers HC	In-voluntary	Retirement
COR Corporate	16.7%	16.5%	17.6%	16.6%	↘	89	4.7%	1.7%
EIC Emergency & Integrated Care	17.3%	17.2%	17.1%	16.7%	↘	222	2.2%	0.8%
PDC Planned Care	13.2%	13.3%	13.0%	12.5%	↘	214	3.4%	1.7%
WCH Women's, Children's & Sexual Health	16.3%	15.5%	15.7%	16.0%	↗	264	2.5%	1.6%
Whole Trust	**15.6%**	**15.3%**	**15.4%**	**15.1%**	↘	**789**	**2.9%**	**1.4%**
West Mid Site	**11.7%**	**11.3%**	**11.9%**	**11.5%**	↘	**204**		
Chelsea Site	**17.6%**	**17.4%**	**17.2%**	**16.9%**	↘	**585**		

	Voluntary Turnover						Other Turnover July 2018	
Professional Group	Apr '18	May '18	Jun '18	Jul '18	Trend	Leavers HC	In-voluntary	Retirement
Administrative & Clerical	14.9%	15.3%	16.5%	15.6%	↘	179	2.9%	1.6%
Allied Health Professionals	18.6%	19.0%	19.2%	19.5%	↗	60	1.9%	1.0%
Medical & Dental	6.2%	5.5%	5.3%	5.3%	↔	31	9.9%	1.4%
Nursing & Midwifery (Qualified)	17.4%	17.0%	16.5%	16.8%	↗	355	0.8%	1.4%
Nursing & Midwifery (Unqualified)	19.0%	18.5%	18.3%	16.3%	↘	117	2.3%	1.4%
Other Additional Clinical Staff	12.2%	11.5%	12.8%	14.3%	↗	21	8.3%	3.6%
Scientific & Technical (Qualified)	14.3%	13.4%	13.5%	13.4%	↘	38	4.6%	1.1%
Whole Trust	**15.6%**	**15.3%**	**15.4%**	**15.1%**	↘	**801**	**2.9%**	**1.4%**

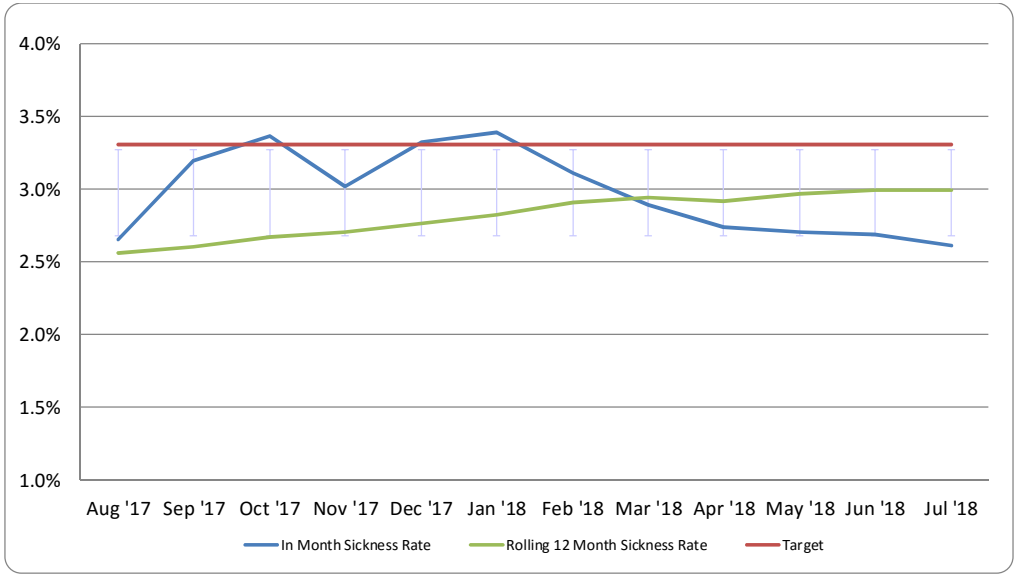
Service	Average Staff in Post HC	Leavers HC	Voluntary Turnover Rate
CW Ron Johnson	25	10	40.8%
CW Nell Gwynne Ward	33	13	40.0%
CW David Erskine Ward	29	10	35.1%
CW Mercury Ward	28	9	32.1%
CW John Hunter Clinic	51	16	31.7%

COMMENTARY

Voluntary Turnover has decreased by 0.3% this month. Chelsea Site has a voluntary turnover rate consistently about 5% higher than West Mid. The 5 services with more than 20 staff with the highest voluntary turnover rates are shown in the bottom table. Divisional HR Business Partners are working within divisions to tackle any issues within these areas. The Trust is also taking part in the NHSi Retention Support Program to help reduce turnover.

Section 3: Sickness

The chart below shows performance over the last 11 months, the tables by Division and Staff Group are below.



COMMENTARY

The monthly sickness absence rate is at 2.61% in July which is a decrease of 0.07% on the previous month.

The Women's, Children & Sexual Health Division had the highest sickness rate in June at 3.20%. The professional group with the highest sickness rate was Nursing and Midwifery (Unqualified) at 4.8%.

The table below lists the services with the highest sickness absence percentage during July 2018. Below that is a breakdown of the top 5 reasons for absence, both by the number of episodes and the number of days lost.

Sickness by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	1.92%	1.83%	1.62%	1.43%	↘
EIC Emergency & Integrated Care	2.36%	2.14%	2.13%	2.08%	↘
PDC Planned Care	3.35%	3.21%	2.91%	2.86%	↘
WCH Women's, Children's & Sexual Health	2.65%	2.89%	3.27%	3.20%	↘
Whole Trust In Month %	**2.73%**	**2.70%**	**2.68%**	**2.61%**	↘
Whole Trust Annual Rolling %	**2.91%**	**2.96%**	**2.99%**	**2.99%**	↗
Long Term Sickness Rate %	**1.36%**	**1.29%**	**1.21%**	**1.17%**	↘
Short Term Sickness Rate %	**1.37%**	**1.43%**	**1.45%**	**1.44%**	↘

Sickness by Professional Group (In Month)	Apr '18	May '18	Jun '18	Jul '18	Trend
Administrative & Clerical	3.54%	3.14%	3.38%	3.39%	↗
Allied Health Professionals	1.91%	1.53%	2.26%	2.24%	↘
Medical & Dental	0.40%	0.39%	0.37%	0.36%	↘
Nursing & Midwifery (Qualified)	2.87%	3.20%	3.05%	2.83%	↘
Nursing & Midwifery (Unqualified)	4.71%	4.65%	4.82%	4.80%	↘
Other Additional Clinical Staff	2.33%	2.61%	1.33%	1.99%	↗
Scientific & Technical (Qualified)	4.32%	2.97%	2.57%	2.57%	↗
Whole Trust In Month %	**2.73%**	**2.70%**	**2.68%**	**2.61%**	↘
Chelsea Site %	**2.50%**	**2.42%**	**2.55%**	**2.52%**	↘
West Mid Site %	**3.17%**	**3.25%**	**2.93%**	**2.80%**	↘

Service	Staff in Post WTE	Sickness WTE Days Lost	WTE Days Available	Sickness %
WM Syon 2 Pay	32.13	92.52	927.00	10.0%
CW Edgar Horne Ward	37.40	104.61	1123.84	9.3%
CW Outpatients	21.20	55.00	623.00	8.8%
CW John Hunter Clinic	45.43	110.24	1385.19	8.0%
WM Paediatric Starlight Unit	22.92	78.80	1092.24	7.2%

Top 5 Sickness Reasons by Number of Episodes	% of all Episodes
S25 Gastrointestinal problems	21.12%
S13 Cold, Cough, Flu - Influenza	20.88%
S12 Other musculoskeletal problems	10.26%
S16 Headache / migraine	8.71%
S10 Anxiety/stress/depression/other psychiatric illnesses	7.88%

Top 5 Sickness Reasons by Number of WTE Days Lost	% of all WTE Days Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	21.84%
S11 Back Problems	5.42%
S12 Other musculoskeletal problems	11.62%
S13 Cold, Cough, Flu - Influenza	11.33%
S14 Asthma	0.85%

Section 4: Nursing Workforce Profile/KPIs

Nursing Establishment WTE

Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	89.1	89.1	91.1	92.1	↗
EIC Emergency & Integrated Care	1022.5	1060.0	1068.1	1085.6	↗
PDC Planned Care	716.4	716.9	692.9	694.6	↗
WCH Women's, Children's & Sexual Health	1189.8	1189.8	1223.9	1253.7	↗
Total	**3017.8**	**3055.8**	**3076.0**	**3125.9**	↗

Nursing Staff in Post WTE

Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	83.8	83.7	84.0	84.0	↔
EIC Emergency & Integrated Care	861.9	861.3	868.9	885.2	↗
PDC Planned Care	649.6	650.9	655.2	654.1	↘
WCH Women's, Children's & Sexual Health	1026.8	1029.6	1042.5	1032.8	↘
Total	**2622.1**	**2625.6**	**2650.6**	**2656.1**	↗

Nursing Vacancy Rate

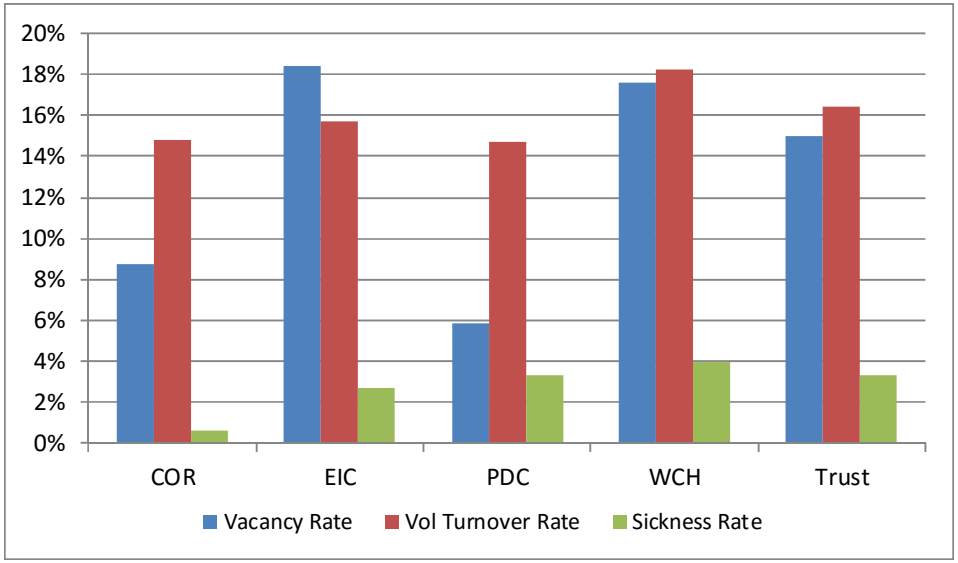
Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	5.9%	6.0%	7.7%	8.7%	↗
EIC Emergency & Integrated Care	15.7%	18.7%	18.7%	18.5%	↘
PDC Planned Care	9.3%	9.2%	5.4%	5.8%	↗
WCH Women's, Children's & Sexual Health	13.7%	13.5%	14.8%	17.6%	↗
Total	**13.1%**	**14.1%**	**13.8%**	**15.0%**	↗

Nursing Sickness Rates

Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	3.0%	2.2%	1.8%	0.6%	↘
EIC Emergency & Integrated Care	3.3%	3.1%	2.8%	2.7%	↘
PDC Planned Care	3.7%	4.1%	3.6%	3.3%	↘
WCH Women's, Children's & Sexual Health	3.1%	3.7%	4.0%	3.9%	↘
Total	**3.6%**	**3.5%**	**3.5%**	**3.3%**	↘

Nursing Voluntary Turnover

Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	18.52%	17.43%	15.24%	14.84%	↘
EIC Emergency & Integrated Care	16.90%	16.45%	16.39%	15.75%	↘
PDC Planned Care	17.38%	17.20%	15.53%	14.69%	↘
WCH Women's, Children's & Sexual Health	19.07%	18.08%	18.39%	18.24%	↘
Total	**17.9%**	**17.3%**	**16.9%**	**16.4%**	↘
West Mid Site	**12.1%**	**11.2%**	**11.9%**	**19.7%**	↗
Chelsea Site	**21.0%**	**20.8%**	**17.2%**	**11.9%**	↘



COMMENTARY

This data shows a more in-depth view of our nursing workforce (both qualified and unqualified combined).

The nursing workforce has increased by 4.93 WTE in July.

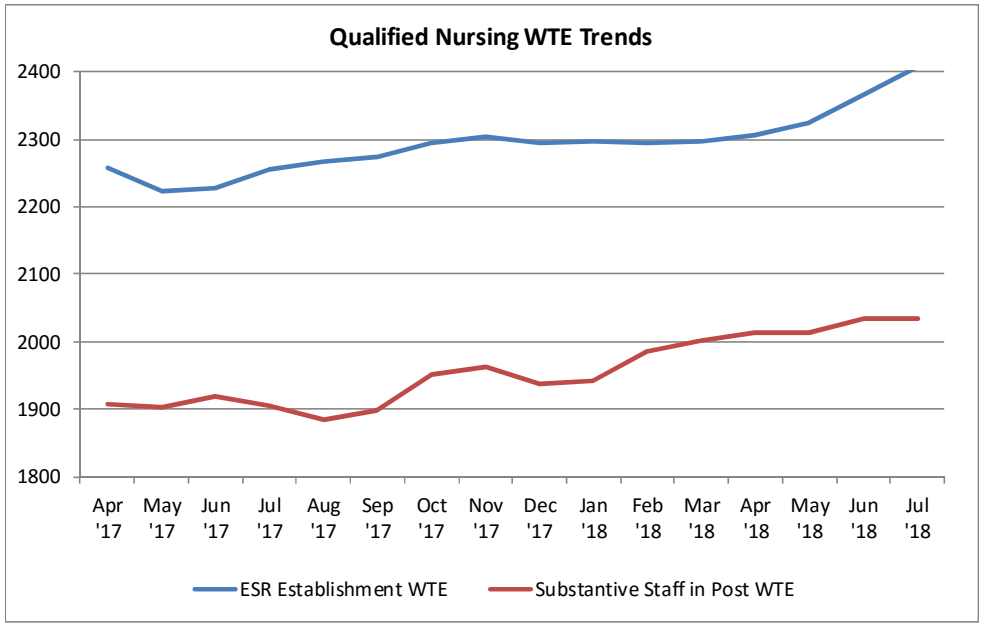
Voluntary Turnover is much higher at the Chelsea site compared to West Mid.

Section 5: Qualified Nursing & Midwifery Recruitment Pipeline

Measure	Jan '18	Feb '18	Mar '18	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19
ESR Establishment WTE	2296.2	2295.6	2296.0	2306.1	2324.2	2366.4	2408.3								
Substantive Staff in Post WTE	1943.3	1985.3	2001.5	2013.4	2012.5	2034.2	2034.7								
Contractual Vacancies WTE	353.0	310.3	294.4	292.7	311.7	332.3	373.5								
Vacancy Rate %	15.37%	13.52%	12.82%	12.69%	13.41%	14.04%	15.51%								
Actual/Planned Leavers Per Month*	28	27	23	44	48	23	34	34	34	34	34	35	35	35	35
Actual/Planned New Starters**	34	53	42	50	29	40	35	44	44	45	45	45	45	45	45
Pipeline: Agreed Start Dates								29	24	39	2	0	0	0	0
Pipeline: WTE No Agreed Start Date								191 with no agreed start date							

* Based on Gross Turnover of 20%

** Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by May 2018



COMMENTARY

This information tracks the current number of qualified nurses & midwives at the Trust and projects forward a pipeline based on starters already in the recruitment process.

July saw more starters than leavers for consecutive months. There are 191 nurses in the pipeline without a start date, 77 of which are from overseas.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the nursing and midwifery vacancy rate down to 10% by March 2019.

NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours

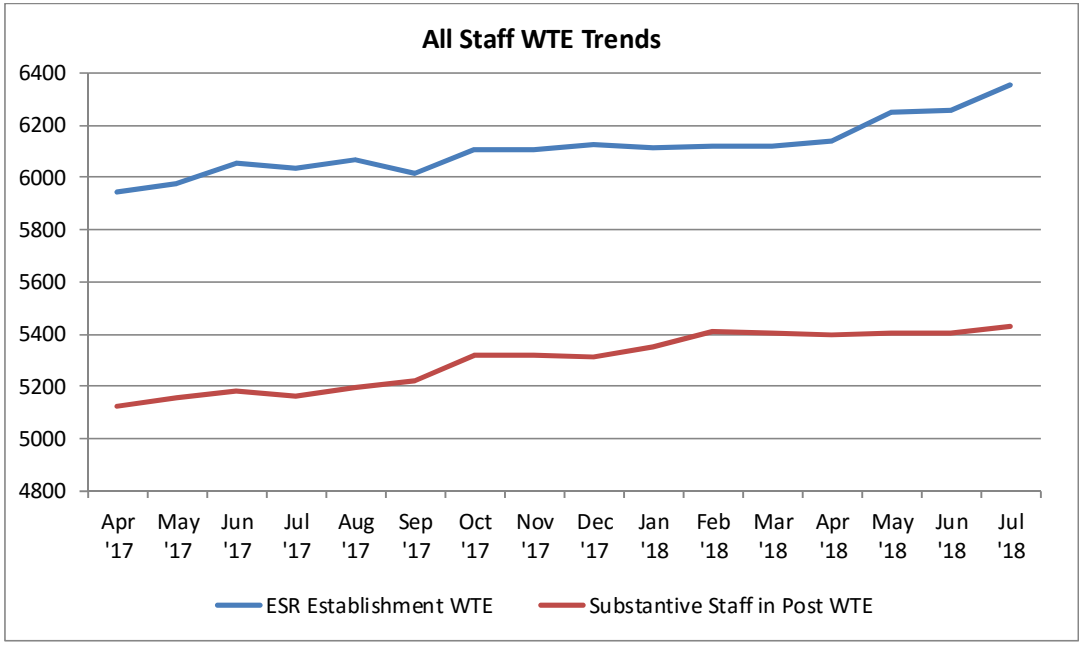
Section 6: All Staff Recruitment Pipeline

Measure	Jan '18	Feb '18	Mar '18	Apr '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19
ESR Establishment WTE[1]	6112.7	6116.2	6120.7	6136.1	6247.6	6257.6	6353.0								
Substantive Staff in Post WTE	5354.6	5407.7	5404.9	5398.7	5402.6	5405.7	5427.7								
Contractual Vacancies WTE	758.1	708.5	715.7	737.4	845.1	851.9	925.3								
Vacancy Rate %	12.40%	11.58%	11.69%	12.02%	13.53%	13.61%	14.56%								
Actual/Planned Leavers Per Month[2]	71	103	96	131	75	74	90	90	91	91	91	91	91	92	92
Actual/Planned New Starters[3]	124	129	114	126	83	86	112	107	102	102	102	103	103	103	103
Pipeline: Agreed Start Dates								71	52	42	2	0	0	0	0
Pipeline: WTE No Agreed Start Date								675 with no agreed start date							

[1] Doctors in Training are included in the Establishment, Staff in Post and Actual Starters/Leavers figures

[2] Based on Gross Turnover of 20%

[3] Number of WTE New Starters required per month to achieve a 10% Vacancy Rate by May 2018



COMMENTARY

This information tracks the current number of staff at the Trust and projects forward a pipeline based on starters already in the recruitment process.

The planned leavers is based on the current qualified nursing turnover rate of 20% and planned starters takes into account the need to reduce the vacancy rate down to 10% by March 2019.

NB Starters & Leavers do not always add up to the change in staff in post due to existing staff changing their hours. Staff becoming substantive from Bank may also not be reflected

Section 7: Agency Spend

COR Corporate

Corporate	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£157,047	£224,261	£410,779	£571,836	£1,363,923
Target Spend	£0	£0	£0		
Variance	£157,047	£224,261	£410,779	£571,836	£1,363,923
Variance %				0.0%	

EIC Emergency & Integrated Care

Emergency & Integrated Care	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£595,862	£651,242	£639,876	£615,494	£2,502,474
Target Spend	£0	£0	£0		
Variance	£595,862	£651,242	£639,876	£615,494	£2,502,474
Variance %	0.0%	0.0%	0.0%	0.0%	0.0%

PDC Planned Care

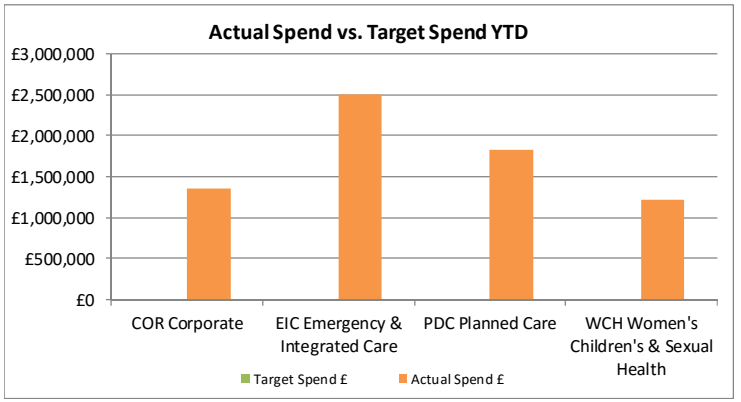
Planned Care	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£554,818	£395,358	£363,757	£509,928	£1,823,861
Target Spend	£0	£0	£0	£0	£0
Variance	£554,818	£395,358	£363,757	£509,928	£1,823,861
Variance %	0.0%	0.0%	0.0%	0.0%	0.0%

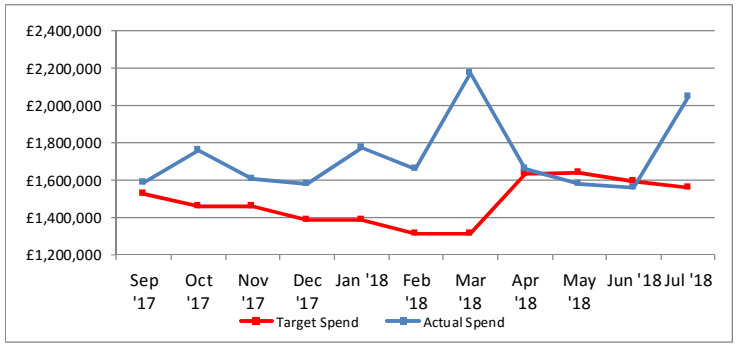
WCH Women's, Children's & Sexual Health

Women's, Children's & Sexual Health	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£347,708	£301,186	£285,123	£291,225	£1,225,242
Target Spend	£0	£0	£0		
Variance	£347,708	£301,186	£285,123	£291,225	£1,225,242
Variance %				0.0%	

Clinical Divisions and Corporate Areas

Trust	Apr '18	May '18	Jun '18	Jul '18	YTD
Actual Spend	£1,655,435	£1,575,411	£1,557,620	£2,043,672	£6,832,138
Target Spend	£1,634,000	£1,635,000	£1,591,000	£1,560,000	£6,420,000
Variance	-£21,435	£59,589	£33,380	-£483,672	-£412,138
Variance %	1.3%	-3.6%	-2.1%	31.0%	6.4%





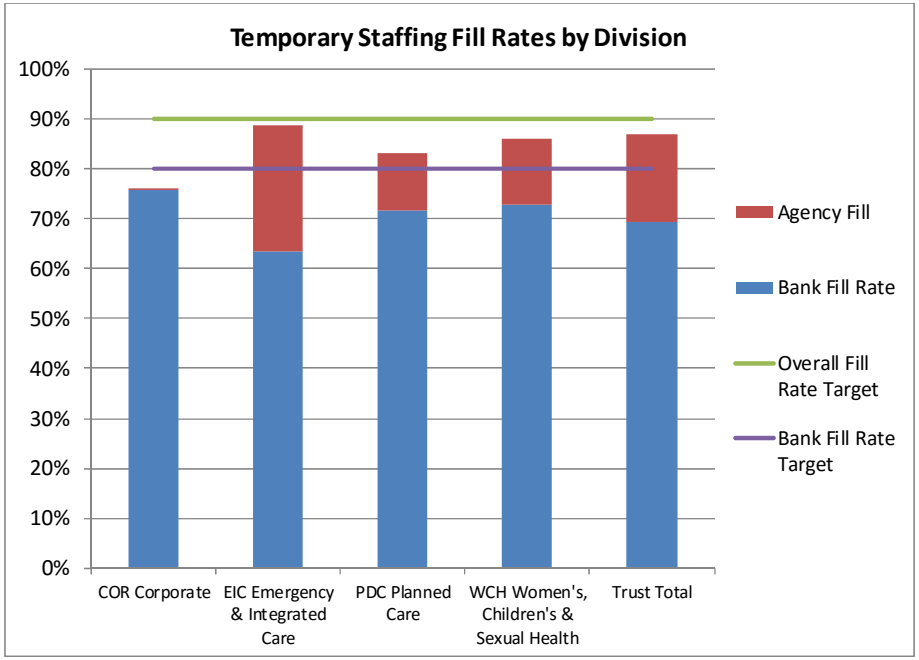
COMMENTARY

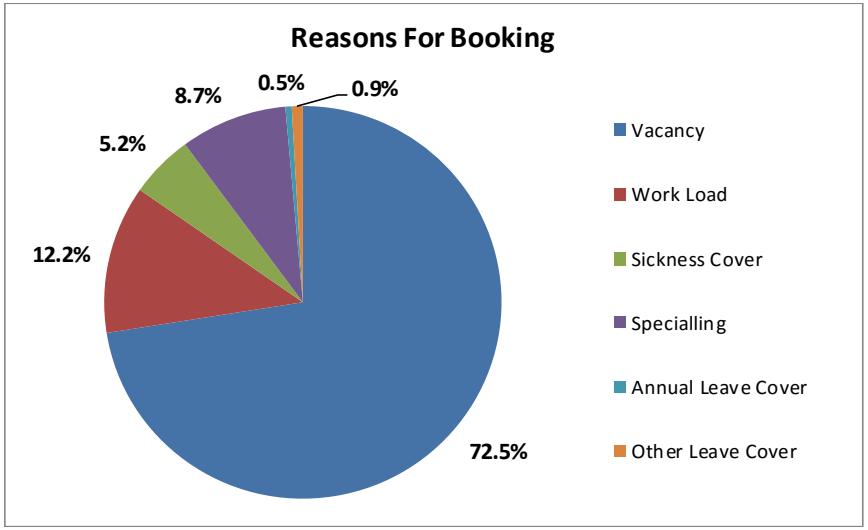
These figures show the Trust agency spend by Division. Spend ceilings by Division have not yet been set for 18/19.

In Month 4, the trust went over the total target spend by 31.0%. This represents a 6.4% increase in over target spending for the year to date. The highest spend was in the Emergency and Integrated Care Division.

** please note that the agency cap plan figures are phased differently in the NHSI monthly returns. This summary shows performance against the equally phased plan.*

Section 8: Temporary Staff Fill Rates





COMMENTARY

The “Overall Fill Rate” measures our success in meeting temporary staffing requests, by getting cover from either bank or agency staff. The remainder of requests which could not be covered by either group are recorded as being unfilled. The "Bank Fill Rate" describes requests that were filled by bank staff only, not agency.

The Overall Fill Rate was 85.4% this month which is a 2.2% decrease since June. The Bank Fill Rate was reported at 69.4% which is 0.7% lower than the previous month. The EIC Emergency & Integrated Care is currently meeting the demand for temporary staff most effectively.

The Bank to Agency ratio for filled shifts was 80:20. The Trust target is 80:20.

The pie chart shows a breakdown of the reasons given for requesting bank shifts in July. This is very much dominated by covering existing vacancies, workload and other leave.

This data only shows activity requested through the Trust's bank office that has been recorded on HealthRoster and Locum Tap.

Overall Fill Rate % by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	85.1%	89.6%	79.7%	76.2%	↘
EIC Emergency & Integrated Care	86.3%	91.5%	88.8%	88.6%	↘
PDC Planned Care	87.3%	89.4%	87.0%	83.3%	↘
WCH Women's, Children's & Sexual Health	85.6%	86.3%	88.1%	86.0%	↘
Whole Trust	**86.4%**	**89.3%**	**87.6%**	**85.4%**	↘

Bank Fill Rate % by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	80.7%	89.3%	79.3%	75.8%	↘
EIC Emergency & Integrated Care	60.1%	49.7%	63.6%	63.4%	↘
PDC Planned Care	70.0%	62.6%	73.5%	71.8%	↘
WCH Women's, Children's & Sexual Health	67.1%	65.6%	72.8%	72.8%	↗
Whole Trust	**66.1%**	**59.9%**	**70.1%**	**69.4%**	↘

Section 9: Core Training

Core Training Topic	Jun '18	Jul '18	Trend
Basic Life Support	83.0	85.0	↗
Conflict Resolution	92.0	94.0	↗
Equality, Diversity and Human Rights	93.0	93.0	↔
Fire	90.0	90.0	↔
Health & Safety	95.0	96.0	↗
Inanimate Loads (M&H L1)	91.0	91.0	↔
Infection Control (Hand Hyg)	94.0	94.0	↔
Information Governance	88.0	88.0	↔
Patient Handling (M&H L2)	76.0	79.0	↗
Safeguarding Adults Level 1	94.0	94.0	↔
Safeguarding Children Level 1	93.0	94.0	↗
Safeguarding Children Level 2	83.0	87.0	↗
Safeguarding Children Level 3	84.0	81.0	↘

COMMENTARY

Compliance continues on an upward trend, now at 91%.

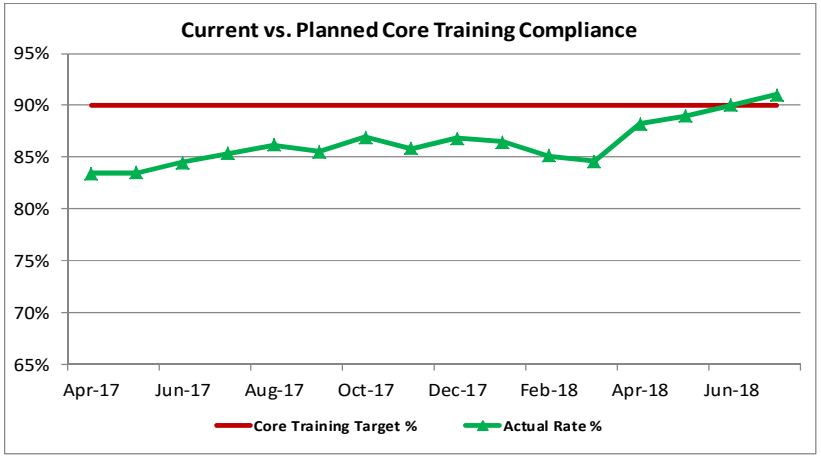
Moving & Handling (Patient Handling) continues to improve following the realignment of the requirements (national best practice) for WMUH based staff.

Information Governance (IG) remains static in part due to the relatively small number of staff needing to renew during Q2 of the year. EIC division has made continued progress in this area whilst the other three divisions are falling on their IG rates. There is approx. 5% of the substantive workforce who are more than 4 months out of date for IG.

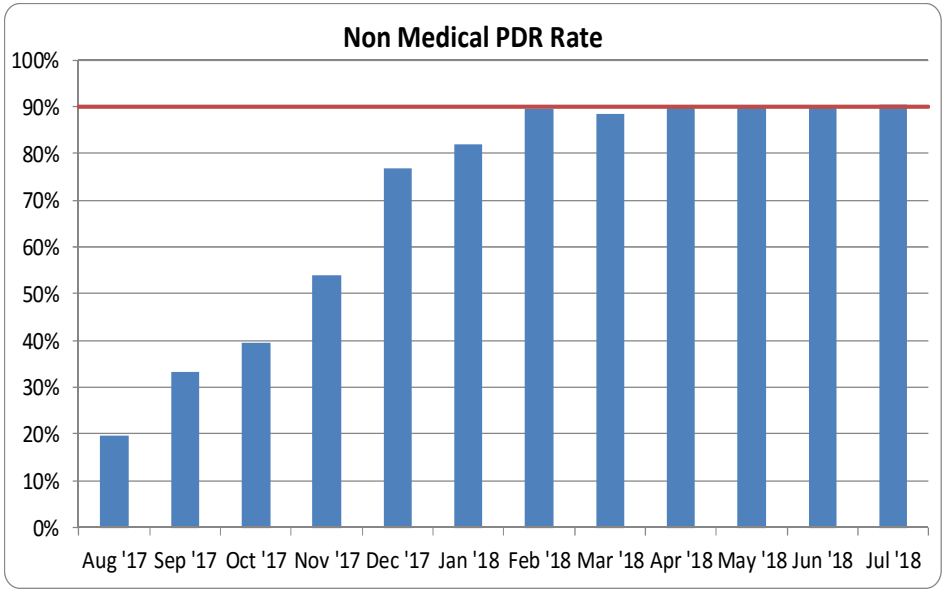
Whilst the Safeguarding children requirements lower levels have stabilised, the higher level requirements have resulted in more staff requiring the training, the requirements continue to be reviewed against the expected changes to the intercollegiate document due in the next few months.

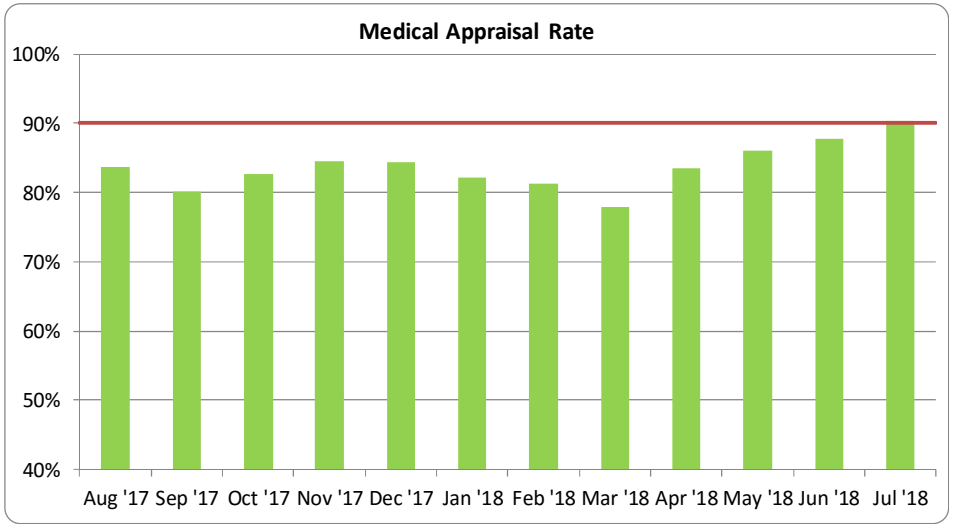
All four divisions have now reached 90% compliance overall.

Core Training Compliance % by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	94.0%	94.0%	94.0%	93.0%	↘
EIC Emergency & Integrated Care	85.0%	87.0%	88.0%	91.0%	↗
PDC Planned Care	88.0%	89.0%	90.0%	90.0%	↔
WCH Women's Children's & Sexual Health	90.0%	90.0%	92.0%	92.0%	↔
Whole Trust	**88.0%**	**89.0%**	**90.0%**	**91.0%**	↗



Section 10: Performance & Development Reviews





PDR Compliance

Non Medical PDRs by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	92.8%	94.0%	91.0%	90.8%	↘
EIC Emergency & Integrated Care	91.4%	88.3%	91.7%	92.4%	↗
PDC Planned Care	89.6%	90.1%	90.3%	90.8%	↗
WCH Women's, Children's & Sexual Health	87.6%	89.5%	87.9%	88.2%	↗
Whole Trust	**89.8%**	**89.9%**	**90.0%**	**90.4%**	↗

Medical Appraisals

Medical Appraisals by Division	Apr '18	May '18	Jun '18	Jul '18	Trend
COR Corporate	-	-	-	-	-
EIC Emergency & Integrated Care	86.9%	87.0%	88.7%	93.0%	↗
PDC Planned Care	82.0%	85.0%	88.0%	89.0%	↗
WCH Women's, Children's & Sexual Health	83.0%	87.0%	86.6%	89.0%	↗
Whole Trust	**83.6%**	**86.0%**	**87.7%**	**90.2%**	↗

Non-Medical Commentary

From May '18 the PDR compliance rate include staff who have been working at the Trust 12 months or more. It increased by 0.20% in July and now stands at 90.4% which is at the Trust target of 90%.

Medical Commentary

The appraisal rate for medical staff is 90.23%, 2.55% higher than last month.

PDR's Completed Since 1st April 2018 (18/19 Financial Year)

Division	Band Group	%	Division	Band Group	%
COR	Band 2-5	9.4%	PDC	Band 2-5	12.6%
	Band 6-8a	18.4%		Band 6-8a	30.7%
	Band 8b +	47.9%		Band 8b +	68.6%
Corporate		**21.0%**	**PDC Planned Care**		**20.4%**
EIC	Band 2-5	13.1%	WCH	Band 2-5	7.4%
	Band 6-8a	22.9%		Band 6-8a	9.6%
	Band 8b +	30.0%		Band 8b +	21.1%
EIC Emergency & Integrated Care		**17.8%**	**WCH Women's, Children's & SH**		**8.8%**
Band Totals			**Band 2-6**	**Band 7-8b**	**Band 8c +**
			11.19%	19.4%	49.9%
Trust Total			**16.4%**		

London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE & SOCIAL INCLUSION POLICY & ACCOUNTABILITY** **17 SEPTEMBER 2018**	
WEST LONDON MENTAL HEALTH TRUST UPDATE	
Report of the West London Mental Health Trust	
Open Report	
Classification - For Policy & Accountability Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Director: Lisa Redfern, Strategic Director of Social Care and Public Services Reform	
Report Author: Helen Mangan, Associate Director Local & Specialist Services West London Mental Health Trust	**Contact Details:** Helen.Mangan@wlmht.nhs.uk

1. EXECUTIVE SUMMARY

1.1 This report is intended to give an update on the major improvements within the adult in-patient mental health service since the full CQC inspection of the Trust which took place in November 2016. The report contains details on bed capacity improvements, as well as plans and progress made on improvements in the environment for the older people's ward and improvements in access to seclusion facilities. The report will also include an update of safeguarding as requested.

1.2 The Trust is currently undergoing a full re-inspection by the CQC covering all key lines of enquiry, for this reason the report does not include a complete update on all the CQC actions. The CQC report will be received this autumn after which we are happy to return with a full update.

2. RECOMMENDATIONS

2.1 That the Committee considers the report and provide comments.

3. REASONS FOR DECISION

N/A

4. INTRODUCTION AND BACKGROUND

4.1 The Hammersmith & Fulham mental health unit is located on the Charing Cross Hospital site, behind the main hospital and facing Claybrook Rd. It was built in 2004 as a purpose built mental health unit. It is the biggest mental health acute unit across the 3 sites of West London Mental Health Trust, containing the following;

Hammersmith & Fulham Mental Health Unit

Ward type	Bed numbers	Gender
Avonmore – ground floor	22	Male
Ravenscourt – 1st floor	22	Male
Lillie – 1st Floor	16	Female
Meridian – second floor	16	Older People (& people with physical frailties)
Askew; Psychiatric Intensive care (PICU) – ground floor	12	Male
136 suites (Health based place of Safety Provision)	1 room	Can be with either
Crisis and Assessment Home treatment team	Not bedded – but alternative to admission, casehold numbers of 35- 50	This is a mixed caseload

The unit is bigger than the provision based on the Ealing Hospital and West Middlesex sites in that there is intensive care provision for men also included as well as a ward for older people.

4.2 Description of the issues

In November 2016, there was a full CQC inspection of the Trust. The overall Trust rating against the CQC Key Lines of Enquiry (KLOE) was ‘Requires improvement’. This rating was mirrored in the inpatient service, although the detail of scoring against the KLOE was as follows;

Adult Inpatient service rating;

Overall rating for the service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Inadequate
Are services well-led?	Requires improvement

This report focuses on the problems that led to the ratings of inadequate within the responsive section as well problems that led to the rating of safe. The problems identified were as follows;

(i) Bed capacity; The inspection noted that patients were sleeping on other wards because of bed pressures, that bed occupancy average was 94% with a range of between72% to 109%. They noted that in six months of that year, the service (over the three boroughs), placed thirty patients in other hospitals outside the local area. If a patient was on home leave from the unit, it could happen that on their return, he/she could be in a different bed. They noted a case where a patient returned early from leave, the plan was for him to go temporarily to a rehabilitation ward, however the patient refused to do that and chose instead to sleep in a chair overnight. The CQC noted that this situation on bed capacity was largely unchanged from the previous visit.

(ii) Seclusion; The CQC noted that wards in Hammersmith & Fulham did not have access to a seclusion room, except for the Psychiatric Intensive Care Unit(PICU) which is male only. In the main, other wards in the Trust had within the ward, access to a dedicated seclusion room. This had been noted in the previous inspection, particularly with reference to the women's ward. The CQC at that time were concerned that if a woman needed seclusion, they had to be taken from the first floor in the unit to the ground floor; when on the ground floor had to be taken into the PICU (a male ward) to reach the seclusion room. This represented a significant privacy and dignity issue.

(iii) Older people's services; the CQC noted that the ward environment needed to improve. While that was partly in relation to decoration, the findings concluded that there were few adaptations on the ward to meet the needs of patients with cognitive impairments. It was also noted that shower/bath facilities were not suitable for older people. During the inspection the CQC noted that the trust intended to move the location of the older people's ward from the second floor to the ground floor.

(iv) Ward size; The CQC were concerned that in H&F two of the wards were over the maximum recommended size of 20 beds, breaching the Royal College guidance.

The CQC made the following requirements;

(i) The trust must ensure that sufficient beds are available for patients on each ward and patients are not admitted to one ward and then sleep on another ward during their admission

(ii) They must ensure that at the Hammersmith & Fulham mental health unit, seclusion rooms are located so they can be used safely and that patient transfer to seclusion facilities does not compromise the patient's privacy and dignity.

(iii) The premises are not suitable for the purpose for which they are being used for because the ward environments did not meet the needs of people with dementia.

4.3 Improvements made

4.3.1 Bed capacity

A continuous improvement plan was developed and at the time this was initiated, over 50% of the patients in the three inpatient units had lengths of stay over fifty days long. This correlated with the higher length of stay within the trust than the national mean. The assumption was that by significantly reducing the number of patients staying fifty days, the service would create sufficient and sustained capacity in the bed base. Therefore, the plan concentrated on the following;

- Bring down length of stay in line with the rest of London.
- Reduce reliance on private sector beds. During 2017, there were up to twenty patients in the private sector.
- Reduce delayed transfers of care. Please note, this refers to both NHS and Social Care delayed discharges. Please also note that performance on social care delays has consistently performed in the top quartile since September 2017. The Director of Adult Social Care chairs weekly multi- disciplinary discharge meetings to ensure performance is very tightly monitored.

During the first part of 2017 the trust took an active decision on zero tolerance of patients sleeping in chairs, as well as to stop the use of patients sleeping over in the rehabilitation wards. In addition, there had been a practice of utilising the Section 136 room where a bed could not be found. This practice was stopped.

Initially these decisions caused an increase in private sector outliers. Two discharge co-ordinators were appointed to concentrate on the patients staying over fifty days. They made good progress in reducing the number of such patients staying in the units. However, that alone was not sufficient to make headway around the number of people still being sent to the private sector.

It was agreed that there was a need to tackle the issues at a whole system level. It was agreed to support the programme with extra resources, to include a programme manager, senior oversight and a dedicated manager to work on bed flow for a time

limited period. The programme was ambitious with many interventions running at the same time to gain traction. The initiatives included the following;

(i) **Root cause analysis of long stay patients** - this reviewed thirty patients and found that twenty-five were delayed discharges. The themes were analysed, some of these were internal to the trust in relation to discharge planning, and the timeliness of community team input. There were in addition a set of external reasons, which informed a series of workshop with commissioners and Local Authority colleagues and supported dedicated plans to be put in place

(ii) **Establishment of a private sector placements monitoring team**; this focused on the discharge of fifty-four patients from the private sector over a six-month period.

(iii) **Clinical engagement plan**; which focused on strengthening the clinical leadership at ward level between Consultants and senior nurse with visibility from senior leaders spending more time on wards communicating and listening to staff about the problems they face.

(iv) **Metrics set for ward teams** – this included the average length of stay per ward, the number of patients staying longer than fifty days, discharges versus admission rate, reduced bed occupancy – the aim being 85% occupancy, which is the Royal College of Psychiatrist recommended occupancy.

(v) **Changes to bed management processes;** introducing a daily three boroughs call to include managers from each unit and colleagues from community services.

(vi) **Direct engagement and support from trust leadership –** setting out clear expectations in relation to the purpose of admissions, the use of the crisis teams and the need for each patient admitted having a named admitting consultant and plan for the admission.

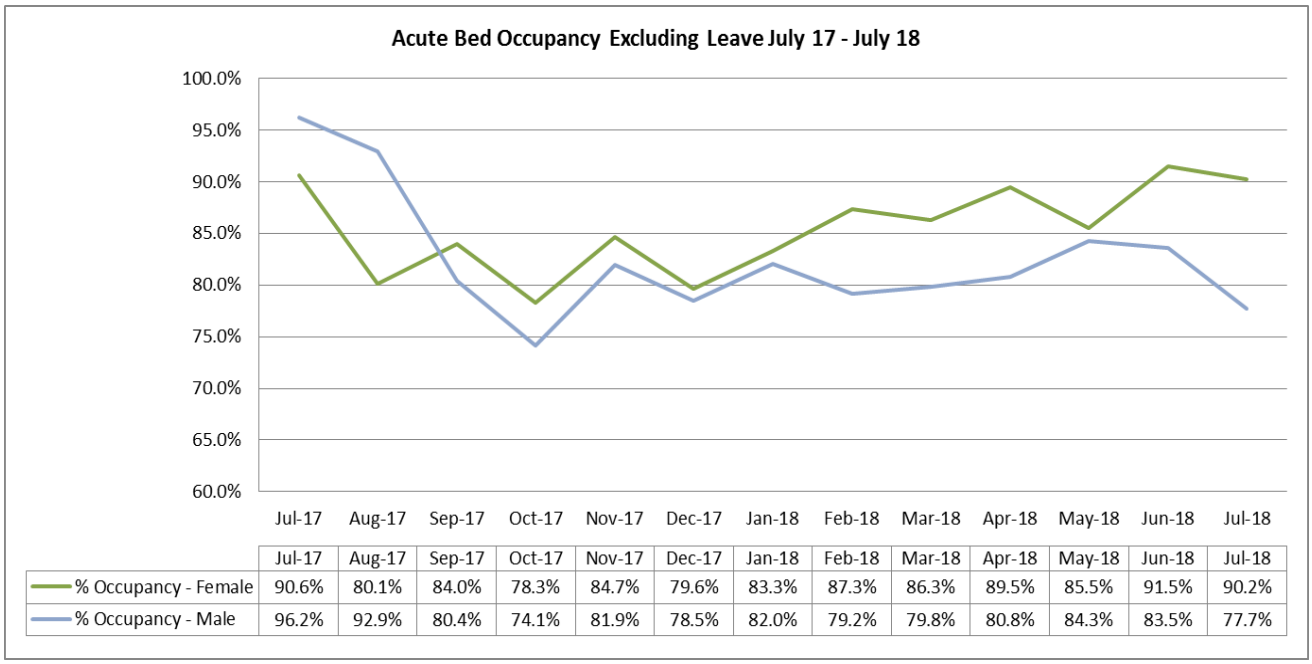
(vii) **Medical recruitment programme;** there were a high number of locum and agency staff. During the plan, there were five substantive consultant appointments made, as well as three clinical leads appointed.

(viii) **Implementation of Red to Green bed days –** this is a visual bed management system that assists in the identification in wasted time of a patient journey. It is predominantly used by acute trusts. A red day is when a patient receives little or no added value being in a bed. A green day is a day of added value that progresses discharge. This was piloted in Hammersmith & Fulham with trust staff adapting the spreadsheet to suit mental health. The trust has now worked with NHSI in recent months to modify this and re launch. The spreadsheet is based on the need for daily updating and then gives the user immediate information about the number of red and green days on the ward and reasons for delays.

(ix) **Agreement of 7-day standards –** these are agreed standards for improved interface between wards and community teams which focus on the first seven days of the patient journey, as these are crucial to identifying early barriers to discharge and providing a discharge plan to address these. The principle is to contact the community team within twenty-four hours of a patient's admission and to achieve an outline discharge plan including barriers to discharge within the first seven days.

4.3.2 Outcomes

By October 2017 the occupancy rates achieved were 86%, with the elimination of the use of the private sector from September 2017. However, the aim was to sustain achievement over a substantial period. See below for the detail of the data



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
% Occupancy - Female	90.6%	80.1%	84.0%	78.3%	84.7%	79.6%	83.3%	87.3%	86.3%	89.5%	85.5%	91.5%	90.2%
% Occupancy - Male	96.2%	92.9%	80.4%	74.1%	81.9%	78.5%	82.0%	79.2%	79.8%	80.8%	84.3%	83.5%	77.7%

4.3.3 CQC Inspection January 2018

The CQC re inspected the inpatient wards in January this year. The reason for this re inspection was to cover only the areas that were deemed to be inadequate in the previous inspection. The inspection noted the very significant improvements made in bed capacity. A written report was received however a re-rating was not given as the inspection was not for all the CQC domains. The trust is currently undergoing a full inspection, which will lead to a full report and a re-rating this autumn.

4.3.4 Progress on environmental improvements

Following the previous inspection, outline plans were made to improve access to seclusion rooms. Plans were also made to relocate Meridian ward (older people) from the second floor in the unit to the ground floor. The main driver for this being patient safety, to support evacuation in the event of a fire and an improved environment in which to deliver physical health care.

Current configuration of wards in the Mental Health Unit:

Ward Name	Floor	Ward type	Bed Numbers	Gender
Askew	Ground	PICU	12	Male
Avonmore	Ground	Male acute	22 (20 in use)	Male
Lillie	1st	Female acute	16	Female
Ravenscourt	1st	Male acute	22 (20 in use)	Male
Meridian	2nd	Older people;	16	Both with

		acute		separated areas

Proposed configuration of wards in the Mental Health Unit:

Ward Name	Floor	Ward type	Bed Numbers	Gender
Askew	Ground	PICU	12	Male
Avonmore	Ground	Older people	20	Both with separated areas
Lillie	1st	Male acute	16	Male
Ravenscourt	1st	Male acute	20	Male
Meridian	2nd	Female acute	16	Female

The rationale for the changes is as follows:

The needs of the older population have changed significantly and there is a need to provide an environment where both mental health care and complex physical health needs can be met. The environment requires upgrading to provide better access to infection control and nursing for those with frailty, for example incorporating a sluice room and ensuring sufficient bedroom space for physical disability equipment in some bedrooms and bathrooms.

Following the improvement work on in bed capacity, the Trust suspended 4 beds on the mental health unit to comply with the guidance on ward size. This occurred in August 2017. The bed capacity improvement has now been sustained for a year with access to a local bed for those that need inpatient care. The proposal is to move permanently to a maximum of 20 beds on Avonmore and Ravenscourt to achieve compliance with the standard. It should also be noted that the design to incorporate the disability and physical health care needs of the older people will require a layout for the ground floor which would in any event mean that 22 bedrooms could not be created.

Demand for seclusion has increased since the unit was designed and opened. The acuity in the inpatient wards has been increasing and has been compounded by the rise in section 136 admissions, which is pertinent as these patients can require access to a seclusion room. Hammersmith and Fulham mental health unit has the least number of seclusion rooms out of the three inpatient units. This is at odds with the unit housing the trust's only PICU and the male wards being the largest in the trust.

Currently where use of the seclusion room is required, patients in all wards must be transferred downstairs. This frequently results in staff needing to restrain patients during that transfer. This is a confusing and distressing experience for a patient who is already extremely disturbed. This was commented on by the CQC during their inspection. It is sometimes the case that there is the need for access to seclusion for more than one patient at any one time. On some occasions patients have had to be temporarily moved to another site so that seclusion can be accessed.

Lack of access to de-escalation rooms is also a significant issue. A de-escalation space provides the opportunity to prevent the escalation of incidents in a calming environment. The ideal for an acute ward is that it should have its own de escalation and seclusion room. Failing that the ward should have access to both on the same floor without having to transport patients between floors.

This reconfiguration would require the move of three wards in total; - Meridian, Avonmore and Lillie. The consideration therefore is the impact in relation to refurbishment requirements which have been defined and worked up. This is now a significant capital project.

4.3.4 Summary

The reconfiguration plan is as follows:

Ground floor: Avonmore ward becomes the older people ward and is refurbished to enable accommodation of patients with complex mental health and physical health problems, including a disability/dementia friendly environment and physical health care nursing requirements.

PICU will remains as is on ground floor with its current seclusion room.

First floor: Ravenscourt ward (male) – seclusion room to be built
Lillie ward (becomes male) – has a pre-existing de-escalation room.
Within the refurbishment, there is not enough space to create a de-escalation and seclusion room for each ward. By making the floor a dedicated male environment, the wards can share these facilities.

Second floor: Meridian ward (becomes female). As part of the planned refurbishment, both a de-escalation room and a seclusion room will be created.

Project timings

The detailed specification for the whole reconfiguration has been worked up. On 14th September the Feasibility study and costings is due for completion by commissioned architects. This will inform the decision on the finance required to deliver the programme of works and relevant approval processes. From September - March 2019, this will include the trust final finance approval, the tendering period, then the appointment of the successful contractor to commence work. From April 2019 – July 2019: Significant refurbishment of wards in 3 phases.

While the work described above is going ahead, the proposed seclusion room needed for Ravenscourt ward is being progressed. This is currently out to tender and the expectation is that this seclusion room will be in place by the end of the financial year.

4.4 Update on Safeguarding

4.4.1 Background

The Trust statutory responsibilities in respect of safeguarding adults and children are underpinned by law. The statutes relevant to safeguarding are the Children Act 1989 (principles of protecting children) Children Act 2004 (Section 11 and agency / partner responsibilities) and the Care Act 2014 (Section 42-46). All Acts direct the need for health services to protect and uphold the rights of children and adults to be protected and live free from harm.

The Trust has an Integrated Safeguarding Child and Adults at Risk Strategy that determines the direction of development of all safeguarding functions. Four key areas are developed:

1. **Safeguarding Quality and Performance Data**: Building on a cycle of continuous learning and improvement of safeguarding functions through data analysis and interpretation. Monitoring the impact and outcome of safeguarding child and adult policies directly.

2. **Partnership Working**: There are positive existing partner agency relationships including participation in safeguarding boards and sub-groups, with the Safeguarding Adult Named Professional nominated to Chair the Safeguarding Adult Review Subgroup.

3. **User and Carer involvement**: There is meaningful engagement with service-users and carers on issues of safeguarding, with the most recent collaborative work completed with Heads Up in developing a Domestic Abuse Policy.

4. **Safeguarding resources**: Governance structures strengthen safeguarding leadership and develop staff knowledge and skills through training and practice development.

4.4.2 Safeguarding Governance:

- The Trust Board receives monthly updates on safeguarding quality and performance measures and an annual report summarising developments and challenges to the delivery of safeguarding functions across the organisation. Safeguarding is embedded in the Trust Quality Account and the Safeguarding Strategy underpins the Trust Quality Strategy. Local Safeguarding leads in teams in both CAMHS and adult services bridge central governance with local clinical practice. Local leads promote safeguarding in clinical teams, advise on safeguarding concerns and lead on implementation of safeguarding improvement initiatives. Local leads also collate and report monthly safeguarding data to the central safeguarding team.

- The Trust Medical Director is the Executive lead for Safeguarding. The safeguarding child team consist of the Director of Safeguarding (which includes the Named Doctor function in his role description), a full time Named Nurse for safeguarding children, a safeguarding Children trainer/adviser, admin support and a data/training administrator. Located with the children team and sharing admin and data support there is a full time Named Professional for safeguarding adults and a safeguarding Adult Trainer/Adviser. The teams advise on complex cases, support escalation of concerns and lead on policy and strategy development.

- Bi-monthly Safeguarding Governance Forums co-ordinate all safeguarding functions and quality assurance for services across the Trust and reports to the Trust-wide Safeguarding Group, a sub-committee of the Trust Quality Committee. Designated nurses from the CCG are invited to attend these and Borough Safeguarding Leads from the Local Authorities are also invited.

- The Director of Safeguarding represents the Trust at Hammersmith & Fulham Safeguarding Children Board; and at the Safeguarding Adult Partnership Board. Various other sub-groups including Training and Quality and Assurance (sub-groups of the Children's Board) are attended by the safeguarding children team. The Hammersmith & Fulham Safeguarding Adult Board will meet as a sovereign authority for the first time in September 2018 and will establish sub groups as appropriate. The Safeguarding Adult Named Professional has been appointed as the Chair of the Safeguarding Adult Review Sub Group.

4.4.3 Safeguarding Policy and Procedure:

(i) WLMHT has robust and current policies addressing issues relating to safeguarding children and safeguarding adults. Specific policies include C18 (Safeguarding Children), C18b (Child Visits to Psychiatric Inpatient Facilities) and C18c (Children who fail to attend appointments). Policy S28 deals with Safeguarding Adults at Risk.

(ii) Additional policies D4 (Disciplinary Issues) and I8 (Incident Management) address safeguarding issues that might specifically emerge in the context of staff and incident management.

(iii) All safeguarding policies are compliant with local borough procedures and with the respective Pan-London safeguarding procedures for children at risk and Adults. The Trust policies are regularly updated and drafts are scrutinised by the Designated Nurses in the CCG for comment before finalising.

(iv) A Mental Health and Domestic Abuse Project, initiated by Standing Together (charity working against domestic violence), completed on 31st March 2018. The Safeguarding Team have developed a Domestic Abuse policy in collaboration with Sanding Together against Domestic Violence. This is due for ratification in October 2018.

(v) **Protocol for Joint Working Arrangements between Adult Mental Health Services and Children's Social Care**: This protocol was first published in February 2015 and is updated annually by the partners. The policy documents **overarching partnership arrangements** between Adult Mental Health services in West London Mental Health NHS Trust and Children's Social Care services in the London Boroughs of Ealing, Hounslow, and Hammersmith and Fulham with separate appendices to reflect local variation in access to services. The principles therein are integrated into the C18 Safeguarding Children Policy.

(vi) Outcomes of the use of the Protocol are measured through audit to facilitate clinician engagement with the broader multi-agency partnership and to inform safeguarding board participation and reported to service management and the Trust Board.

(vii) The national agenda to prevent Violence against Women and Girls has been focus for the Trust. This includes the practice of female genital mutilation (FGM). From September/October 2018 mandatory enquiry of all female

patients/clients/service users will be made as part of a physical healthcare check, and recorded on the patient electronic record. The processes will be monitored through audit.

(viii) The Trust is represented on Borough MARAC's.

(ix) WLMHT are engaged with the Local Borough Prevent and Channel panels, we have representatives in each borough who are member of the panels.

4.4.5 Training & development:

- Safeguarding training is mandatory for all staff at induction and is periodically renewed in line with recommendations from the safeguarding children inter-collegiate document on roles and competencies. All staff who work with children directly are required to complete Level 3 Specialist safeguarding training.

- The Trust Wide Safeguarding Children Training Strategy provides a knowledge and skills framework for staff and determines the level and frequency of training for all Trust staff in line with the Intercollegiate Document Guidance on Safeguarding competence and training.

- The profile of safeguarding is maintained by hosting annual safeguarding conferences that alternately deal with safeguarding adult and safeguarding child themes. Previous Conferences have been themed to Domestic Violence; the relationship between mental illness, substance abuse and domestic violence; Learning from the Francis Inquiry (Report into Mid Staffordshire Hospital); shared learning from serious case reviews and domestic homicide enquiries; Prevent; and the Management of disclosures of non-recent (historical) abuse.

- Safeguarding Adults Training is also delivered against a 3-year mandatory training cycle. NHSE published the Adult Safeguarding: Roles and Competencies for Health Care Staff: Intercollegiate document in August 2018. This will be incorporated and developed into a Safeguarding Adult Training Strategy.

- Existing staff in the Trust are fully compliant with WRAP training. Prevent is included in mandatory training every three years. All new staff joining the Trust continues to attend a WRAP training session as part of their mandatory induction programme.

4.4.6 Supervision:

- The Trust Supervision Policy (S26) and the safeguarding policies guide professional supervision, making specific reference to supervision of safeguarding-related practice which is subject to periodic audit. The named doctor and named nurse supervise all safeguarding leads directly through regular meetings.

- CAMHS supervision includes team-based supervision of cases, which addresses safeguarding as well as a mechanism for regular professional supervision and personal development review. This forms part of a recovery-focussed approach to clinical service delivery.

- A central Trust-wide systems change was implemented in July 2018. The safeguarding of both children and adults is included as a mandatory theme of enquiry and discussion within Clinical Supervision for all staff, and data is captured centrally for monitoring purposes.

4.4.7 Recruitment:

- All recruitment in the Trust takes place in the context of safer recruitment procedures. All staff are subject to DBS checks or Enhanced DBS checks where necessary in addition to stringent monitoring of professional requirements. Compliance with DBS checks is reported monthly and managers are aware of all DBS expiry dates for staff they manage.

4.4.8 User-involvement:

- Service Users (including Children and Young People) are included on the recruitment panels for safeguarding and other Trust posts.

- Service-users and carers have contributed to all Safeguarding Information Leaflets (referring to both children and adult safeguarding) – through co-production. Leaflets are also translated into languages other than English and are distributed across all Trust sites.

- The CAMHS website was developed as a co-production with children and young people, and includes age-appropriate sections on safeguarding to signpost young people accessing the site to support services for safeguarding in the community e.g. NSPCC and CEOP.

4.4.9 Allegations against staff:

- The Trust considers allegations against professionals very seriously. The Incident-, Disciplinary-, Safeguarding Child- and Safeguarding Adult Policies all cross-reference to facilitate a consistent approach to the management of allegations against professionals. The Named Nurse and Named Doctor for Safeguarding Children lead on communicating with Local Area Designated Officers (LADO) nationally in cases were allegations are made against professionals working with children. All allegations against staff that are upheld are reported to the Disclosure and Barring Service.

- All allegations made by young people, children and adults received by Trust staff are managed through the policies referenced above.

- A specific protocol for managing allegations of historical abuse is in place, with supportive guidance. This represents an area of importance for Trust staff, mirroring national reports of a rise in the incidence of reports of historical abuse.

4.4.10 Summary of Safeguarding Activity in Trust services in Hammersmith and Fulham

The Trust monitors safeguarding activity across 3 main areas of performance. Numbers of safeguarding child referrals, numbers of children visiting inpatient services and numbers of safeguarding adult concerns raised.

Activity has been summarised across the five-service line that make up the Local Services organisational structure. The data is show below for Hammersmith and Fulham.

(i) CHILD VISITS TO INPATIENT WARDS

Service Line: Access and Urgent Care													
Number of Child visits to IP Services													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Avonmore Ward	0	0	1	0	0	0	1	0	0	0	0	2
	H&F Lille Ward	0	0	3	0	2	12	1	7	4	0	1	7
	H&F Ravenscourt Ward	0	0	0	0	2	1	0	0	0	0	1	0
	H&F Meridian Ward	6	2	9	4	3	0	2	6	3	0	2	1
	HF Askew PICU Ward	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient total		**6**	**2**	**13**	**4**	**7**	**13**	**4**	**13**	**7**	**0**	**4**	**10**
H&F	H&F Crisis Resolution Team												
Crisis Resolution Team Total													
H&F	H&F Assessment Team												
Assessment Team total													
H&F	H&F CATT Team												
CATT Team Total													
Total Number of Child Visits to Inpatient Services		**6**	**2**	**13**	**4**	**7**	**13**	**4**	**13**	**7**	**0**	**4**	**10**

A total of 83 child visits took place over the last year where children visited adult inpatients in the units. Visits are managed through a policy that requires trained staff to supervise the visit in child-friendly suites of rooms in a planned manner.

(ii) SAFEGUARDING CHILD REFERRALS

Access and Urgent Care Service Line:

Service Line: Access and Urgent Care													
Safeguarding Children Referrals													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Avonmore Ward	0	0	0	0	0	0	0	0	0	1	0	0
	H&F Lille Ward	0	0	0	0	0	0	0	0	0	0	0	0
	H&F Ravenscourt Ward	1	1	1	0	0	1	0	0	0	0	0	0
	H&F Meridian Ward	0	0	0	0	0	0	0	0	0	0	0	0
	HF Askew PICU Ward	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient total		**1**	**1**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**
H&F	H&F Crisis Resolution Team												
Crisis Resolution Team Total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
H&F	H&F Assessment Team												
Assessment Team total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
H&F	H&F CATT Team	1	2	2	NR	1	1	2	1	1	6	2	3
CATT Team Total		**1**	**2**	**2**	**0**	**1**	**1**	**2**	**1**	**1**	**6**	**2**	**3**
Total Safeguarding Children Referrals		**2**	**3**	**3**	**0**	**1**	**2**	**2**	**1**	**1**	**7**	**2**	**3**

A total of 27 safeguarding child referrals were made to local authority partners in the last year from inpatient services.

Planned and Primary Care Service Line:

Service Line: Planned and Primary care													
Safeguarding Children Referrals													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Treatment and Recovery Team	NR	NR	NR	NR	NR	0	0	NR	1	NR	2	NR
Community recovery teams Total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**2**	**0**
H&F	H&F Early Intervention Service	2	0	0	NR	0	0	0	0	0	0	0	0
Early intervention service Total		**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
H&F	H&F Primary Care MHS	0	0	2	0	0	0	0	0	0	0	0	0
Primary care mental health service Total		**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Psychotherapy and personality disorder service Total													
Total Safeguarding Children Referrals		**2**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**2**	**0**

Community teams made a further 7 referrals for safeguarding children.

Cognitive Impairment and Dementia Service Line:

Older people's mental health services made 6 safeguarding child referrals between September 2017 and August 2018. The services for users with cognitive impairment and Dementia made no safeguarding child referrals. This would not be unusual given the nature of the client population.

Liaison and Long-term Conditions Service Line

Service Line: Liaison and Long Term Conditions													
Safeguarding Children Referrals													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	H&F Liaison Psychiatry	3	8	4	2	6	4	10	8	0	5	3	6
Liaison psychiatry Total		**3**	**8**	**4**	**2**	**6**	**4**	**10**	**8**	**0**	**5**	**3**	**6**
H&F	H&F IAPT	0	1	0	0	0	1	3	1	1	1	0	3
IAPT Total		**0**	**1**	**0**	**0**	**0**	**1**	**3**	**1**	**1**	**1**	**0**	**3**
H&F	H&F Peri-Natal	0	0	0	1	0	2	2	0	1	2	0	2
Peri-Natal Total		**0**	**0**	**0**	**1**	**0**	**2**	**2**	**0**	**1**	**2**	**0**	**2**
Total Safeguarding Children Referrals		**3**	**9**	**4**	**3**	**6**	**7**	**15**	**9**	**2**	**8**	**3**	**11**

The liaison and long-term conditions service line made 80 safeguarding child referrals in the year reviewed. This is expected as this service line deals with users in crisis and in the context of emergency service access e.g. A&E attendance and includes peri-natal services and Tier 2 (IAPT) services. This suggests a string Think Family approach to working with adult mental health service users.

Child and Adolescent Mental Health Services Service Line

Service Line: CAMHs and Development Services													
Safeguarding Children Referrals													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Hammersmith and Fulham	H&F CAMHS Services	NR	0	1	NR	0	1	0	0	2	3	0	2
Total Safeguarding Children Referrals		**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**2**	**3**	**0**	**2**

This service made 8 safeguarding child referrals in the year. The data does not include child in need referrals or data on children already subject to safeguarding child processes. There is a social worker integrated within the CAMHS team and this facilitates early discussion and referral of cases of concern.

(iii) SAFEGUARDING ADULT CONCERNS

Access and Urgent Care Service Line

Service Line: Access and Urgent Care													
Safeguarding Adult Referrals (concerns)													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Avonmore Ward	1	0	2	0	0	0	1	0	0	3	2	1
	H&F Lille Ward	2	0	0	1	1	1	1	1	2	2	1	1
	H&F Ravenscourt Ward	0	0	0	1	0	0	1	2	0	1	0	0
	H&F Meridian Ward	0	0	0	0	0	0	2	0	0	0	0	0
	HF Askew PICU Ward	0	0	1	0	0	0	1	0	0	1	0	1
Inpatient total		**3**	**0**	**3**	**2**	**1**	**1**	**6**	**3**	**2**	**7**	**3**	**3**
H&F	H&F Crisis Resolution Team												
Crisis Resolution Team Total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
H&F	H&F Assessment Team												
Assessment Team total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
H&F	H&F CATT Team	NR	0	1	1	NR	0	1	0	0	1	0	1
CATT Team Total		**0**	**0**	**1**	**1**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**1**
Total Safeguarding Adult Referrals		**3**	**0**	**4**	**3**	**1**	**1**	**7**	**3**	**2**	**8**	**3**	**4**

This service line raised a total of 39 safeguarding adult concerns – these concerns relate to issues arising during an inpatient stay.

Planned and Primary Care Service Line:

Service Line: Planned and Primary care													
Safeguarding Adult Referrals (concerns)													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Treatment and Recovery Team	7	1	4	6	4	6	6	6	2	5	5	7
Community recovery teams Total		**7**	**1**	**4**	**6**	**4**	**6**	**6**	**6**	**2**	**5**	**5**	**7**
H&F	H&F Early Intervention Service	1	1	2	0	0	1	1	1	0	1	1	0
Early intervention service Total		**1**	**1**	**2**	**0**	**0**	**1**	**1**	**1**	**0**	**1**	**1**	**0**
H&F	H&F Primary Care MHS	0	1	1	0	0	0	0	0	0	0	0	0
Primary care mental health service Total		**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Psychotherapy and personality disorder service Total													
Total Safeguarding Adult Referrals		**8**	**3**	**7**	**6**	**4**	**7**	**7**	**7**	**2**	**6**	**6**	**7**

Community services raised a total of 70 safeguarding adult concerns over the year. There is no data available to benchmark this activity level against other comparable providers. It is not possible to conclude whether this activity is exceptional as a result.

Cognitive Impairment and Dementia Service Line

Service Line: Cognitive Impairment and Dementia													
Safeguarding Adult Referrals (concerns)													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Inpatient total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Hammersmith and Fulham	HF Cognitive Impairment Dementia CID	1	3	0	0	0	1	1	2	0	6	4	0
CID community services Total		**1**	**3**	**0**	**0**	**0**	**1**	**1**	**2**	**0**	**6**	**4**	**0**
Total Safeguarding Adult Referrals		**1**	**3**	**0**	**0**	**0**	**1**	**1**	**2**	**0**	**6**	**4**	**0**

This service line raised a total of 18 safeguarding adult concerns over the period reviewed.

Liaison and Long-term Conditions Service Line;

Service Line: Liaison and Long Term Conditions													
Safeguarding Adult Referrals (concerns)													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	H&F Liaison Psychiatry	1	1	NR	2	1	0	2	2	0	0	1	2
Liaison psychiatry Total		**1**	**1**	**0**	**2**	**1**	**0**	**2**	**2**	**0**	**0**	**1**	**2**
H&F	H&F IAPT	3	1	3	3	2	2	1	2	2	1	3	2
IAPT Total		**3**	**1**	**3**	**3**	**2**	**2**	**1**	**2**	**2**	**1**	**3**	**2**
H&F	H&F Peri-Natal	0	NR	0	0	0	0	0	0	0	0	0	0
Peri-Natal Total		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Safeguarding Adult Referrals		**4**	**2**	**3**	**5**	**3**	**2**	**3**	**4**	**2**	**1**	**4**	**4**

This service line made 37 safeguarding child referrals over the year under review. This service line includes peri-natal services, where social care is likely to be involved in cases from the outset and as a result we would not be expecting high rates of referral. Most of the activity emerges from work in acute settings, reinforcing the conclusion that Think Family approaches have embedded well in Trust services supporting users in acute settings.

CAMHS and Developmental Service Line:

This service line made no safeguarding adult referrals during the period reviewed. This is not unusual for this service line.

5. PROPOSAL AND ISSUES

N/A

6. OPTIONS AND ANALYSIS OF OPTIONS

N/A

7. CONSULTATION

N/A

8. EQUALITY IMPLICATIONS

N/A

9. LEGAL IMPLICATIONS

N/A

10. FINANCIAL AND RESOURCES IMPLICATIONS

N/A

11. IMPLICATIONS FOR BUSINESS

N/A.

12. RISK MANAGEMENT

N/A

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

N/A

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
	None.		

LIST OF APPENDICES: None.

London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY & ACCOUNTABILITY COMMITTEE** **17 September 2018**	
WORK PROGRAMME 2018-19	
Report of the Chair – Councillor Lucy Richardson	
Open Report	
Classification: For review and comment **Key Decision:** No	
Wards Affected: None	
Accountable Director: Rhian Davis ?	
Report Author: Bathsheba Mall, Committee Coordinator	**Contact Details:** Tel: 020 87535758 E-mail: bathsheba.mall@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1 The Committee is asked to give consideration to its work programme for the municipal year 2018/19.

2. RECOMMENDATIONS

2.1 The Committee is asked to consider the proposed work programme and suggest further items for consideration.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

LIST OF APPENDICES:

Appendix 1 – Work Programme 2018/9

Appendix 1

Health, Inclusion and Social Care Policy and Accountability Committee
Work Programme Development Plan 2018/19

Item / working title	Overview / Development	Report Author / service
02 July 2018		
Housing Independent Living Strategy	This will be a draft report that members will have an opportunity to shape at PAC	Labab Lubab
Disabled People's Draft Housing Strategy	Building on the recommendations and actions arising from the DPC report	Labab Lubab
17 September 2018		
Safeguarding / MH	Interpreting the appropriate safeguarding thresholds and the subsequent management of safeguarding within the treatment and therapeutic setting.	Officer Lead Helen Mangan, WLMHT
NHS Workforce Recruitment and Retention	What provisions and strategies are being implemented to address the difficulties in recruiting and retaining staff; what protocols are in place to facilitate the reporting of patient concerns by staff. • Working conditions – including terms, engagement, support; • Staff consultation, involvement and engagement • Training, development and retention	NHS service providers
04 December 2018 – joint meeting with EHAPAC (TBC)		
Housing impact on health and inclusion	Development of housing support services that help alleviate or prevent health conditions from deteriorating	ASC / HSG / PH
Aids and adaptations	Challenge to consider the terms and conditions and the provision of services	ASC / HSG

Appendix 1

11 February 2019		
Budget	Corporate, ASC and Public Health	
Community Champions	To consider current provision and support, following disaggregation of the service and what this means for LBHF residents; to consider the further development and support of the service.	
26 March 2019		
CQC Draft Quality Accounts	Imperial	
Listening to and Supporting Carers	To review current support for LBHF carers; to consider ways in which this could be developed; to understand the impact of caring on the health and wellbeing of carers themselves.	
Access to Leisure Services for the learning disabled and vulnerable groups	To consider the access to and the provision of local leisure services for the learning disabled and any groups that may experience social isolation and loneliness.	

Suggested items – included for information

- Immunisation: Report from the HWB Task and Finish Group
- CAMHS update