



Quality report

2020/21



Table of contents

Our Trust	4
Our vision	4
Strategic objectives.....	4
Our values	5
A message from our chief executive	5
The year in photos	6
Key quality indicators	11
Rate of patient safety incidents	11
A&E performance.....	11
Referral to treatment.....	11
Summary hospital level mortality indicator (SHMI)	11
Complaints	12
Monitoring quality	13
Improving quality	14
Our improvement and innovation culture	14
Progress on our 2020/21 quality priorities	15
Priorities for improvement 2021/22	16
Additional quality highlights	17
Your comments are welcome	18

Our Trust

Chelsea and Westminster Hospital NHS Foundation Trust is one of the top ranked and top performing hospital Trusts in the UK. We employ more than 6,000 staff over our two main hospital sites, Chelsea and Westminster Hospital (CW) and West Middlesex University Hospital (WM), and across a number of community-based clinics within North West London.

We pride ourselves on providing outstanding care to a community of more than 1.5 million people. Both hospitals have major A&E departments, where more than 200,000 patients were treated this year. The Trust is the second largest maternity service in England, delivering approximately 10,000 babies every year. Our specialist care includes our world-renowned burns service, which is the leading centre in London and the South East, our Chelsea Children's Hospital with paediatric inpatient and outpatient services, and our specialist HIV and award-winning sexual health services.

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

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

Our vision

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

Strategic objectives

Strategic priority 1: Deliver high-quality, patient-centred care: Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department, and their experience and quality of care will be second to none.

Strategic priority 2: Be the employer of choice: We will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers. We will recruit and retain the people we need to deliver high-quality services to our patients.

Strategic priority 3: Delivering better care at lower cost: We will look to continuously improve the quality of care and patient experience through the most efficient use of available resources (financial and human, including staff, partners, stakeholders, volunteers and friends).

Our values

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

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



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

A message from our chief executive

I am pleased to introduce our quality report for 2020/21 and to share with you the highlights of the quality journey we have made this year.

During this challenging year, our Trust has continued to experience high demand for our services, and this has been most notable in our response to the COVID-19 pandemic. I have been so proud to see our staff demonstrate their outstanding commitment to patient care and experience during one of the most challenging years in healthcare we have ever experienced—I could not feel prouder of how our staff responded and went above and beyond to support our patients and each other.

In response to the rapidly changing healthcare needs of our community, we have worked innovatively and actively to provide a comprehensive response—notably we:

- Redesigned patient pathways to provide virtual clinics and allow patients to be monitored at home
- Made much better use of digital technology to support patients remotely
- Reconfigured our in-hospital pathways to reduce risk of cross infection
- Introduced robust isolation and testing arrangements for patients and staff

I have been so proud to see our staff demonstrate their outstanding commitment to delivering excellent patient care and experience.

Handwritten signature of Lesley Watts.

Lesley Watts
Chief Executive Officer

The year in photos

April 2020



Clap for carers—Amanda Holden and Pickle the dog cheer on the NHS

May 2020



The RHS Chelsea Flower Show gets cancelled due to COVID-19 and Chelsea and Westminster Hospital is gifted a lovely new garden

June 2020



The Trust celebrates National Volunteers Week, giving thanks to all our amazing volunteers who support our hospitals every day

July 2020



Portrait unveiled at our Chelsea site celebrating the late Sir Tom Moore who raised more than £32m for the NHS



A new fish tank is installed at West Middlesex University Hospital

August 2020



Sunny becomes one of the very first patients to have a hip replacement carried out and return home on the same day



A COVID patient is transferred to a ward after more than 100 days on ICU

September 2020



Flu season begins and colleagues start getting their jabs



October 2020



The 'flu superheroes' campaign recognised our top vaccinators



Recognising teams with the highest number of staff completing their staff surveys



The Trust celebrated our Black staff and recognises Black women and men throughout the ages during Black History Month

November 2020



Our occupational therapy team tells us what it's like in their role and celebrates Occupational Therapy Week



The festival of flowers is launched, paying respect to colleagues, friends and families who have died during the pandemic



Raising awareness for International Men's Day, our colleagues tell us how they stay healthy in body and mind

December 2020



The Trust celebrates Christmas and colleagues decorate the wards to spread festive cheer



Veterans at the Royal Hospital Chelsea are among the first to be vaccinated by our Chief Nursing Officer Pippa Nightingale

January 2021



Pickle the dog keeps us going during the winter months



Celebrating staff who work and volunteer on our COVID wards



A brief but very festive snowstorm hits London, bringing a bit of cheer

February 2021



Free food outside the ICU at Chelsea as part of our health and wellbeing initiative



Army troops lend a hand at our hospitals



Colleagues start having their COVID jobs to help end the pandemic

March 2021



Celebrating our staff



Celebrating International Women's Day with goodies and live music



Met Police bring their four-legged friends for a visit to our Chelsea site

Key quality indicators

Rate of patient safety incidents

High incident reporting rates with low levels of harm is an indicator of a good safety culture. During 2020/21, the Trust recorded 11,930 patient safety incidents—this is a rate of 44.8 per 1,000 bed days. The rate of incident identification compares favourably with the national average for non-specialist acute Trusts (lowest 15.7 per 1,000 bed days/highest 110.2 per 1,000 bed days) and 0.17% of the incidents reported are thought to have contributed to severe patient harm. All incidents are investigated to ensure safety learning is used to continuously drive improvement in the care and services we provide.

A&E performance

The national standard for A&E waiting times is that 95% of patients should be admitted and transferred or discharged within 4 hours of their arrival at an A&E department. During this reporting period this standard was met for 91.6% of patients attending our A&E units. While this metric is an important quality indicator, its achievement has been challenged across the NHS as we introduce new systems of care to reduce the risk of COVID-19. These new tests, checks, and isolation requirements have had an effect on the A&E waiting times but have greatly increased the safety of our patients and staff.

Referral to treatment

The time taken to see patients following a referral to our services was greatly impacted by the national response to COVID-19. Innovative approaches, such as virtual clinics and enhanced sector working, were introduced but performance has remained challenging. During 2020/21, 77.8% of all patients referred to us were seen within 18 weeks.

The achievement of waiting time targets for our cancer patients is a key priority for the Trust. During 2020/21, the following standards were achieved:

- 2 weeks from urgent GP referral to first hospital visit: 69.9% (our target >93%)
- 31 days from diagnosis to first treatment: 94.1% (our target >96%)

We are proud to have met our commitment to see patients who were urgently referred to our cancer services within 2 weeks. Our teams, and the NHS as a whole, have worked tirelessly to ensure cancer care is provided in a timely and effective way during 2020/21. Despite these best efforts, the impact of COVID-19 has been profound and sadly we have been unable to meet our target that 96% of patients receive cancer treatment within 31 days of referral. The Trust continues to work closely with other healthcare providers across North West London to ensure timely provision of treatment for all our patients is achieved.

Summary hospital level mortality indicator (SHMI)

The SHMI is used to understand the relative risk of mortality for hospitalised patients across England. The Trust's SHMI measure for Jun 2019–May 2020 is 0.76, which compares very well to the national position, and the Trust remains within the top five Trusts in England with lower than expected mortality risk. COVID-19 activity is excluded from the SHMI.

Complaints

During 2020/21, the Trust received 390 formal complaints compared to 890 in the previous year. During this reporting period, 100% of complaints were acknowledged within two working days and 97% were formally responded to within 25 working days. Nine cases were referred to the Parliamentary and Health Service Ombudsman (PHSO) for assessment this year and seven were not taken forward, while one is still being assessed. Four new cases were taken on for investigation by the PHSO (three were being assessed in the previous year). We received the outcome of three cases, which were all partially upheld.

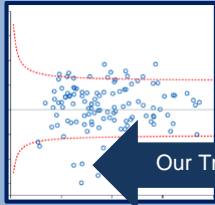


The Trust is dedicated to the provision of excellent care, treatment and patient experience. We do, however, recognise that on occasion we may not meet the high standards we aspire to. When this occurs, we are committed to hearing our service users' concerns, investigating the circumstances and ensuring we take the actions required to address the issues raised to prevent recurrence.

Patient experience

Friends and Family Test (FFT) results have broadly remained static in all areas for the recommendation score. During 2020/21 the following key indicators were observed:

- **Maternity:** Response rate 17%, recommendation score 88.8%
- **Inpatients:** Response rate 25%, recommendation score 95.5%
- **A&E:** Response rate 19%, recommendation score 88.9%
- **Sexual health:** Response rate 21%, recommendation score 95.2%

Monitoring quality

Patient safety		Patient experience		Effectiveness of care															
<h3>Incident reporting</h3> <p>Robust processes are in place to ensure we recognise, report, and respond to incidents</p> <table border="1"> <thead> <tr> <th>National reporting and learning service reports</th> <th>N° of incidents</th> <th>Per 1,000 bed days</th> <th>Severe harm or death</th> </tr> </thead> <tbody> <tr> <td>Apr 19–Sep 19</td> <td>5,212</td> <td>39.23</td> <td>0.15%</td> </tr> <tr> <td>Oct 19–Mar 20</td> <td>5,704</td> <td>41.91</td> <td>0.07%</td> </tr> </tbody> </table> <p>High reporting rates and low levels of harm are indicators of a strong safety culture</p>		National reporting and learning service reports	N° of incidents	Per 1,000 bed days	Severe harm or death	Apr 19–Sep 19	5,212	39.23	0.15%	Oct 19–Mar 20	5,704	41.91	0.07%	<h3>Complaints</h3> <p>Demonstrating our PROUD values through timely and effective complaints investigation</p> <table border="1"> <tbody> <tr> <td>390 formal received</td> <td>100% acknowledged within 2 days</td> </tr> <tr> <td>97% resolved within 25 days</td> <td>54% less than 2019/20</td> </tr> </tbody> </table> <p>To offer the highest quality care we work with patients to resolve their concerns</p>		390 formal received	100% acknowledged within 2 days	97% resolved within 25 days	54% less than 2019/20
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<h3>Learning from deaths</h3> <p>Summary Hospital Mortality Indicator calculates relative risk of mortality nationally</p>  <p>Relative mortality risk is compared with all other NHS trusts</p> <p>Proud to be significantly below the nationally expected relative risk of mortality</p>		<h3>Clinical effectiveness</h3> <p>Delivering a systematic approach to NICE guidance implementation by:</p> <ul style="list-style-type: none"> Monitoring guidelines Undertaking clinical review Modeling best practice Escalating non-conformity <p>Ensuring the care we provide is supported by the best evidence base available</p>																	
<h3>Ward accreditation</h3> <p>Monitoring quality through peer review</p>  <p>Supporting and monitoring excellence through our ward accreditation programme</p>		<h3>Risk management</h3>  <p>Ensuring risks to quality are proactively identified, escalated and resolved</p>																	
<h2>Quality Improvement Programme</h2>																			

Improving quality

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

Our improvement and innovation culture

Our Trust continues with an ambitious quality improvement plan to reach an ‘outstanding’ CQC rating. Our improvement process is well-embedded, based around the Trust PROUD values and an improvement framework. We have a dedicated quality improvement team that works to support colleagues to develop ideas, grow their skills and deliver changes to improve patient care.

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

Highlights from this year include:

- We refreshed and extended our quality improvement (QI) and innovation learning and development programme to invest and grow improvement skills and capabilities across the organisation at all levels. This year we trained more than 210 staff.
- We created more opportunities for staff to share learning, ideas and successes—we developed a highly-read monthly QI bulletin to showcase best practice across the Trust. We held our annual Research, Innovation and Quality Improvement (RIQI) event with 48 projects to celebrate and inspire future work.
- We cultivated partnerships by working closely with colleagues from our charity CW+, research and development, innovation and patients, and worked with external partners to bring new innovation and improvement to our services. For example, we partnered with the Burdett Trust for nursing to launch a unique nursing innovation fellow position.
- We increased opportunities for ideas generation, including a CW+ Dragon’s Den funding call with more applications than ever before and seven projects sponsored.

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

Progress on our 2020/21 quality priorities

The following quality priorities were set out in our Quality Report 2020/21—the following update demonstrates progress we have made this year and the impact these improvements have had on the care of our patients.

Priority 1: Improve the dementia care pathway and screening uptake	Achieved
<p>In 2020/21 we focused on implementing an evidence-based dementia care pathway which included a dementia assessment for all patients over 75 years and enhanced training for our staff via a dementia education programme. The ongoing delivery of our dementia care pathway and screening uptake will contribute to:</p> <ul style="list-style-type: none"> • Reducing uncertainty for patients and their families • Increasing the opportunity for person-centred care • Increasing quality of life and reducing non-cognitive symptoms • Enabling short-term and longer-term planning for patients • Reducing the number of avoidable hospital admissions 	<p>91% of patients aged over 75 screened for dementia at admission (against a target of 90%). As dementia training is further embedded, the process by which cognitive impairment assessments are undertaken is being reviewed to ensure full multidisciplinary team involvement. Dementia screening and training provision will continue to be monitored by the Clinical Effectiveness Group.</p>
Priority 2: Improve personalised cancer care at diagnosis	Carried forward for 2021/22
<p>In 2020/21 we focused on ensuring that everyone diagnosed with cancer had a supportive conversation, health and wellbeing information, and their personal needs assessed with a holistic needs assessment (HNA). A steady increase from baseline has been evidenced during the year but achievement has been significantly impacted by the organisational response to COVID-19 and a large proportion of patients in this cohort receiving treatment elsewhere.</p>	<p>67% of patients had a Holistic Needs Assessment nurse appointment after their diagnosis of cancer (against a target of 70%). 62% of patients had a personal care plan developed.</p>
Priority 3: Improve sepsis screening and timely management	Carried forward for 2021/22
<p>This priority was established to ensure patients at risk of sepsis are identified and receive the appropriate antimicrobial therapy in a timely manner. Early identification and treatment of sepsis is key to improving patient outcomes—it is therefore critical that the Trust's sepsis management plan is embedded across all clinical areas. For this reason, this priority will be carried forward into 2021/22 to ensure our patients receive gold standard sepsis management.</p>	<p>73% patients meeting the relevant criteria were screened for sepsis (against target of 90%). 74% of patients had a clinical review within 1 hour (against a target of 90%). 45% of patients with suspected sepsis (red flag) received antimicrobial therapy within one hour (against a target of 90%).</p>
Priority 4: Improve the experience of volunteers and the impact on release of clinical time	Partially achieved
<p>In 2020/21 we sought to build a large and sustainable community of volunteers who support each other, staff and patients and help to make our Trust an exceptional place to work and be cared for. The national response to COVID-19 did lead to a reduction in the number of volunteers we could safely engage, but the team have played an invaluable role supporting our staff and patients during 2021. We are proud to welcome back our returning volunteers following a process of role adaptation to reflect the changing COVID-19 risk. Volunteering hubs have been developed as a platform to scale up the programme—operation delivery of the programme is now supported by volunteers themselves which has increased engagement and enabled further programme developments. As well as our excellent team of volunteers, our patients and staff also received support from both the military and aviation industry during our response to the COVID-19 pandemic. Members of Her Majesty's Armed Forces supported the logistical efforts required to ensure our hospitals were well resourced during this period of high activity, and members of the aviation industry used their professional experience to support our staff wellbeing hubs.</p>	<p>354 volunteers are working with the organisation (against a target of 900). The average time to recruit has been reduced from >14 weeks to 34 days (against a target of 56 days). Bleep volunteers have saved 25,496 hours of clinical time during 2020/21 (against a target of 4,800 hours).</p>

Priorities for improvement 2021/22

Our ambition is for teams to continue to develop transferrable and sustainable knowledge and skills in order to carry on the journeys of improvement within the organisation and across the wider health and care system. Within that context, we have set the following priorities for 2021/22—these have been identified through engagement with multiple stakeholder groups:

- Engagement and feedback from our Council of Governors Quality Subcommittee
- Engagement and feedback from our Board’s Quality Committee
- Divisional review of incident reporting and feedback from complaints

Priority 1: Improve sepsis screening and timely management	Target and baseline
<p>Sepsis is a life-threatening condition with around 123,000 cases each year in England and an estimated 37,000 associated deaths—the condition also has long term impacts on morbidity and quality of life. Timely identification and appropriate antimicrobial therapy have been shown to be effective in reducing transition to septic shock and therefore reducing mortality. Our approach:</p> <ul style="list-style-type: none"> • Embed use of the digital EPR to provide prompts for screening in all settings • Provide training and development of staff to recognise the deteriorating patient • Focus on sepsis management in inpatient wards using a quality improvement approach 	<p>>90% of patients within A&E and our wards will be screened for sepsis within 1 hour (baseline: 73% in A&E). >90% of patients with suspected sepsis (red flag) will receive antimicrobial therapy within one hour (baseline: 45% in A&E).</p>
Priority 2: Improve personalised cancer care	Target and baseline
<p>The Trust is involved in the existing Cancer Alliance ‘Improving Care Locally’ programme, which sets improvement priorities annually—it is a national priority to deliver personalised care for people who are newly diagnosed with cancer. Given the extensive changes to cancer services in 2020/21 as a result of the COVID-19 pandemic, the Trust will continue to focus on improvement in end-to-end cancer pathways to ensure high quality personalised care is provided to our patients. Our approach:</p> <ul style="list-style-type: none"> • Enhance the provision of nurse-led clinics • Standardise the recording the care plans • Introduce personalised end of treatment summaries to enhance follow-up arrangements 	<p>>75% of patients will receive a holistic needs assessment and personalised care plan (baseline: 62%).</p>
Priority 3: Improving outcomes for in-patient diabetes patients	Target and baseline
<p>The National Diabetes Inpatient Audit (NADIA) between 2010 and 2019 showed that 10–15% of inpatients at our Chelsea site and 23% at our West Middlesex site have diabetes. Nationally there is evidence that patients with diabetes, regardless of their reason for admission, have a greater average length of stay than other patients and are at risk of experiencing diabetes-related harm (such as hypoglycaemia, new foot ulcers and diabetic ketoacidosis) if their care is not optimised for their condition. During 2021/22, the Trust will develop a diabetes strategy designed to ensure our patients receive high quality diabetes care. Our approach:</p> <ul style="list-style-type: none"> • Introduce a diabetes surveillance tool within our clinical administration system (CernerEPR) • Implement a 7-day inpatient diabetes service • Embed 10-point training for staff • Optimise diabetes care for patients who attend for elective surgery • Ensure easily accessible guidelines are available 	<p>300 non-diabetes staff who have received 10-point training (baseline: 131). 4-day average length of stay for elective patients with diabetes who are admitted for elective surgery (baseline: 4.3).</p>

Priority 4: Improve medical handover	Target and baseline
<p>The handover of patient care within hospitals traditionally consists of a brief conversation and brief notes at the end of shift or when a patient is being transferred to the care of another team—this approach raises risks relating to content and recordkeeping variability. Effective handover between clinical teams is widely accepted as essential for patient safety. The British Medical Association, together with the National Patient Safety Agency and NHS Modernisation Agency, produced clear guidance regarding the contents and setting for a safe and efficient handover. The Trust aims to engage our clinical teams to assess our handover processes in light of national best practice and to develop the necessary improvements that will support the safe and effective handover of patient care. Our approach:</p> <ul style="list-style-type: none"> • Audit quality of handover baseline • Develop a standardised handover processes based on national best practice • Develop a standardised handover proforma within the electronic patient record (CernerEPR) • Audit quality of handover improvement • Embed and sustain handover process and grow utilisation of Cerner handover tool 	<p>Year 1: 50% of clinical staff to be trained in the principles of safe and effective clinical handover. 95% of all handovers to be attended by each medical downstream ward.</p> <p>Year 2: 70% utilisation of CernerEPR tool to support patient handover. 95% of all hospital at night handover meetings to be attended by each specialty.</p>

Additional quality highlights

- Enhanced coordination with care providers across North West London as part of the Integrated Care System to ensure patients received high quality care as quickly as possible no matter their location.
- Support the safety of our staff, patients and the wider community through the delivery of a comprehensive COVID-19 vaccination programme. 95% of all staff have now received a vaccination.
- Development of enhanced leadership training through our management fundamentals and emerging leaders courses, equipping our staff to effectively lead quality improvement.
- Leading improvement through digital innovation with the successful implementation of CernerEPR across both of our hospital sites. This standardisation and accessibility of patient information support the delivery of high quality, coordinated care.
- Continued compliance with the national Maternity 10-point safety plan demonstrates our commitment to ensuring best practice is embedded in our maternity and neonatal services.

Your comments are welcome

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

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



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