Chelsea & Westminster Hospital NHS Foundation Trust
Council of Governors Meeting

Zoom Conference https://zoom.us/j/7812894174; Meeting ID: 781894174 OR Dial in: +441314601196; Meeting ID: 781 289 4174# United Kingdom

22 April 2021 16:00 - 22 April 2021 18:00

INDEX

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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Agenda

	1.0	**STATUTORY/MANDATORY BUSINESS**			
16.00	1.1	Welcome & Apologies for Absence	Verbal		Interim Chair
16.01	1.2	Declarations of Interest	Verbal		Interim Chair
16.02	1.3	Minutes of previous meeting held on 28 January 2021 1.3.1 Action Log 1.3.2 Lead Governor Election outcome 1.3.3 Governor Advisory Committee Election outcome	Paper Paper Verbal Verbal	For Approval For Information For Information For Information	Interim Chair Lead Governor
16.05	1.4	Interim Chair's Report	Paper	For Information	Interim Chair
16.10	1.5	Chief Executive Officer's Report	Paper	For Information	Chief Executive Officer
16.15	1.6	Coronavirus (COVID-19) update, including 1.6.1 Elective care recovery	Verbal/ Paper	For Information	Chief Executive Officer
		QUALITY			
16.30	1.7	Governor Commentary on the draft Quality Report 2020/21 sign-off, including: 1.7.1 Council of Governors' Quality Sub-Committee report, including Sub-Committee Terms of Reference	Papers	For Approval / For Information	Chair of Quality Sub-Committee
	1.8	Quality Priorities 2021/22	Paper	For Information	Eliza Hermann, NED
	1.9	People and OD Committee Report to Council of Governors	Paper	For Information	Steve Gill, NED
	1.10	Business planning 2021/22 update	Paper	For Information	Chief Financial Officer
16.55	1.11	Nominations and Remuneration Committee update, including • Substantive Chair recruitment update • NED configuration and succession plan, including appointment of Non-Executive Directors NHSE/I letter • Interim Chair remuneration • Non-Executive Director remuneration • Interim Senior Independent Director and Deputy Chair appointments • Extension of the term of office of the Non-Executive Director Nick Gash • Committee Terms of Reference	Verbal Verbal Verbal Verbal Verbal Verbal Verbal Paper	For Information For Information For Information For Approval For Approval For Approval For Approval For Approval	Interim Chair / Lead Governor Lead Governor Interim Chair / Lead Governor
17.05	1.12	Council of Governors' Membership and Engagement Sub-Committee Terms of Reference	Paper	For Approval	Chair of Membership & Engagement Sub-Committee

17.10	**2.0**	**FOR INFORMATION**			
	2.1	*Performance and Quality Report, including 2.1.1 People Performance Report	Papers	For Information	Chief Executive Officer
	2.2	'Thank You' to all Staff, including the Executive Directors	Verbal	For Noting	Lead Governor
	2.3	Accessibility work update	Verbal	For Information	Interim Chair
17.20	**3.0**	**OTHER BUSINESS**			
	3.1	Questions from the governors and the public	Verbal	For Information	Interim Chair / Chief Executive Officer
	3.2	Any other business, including: *3.2.1 Forward plan *3.2.2 Schedule of meetings 2021/22 *3.2.3 Governor attendance register	 Paper Paper Paper	 For Information For Information For Information	Interim Chair
17.30	3.3	Date of next meeting: 22 July 2021, 10.00 – 11.00, followed by Annual Members' Meeting, 15.00 – 16.00			

*Items that have been starred will not be discussed, however, questions may be asked.

DRAFT
MINUTES OF COUNCIL OF GOVERNORS (COG)
28 January 2021, 16.00-17.30
Zoom Conference

Present:	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Nowell Anderson	Public Governor	(NA)
	Richard Ballerand	Public Governor	(RB)
	Juliet Bauer	Patient Governor	(JB)
	Caroline Boulliat	Public Governor	(CB)
	Cass J. Cass-Horne	Public Governor	(CJCH)
	Tom Church	Patient Governor	(TC)
	Nigel Davies	Public Governor	(NDa)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr Simon Dyer	Lead Governor/Patient Governor	(SD)
	Elaine Hutton	Public Governor	(EHu)
	Richard Jackson	Staff Governor	(RJ)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Anthony Levy	Public Governor	(AL)
	Johanna Mayerhofer	Public Governor	(JM)
	Professor Mark Nelson	Staff Governor	(MN)
	David Phillips	Patient Governor	(DP)
	Cllr Patricia Quigley	Local Authority Governor	(PG)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Minna Korjonen	Patient Governor	(MK)
	Thewodros Leka	Staff Governor	(TL)
	Fiona O'Farrell	Public Governor	(FOF)
	Trusha Yardley	Public Governor	(TY)
	Laura Wareing	Public Governor	(LJW)
	Rose Levy	Public Governor	(RL)
	Nicole Nunes	Staff Governor	(NN)
In attendance:	Lesley Watts	Chief Executive Officer	(LW)
	Aman Dalvi	Non-Executive Director	(AD)
	Nick Gash	Non-Executive Director	(NG)
	Steve Gill	Deputy Chair	(SG)
	Eliza Hermann	Non-Executive Director	(EHe)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Ajay Mehta	Non-Executive Director	(AM)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Serena Stirling	Director of Corporate Governance & Compliance	(SS)
	Virginia Massaro (in part)	Chief Financial Officer	(VM)
	Vida Djelic (minutes)	Board Governance Manager	(VD)
Apologies:	Jeremy Booth	Patient Governor	(JB)
	Catherine Sands	Staff Governor	(CS)
	Jacquei Scott	Staff Governor	(JS)

1.0	STATUTORY/MANDATORY BUSINESS
1.1	**Election of new Governors – Announcement of results** **Welcome and apologies for absence** THH welcomed the Governors and those in attendance to the Zoom video conference meeting. THH welcomed back SS from a period of recuperation and expressed his gratitude to VD for supporting the Corporate Team during Serena's absence. THH noted apologies as above, outlined the business of the meeting, and noted 'light touch' on papers due to continued focus on dealing with increasing demand caused by COVID-19 pandemic and winter pressure. SS updated on the outcome of the November 2020 election and welcomed both newly elected and re-elected Governors to the Trust's Council of Governors.
1.2	**Declarations of interest** None declared.
1.3	**Minutes of previous meeting held on 29 October 2020** Minutes of previous meeting were approved as a true and accurate record of the meeting.
1.3.1	**Action Log** The action log paper was noted. Action 1.5 CQC radiation inspection report – LW noted that the report will be initially shared with the Board and if appropriate with the Council of Governors.
1.3.2	**External Audit Tender update** *Virginia Massaro, Chief Financial Officer* NG advised that the tender process was delayed. VM reminded Governors that she had shared the external audit tender process with them at the October 2020 meeting and that AL was put forward as a governor representative. However, due to a low level of market engagement the process has been paused. External audit contract tender will be resumed in early 2022 and an update on the tender process will be brought to the Council of Governors in due course. VM thanked AL for volunteering to be a part of the tender process as a governor representative.
1.3.3	**Lead Governor Election – update** *Sir Tom Hughes-Hallett, Chairman / Steve Gill, Deputy Chair* SG advised that the Council of Governors is required to elect a Lead Governor, to facilitate liaison between the Board of Directors, usually via the Chairman, and Council of Governors, and also has a role to play in facilitating direct communication between NHS Improvement (NHSI) and the Council of Governors, where this is appropriate. In accordance with the Trust's Constitution, only Public or Patient Governors are eligible to stand for election as Lead Governor. Appointments will ordinarily last for a three year period, with the elected individual being eligible for re-election twice.

	The current Lead Governor Simon Dyer's term will expire at the end of March 2021. The Lead Governor election process was outlined: 1. Governors interested in standing for election as a Lead Governor to send their expression of interest to Serena Sterling /Vida Djelic no later than Friday 5th February, to be published to Governors on Monday 8th February. 2. If more than one public Governor or patient Governor puts themselves forward, Vida Djelic will compile a list of Lead Governor candidates and will require the completion of an applicant form from each candidate detailing their election statement, to be returned by Friday 12th February. 3. Vida to circulate electronic ballot paper to all Governors on Monday 15th February. Note: During this week Vida Djelic will organise a Zoom call for Lead Governor candidates' virtual presentations to all Governors as in the previous election. 4. Due to COVID-19 restrictions voting will be by confidential email to Vida Djelic (only) no later than Monday 8th March. 5. Results to be reviewed with Chair, Vice Chair and CEO during week of 8th March (Note: process review only). 6. Announce new Lead Governor no later than Friday 12th March. 7. Confirmation of election outcome will be reported formally at the Council of Governors meeting on 22nd April. THH wished the Council of Govenrors a success in the forthcoming Lead Governor election.
1.3.4	**Council of Governors Effectiveness** *Steve Gill, Deputy Chair* SG advised the FT Code of Governance stipulates that the Council of Governors should annually assess its collective performance, and reminded that the last effectiveness review was undertaken at the January 2020 Council of Governors Away Day. The Council of Governors noted that the 2020/21 effectiveness review will take place at the next COG Away Day, a date to be agreed.
1.4	**Chairman's Report** *Sir Tom Hughes-Hallett, Chairman* The report was noted. THH noted in response to operational pressures the Trust's COVID-19 Governance Framework detailing a series of provisions for the management of a number of aspects of Trust functions and activities with specific regard to the overall management of governance within the Trust during the current wave of the COVID-19 pandemic, was implemented in early January. The Trust's COVID-19 Governance Framework has been shared with the Board and the Council of Governors. As part of the Trust enhanced governance processes, a weekly CEO/NED call update on the rapidly emerging COVID-19 situation was reinstated; additionally, a weekly call between Board Committee Chairs and Committee Lead Executives was instigated. This allows for increased scrutiny and greater oversight by NEDs. THH acknowledged impressive contributions from all staff in supporting their colleagues to ensure the best possible care is provided to patients during the COVID-19 pandemic.
1.5	**Chief Executive Officer's Report, including Executive Director appointments update** *Lesley Watts, Chief Executive Officer* The report was noted.

LW stated how delighted she was to see so many familiar Governor faces on Zoom video conference.

LW acknowledged recent Executive appointments – Chief Financial Officer, Chief Medical Officer and Interim Director of HR and OD.

Health and wellbeing support activities for staff continue and morale is good. Excellent team work within the organisation and across the NWL sector in supporting each other and patients to secure high quality care and excellent outcomes for patients.

Currently, there are c.300 COVID-19 inpatients in our care; of these, there are c.60 patients on our ITUs. Whilst the numbers of general COVID-19 inpatients are reducing, we have seen an increase in demand on Non-Invasive Ventilation and Intensive Care beds. A similar trend is seeing in the NWL sector and London. Patients and staff are transferred within the sector in order to ensure patient care is safe and timely. LW noted that staff have worked differently yet again e.g. sexual health medics working in Critical Care to support their colleagues. LW thanked staff for their ongoing commitments.

LW acknowledged the Chief Nursing Officer Pippa Nightingale's excellent performance in the successful roll out of the vaccine programme, which includes hospital hubs and mass vaccine centres. Work is on-going on encouraging people to take up a vaccine.

LW noted, based on the London COVID-19 surge, the Trust continues to deliver regulatory performance ahead of its peers at a very challenging time.

LW summarised the findings from the CQC radiation inspection report as follows:

- Overall, very good understanding of responsibilities and compliance with the regulations
- Some arrangements for compliance with the regulations was a 'work in progress'
- Actively recruiting to both radiologist and radiographer posts; progress slowed down by the recent and on-going pandemic and reorganisation of directorate structure.
- Staff engaged in the inspection were attentive, passionate and contributed positively.
- Whilst the inspection was overwhelmingly positive and a few small areas where compliance may be improved were identified.

Overall, a very positive inspection report and on schedule to be taken to the next Board meeting.

KK expressed his congratulations to all NHS staff on their excellent response to COVID-19 pandemic.

In response to KK's suggestion of second dose of vaccine being offered three weeks after the first dose to high risk BAME staff due to disproportionate impact of COVID-19 on BAME staff, LW stated that in accordance with national guideline on delivery of vaccines priority is given to the '1st dose' to protect most at risk people over the shortest possible time. KK referred to a news article on reducing the dosing interval to three weeks for BAME people and offered to send it to LW.

In response to KK's further question relating to % of vaccinated BAME staff, LW stated that c.40% of the Trust's BAME staff have been vaccinated. The Trust's BAME network and BAME leaders have been supportive with encouraging vaccine uptake among their respective communities.

AL commended the CEO report and expressed sincere appreciation and admiration for NWL positive achievements by working collaboratively and proposed a message of appreciation to staff be sent from the Trust Governors. AL also acknowledged good information flow between the Trust and the Council during this time.

Action: SS to arrange for a message of appreciation to staff be sent from the Trust Governors.

In response to DP's question regarding reasons for low uptake levels of vaccine among BAME staff, LW stated that some of reasons include unhelpful information shared via social media opposing vaccination, etc. There is on-going cooperation through concerted efforts from BAME, faith and community leaders on

	removing barriers and encouraging vaccine uptake among their respective communities. TY asked about the levels of staff sickness and staff morale. LW noted that CWFT is in a better position than other organisations, noting that we want staff to self-isolate as appropriate and be safe. LW noted that staff morale is very good at the moment. SG noted that sickness is at 5.3%, vs. normal rate of below the Trust ceiling of 3.3%. NA asked LW how many staff members had died during the pandemic. LW noted that this will be confirmed by the sector, and noted that the loss of any life is a tragedy. MN noted that staff morale is very good and people are enjoying working as a team, and have welcomed the reduction in meetings. MN further noted that plans are needed to support staff when the pandemic subsides, and highlighted to LW that lack of the second vaccine is bringing down morale. LW noted that the sector is running a recovery plan, being led by Tim Orchard and Rob Hodgkiss, and currently considering how to stagger staffing to allow for rest and annual leave whilst safely restarting elective care. Health inequalities in NWL are being built into this plan. CDB thanked LW and the Executive Team and shared a personal story of kind and compassionate care he received from a Lead Nurse Kathryn Mangold.
1.6	**Coronavirus (COVID-19) update** *Lesley Watts, Chief Executive Officer* This item was discussed as part of above item 1.5.
1.7	**Extension of the term of office of the Non-Executive Directors Eliza Hermann and Nilkunj Dodhia** *Sir Tom Hughes-Hallett, Chairman / Simon Dyer, Lead Governor* SD advised that the Non-Executive Directors Eliza Hermann and Nilkunj Dodhia term of office was proposed to be extended for a further year. He expressed his support and highlighted the importance of retaining excellent and long standing NEDs in light of the current pandemic situation. SD supported the proposal and stated that changes in NED roles were not advised in the midst of the pandemic as consistency and stability was required. EH and ND confirmed they would be willing to agree to an extension of term. **DECISION: The Council of Governors discussed and agreed to extend the term of office of the Non-Executive Directors Eliza Hermann and Nilkunj Dodhia for a further year to end on 30 June 2022.**
1.8	**NWL Integrated Care System (ICS) developments – update** *Lesley Watts, Chief Executive Officer* LW advised that the work on formalising governance arrangements of NWL ICS continues and highlighted the following: • Merger of eight NWL CCGs into one CCG coming into effect from April 2021; • Collaborative working on driving a consistent quality of care standards in all specialities across the NWL; • Work with NWL organisations on waiting lists post the COVID-19 pandemic to ensures treatment and care of patients is safe, clinically effective and sustainable with a patient cantered approach to the care; and • The provider organisations strategic planning is expected to emerge is due course. LW noted that community and local authority partners are working exceptionally hard to work together and strengthen services in local areas.

	THH noted an article published in the Health Service Journal (HSJ) regarding Integrated Care Systems. **Action: VD to circulate the article published in the Health Service Journal (HSJ) regarding Integrated Care Systems to all Governors.** In response to KK's comment LW stated that the speed and scale of the response required by the coronavirus pandemic has highlighted how any fragmentation in the health and care systems may significantly impact the ability to respond to ever increasing patient needs, and underlined the importance of a joint systems working to deliver the best possible care to patients. LW noted that only by working together have we managed to look after patients in the way in which we have as they could not have been achieved as stand-alone organisations.
1.9	**Support arrangements: The Hillingdon Hospital NHS Foundation Trust (THHT)** *Lesley Watts, Chief Executive Officer* LW stated that the work on driving the standards of working, staff development, higher quality and more sustainable services continues. Gubby Ayida (Associate Medical Director from Chelsea and Westminster NHSFT) appointed on secondment as Medical Director of The Hillingdon Hospital NHS Foundation Trust (THHT). Melanie van Limborgh (Deputy Director of Nursing from Chelsea and Westminster NHSFT) appointed on secondment as Site Director of Nursing of THHT. Sue Smith (Chief People Officer from THHT) appointed as Interim Director of HR&OD to oversee HR & OD functions of both trusts on a shared basis. A reciprocal support agreement has been prepared in order to share learning and leadership, and maximise the benefits which collaboration and wider system working yields for the quality of patient care. Nick Gash and Aman Dalvi are designated Non-Executive Director sponsors. CDB asked about financial benefits for CWFT. LW stated that a bid has been submitted to NHSE/I to fund this support agreement in line with the NSHE/I guidance. THH noted the reciprocal support arrangement and that CWFT was now supported by Sue Smith.
1.10	**Chairman's recruitment – update** *Steve Gill, Deputy Chairman* SG advised of a recommendation to the Council of Governors from the CWFT's NEDs, which has been supported by Penny Dash NWL ICS Chair and CWFT Executive Directors, to appoint the Deputy Chairman as Acting Chair until greater clarity on ICS structure emerges and to provide stability during this phase. **DECISION: The Council of Governors discussed and agreed unanimously to appoint SG as the Acting Chairman taking effect from 1 April 2021 until the substantive appointment is made.**
1.11	**Election for the Governor Advisory Committee** *Simon Dyer, Lead Governor* The Council of Governors noted an email communication from NHS Providers advising of the election process for governor members to their Governor Advisory Committee (GAC). As a member of NHS Providers, Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) was entitled to nominate one governor. Public Governor Richard Ballerand had expressed interest in standing as a governor candidate for the GAC and his nomination was submitted on 18 December 2020. Nominations closed in December and the election will close at 5pm on 26th March 2021. There are 55 governor candidates standing for election. In accordance with the Election Rules, the electorate is the Council of Governors of foundation trusts that is an NHS Providers member. It had suggested that this is discussed with the council of governors, and that the trust secretary casts the vote on the council's behalf.

	The CWFT Council of Governors was asked to grant authority to Lead Governor to decide on votes and Board Governance Manager to cast the votes. **DECISION: The Council of Governors discussed and granted authority to Lead Governor to decide on votes and Board Governance Manager to cast the votes.**
2.0	**FOR INFORMATION**
2.1	**COG sub-committees:** **2.1.1 Membership and Engagement Sub-Committee report** The report was taken as read. **2.1.2 Quality Sub-Committee report** The report was taken as read
2.2	**Accessibility Working Group – update** *Steve Gill, NED Chair* SG provided key highlights from the 10th December Working Group meeting: • Virtual audit – The Trust's compliance with WC3 guidance and the accessibly regulations confirmed; in support of the Trust becoming an exemplar in this area, an independent website accessibility audit will be undertaken; KK undertook to link with the Trust's Communications Department to provide the contact details of website accessibility audit provider AbilityNet. • Physical audit – The Estates and Facilities department facilitated the selection process for appointment of a contractor; KK, MK and Head of Estates sat on the selection panel which took place on 15 December 2020 with each of the 4 short-listed companies for the Physical Audit; based on the presentations AccessAble were selected; KK undertook a separate background check on AccessAble with a Charity that reviews access audits for stadia in the UK (Level Playing Field), feedback was positive with high degree of confidence on AccessAble's ability to deliver; it has been recommendation to proceed with Chelsea and Westminster site audit first and based upon review of results to extend to West Middlesex site; The Executive Team has been supportive of the audit proceeding as proposed.
3.0	**OTHER BUSINESS**
3.1	**Questions from the governors and the public** KK asked if CWFT is compliant with the NHS guidance on disabled parking charges which came into effect on January 2021. LW confirmed that the Trust is compliant. AL asked when the next review of COG sub-committee membership is due. SS sated that the formal review will be scheduled at the next COG meeting.
3.2	**Any other business** 3.2.1 Forward plan – Noted SS invited Governors to email her with suggested topics for future briefing sessions. **Action: All Governors to email suggested topics for future briefing sessions to SS.** 3.2.1 Schedule of meetings 2020/21 – Noted 3.2.3 Governor attendance register – Noted

	KK noted increased Governor attendance levels since the introduction of an attendance log and transparency of attendance in the Council of Governors papers and for the elections. <u>Retirement of Chairman</u> SD commented on the retirement of THH from the Trust Board and the Council of Governors with the effect from 31 March 2021 and that this will be THH's last COG Meeting. He thanked THH for chairing the Council of Governors in the last seven years and for his hard work and commitment during his tenure and wished him well for the future. THH expressed his pleasure with having worked with the remarkable governing body, the Chief Executive and the Executive Team.
3.3	**Date of next meeting** Council of Governors Meeting, 22 April 2021, 16.00 – 18.00 Council of Governors Away Day – to be confirmed.

Meeting closed at 17.25

Council of Govenrors (COG) – 28 January 2021 Action Log

Meeting Date	Minute number	Action	Current status	Lead
Jan 2021	1.5	**Chief Executive Officer's Report** Action: SS to arrange for a message of appreciation to staff be sent from the Trust Governors.	Complete.	SS
	1.8	**NWL Integrated Care System (ICS) developments – update** Action: VD to circulate the article published in the Health Service Journal (HSJ) regarding Integrated Care Systems to all Governors.	Complete.	VD
	3.2.1	**Forward plan** Action: All Governors to email suggested topics for future briefing sessions to SS.	Complete. The following topics were suggested for future briefing sessions: • People Strategy • Elective recovery (operations/appointments)	ALL

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.4/Apr/21
REPORT NAME	Interim Chair's Report
AUTHOR	Stephen Gill, Interim Chair
LEAD	Stephen Gill, Interim Chair
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
REPORT HISTORY	N/A
SUMMARY OF REPORT	As described within the appended paper. Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Interim Chair's Report
April 2021

Trust Chair

Having served as Trust Chair for 7 years, Sir Tom Hughes-Hallett retired in March 2021. On behalf of the Board and the COG I would like to express our thanks to Sir Tom for his outstanding leadership during that period and to wish him well for the future.

As approved by the January COG, I was appointed as Interim Chair with effect from 4th March 2021 for the period to 31st March 2022, pending the appointment of a substantive Chair. I will give a verbal update on the Chair recruitment status at the 22nd April COG Meeting.

Interim Trust Deputy Chair and Senior Independent Director (SID)

I have submitted my recommendations for the roles of Interim Deputy Chair and SID to the Board Nominations & Remuneration Committee which is scheduled to meet on the morning of 22nd April prior to the full COG. The Nominations & Remuneration Committee will give a verbal recommendation / update to the April COG for approval.

Interim Governance arrangements for NED membership of Board sub-Committees

As Interim Chair I cannot Chair, or be a member of any Board sub-Committee except Nominations & Remuneration Committee. Therefore, from 31st March onwards I have stepped down as Chair of PODC and as a member of FIC.

I would like to congratulate Ajay Mehta on his appointment as Chair of PODC from 1st April.

Except as above, all Board Sub-Committee NED membership will be unchanged. See attached Paper.

Simon Dyer - Lead Governor

Congratulations to Simon Dyer on his re-election in March as Lead Governor, thank you to our other three excellent candidates, and to all Governors for your participation in the 'virtual' election process.

Staff 'Thank You' Event - 23rd March

In recognition of an extraordinary year, with extraordinary dedication, support, resilience and commitment from the Trust staff and volunteers, the Trust 'Thank You' Event was held virtually on 23rd March, marking the first anniversary of the National Lockdown.

Lesley announced that the Trust will plant 982 trees in the NHS Forest to remember the patients who died; will give staff 2 additional rest and recovery days; will continue to invest in Health & Well-being (H&WB) programmes to support staff; in addition, cakes and flowers were delivered to all Wards, the Sky Garden (CW) and the Restaurant (WM) during 23rd.

Sir Tom, as outgoing Trust Chair, thanked the staff on behalf of the COG and the Board.

COG Briefing Sessions

11th March - Virginia Massaro, CFO, presented the Finance and Annual Plan update.

1st April - Sue Smith, Interim Director of HR&OD, presented the Trust's People Strategy.

NHS Short / Medium Term Focus Areas

The top 3 current NHS focus areas are – the Vaccination Programme; the Recovery Programme (return to 'business as usual'); Planning for potential COVID-19 Wave 3.

Department of Health & Social Care (DHSC) White Paper

DHSC's White Paper re the legislative proposals for a Health and Care Bill was published in February 2021. The Four key elements that will underpin the future structure of the health and care system are:

i) ICS's bringing together commissioners and providers of NHS services with local authorities and other partners to collectively plan and improve health and care.

ii) Place-based partnerships between local organisations that contribute to health and wellbeing in smaller areas within an ICS. For most areas (but not all), 'places' will be based on local authority boundaries.

iii) Provider collaboratives, bringing together NHS trusts and foundation trusts within places and across ICSs to work more closely with each other. The form these will take and their function remains to be seen, with further guidance expected in early 2021.

iv) The national and regional bodies, including NHS England and NHS Improvement, the Care Quality Commission (CQC) and the Department of Health and Social Care, which will increasingly work through systems rather than individual organisations.

Resulting in Integrated Care Systems (ICSs) having statutory authority and responsibility with effect from 1st April 2022 (based on the current legislative timetable).

Chair Meeting

I have participated in a number of London Region Chairs meetings and NWL ICS Chairs / CEOs meetings during March and April. Topics covered include: COVID-19 wave 2 status; Vaccination status; Recovery plan status; NWL ICS outline strategic plan and 'road map'; NHS Anchor institutions - potential impact on the wider determinants of health.

I have had 1:1s with Tony Bourne (Chair CW+); Penny Dash (NWL ICS Chair); Bob Alexander (Interim Chair of Imperial College Healthcare Trust). 1:1s with Sir Amyas Morse (Chair of Hillingdon Hospital Foundation Trust & London North West University Healthcare Trust) and Sir David Sloman (London Region Director) are being set up in April.

As the Trust NED lead re the Ockenden Maternity Safety programme I participated in the London Region 'kick-off' meeting in March.

S. Gill – April 2021.

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.5/Apr/21
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
REPORT HISTORY	N/A
SUMMARY OF REPORT	As described within the paper. Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Chief Executive's Report
March 2021

Introduction

Since my last report to Public Board in November, we have experienced a significant second surge of Covid-19, predominantly in December and January. The Trust continued to treat a number of Covid positive patients in February, although saw a significant reduction in Covid admissions, allowing us to return a number of our wards back to their normal specialties.

As in the first surge of Covid-19, we have again worked collaboratively across the North West London Integrated Care System (ICS) with our health and care partners to provide a coordinated response to the pandemic.

Health and Care reforms - Integration and Innovation

On 11 February 2021, the government published a 'white paper' setting out a number of proposed reforms to health and care. Many of the measures embedded in the Health and Social Care Act 2012 are set to be abolished, with a move away from competition and internal markets towards integration and collaboration between services.

The proposals will bring NHS, local government and key partners closer together to improve care, and address health inequalities and the needs of their communities as a whole. The document sets out four key elements that will underpin the future structure of the health and care system:

• **ICS's** bringing together commissioners and providers of NHS services with local authorities and other partners to collectively plan and improve health and care;

• **Place-based partnerships** between local organisations that contribute to health and wellbeing in smaller areas within an ICS. For most areas (but not all), 'places' will be based on local authority boundaries;

• **Provider collaboratives**, bringing together NHS trusts and foundation trusts within places and across ICS's to work more closely with each other. The form these will take and their function remains to be seen, with further guidance expected in early 2021; and

• **The national and regional bodies**, including NHS England and NHS Improvement, the Care Quality Commission (CQC) and the Department of Health and Social Care, which will increasingly work through systems rather than individual organisations.

We are currently considering how this will inform our work at both Trust and North West London level. For the full paper, please follow this link:

https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all

Covid-19

A mentioned, to enable a robust and timely response to patient needs, we have worked with our sector partners in North West London to deliver mutual aid support to each other, share learning, and work differently to ensure patients receive the care they required during this surge period. In order to do this, our staff yet again, stepped up to work differently across our organisation. For example, our medical colleagues from the sexual health service volunteered to work in Critical Care to support their colleagues. I continue to be immensely proud of what our staff have achieved during this period, and their on-going commitment to deliver excellent patient care. We have also had superb help from military personnel across both of our hospitals, who have provided valuable support to our staff in many clinical and non-clinical areas.

Throughout these surge periods we must continue to be mindful of the impact which the pandemic is having on our staff, and we remain committed to developing our health and well-being support for staff. Such developments have included enhanced counselling services, encouraging active commutes, and providing support for transport and accommodation where the pandemic has restricted staff. I would like to thank local communities and businesses for their on-going support and donations to our organisation. Working with our charity, CW+, has provided invaluable support to the Trust throughout this pandemic and I acknowledge the hard work of the team, volunteers and donors during this challenging period.

We continue to hold weekly all staff webinars, led by the Executive Team, to keep staff informed of developments and enable regular opportunities to ask questions and share information. These have been well received and we are currently considering how to use thus approach in our staff engagement programme.

Health and wellbeing for staff and our local communities also includes getting the Covid-19 vaccination. We have worked in partnership with our North West London colleagues to deliver an extensive vaccination programme, and I commend Pippa Nightingale our Chief Nurse for her commitment to leading the roll out of this programme in hospital hubs and mass vaccine centres. Getting vaccinated means protecting yourself from the virus so that you can be there for your family, friends and patients; and significantly reduce your chances of becoming seriously ill. Getting vaccinated only protects you from the virus, so you will still need to follow the government guidance of 'hands, face, space'. I urge our local communities to speak to their GP to discuss any concerns or questions about the vaccine.

Whilst the numbers of Covid positive admissions are reducing, I cannot stress enough the importance of not letting our guard down with good infection control behaviours. Please help to fight the spread of this highly infectious virus by getting vaccinated and continuing to comply with the strict government guidance. You will note that we are continuing to check temperatures and issue hand gel and face masks upon entry to our hospitals.

Research and Development

Researchers and staff at the Trust have played their part proving the effectiveness of the new Novavax COVID-19 vaccine. Novavax announced that the vaccine had been shown to be 89.3% effective. Our Clinical Research Facility and other research staff ran one of the 21 trial sites. Out of 15,000 participants in the UK, 575 participants were recruited to the Phase 3 (effectiveness) trial at the Trust—some of our participants were Trust staff or their family or friends.

Equality and Diversity

February saw LGBTQ+ History Month and the theme for this year was *Mind, Body, Spirit*. This was a great opportunity to raise awareness of the health inequalities and issues still disproportionately impacting LGBTQ+ people. We are so proud to be part of the conversations and in doing so tackling some of those inequalities. For instance, our sexual health service, specifically designed for the needs of trans* and non-binary people at Dean Street, is the first of its kind in the UK.

Staff achievement

Dr Tsitsi Chawatama, one of our consultant paediatricians, has been appointed as Chair of Save the Children. They say 'Tsitsi brings with her a wealth of experience in child health—and a deep commitment to child rights.' She already works with three other NGOS. I feel very proud of her and she has all our best wishes for the important work ahead.

Retirement of our Chairman

Your will be aware that this is the last Board meeting for our Chairman, and I would like to thank him for his dedication and commitment to our organisation over the last seven years. He has been a fantastic champion for our organisation, and under his leadership, we have been able to develop and deliver outstanding care to our patients and local communities. I wish Sir Tom well for his retirement and future endeavours.

Lesley Watts
Chief Executive

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.6.1/Apr/21
REPORT NAME	Elective Care Recovery
AUTHOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
LEAD	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
PURPOSE	To provide the Council of Governors with an overview of elective care recovery and our current activity position across all aspects of the Elective Care Programme.
REPORT HISTORY	Elective care recovery has been regularly reviewed and discussed by the Executive Management Board, Quality Committee and Board of Directors.
SUMMARY OF REPORT	As attached.
KEY RISKS ASSOCIATED	As noted in the paper.
FINANCIAL IMPLICATIONS	As noted in the paper.
QUALITY IMPLICATIONS	As noted in the paper.
EQUALITY & DIVERSITY IMPLICATIONS	As noted in the paper.
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Delivering better care at lower cost
DECISION/ ACTION	For information and discussion.

Chelsea and Westminster Elective Care Recovery

Contents

P2 risk mitigation and timeframes for decompression

There are currently **3,282 patients on the P2 waiting list** and we have projected monthly capacity for **c.3,900 patients**. Late submission from CWFT this week has move from system deficit to **surplus position**.

	P2 list & projected monthly capacity			
Date	**Weekly capacity for P2 patients**	**Number of P2 patients**	**Projected monthly capacity for P2 patients**	**Monthly P2 capacity shortfall**
24/02/2021	699	3,182	2,796	-386
03/03/2021	639	3,413	2,554	-859
10/03/2021	600	3,448	2,400	-1,048
17/03/2021	669	3,448	2,674	-774
24/03/2021	798	3,585	3,190	-395
31/03/2021	804	3,524	3,214	-310
07/04/2021	974	3,282	3,894	612

Trust	Comments and timeframes to achieve demand and capacity balance (4 week clearance)
CWHFT	**In balance as per Spring Plan**
Cancer	
Non Cancer	
Specialist	
ICHT	**In balance as per Spring Plan**
Cancer	
Non Cancer	
Specialist	
LNWUHT	**On trajectory as per Spring Plan** **CMH continue to provide DC capacity; P2 requiring ITU L2&3** – Some capacity by April 2021 – All capacity by end of May 2021
Cancer	
Non Cancer	
Specialist	
THHFT	**On trajectory as per Spring Plan - P2 Day Case – sufficient capacity** **P2 requiring ITU – Mid April 2021 – new ITU open**
Cancer	
Non Cancer	
Specialist	
RBHT	**In balance as per Spring Plan**
Cancer	
Non Cancer	
Specialist	

Source: NHSL P2 submission.
Figures represents unvalidated estimates.

Chelsea and Westminster Hospital NHS
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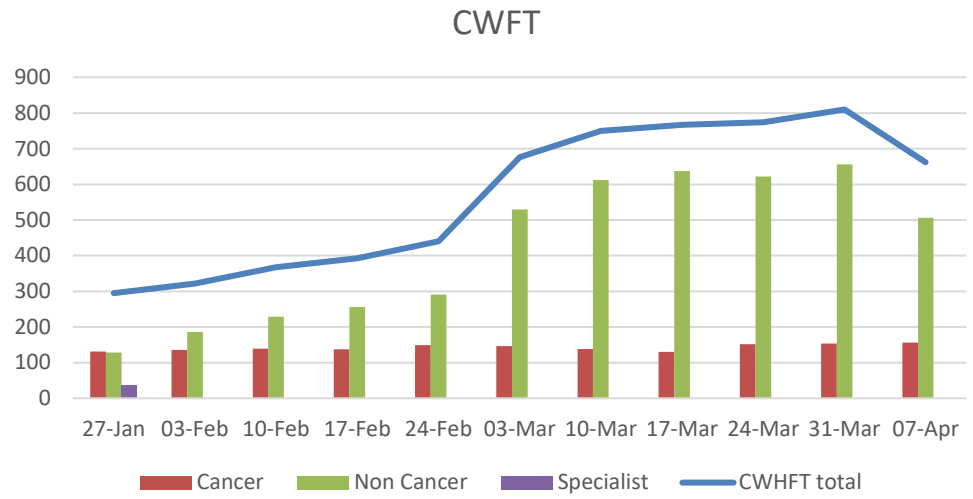
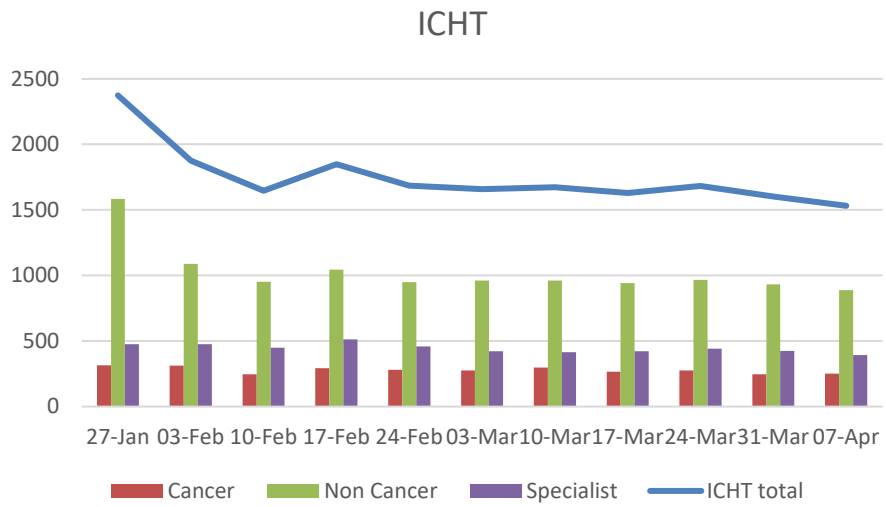
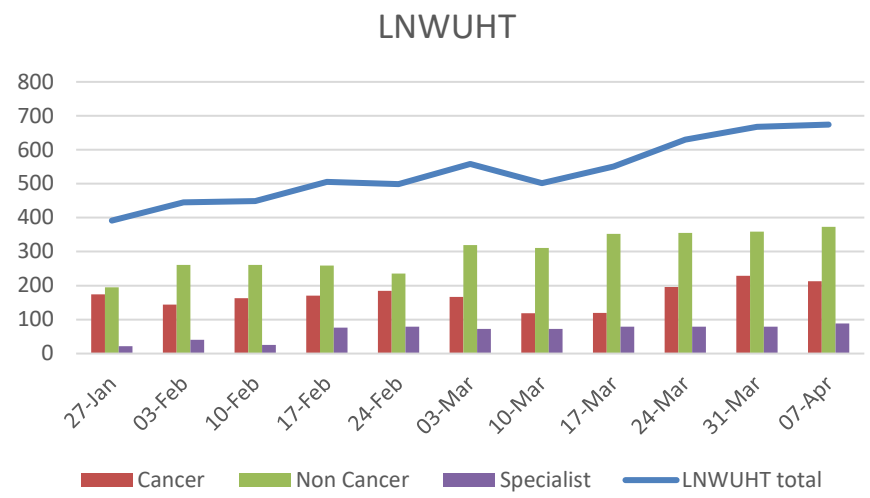
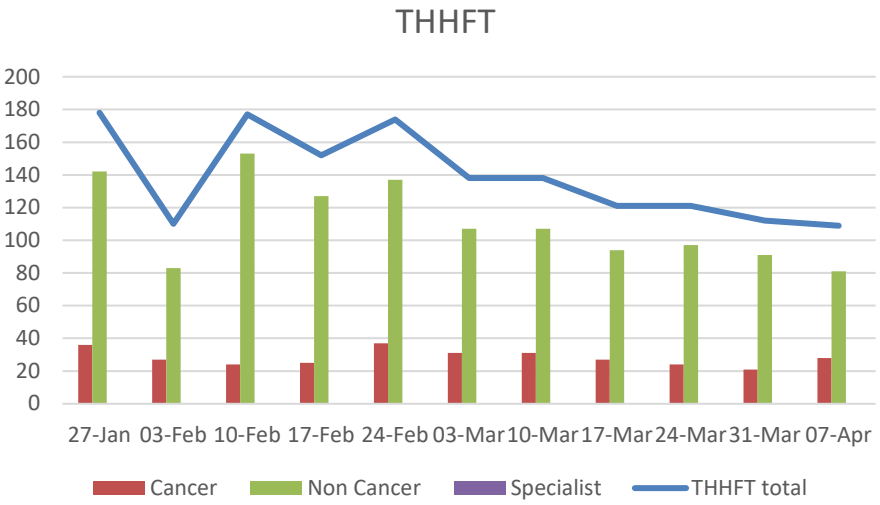
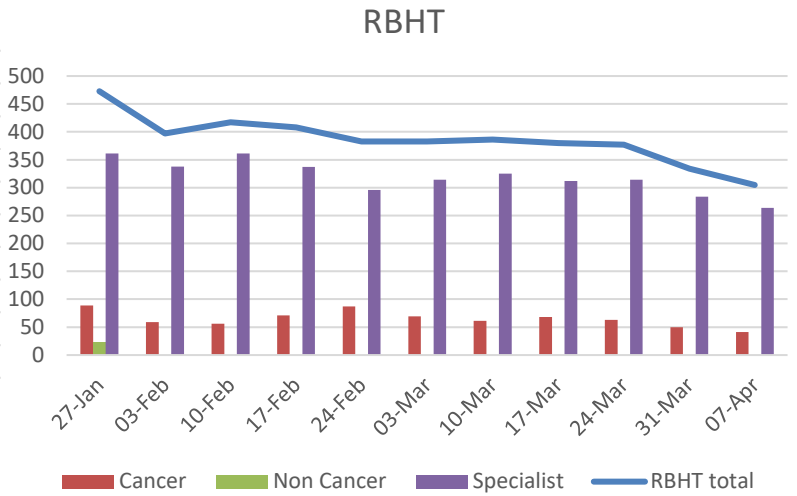
Total P2 patients waiting for surgery: The trend in the total number of P2 patients waiting for surgery varies by trust, overall reducing as a result of increased capacity.











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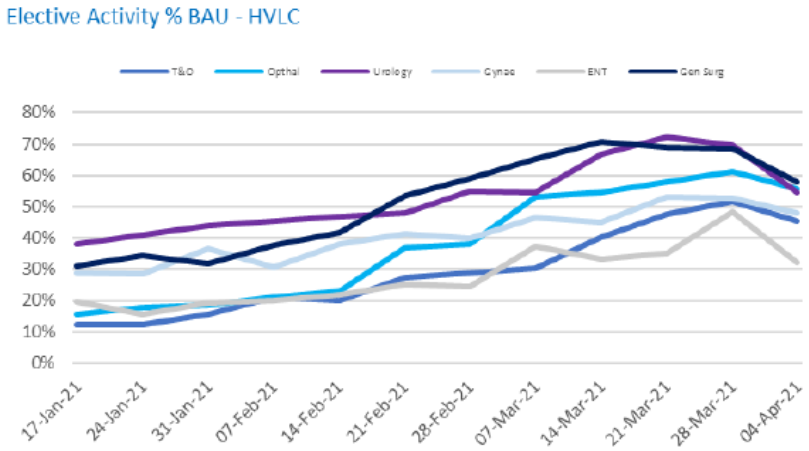
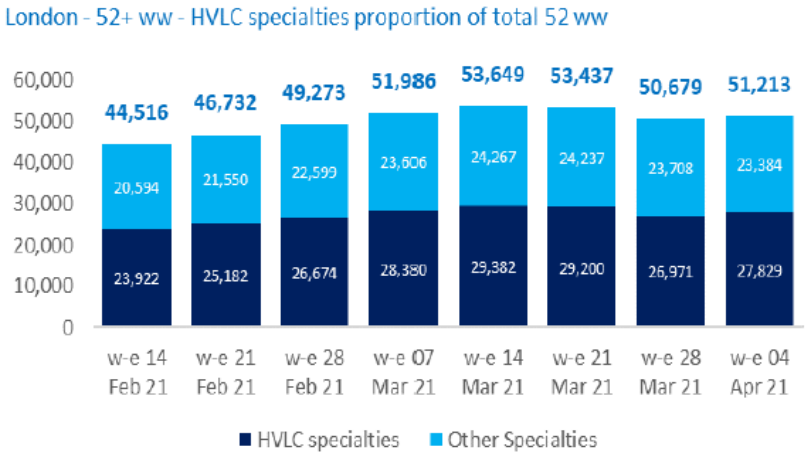
London Elective – HVLC Specialities .





London - HVLC specialties Elective Activity					
Rank	Provider	Current Elective Activity	Prior week	Change	5 week Trend
1	Royal Marsden	145.7%	170.3%	▼	
2	Croydon	97.1%	98.2%	▼	
3	Moorefields	76.0%	75.8%	▲	
4	Kingston	69.7%	87.7%	▼	
5	UCLH	65.4%	68.4%	▼	
6	LGT	62.6%	59.2%	▲	
7	Homerton	61.8%	63.5%	▼	
8	RNOH	60.4%	87.1%	▼	
9	Epsom	55.8%	62.4%	▼	
10	ChelWest	55.7%	45.8%	▲	
11	Kings	54.8%	75.6%	▼	
12	RFL	53.9%	79.4%	▼	
13	LNW	52.2%	75.4%	▼	
14	Hillingdon	52.1%	48.1%	▲	
15	Imperial	43.8%	39.6%	▲	
16	BHRUT	37.7%	69.2%	▼	
17	St George's	35.9%	47.9%	▼	
18	GSTT	35.0%	46.9%	▼	
19	Barts	33.4%	28.3%	▲	
20	NMUH	30.7%	42.8%	▼	
21	Whittington	28.1%	39.6%	▼	
1	SWL	65.2%	74.5%	▼	
2	NCL	59.6%	70.4%	▼	
3	SEL	50.1%	64.6%	▼	
4	NWL	50.0%	53.7%	▼	
5	NEL	40.3%	49.1%	▼	
	London	**53.7%**	**63.4%**	▼	

Note: the specialties where HVLC opportunities have been identified are are T&O, Ophthalmology, Urology, Gynae, ENT and general surgery. The data on this page relates to all activity not just HVLC procedures in these specialties.

3

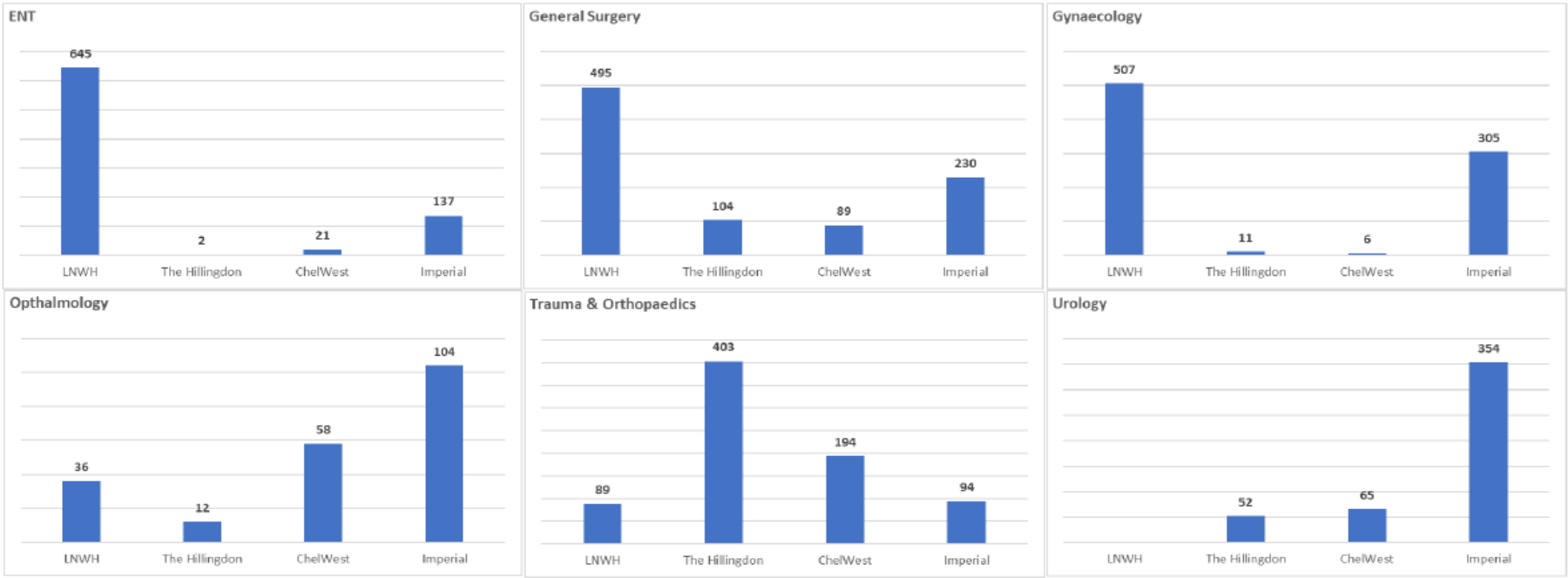
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

HVLC 52 week wait position- NWL Position

Outliers

- LNWH are a consistent outlier across the HVLC services within North West London. The Trust 52+ week wait totals account for 80% (ENT), 54% (General Surgery), 61% (Gynae) of NWL's total respective backlogs
- **Trauma & Orthopaedics:** The Hillingdon are an outlier in T&O reporting 403 (down from 415) long waiting patients which is 52% of NWLs backlog.
- **Urology:** Imperial are an outlier in NWL for long waiting patients in this service, accounting for 75%; 354 (down from 349) patients in NWL's total service backlog.

04 Apr	ENT	Proportion	General Surgery	Proportion	Gynaecology	Proportion	Ophthalmology	Proportion	Trauma & Orthopaedics	Proportion	Urology	Proportion
LNWH	645	80%	495	54%	507	61%	36	17%	89	11%	0	0%
The Hillingdon	2	0%	104	11%	11	1%	12	6%	403	52%	52	11%
ChelWest	21	3%	89	10%	6	1%	58	28%	194	25%	65	14%
Imperial	137	17%	230	25%	305	37%	104	50%	94	12%	354	75%
NWL	**805**		**918**		**829**		**210**		**780**		**471**	



Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Latest theatre activity numbers

W/E 04/04/2021

NHS activity / capacity

Rolling 8 weeks

876 elective patients received surgery in NHS theatres **last week**

W/E	14/02/21	21/02/21	28/02/21	07/03/21	14/03/21	21/03/21	28/03/21	04/04/21
Trust	**Week 59**	**Week 60**	**Week 61**	**Week 62**	**Week 63**	**Week 64**	**Week 65**	**Week 66**
CWHFT	101	130	104	164	166	202	196	274
ICHT	191	205	192	211	235	251	307	300
LNWUHT	169	174	201	204	211	249	251	194
THHFT	78	78	81	131	99	116	119	108
TOTAL	**539**	**587**	**578**	**710**	**711**	**818**	**873**	**876**

Sources:
Weekly theatre submission W/E 04/04/2021

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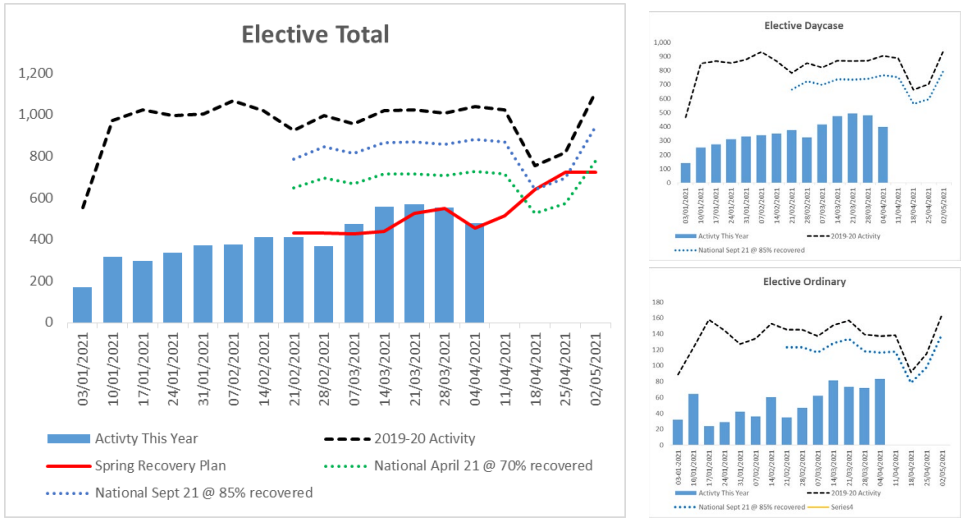
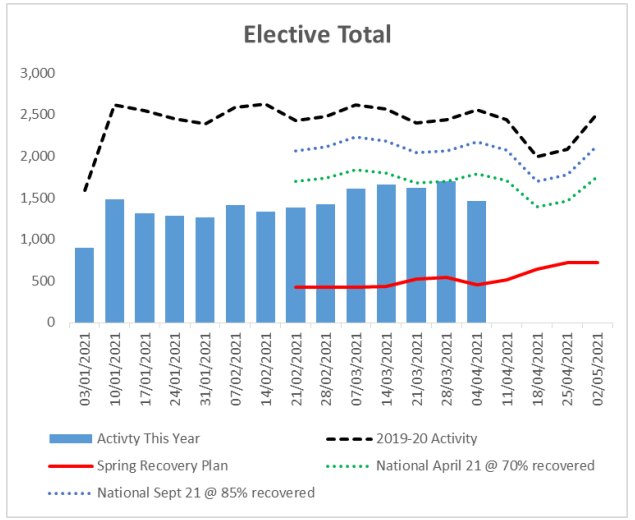
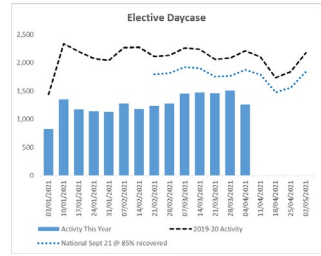
Spring Recovery Plan tracker

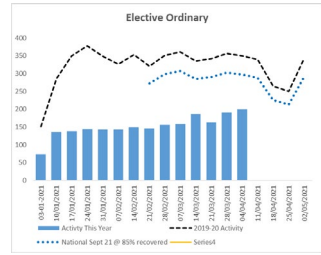
CWFT



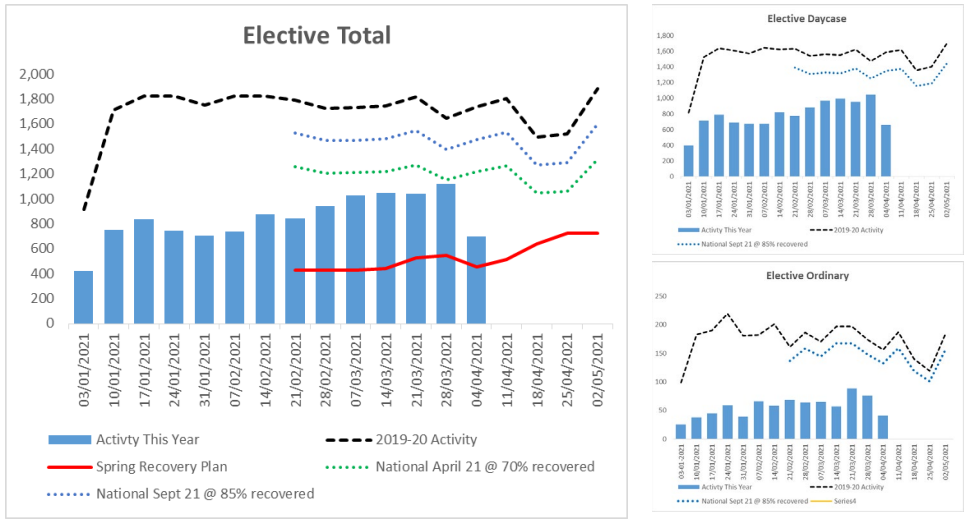
ICHT



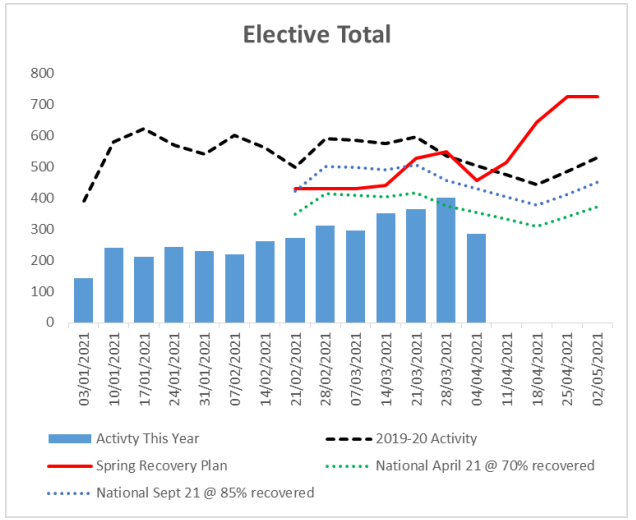


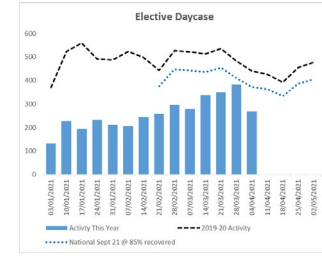


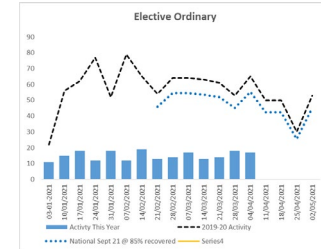
LNWUHT



THHFT







Source: COVID-19 NHS Weekly Phase 3 Activity Report

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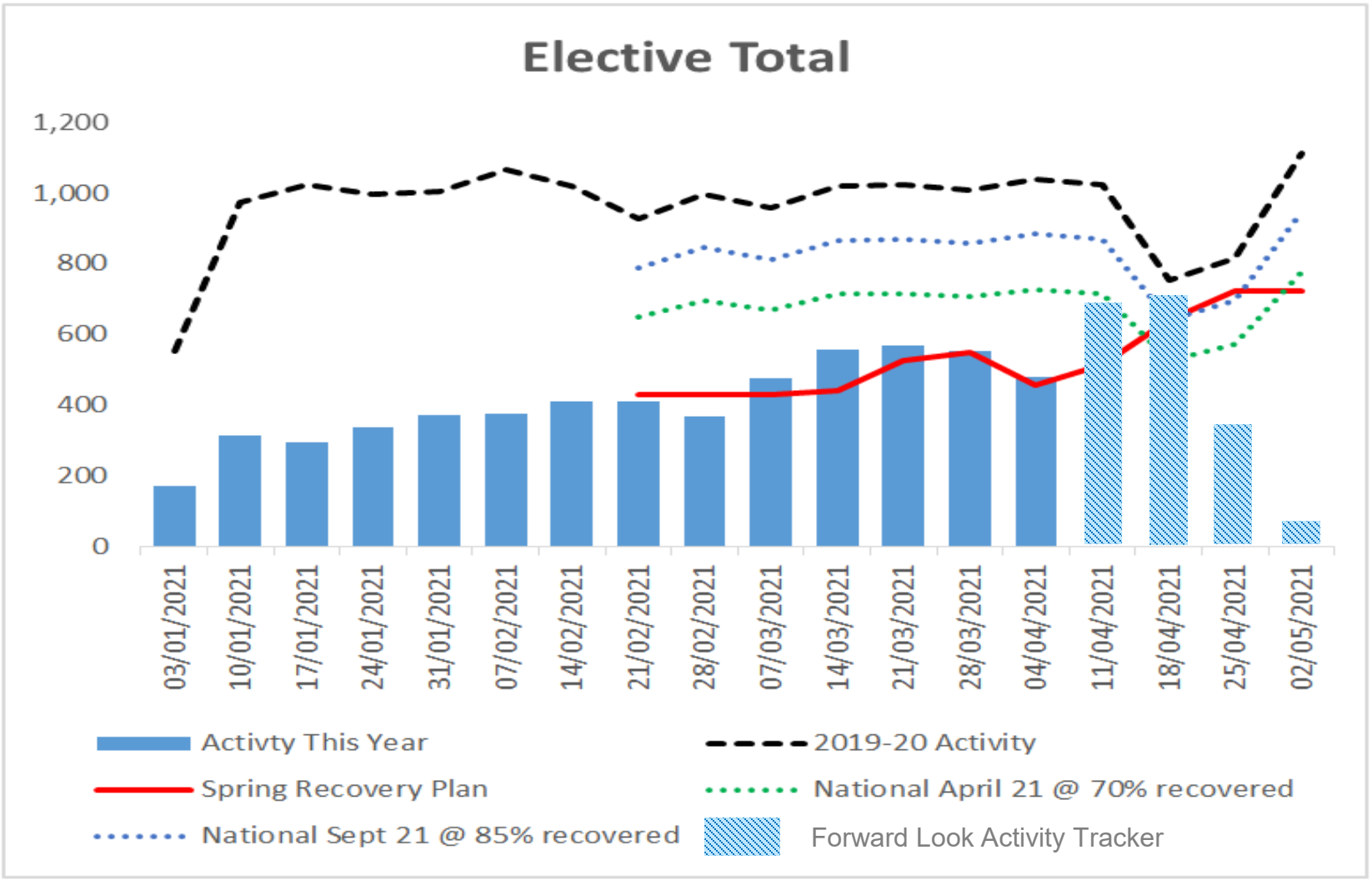
Chelsea Westminster Hospital - Forward Look Activity Tracker



Challenges:

1. Post Cerner 2019 deployment activity changes
2. Strengthen visibility of the forward looking activity against target

Daily meetings in place across all Divisions with regards their activity levels led by the respective DDO.

Chelsea and Westminster Hospital NHS
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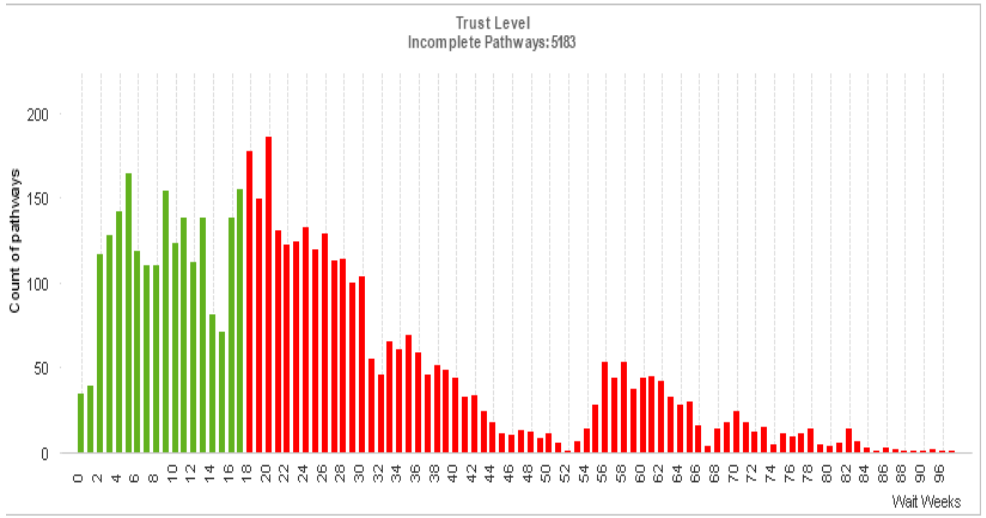
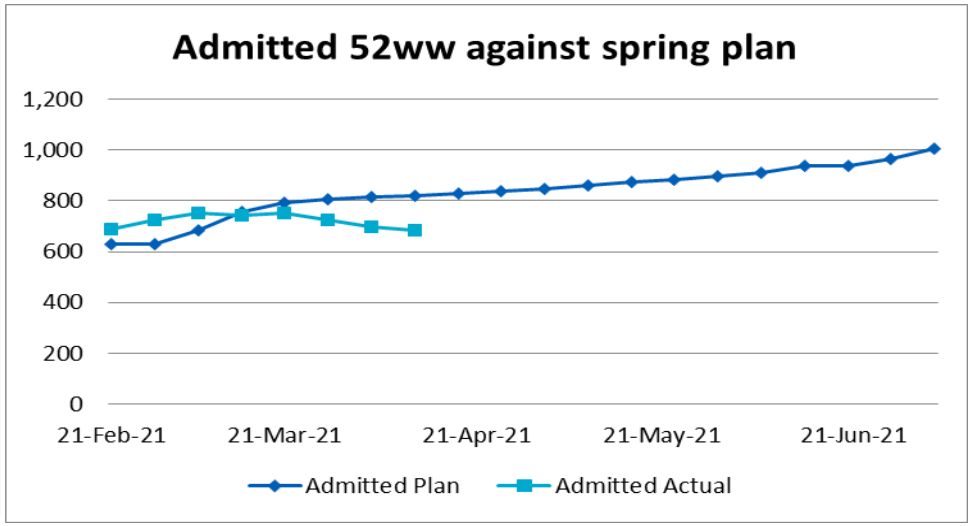
Current PTL Position

Admitted

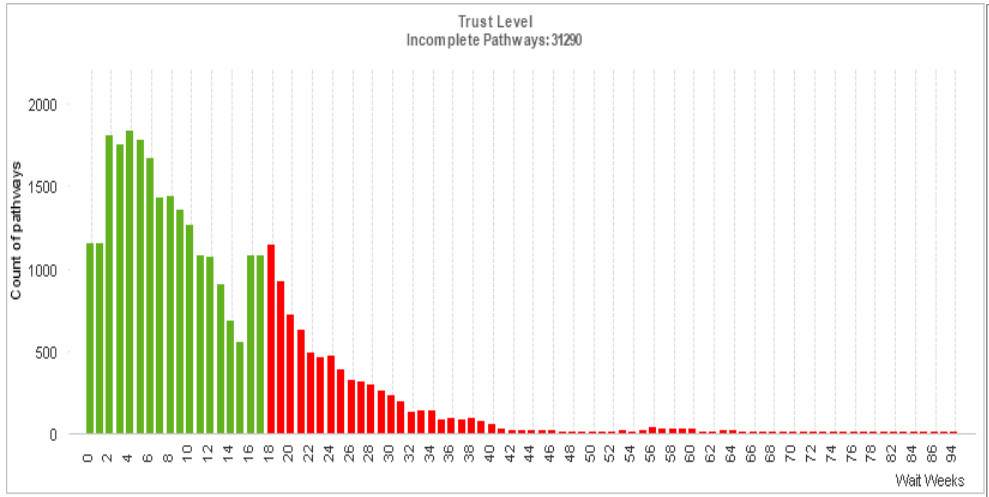


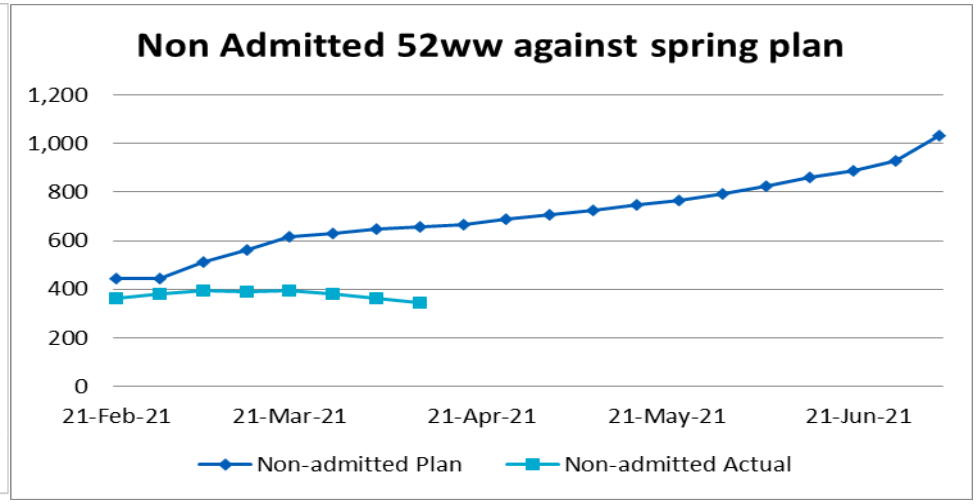


Admitted Summary

- 52ww - 682
- Dated – 1,346
- Undated – 3,837

Non-Admitted

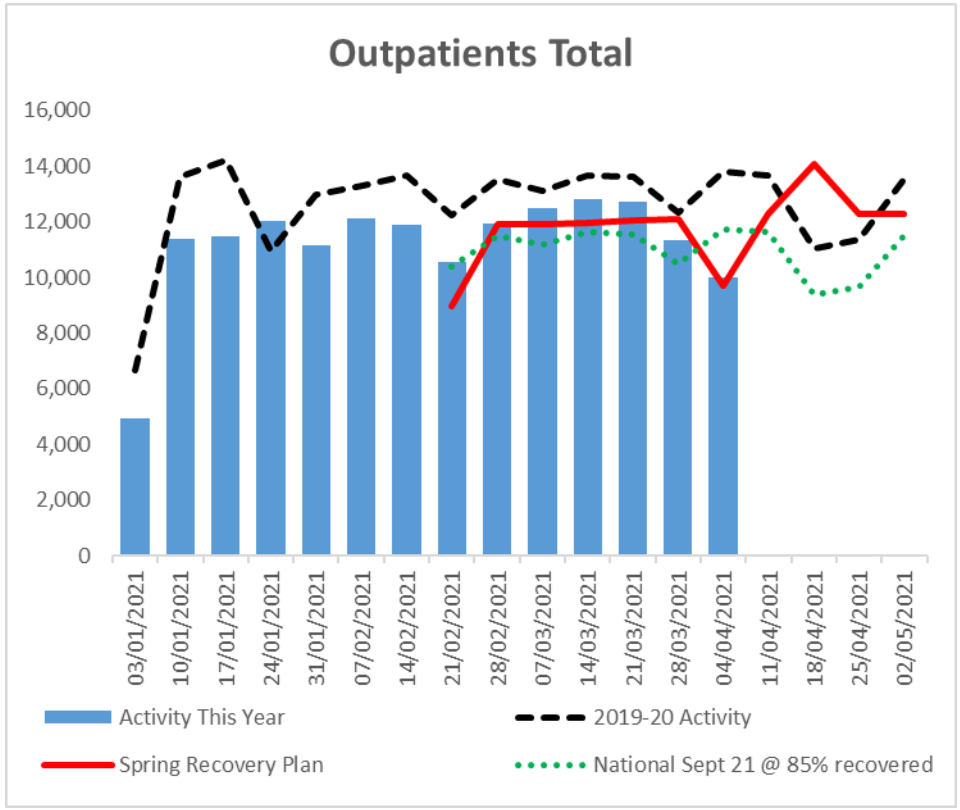


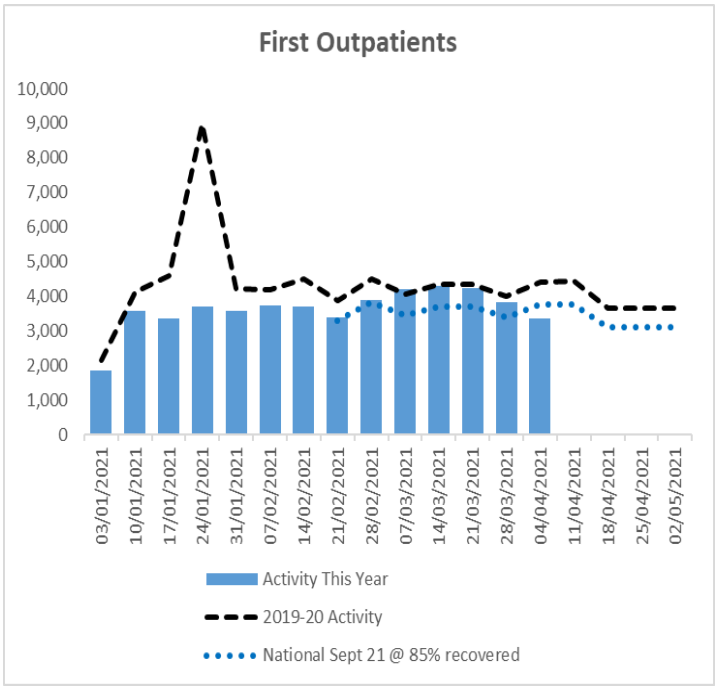


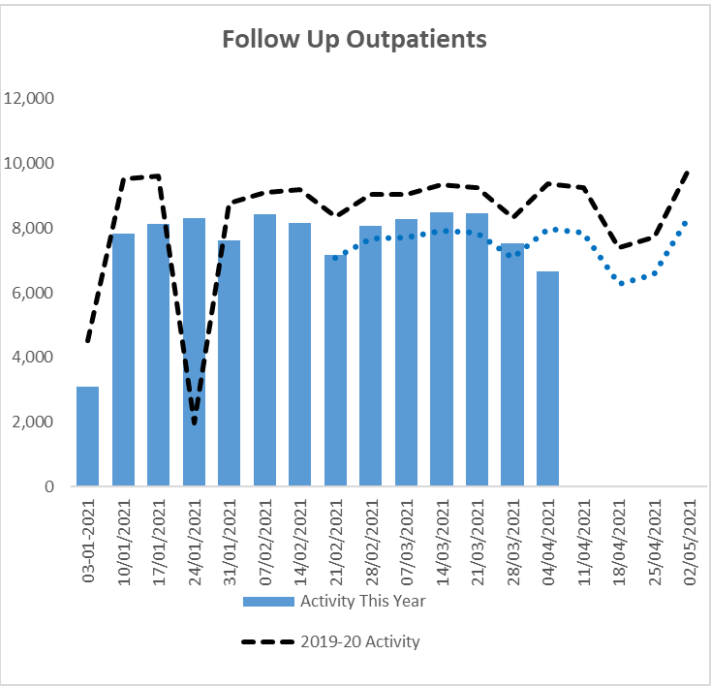
Non-Admitted Summary

- 52ww – 343
- Dated – 21,015
- Undated – 10,275

Outpatient Overview







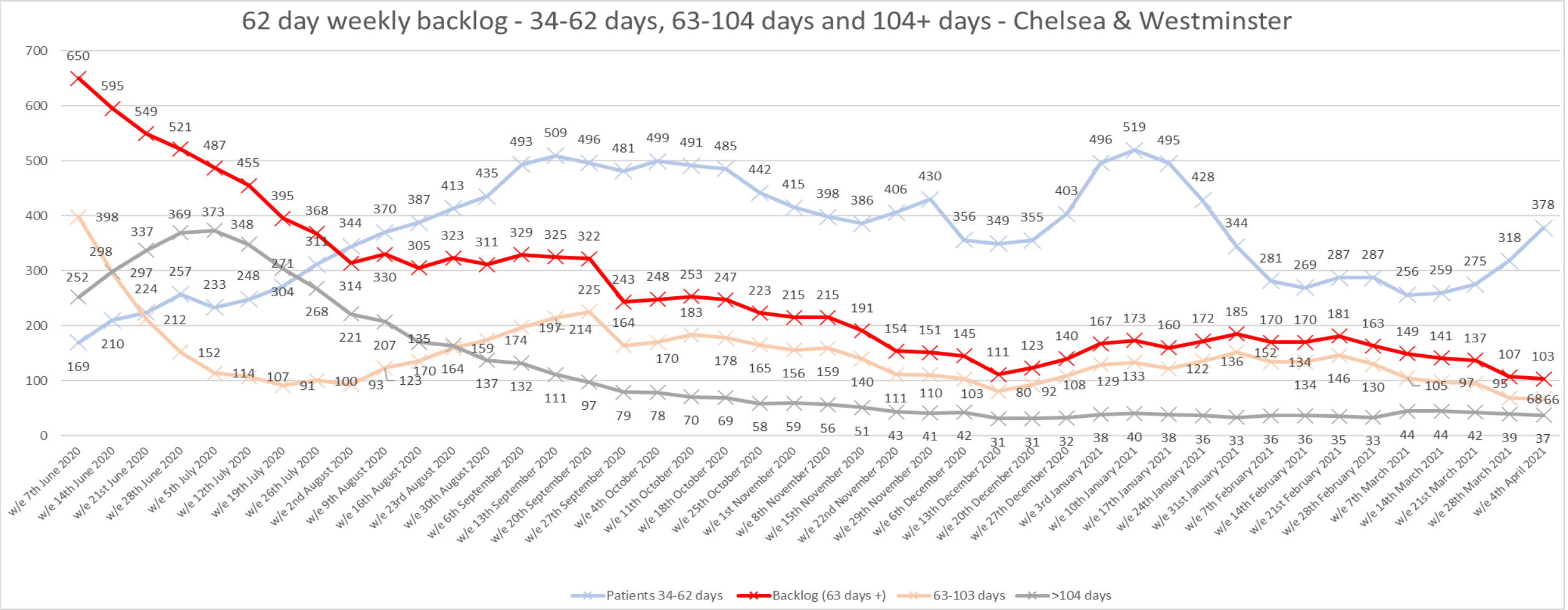
Provision of A&G:

Jan 21: 495 requests
Feb 21: 627 requests
Mar 21: 733 requests

Summary:

- Aggregate position at or ahead of Spring 21 recovery plan.
- OPFA at close to 2019/20 activity levels (note impact of Easter w/c 4/4)
- OPFU below 2019/20 activity levels – but this partially reflects benefit of some patients being discharged earlier in the pathway than historically achieved

Trust Cancer position – w/e 4th April 2021



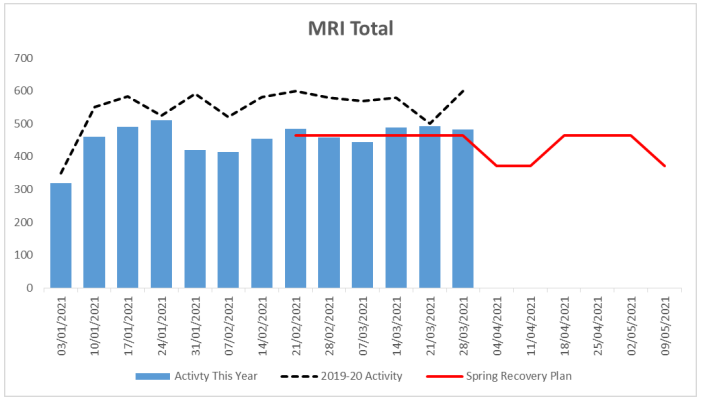
Change in last week:

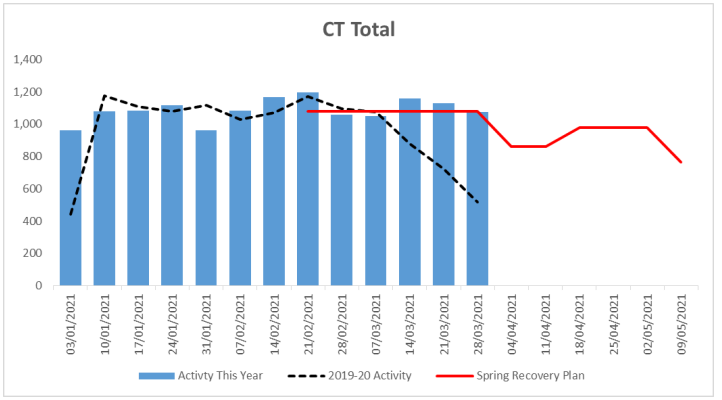
C&W	34-62 days	63-103 days	104+ days	63 days +
% change	18.9%	-2.9%	-5.1%	-3.7%
Number of patients	+60	-2	-2	-4

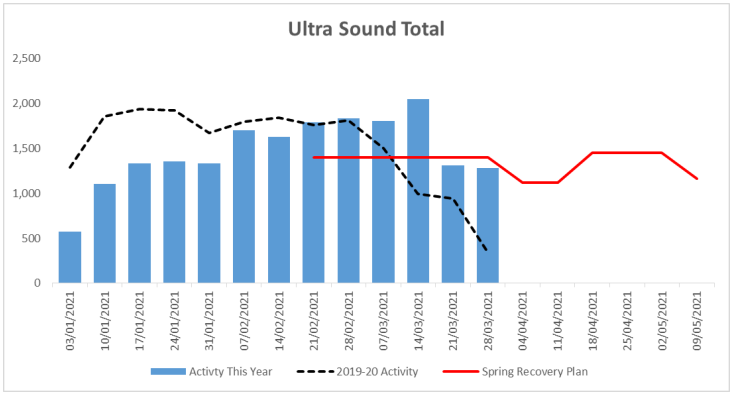
Totals:

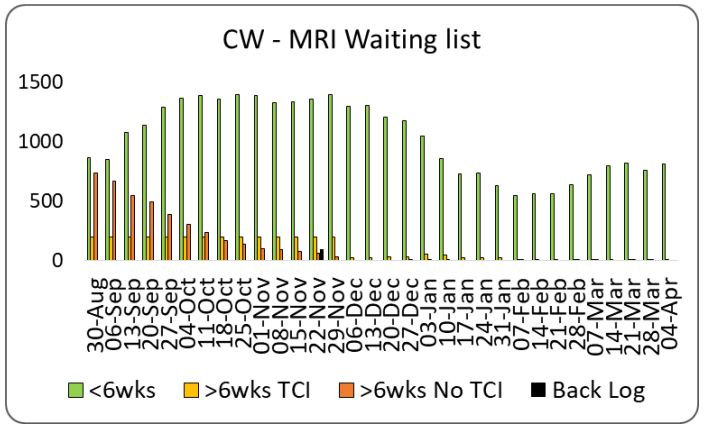
C&W	34-62 days	63-103 days	104+ days	63 days +
RMP w/e 04.04.2021	378	66	37	103
Baseline (w/e 01.03.20)	493	189	63	252
Difference to baseline	-115	-123	-26	-149

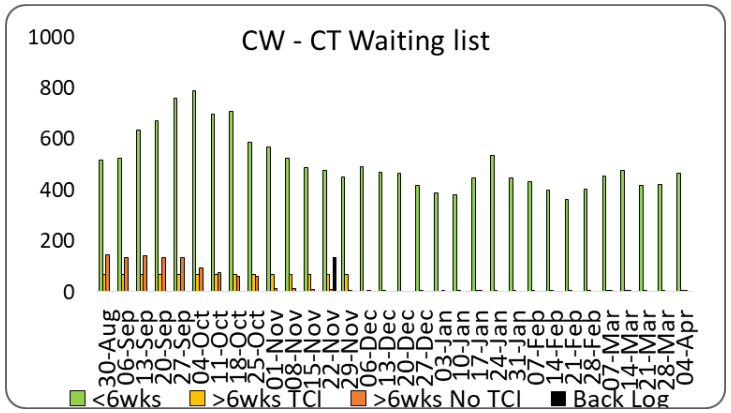
Diagnostics Recovery

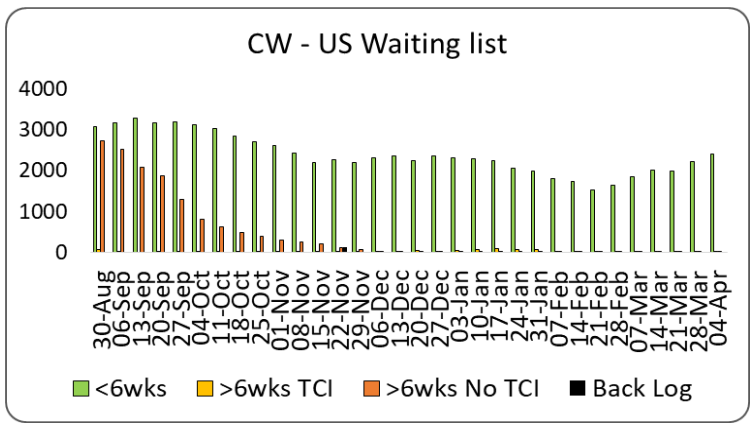






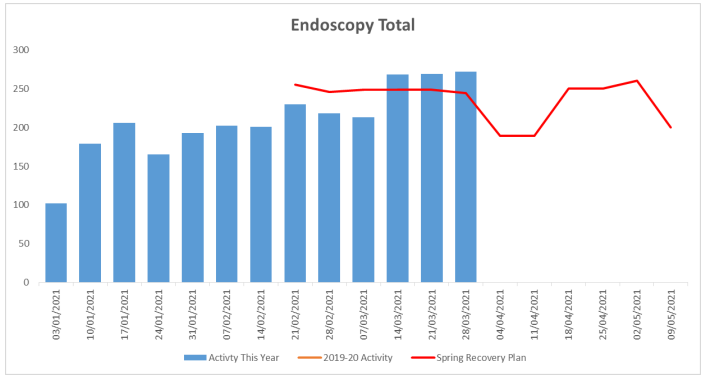


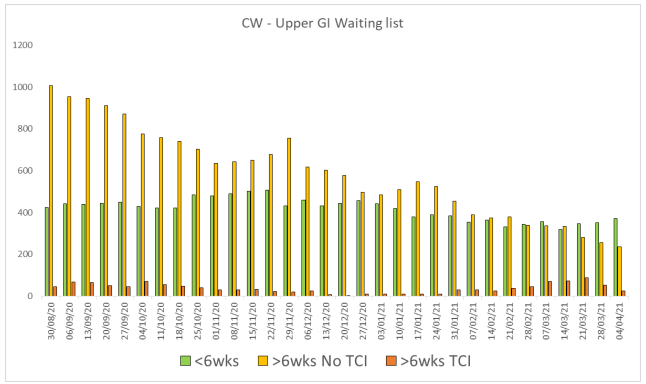


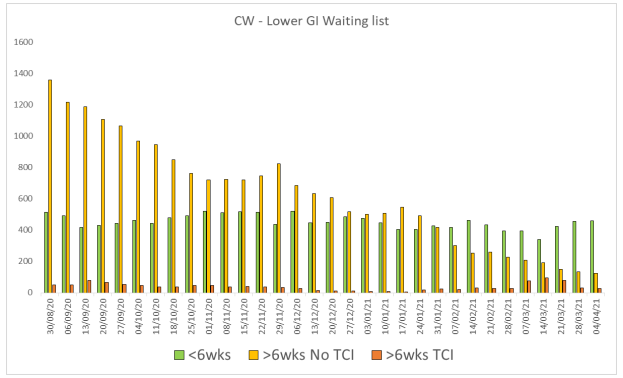


- C&W's imaging following the 2nd COVID surge has been solid. Aside from a dip in activity over the Christmas period, activity levels were maintained
- Performance is above the spring activity forecasts and keeping pace with demand as backlogs are low, which is consistent with the rest of the sector
- However there's concern that the numbers of people waiting for imaging is rising, a reflection of increased referral rates
- MRI and US activity and waits need particular scrutiny as the spring forecasts are considerably lower than BAU levels

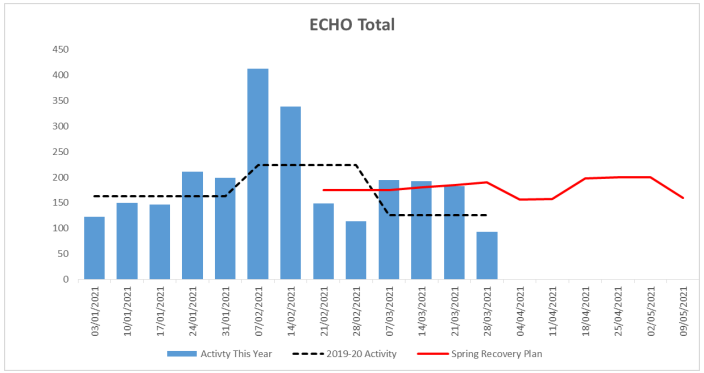
Endoscopy and Echo Recovery

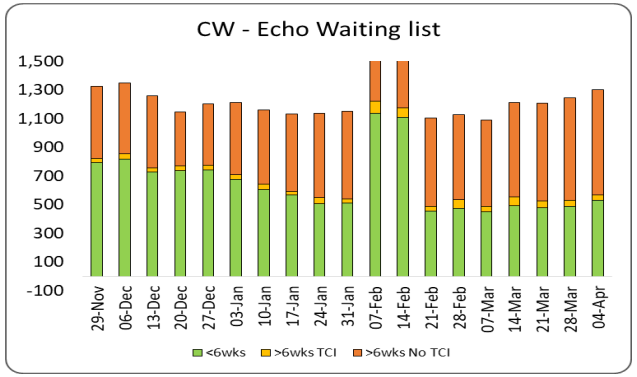






- Endoscopy activity reduced during the second surge but recovered quickly throughout January and relative to capacity and BAU levels, remains the strongest in the sector and is currently above the spring planning forecast
- Endoscopy waits increased during the second surge but since that point have reduced. Validation of the waiting list continues





- The waiting list for echo needs to be validated to ensure an accurate understanding is arrived at, particularly for long waiters
- Reported activity is mostly in line with both BAU levels and the spring forecast

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

5 Point Approach to Elective Recovery

NHS England and NHS Improvement

Detail on the 5 point plan (1)

1. Targets

We will augment the national planning guidance with a specific ask that as part of the draft returns each systems provides the following:

- Date when HVLC admitted pathway 52ww patients will be eradicated
- Date when non-admitted 52ww pathways will be eradicated
- Date when there will no patients waiting more than 78 weeks (regardless of specialty or admission status)
- We are doing this in recognition of the urgency of the current position and the long waits currently being undertaken by many patients. Once draft returns are in, we may go back out to systems and challenge ambition.

2. Elective Recovery Fund

The region's approach to this is as follows:

- All systems should seek to operate within the spirit of the guidance, and drive up activity to treat as many patients as possible. The financial funding arrangements in place for first half 21/22 mean that systems should not view finances as a bar to driving up activity.
- The region will adopt a light touch approach to assuring the gateway criteria associated for the fund. Systems should seek to demonstrate innovation and engagement with the issues raised by the criteria, i.e. inequalities, clinical prioritisation, data quality, and transformation.

Detail on the 5 point plan (2)

3. Governance of elective recovery.

The region will oversee the elective recovery programme through the following means:

- Weekly data pack to system and trust boards
- Weekly super long-waiter and P2 meeting
- Existing governance arrangements for HVLC, Diagnostic and outpatient transformation/ recovery
- Overall line of sight through the elective recovery board

4. Weekly data pack

A weekly data pack that will be shared with system and trust boards to identify progress and outliers. This will consist the of the following dimensions:

- Activity
- PTL size and growth
- Long-waiter position (initially 52ww and 104ww)
- Productivity (driven by fortnightly model hospital return, which all providers will be asked to complete)

Detail on the 5 point plan (3)

5. New Workstreams

In addition to the existing areas of focus (HVLC, Diagnostic recovery, Outpatient Transformation, Long-waiters/P2s) the region thinks two new work streams will be required:

- Outpatient recovery, with an initial focus on joint working with primary care to clinically prioritise pathways
- Non-HVLC admitted pathways

The region is considering the exact governance arrangements that will apply to these workstreams.

Elective Recovery Fund

Additional funding has been made available nationally to support the recovery of elective care. Systems will be paid through the ERF for activity delivered above set thresholds. The scheme will be applicable until the end of September 2021 and outlined as follows:

- Baseline thresholds will be set as a percentage of the 2019/20 activity – 70% for April, 75% for May, 80% for June and 85% for July to September.
- The threshold value will be calculated using the national tariff prices x activity i.e. on a weighted average basis to reflect case-mix.
- The ERF will apply to elective day case and inpatients, outpatient procedures and all outpatient attendances (excluding maternity and diagnostic imaging, but including virtual attendances). It will include IS activity and be measured at an ICS level.
- Funding arrangements will be as follows:

o If activity is below the threshold – funding will be at the core block basis, i.e. there is no financial penalty for activity below the activity threshold.

o For activity between the threshold and 85% of 19/20 levels - additional funding will be available for activity above the threshold at 100% of national tariff

o For activity above 85% of 19/20 levels – additional funding will be available at 120% of national tariff.

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.7/Apr/21
REPORT NAME	Governor's Commentary on the draft Quality Report 2020/21
AUTHOR	Laura Wareing, Chair of the Council of Governors Quality Sub-Committee
LEAD	Laura Wareing, Chair of the Council of Governors Quality Sub-Committee
PURPOSE	As part of preparing the Quality Report governors and other stakeholders are required to provide formal commentary for inclusion in the final Quality Report.
REPORT HISTORY	COG Quality Sub-Committee – via e-governance
SUMMARY OF REPORT	A Governor's Commentary, which relates to the contents of a draft Quality Report, was prepared by Laura Wareing, Chair of the Council of Governors Quality Sub-Committee and supported by the governors from the Quality Sub-Committee. The Governor's Commentary is attached for approval by the full Council of Governors.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	
DECISION/ ACTION	The Council of Governors is asked to approve the Commentary.

Council of Governors statement

Governors' comments on the Quality Report 2020/21

The governors have read the Trust Quality Report 2020/21 with great interest. We remain impressed by the continued commitment of the Trust's staff in working towards the progressive improvement to the quality of care across the Trust. It has been a testing year, and we cannot thank the staff enough for their diligent care and impressive work ethic in helping those struggling with Covid-19, alongside improving the Trusts Quality Priorities.

The governors have endorsed the proposal to carry over Sepsis as a Quality priority for the Trust in 2021/22. It was noted that early identification and treatment of Sepsis is key to improving patient outcomes, and therefore it is critical to embed the Trust's Sepsis management plan across all clinical areas. Presently 73% of patients meeting the relevant criteria were screened for sepsis (against a target of 90%), as such this priority will be carried forward into 2021/22 to ensure patients receive gold standard sepsis management. With a target that 90% of these patients be screened for sepsis within 1 hour of admission, and 90% of patients with suspected sepsis receive antimicrobial therapy within 1hr. The key focus being on attending to sepsis swiftly, improving the current baselines (73%/ 45%) significantly.

The governors fully approve that Cancer care will also be carried over as a 2021/22 Quality priority, given the extensive changes to cancer services due to the pandemic. The focus will remain on personalised cancer care. Ensuring patients diagnosed with cancer have a supportive conversation, health and wellbeing information, and their personal needs assessed with a holistic needs assessment (HNA). Although it has been evidenced that a steady increase from the baseline has been achieved in 2020/21, our Trust's necessary response to Covid-19 has impacted on services and a large proportion of patients in this cohort received treatment elsewhere. Nonetheless 67% of patients had holistic needs assessment appointments post diagnosis of cancer, and 62% had a personal care plan developed. Astounding achievements given the year's circumstance. Due to the extensive changes to cancer services in 2020/21 as a result of Covid-19 the Trust will continue to focus on improvements in end-to-end cancer pathways to ensure high quality personalised care for all patients. The Trust is involved in the Cancer Alliance 'Improving Care Locally' scheme, which further sets improvement priorities annually. This is a national priority to deliver personalised care for people who are newly diagnosed with cancer. This should prove an exciting collaboration and benchmarking tool to further improve our services.

Improving outcomes for Inpatient's with Diabetes is proposed as a new Quality priority for 2021/22. Nationally it is evidenced that patients with diabetes have a greater average length of inpatient stay, alongside increased risk of diabetes related harm if their care is not optimised for their condition. As such the Trust will develop a diabetes strategy to ensure high quality diabetes care, involving a surveillance tool within Cerner (our clinical administration system).

Improving Clinical/ Medical handovers is also a new Quality priority for 2021/22. The traditional handover of patient care within hospitals (brief conversation / notes exchange at the end of a shift /patient transfer) raises risks relating to content and record keeping variability. In view of national best practice, produced by The British Medical Association together with the National Patient Safety Agency and NHS Modernisation Agency, the Trust aims to engage clinical teams to assess handover processes and furthermore develop the necessary improvements that will support the safe and effective handover of patient care. Targets are aiming at 50% of clinical staff to be trained in the principles of safe and effective clinical handover in the first year, followed by a 70% utilisation of Cerner to support patient handover in year 2.

There have been many additional Quality highlights over the last year, enhanced coordination with care providers across North West London as part of the Integrated Care System; development of enhanced leadership training, equipping staff to effectively lead quality improvement; and leading improvements through digital innovation by the implementation of CernerEPR.

The governors are continually impressed by the Trust's ability to strive forward in Quality of care, and we are delighted to see the ongoing steady improvement in past Quality Priorities like the Falls Steering Group, led by Sarah Bryan which continues to impact positively on patient care.

The governors commend all the hard work carried out across the Trust in what has been an exceptional year. And we look forward to re-engaging with the Quality Awards for innovations which so wonderfully help improve the patient experience, or working procedures /environment of the hospital staff, particularly where an idea which saves money can be rolled out cross-site. A chance to properly celebrate staff efforts once again.

We are continually impressed by the staff over this past year, and the governors would like to thank the staff of both Chelsea and Westminster and West Middlesex for all the hard work and dedication that goes into making us one of the top Trust. We, governors, are aware that it is only through your continual efforts that we achieve high ratings in many areas. We want staff throughout the Trust to know how appreciated they are, and know that we applaud their resilience over this last year's pandemic.

Thank you all.

Laura-Jane Wareing
Chair of the Council of Governors Quality Sub-Committee
15 April 2021

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.7.1/Apr/21
REPORT NAME	Draft minutes of the Council of Governors Quality Sub-Committee meeting held on 26 March 2021 and Quality Sub-Committee Terms of Reference
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Laura Wareing, Chair
PURPOSE	To maintain good governance.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meeting held on 26 March 2021. The Quality Sub-Committee Terms of Reference were reviewed by the sub-committee on 26 March 2021, scheduled as a rolling programme of annual review. The sub-committee proposes the attached terms of reference.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.

DRAFT
Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 10am on 26 March 2021 (Zoom)

Attendees	Laura Wareing (Chair)	Chair / Public Governor	LJW
	Nowell Anderson	Public Governor	NAn
	Nigel Davies (in part)	Public Governor (Ealing)	ND
	Simon Dyer	Patient Governor, Lead Governor/Deputy Chair	SD
	Richard Jackson	Staff Governor	RJ
	Minna Korjonen	Patient Governor	MK
	Anthony Levy	Public Governor	AL
In attendance	Lee Watson	Director of Nursing	LWn
	Alex Bolton	Associate Director of Quality Governance	AB
	(in part)		XX
	Vida Djelic (Minutes)	Board Governance Manager	VD
Apologies	Caroline Boulliat	Public Governor	CB
	Trusha Yardley	Public Governor (Hammersmith & Fulham)	TY

1.	**GENERAL BUSINESS**
1.1	**Welcome and Apologies** LJW welcomed all to the meeting. Apologies were noted as above.
1.2	**Declarations of interest** Nil of note.
1.3	**Minutes of previous meeting held on 4 December 2020** The minutes of the previous meeting held on 4 December 2020 were accepted as a true and accurate record.
1.4	**Matters Arising & Action Log** The Sub-Committee noted the action log.
1.4.1	**Review of the Sub-Committee Terms of Reference, including Governor representatives on Trust Groups – for discussion** The sub-committee reviewed and approved the Terms of Reference.
2.	**REGULAR REPORTS**
2.1	**Learning from Serious Incidents** *Alex Bolton, Associate Director of Quality Governance* AB presented the paper and highlighted the following: • A never event occurred in the last reporting period; potential learning and frequency of this type of never event occurring in the NHS was looked into; the review confirmed it is a never event, nevertheless it has been thoroughly investigated and robust processes have been put in place; we continue focusing on learning and improvements.

	AL asked if learning is widely shared with all teams. AB stated that there are various routes and processes for shared learning across the Division and at regional level. All staff members have been empowered to challenge their colleagues. In response to LJW comment, AB confirmed the Trust supports open and transparent culture and has appointed Dr Charlotte Deans to the position of Clinical Director for patient safety who will provide leadership for the organisation as it refreshes its approach to patient safety. This will include increased focus on improvement actions and learning. In response to NA's question AB stated that the Trust is committed to delivering a just, open and transparent approach to investigation that reduces the risk and consequence of recurrence. A patient/carer representative will be involved in SI panel review. Quality improvements projects have commenced to embed the learning identified from the Trust's highest reported Serious Incidents categories including maternity safety and patient falls. The Falls Steering Group intends to continue this trajectory through quality improvement projects designed to address key themes identified within serious incidents. Key themes arising from investigations relate to incomplete documentation, sub-optimal processes, adherence to guidance/process/policy. Key themes will be submitted to the Patient Safety Group and the Executive Management Group for consideration of requirement for further Quality Improvement Projects, deep-dives, or targeted action. Updates on these programmes of work will be reported to the Quality Committee. A new app has been launched and looks at making clinical guidance/process/policy being accessible on the app to enable the clinicians to access information efficiently. The sub-committee noted the report.
2.2	**Performance & Quality Report – January 2021** *Lee Watson, Director of Nursing* *Alex Bolton, Associate Director of Quality Governance* The sub-committee noted the following highlights: • The Trust's performance has been greatly impacted by predominantly caring for COVID-19 patients; • In January 2021 Critical Care operated above over the usual capacity; • Performance metrics were not recorded in the usual way due to staff being redeployed to support COVID-19 inpatient areas; • A&E performance in January was not compliant at 83.47%; • RTT performance was validated at 78.06% which is an improvement of 1.27%; however due to the most recent closure of Elective Care for all except for priority 1 & 2 patients this position is expected to deteriorate ahead of a full restart; • Diagnostic wait times performance was impacted by the second wave and is expected to improve in the coming months; • In relative terms across pertinent Acute Trust metrics CWFT was the 14th highest ranked Trust nationally, reflecting the major impact COVID-19 has had on overall NHS performance; • Performance and quality standards are closely linked to patient outcomes and this is expected to improve in the coming months. • Clinical effectiveness metrics were not as expected due to clinical staff being redeployed to critical care. The sub-committee noted the report.

2.3	**Group reports**
2.3.1	**Falls Steering Group** *Sarah Bryant, Lead CNS Older Adults and Frailty* SB updated the sub-committee on the work of the Falls Steering Group and highlighted the following: • Reducing in-patient falls was set as a two-year quality priority in 2018/19 and formed part of the Trust's overall frailty improvement plan; the Trust achieved its aim to reduce fall rate through successful educational programmes and the introduction of standardised falls assessment care plans. The Falls Steering Group intends to continue this trajectory through quality improvement project designed to address key themes identified within serious incidents. • The Falls Steering Group meets on a monthly basis to review lessons learned from all clinical and non-clinical falls related serious incidents, quarterly review of falls data from across the Trust, assign and monitor actions arising from the National Audit of Inpatient Falls, Implement and support the development of falls reduction projects – i.e. bay tagging, 2 yearly review of the content of the Policy for Inpatient and Non-Inpatient Slips, Trips and Falls, undertake and review quarterly bed rails audit, active membership of the London Falls network, among other standing agenda items. In response to AL's question regarding benchmarking with other Trusts, SB stated that CWFT is placed in the average category nationally; the falls rate is monitored by the Falls Steering Group on the monthly basis. In response to LJW's question regarding implementing a falls risk assessment completion, SB stated that post Covid there has been an increase in uptake of a falls risk assessment; this is monitored via the nursing quality dashboard.
2.3.2	**End of Life Care Group** This item has been deferred to next meeting.
2.3.3	**Disability Steering Group Report** *Minna Korjonen, Patient Governor* MK reported that the Trust has continued to provide learning disability services to patients during the year, with a lead nurse for learning disability leading this agenda. The Trust is able to track its patients with learning disability to ensure they have the correct care passports in place. The Trust is now in the third year of Project Search with learning disability interns placed within the Trust to gain work experience and future employment within the organisation.
2.5	**Vaccination programme – update** *Lee Watson, Director of Nursing* LW provided an update on the vaccination programme noting that over 87% of staff have had their first vaccine dose, which places us amongst the top performing Trusts in the country. First vaccinations will cease on 31 March, and staff will be asked to book appointments at Vaccination Centres moving forward. The rollout out of second doses is well underway. We are working with nursing homes and the Royal Hospital ensuring the Chelsea Pensioners and their staff receive the second doses promptly. We opened a community hub at Brentford Fountain Leisure Centre, Brentford. It is important that the vaccination campaign reaches into all parts of our communities. 73% BAME staff vaccine uptake; this makes CWFT an exemplar employer. RJ expressed he felt privileged to be part of the vaccination team. Trust staff work together as one, helping to play their part in the nationwide vaccine efforts.

	AL referred to the earlier point regarding 73% BAME staff vaccine uptake and asked if it includes contractors and sub-contractors working in the hospital. LW stated the figure includes all contractors, sub-contractors and volunteers. Taking the vaccine is a matter of personal and professional responsibility towards keeping our colleagues and our patients safe.
2.5	**Governor's patient story and feedback on patient contacts** MK shared her positive experience of CW radiology services with the sub-committee.
3.	**AD HOC REPORTS**
3.1	**Quality Priorities 2021-22 / Governors' chosen indicator for the Quality Account** VD advised the Quality Priorities for 2021-22 have been agreed with the Quality Committee and the Board. It is proposed to carry over sepsis for another year as the work of the previous year was interrupted by the pandemic. It is also proposed sepsis is the Governors' chosen priority. Cancer care will also carry over from the previous year, given the extensive changes to cancer services due to the pandemic. The focus is on personalised cancer care. Improved outcomes for inpatients with diabetes is a proposed new quality priority for 2021-22. Effective clinical handover and communication between teams and/or shifts is an essential element of patient safety. Clinical handover is proposed to be a new quality priority for 2021-22. The sub-committee noted that in accordance with the Annual Report production timetable the draft Quality Account will be shared with them in early April via e-governance to prepare a commentary for approval by COG at the 22 April meeting.
4.	**OTHER BUSINESS**
4.1	**COG Quality Sub-Committee forward plan** The sub-committee noted the forward plan.
4.2	**Any other business**
4.3	**Date of next meeting** 25 June 2021; 10.00-12.00.

Council of Governors' Quality Sub-Committee
Terms of Reference

1.0 Authority

1.1 The Council of Governors' Quality Sub-Committee is constituted as a Sub-Committee of the Council of Governors under Standing Orders 4 and 5 of Annex 7 to the Trust Constitution.

1. 2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

2.0 Aim

2.1 The aim of this Sub-Committee is to monitor and enquire into all aspects of the quality of services provided in the Trust's hospitals, providing key stakeholder input into the development and implementation of the Trust's quality programme, including safety, effectiveness and patient experience.

3.0 Role

3.1 To identify priorities for quality improvement in line with national and local initiatives.

3. 2 To contribute to the structure and content of the Quality Account, within the required framework, to ensure it is clearly and well-presented and can be understood by all stakeholders, including developing agreed metrics.

3.3 To advise on communication of the Quality Account, and quality initiatives, including meeting the needs of a range of patients.

3.4 To identify ways in which stakeholders can be involved in the quality programme e.g. safety walkabouts, advising on leaflets.

3.5 To champion the patient's experience and encourage and advise on patient involvement.

3.6 To identify areas where there is particular added value from stakeholders.

3.7 To encourage the quality of staff performance through the Quality Awards scheme.

3.8 To obtain the lay perspective on assurance of quality.

3.9 To link in to work of the Board's Quality Committee.

3.10 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

4.0 Membership of the Sub-Committee

4.1 The Sub-Committee shall comprise both elected and appointed governors.

4. 2 The following Trust staff shall be members of the Sub-Committee:

a) The Chief Nursing Officer or a suitable deputy

b) The Chief Medical Officer or a suitable deputy

c) The Director of Quality Governance or a suitable deputy

d) The Director of Corporate Governance & Compliance

In attendance:

- Board Governance Manager
- Membership Officer
- Other Trust staff maybe be invited to attend

5.0 Quorum

5.1 A quorum shall comprise at least one of the Director of Corporate Governance & Compliance, Chief Medical Officer or Chief Nursing Officer and three Governors.

6.0 Frequency of Meetings

6.1 The Sub-Committee shall meet four times per year and shall report to the Council of Governors after each meeting.

7.0 Attendance requirements

7.1 Sub-Committee members are expected to attend two thirds of the meetings in a year.

8.0 Administration of the Meeting

8.1 This will be undertaken by the Board Governance Manager.

9.0 Review

9.1 The terms of reference of the sub-committee shall be reviewed by the Council of Governors at least annually.

Reviewed by the Quality Sub-Committee on 19 April 2017
Approved by the Council of Governors on 18 May 2017
Reviewed by the Quality Sub-Committee on 20 April 2018
Approved by the Council of Governors on 17 May 2018
Reviewed by the Quality Sub-Committee on 1 February 2019
Approved by the Council of Governors on 25 April 2019
Reviewed by the Quality Sub-Committee on 26 March 2020
Approved by the Council of Governors on 23 April 2020
Reviewed by the Quality Sub-Committee on 26 March 2021

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.8/Apr/21
REPORT NAME	Quality Priorities 2021 - 22
AUTHOR	Paper is extracted from Board Quality Committee papers 2 March & 6 April 2021
LEAD	Eliza Hermann, Non-Executive Director / Board Quality Committee Chairman
PURPOSE	To ensure Council of Governors' awareness of the Trust's Quality Priorities for 2021-22. At the meeting I will verbally provide my views on these, in my capacity as Chairman of the Board Quality Committee.
REPORT HISTORY	Discussed at Board Quality Committee 2 March and 6 April 2021
SUMMARY OF REPORT	The four 2021-2022 Quality Priorities are • Improve sepsis screening and timely management • Improve personalised cancer care at diagnosis • Improve outcomes for inpatient diabetes patients • Improve clinical handover
KEY RISKS ASSOCIATED	Non achievement of the Quality Priorities would mean patient safety, clinical effectiveness and/or patient experience are not of the high quality that the Trust is aiming for, and could have regulatory or reputational implications.
FINANCIAL IMPLICATIONS	To be determined.
QUALITY IMPLICATIONS	See key risks, above.
EQUALITY & DIVERSITY IMPLICATIONS	None directly.
LINK TO OBJECTIVES	Deliver high quality patient centred care.
DECISION/ ACTION	For information and discussion.

2021/22 Quality Priorities

Priority	Aims	Key indicator	Baseline	Target	SRO	Clinical lead + Improvement support
Improve sepsis screening and timely management	Improve early recognition of deteriorating patients in ED and inpatients so that at least 90% patients who meet the relevant criteria are screened for sepsis within 1 hour Improve the timely commencement of appropriate anti-microbial therapy for patients found with suspected red flag sepsis so that at least 90% of patients receive IV antibiotics within 1 hour	% of patients screened in emergency department and wards within 1 hour % of patients who receive IV antibiotics within 1 hour	73% screened <60 mins in ED 45% IV antibiotics in ED 12% wards	90%	Dr Iain Beveridge, West Middlesex Medical Director	Dr Sanjay Krishnamoorthy, Trust lead for Sepsis and deteriorating patient Lucie Wellington, Clinical Improvement Fellow
Improve personalised cancer care at diagnosis	Ensure >75% of patients whose treatment is managed by our Trust have a Holistic Needs Nurse Assessment (HNA) appointment after a diagnosis of cancer and a personalised care plan 10% increase per quarter in the number of patients who have end of treatment summaries	% patients receive a holistic needs assessment (HNA) and personalised care plan Number of patients with end of treatment summary	62%	>75%	Vanessa Sloane, Deputy chief nurse	Eamon O'Reilly, Lead Nurse Burns Musanu, Macmillan Project Manager
Improving outcomes for inpatient diabetes patients	Improve the identification and management of diabetes Set up an inpatient diabetes team – a 7 day service with an appropriately staffed MDT consultant led team Ensure that patients with diabetes are optimised before surgery/elective care Up-skilling of non-diabetes staff	% of patients identified and triaged as having diabetes % of non-diabetes staff who have received 10-point training % of patients with diabetes who have a reduced length of stay due to improved diabetes control before elective surgery	Baseline to be set (TBC 15th April)	Target to be set (TBC 15th April)	Dr Roger Chinn, Medical Director	Dr Daniel Morganstein, Trust diabetes lead Mandy Trinh, Assistant Improvement Manager

Priority	Aims	Key indicator	Baseline	Target	SRO	Clinical lead + Improvement support
Improve clinical handover	Embed a shared appreciation of the principles underpinning good clinical handover through the delivery of a training package Introduce a standardised handover process based on national best practice Introduce a standardised handover proforma / documentation within the Trust electronic medical records system (Cerner)	% staff trained on the principles of safe and effective handover % utilisation of handover tool within Cerner	Tools and training need to be developed, not in place currently (0%).	Year 1: 50% staff trained Year 2: 70% utilisation of Cerner tool	Dr Gary Davies, Chelsea Medical Director	Debbie van der Velden, Clinical improvement fellow

How the quality priorities have been determined

The annually set quality priorities help to deliver the Trust's strategic objective of delivering high quality, patient centred care. An initial long list of possible quality priorities was formed based on a review of benchmarking data, safety data, and patient feedback / patient experience data. From this, a short list was developed with input from the relevant clinical leads. Each quality priority was drafted with a proposed work plan including a) the rationale of why this was selected, b) aims, c) measures.

Detail of quality priorities

1. Improve sepsis screening and timely management

Why have we chosen this quality priority?

Sepsis is a life-threatening condition, with around 123,000 cases each year in England and an estimated 37,000 deaths associated with the condition. Sepsis also has long term impacts in morbidity and quality of life. The UK Sepsis Trust estimates that an improved management of sepsis could lead to a saving of £170 million, with savings of between £2,000 to £5,000 per sepsis case. Timely identification and appropriate antimicrobial therapy has been shown to be effective in reducing transition to septic shock and therefore reducing mortality.

What does outstanding look like?

Timely identification and early commencement of treatment, resulting in improved outcomes for patients with sepsis.

Aims

- Improve early recognition of deteriorating patients in our emergency departments and inpatients so that at least 90% patients who meet the relevant criteria are screened for sepsis within 1 hour

- Improve the timely commencement of appropriate antimicrobial therapy for patients found with suspected red flag sepsis so that at least 90% of patients receive IV antibiotics within 1 hour

Process measures
- % of patients screened in emergency department and wards within 1 hour
- % of patients who receive IV antibiotics within 1 hour

Outcome measures
- The average length of stay of patients who are admitted with suspicion of sepsis
- The % of all bed days of patients who are admitted with suspicion of sepsis
- Number of admissions to ITU with sepsis

Where are we now?
Sepsis has been a quality and safety focus for the Trust for a number of years. With the development of a digital tool to assist in the early detection of deteriorating patients and a real-time sepsis dashboard, the sepsis measures improved significantly in 2020/21. The programme of work was focused on behaviour change and a culture shift around early recognition and management of sepsis in all areas of the hospital; ED, maternity, paediatrics and adult wards. With the disrupted year due to Covid19 and a number of serious incidents relating to sepsis and the deteriorating patient, there is a need to keep focus on achieving the 90% screening target in ED and to ensure 90% of patients receive IV antibiotic treatment within 1 hour. There is extensive work to do in 2021/22 around sepsis management in inpatient wards to improve outcomes.

Brief action plan - what we would do
- We will build on the work of 2020/21 to continue to embed use of the digital EPR to provide prompts for screening in all settings.
- We will provide training and development of staff to recognise the deteriorating patient
- We will focus on sepsis management in inpatient wards using a quality improvement approach

2. Improve personalised cancer care

Why have we chosen this quality priority?
The Trust is actively involved in the existing Cancer Alliance 'Improving Care Locally' programme, which annually sets improvement priorities; The national priority to deliver personalised care for people who are newly diagnosed with cancer. Given the extensive changes to cancer services in 2020/21 due to the Covid19 pandemic, we want to focus on improvement in end to end cancer pathways – diagnosis and at end of treatment, to ensure quality by personalising care.

What does outstanding look like?
Everyone diagnosed with cancer has a supportive conversation, health and wellbeing information and resources are made available during the consultation and their personal needs are assessed with a Holistic Needs Assessment (HNA) approach. A personal care and support plan is co-developed with the patient. At the end of the cancer pathway, patients receive an end of treatment summary follow up appointment with a CNS.

Aims

- Ensure >75% of patients whose treatment is managed by our Trust have a Holistic Needs Nurse Assessment (HNA) appointment after a diagnosis of cancer and a personalised cancer care plan
- 10% increase per quarter in the number of patients who have end of treatment summaries

Measures

- % of newly diagnosed patients with a HNA appointment & with a care plan
- Number of patients with end of treatment summary

Where are we now?

Currently 62% of patients had a HNA appointment and personalised care plan documented on 'summerset' Cancer tracking database. We are currently implementing end of treatment summaries for tumour sites where there are follow up programmes.

Brief action plan

- The Cancer CNS team will put in place structured nurse-led clinics to provide time to give HNA and develop care plans.
- We will implement consistent methods of recording the data and care plans.
- We will implement follow up pathways to introduce personalised end of treatment summaries for cancer patients.
- We will progress the personalised cancer agenda and review progress against the standards at cancer quality dashboard.

3. Improving outcomes for inpatient diabetes patients

Why have we chosen this quality priority?

The National In-patient Diabetes Audit (NADIA) between 2010 and 2019 showed that between 10-15 % of inpatients on the Chelsea site have diabetes, whilst at West Middlesex this is as high as 23%. The vast majority of these patients are not admitted directly because of their diabetes, and hence are not usually under the direct care of the diabetes team. (For example they may be admitted for surgery or with a different medical problem).

There is substantial evidence that patients with diabetes, regardless of the reason for admission, have a greater average length of stay than equivalent patients without diabetes. For example in our trust in 2019, emergency admission with diabetes had a mean LOS of 9.1 days compared to 6.6 without diabetes, In addition, nationally and locally there continue to be patients experiencing diabetes harms as inpatients, including hypoglycaemia, new foot ulcers and diabetic ketoacidosis. These are all reportable to the national diabetes audit. National reports show that 11% of the inpatient budget is spent on diabetes care and modelling suggests that much of this could be saved by investing in inpatient diabetes care.

The 2019 NADIA showed that whilst overall satisfaction of inpatients with their diabetes care on the Chelsea site was high, on the West Middlesex site it was below average.

There are now national recommendations from NHS England and Diabetes UK on how to provide diabetes care. Published data in hospitals of varying sizes show that inpatient diabetes teams can reduce length of stay for those with diabetes. This has now been reflected in the NW London Integrated Diabetes contract, which specifies a consultant led multidisciplinary diabetes inpatient team to improve quality of care and reduce costs.

What does outstanding look like?

An outstanding in-patient diabetes service would combine a high level of knowledge regarding the needs of patients with diabetes amongst all staff, support for self-management of diabetes whilst in hospital wherever possible, backed up a consultant led in-patient diabetes service pro-actively identifying those with more complex diabetes needs to guide management. The overall aim would be to avoid diabetes in-patient harms whilst minimising the impact of the diabetes on management of the underlying health condition, leading to earlier and safer discharge.

Best practice would be for dedicated consultant time for inpatient diabetes activity (clearly distinct from general medical duties) to lead a team of diabetes nurses, dieticians and podiatrists in delivering care to in-patients with diabetes. This will need to be combined with a comprehensive training program for all clinical staff. There are likely to be particular benefits around pre-operative diabetes care.

In addition, the implementation of an automated system which can identify patients who need a diabetes review will allow active decisions to be made, which can decrease the patients length of stay.

Aims

- Improve the identification and management of diabetes
- Set up an inpatient diabetes team – this would be a 7 day service with an appropriately staffed MDT consultant led team
- Ensure that patients with diabetes are optimised before surgery/elective care
- Up-skilling of non-diabetes staff

Measures

- % of patients identified and triaged as having diabetes
- % of non-diabetes staff who have received 10-point training
- % of patients with diabetes who have a reduced length of stay due to improved diabetes control before elective surgery
- Reduced length of stay for all patients who are admitted with diabetes

Where are we now?

Currently, diabetes consultants' sit within the Emergency and Integrated Care division with no job planned time allocated for in-patient diabetes care. The current inpatient provision is therefore largely Diabetes Specialist Nurse (DSN) led and delivered. Inpatients that require support from the DSNs have to be referred by telephone (CW) or have a request on ICE for diabetes review (WM).

Brief action plan - what we would do

- Form cross divisional multidisciplinary diabetes inpatient working group to develop solutions
- We will set up and implement a diabetes dashboard in Cerner which allows staff to proactively identify patients with diabetes
- We will implement a 7-day inpatient diabetes service and shift away from a solely DSN delivered service to a consultant led MDT delivered service
- We will embed on-going 10 point training for non-diabetes staff
- We will ensure the optimisation of diabetes care before patients come in for elective surgery
- Ensure easily accessible guidelines are available including those to support self-management in hospital.

4. Improve medical handover

Why have we chosen this as a quality priority?
Handover of patient care within hospitals traditionally consists of a brief conversation and brief notes at the end of shift or when a patient is being transferred to the care of another team; this approach raises risks relating to content and record keeping variability.
Effective handover between clinical teams is widely accepted as essential for patient safety. The British Medical Association together with the National Patient Safety Agency and NHS Modernisation Agency has produced clear guidance regarding the 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.

What does outstanding look like?
Effective, safe, and high quality handover of patient care between individuals, teams, and sites supported by a shared appreciation of the principles of handover and standardised approach to content and record keeping.

Aims
- Embed a shared appreciation of the principles underpinning good clinical handover through the delivery of a training package
- Introduce a standardised handover process based on national best practice
- Introduce a standardised handover proforma / documentation within the Trust electronic medical records system (Cerner)

Measures
- % medical staff trained on the principles of safe and effective handover
- % utilisation of handover tool within Cerner

Where are we now?
The Trust currently operates a traditional approach to medical handover which relies upon individuals to recognise, record and accurately highlight relevant patient history, actions taken, results awaited, and agree future plans for care. The organisation recognises that handover plays a significant part to ensuring safe and effective care but does not have a model by which the quality of handover can be monitored and assured.

Brief action plan - what we would do
Year 1
- Audit quality of handover baseline
- Introduce a training package on principle of quality handover
- Develop a standardised handover processes based on national best practice
- Develop a standardised handover proforma within the electronic medical record
- Audit quality of handover improvement

Year 2
- Embed and sustain handover process and grow utilisation of Cerner handover tool to reach 70%

People and Organisational Development Committee (PODC)

Report by the Chair to the Council of Governors (COG) Meeting - April 2021

The purpose of this report is to provide Governors with an update on the activities and effectiveness of PODC for the 15-month period, January 2020 to March 2021, to briefly discuss HR&OD areas of progress and next steps. Normally, this would have been an annual report to COG covering the calendar year 2020 but due to COVID-19 the report was postponed from January to April 2021.

1)-PODC CHAIR / HR LEADERSHIP:

Steve Gill was appointed as a Non-Executive Director (NED) of the Trust on 1st November 2017, Steve was appointed as Chair of PODC and as a member of the Finance & Investment Committee (FIC) from 1st February 2018. In August 2020 Steve was appointed as the Trust Deputy Chair and Senior Independent Director (SID). In March 2021 Steve was appointed as Interim Trust Chair and in consequence stepped down as PODC Chair and as a member of FIC at the end of March 2021.

Ajay Mehta was appointed as Chair of PODC on 1st April 2021, Ajay was appointed as a NED of the Trust on 1st December 2019 and became a member of PODC in January 2020, Ajay is also a member of the Quality Committee.

Tom Simons, Director of HR & OD, left the Trust in September 2020 on his appointment as Chief HR&OD Officer at NHSE/I.

Sue Smith was appointed as Interim Director of HR&OD in October 2020. Sue is also the Chief People Officer at the Hillingdon Hospital Foundation Trust.

2)-PODC:

PODC is the Board sub-Committee with responsibility for assurance re one of the Trust's 3 Strategic Objectives:

'Be the Employer of Choice'. Enablers supporting the objective being: staff engagement; recruitment and retention; equality, diversity and inclusion (EDI); health and well-being (H&WB).

a) Strategic Aim (PROUD):

To have a workforce that puts **P**atients first; is **R**esponsive and supportive to our patients and each other; is **O**pen, welcoming and honest; is **U**nfailingly kind, respectful, compassionate and treats our patients with dignity; is **D**etermined to develop the skills of our people and to achieve our objectives of providing the best quality care and become an employer of choice.

b) Operational Aim:

To provide the Trust Board with assurance on matters related to its staff, the development thereof to the highest standards, that there are appropriate processes in place to identify any risks and issues and to manage these accordingly. Also, to ensure opportunities are not missed and are capitalised upon for the benefit of patients, our people and the organisation.

PODC has 7 major areas of focus:

- People and organisational development strategy and planning (including recruitment and retention).

- Leadership development, talent management and succession planning.

- Education, skills and capability (clinical and non-clinical; statutory and mandatory).

- Performance, reward and recognition.

- Culture, values and staff engagement.

- Health and well-being (H&WB).

- Legal compliance and NHSI certification.

c) PODC Meetings January 2020 – March 2021: NOTE: PODC normally holds 9 in-person meetings per calendar year (monthly except June, August and December) but during the period covered by this report the meeting schedule was impacted by COVID-19.

i)-PODC meetings are structured into 8 areas:

-General Business: Agenda; Apologies; Declaration of Interest; Prior Minutes; Action Log.

-Workforce Strategy: includes HR Diagnostics and action plan; Division reviews Quarterly (i.e., Each Division reviewed once per year).

-Staff Well-being: various topics. E.g., Staff Survey; Equality, Diversity & Inclusion (EDI); Workforce Race Equality Standard (WRES); Health & Well-being (H&WB).

-Performance: includes Workforce Report as a monthly standing item. Guardian of Safe Working (GoSW); Freedom to Speak UP (FTSU); Risk Assurance Framework (RAF); Board Assurance Framework (BAF); all reviewed Quarterly.

-Deep Dives: based on priorities and issues. E.g., Temporary Staffing; Recruitment and Retention.

-Sub-Group Reports/Minutes: (Education Strategy Group; Workforce Development Committee; Partnership Forum) as and when available / monthly.

-Top Concerns: free format discussion, monthly.

-AOB: includes Forward Plan and Next Meeting as standing items, monthly.

ii)-COVID-19: Due to the impact of COVID-19 the following PODC meetings were held during the last 15 months: (NOTE: all meetings held virtually on Zoom except for the in-person meeting in January 2020; Quarterly Division reviews were suspended and are planned to restart in April 2021).

iii)-2020:

Full meetings in January, July, September, October and November;

'Light' meetings in May and June (1 hour only, with limited Agenda topics);

The meetings scheduled for March and April were cancelled due to COVID-19 Wave 1. As with other Trust Board sub-Committees alternative Governance arrangements comprising short (15-20 minute) weekly calls between the PODC Chair and the Director of HR&OD ran from 26th March for 8 weeks to 21st May, each call was summarised by the PODC Chair and circulated to the Trust Board.

iv)-2021:

January meeting cancelled due to COVID-19 Wave 2, alternative Governance of (15-20 minute) weekly calls between PODC Chair and Director of HR&OD reinstated on 6th January for 7 weeks to 17th February.

February, 1 hour 'light' meeting.

March, full meeting.

Full meetings are scheduled for the remainder of 2021 (except June, August and December as usual), this is dependent upon potential further COVID-19 waves.

v)-COVID-19 Wave 1, weekly Governance Calls (March-May 2020):

During Wave 1 the focus of the weekly Governance calls was:

-Shielding: set up of safe working from home for shielding staff.

-Demand: modelling and rostering staffing requirements for surges in ICU capacity (up to 3x normal).

-Supply: ICU familiarisation and training to maximise flexibility for deployment.

-H&WB: Food, transport, parking, accommodation, rest/relaxation zones, physical and mental well-being.

-Risk assessments: in place for vulnerable staff based on 4 categories: pregnancy; underlying health conditions; age (60+ any ethnicity, 55+ BAME); Gender. Risk assessment algorithm provided advice/guidance plus potential referral to OH with further review and recommendations. Risk assessment also calibrated staff (plus support staff e.g., porters, cleaners) working environment: RED - Covid; GREEN - other clinical; BLUE - all other areas.

-Training: to bridge gaps in clinical skills to support staff resilience & flexibility for future Covid waves. 6-month grace period for Statutory & Mandatory training if it lapsed during February-June.

-Suspension then Re-instatement of fundamental people practices: e.g., Appraisals.

-Sickness & absence: monitored daily / weekly.

-PPE status.

vi)-COVID-19 Wave 2, weekly Governance Calls (January – February 2021):

During Wave 2 the focus of the weekly Governance calls was:

-Sickness & absence:

-Risk assessments including shielding.

-Staff welfare calls.

-Vaccination status.

-Lateral flow testing.

-Morale/H&WB, physical and mental wellbeing.

-PPE.

-Staff redeployment and training.

-FTSU.

vii)-In addition to the topics covered in the weekly alternative Governance calls PODC Full and 'Light' meetings reviewed the following topics:

Workforce performance report (every meeting).

Staffing Issues (every meeting).

Staff survey 2019 (released March 2020) review of results and action plan.

Staff survey 2020 (released March 2021) review of results and action plan.

Freedom to Speak Up (FTSU) Report and themes (Quarterly).

Guardian of Safe Working (GoSW) Report (Quarterly).

Annual Workforce Equality & Diversity Report (including WRES and Disability equality standards) review of initiatives / action plan.

Health and Well-being (H&WB) strategy and action plan.

Bullying & Harassment action plan.

Gender Pay Gap Annual Report and action plan.

Staff Network Presentations: BAME; Women's; LGBT+.

Talent Management & Succession Planning.

Transaction Improvement plan.

Apprenticeship Levy update / status.

Therapies recruitment and retention plan.

Annual safe staffing review.

NHS People Plan.

Trust People Strategy.

Leadership and Management Development.

Temporary Staffing.

Statutory & Mandatory Training compliance report.

Disciplinary triage process.

Risk Assurance Framework (RAF) – As at March 2021 there are 47 PODC risks (approx. 15% of Trust total), re Staffing and Training. Split of 47 is: 3 low risk; 15 moderate risk; 29 high risk; 0 extreme risk. The 9 risks with the highest rating (score of 12) reviewed in detail quarterly.

Board Assurance Framework (BAF) – PODC is the lead Board sub-Committee for 1 risk (BAF risk 3: Culture, Values and Leadership). Current risk score as at March 2021 = 8 (High). Target risk score = 6 (Moderate). Assurance rating 'Green', current controls are effective, reviewed quarterly.

NMC and Medical Revalidation Annual Reports -approval / sign off.

General Medical Council (GMC) Training Survey findings and action plan.

COVID-19 updates, including Wave 1 and Wave 2 recovery plans.

Brexit planning re Staff.

Annual Effectiveness and Terms of Reference (TOR) Review.

Regulatory Standards.

Sub-group reports e.g., Workforce Development Committee; Education Strategy Board; Partnership Forum.

Various HR Policies for review/approval.

PODC discussions are open and robust with strong contributions from attendees.

d) PODC Membership (2020-21):

NED Chair: Steve Gill (to 31st March 2021).

NED Members: Nick Gash - Chair of Audit & Risk Committee (ARC); Ajay Mehta; Martin Lupton – Hon NED, Imperial College.

Executive Members: Roger Chinn – Medical Director; Rob Hodgkiss – Deputy CEO / COO; Pippa Nightingale – Chief Nurse; Tom Simons – Director HR&OD (to September 2020); Vanessa Sloane – Deputy Chief Nurse; Sue Smith – Interim Director HR&OD (October 2020 onwards); Lesley Watts – CEO; Karen Adewoyin – Deputy Director of HR&OD; Roujin Ghamsari – Deputy Director of HR &OD (to February 2021).

3)-AREAS OF PROGRESS & NEXT STEPS:

a) Areas of progress:

• Voluntary Turnover (VT):

VT = 10.5% in February 2021 (latest data available) is the lowest ever recorded level and significantly reduced over last 2 years (15.5% in March 2018), below 15% from October 2018, below 14% since April 2019, Trust ceiling of 13% achieved in June 2020, 12% in October 2020, 11% in January 2021.

• Statutory and Mandatory training:

Compliance above 90% target every month from June 2018 until November 2020 (89%), December (89%), January 2021 (88%) and February (87%), status impacted by COVID-19 Wave 2, action plan in place to return to compliance within next 2 months (end April 2021).

• Sickness and Absence:

Below 3.3% ceiling every month since February 2018 with the exception of March, April and May 2020 re COVID Wave 1 (peak sickness and absence in April at 8.5%) and December 2020, February 2021 re COVID Wave 2 (peak 4.1%), lowest of all London Acute Trusts.

• Vacancy rate:

6.7% in February 2021, below Trust ceiling of 10% since July 2019, and significantly reduced from 11.9% in March 2019. The qualified nursing vacancy rate is 5.3% and remains one of the lowest in the Country (National median is 12.75%). The medical vacancy rate is 2.8% and is in quartile 2 in Model Hospital (National median is 7.4%). AHP (6.9%), S&T (9.8%) are also in line with the National median but AHP at this level sits in quartile 3.

• NHS Staff Survey 2020 (released in March 2021):

Highest ever response rate 59% (vs. 46% in 2019; 41% in 2018; vs. NHS Median rate of 45% for 2020 Survey).

10 Survey Themes:

5 scored at/above average - Staff Engagement; Immediate Managers; Quality of Care; Safety Culture; Team Working;

5 scored below average - Equality Diversity & Inclusion (EDI); Health and Well-being (H&WB); Safe Environment - Bullying and Harassment; Safe Environment - Violence from Patients/Relatives; Morale.

The 2020 results overall were impacted by the response to COVID-19, for the Trust 56.6% of staff worked in a Covid specific area (vs. 39.3% average for Acute / Community Trusts); 20.4% were able to work remotely/from home (vs. over 60% for Mental Health and Community Trusts); 31.8% were redeployed (vs. 20.6% average for Acute / Community Trusts); 13.0% of staff were shielding.

The 3 key long term Staff Survey action areas continue to be: H&WB; EDI; Safe Environment (Bullying & Harassment; Violence from Patients/Relatives).

The Staff Survey action plans will be reviewed at the April PODC and cascaded to Divisions, Departments and Ward.

Monthly 'Pulse' surveys set up in April 2021 to obtain more frequent feedback on action plans to supplement annual survey results.

• **Mass Vaccination Recruitment Programme:**

The Trust has been selected as the lead employer for recruitment to the North West London (NWL) mass vaccination sites. The recruitment and staff bank teams are currently (March 2021) processing over 4300 candidates for deployment to various hubs across the sector. The first mass vaccination centre was opened in mid-January 2021 and to date the teams have successfully cleared nearly 2000 candidates for deployment including volunteers from the Imperial Medical School.

• **Volunteers:**

Since 1st April 2020 the Trust has benefited from the support of 379 active volunteers contributing 29,020 hours of volunteering in total. There were 171 active volunteers in February 2021, contributing 3524 hours of volunteering across both sites. Volunteer responders have superseded the bleep role and contributed 913 hours across both sites in February. Volunteers continue to play a key part in supporting the vaccine roll-out. In addition, military helpers have completed their deployment and contributed over 4000 hours of volunteering.

• **Health & Well-being (H&WB):**

H&WB initiatives were accelerated and expanded in response to COVID-19 including free food, taxis, parking, bike servicing, online exercise classes, massage services, and accommodation.

The Trust is continuing to support staff mental wellbeing through the provision of counselling services, Vivup EAP support, PTS psychological support and the substantial national and regional offer. We have 50 Mental Health First Aider's trained (as of March 2021) across the trust with a further 16 staff due to be trained.

Over recent months the mental wellbeing support has been put at the forefront of all H&WB communication. The PTS service is continuing and expanding its provision to staff. Various recurring themes have emerged from this service:

-Isolation of home-working and feeling of disconnect.

-Bereavement, as patient mortality increased.

-Work intensity - difficult to down-regulate in the transition from work to home.

-Value – younger staff struggled with a sense of worth.

-Higher levels of anxiety / depression- resulting from the existence of the issues above.

The Trust has 31 H&WB Champions with a further 5 to be trained. Both the H&WB champions and mental health first aiders have been able to join the monthly wellbeing forum which seeks to understand particular wellbeing issues and agree on appropriate actions. Recently, the Trust has trialled an early morning wellbeing chat session as an intervention to support staff, especially those who have just finished a night shift.

The Back Up Care Service is continuing to support all substantive and bank staff, with 319 staff members registered to use this benefit as and when they need it.

In the coming months the Trust will be launching the wellbeing conversations framework, along with the RESET weight loss and life style programme. The restart of on-site exercise classes is being planned.

The Trust is beginning the procurement for the Nursery Partnership and are exploring the options for the Musculoskeletal (MSK) Fast Track Physio Service.

Daily H&WB updates are provided for inclusion in all staff communications, and in February 2021 the first H&WB Bulletin was published. This bulletin provides an opportunity to showcase the entire H&WB offer along with focusing on feedback on specific services. There is ongoing engagement with the health and wellbeing champions and the mental health first aiders to support themselves and staff within their department.

The Trust has added a 'feeling safe' icon to the H&WB homepage on the intranet – this originally comprised of 'healthy body, health living, healthy mind' – now staff seeking domestic abuse and sexual violence advice have a clearer support pathway.

Employee Assistance programme set up with 24/7 counselling service. Salary sacrifice schemes for cars and bikes. Discount electrical goods allowing Staff to spread payments for no extra cost. Financial advice service (Neyber) which gives submarket loans to help consolidate debt.

Staff Safety Group set up. Safety posters designed and distributed. Body camera trial ongoing in high-risk areas (of violence from patients / public).

b) Next Steps / Areas for Development:

- **CWFT People Strategy:**

4 Themes:

-Looking after our People;

-Belonging in the NHS / our Trust, Equality Diversity & Inclusion;

-New ways of working & delivering care;

-Growing for the Future.

The 4 themes are underpinned by an Innovation workstream.

The Trust People Strategy fits within the framework of the NWL ICS plan for the future workforce and the overall NHS People Promise. Quarterly reviews at PODC (1 Theme each Quarter).

- **Equality Diversity & Inclusion (EDI):**

Annual EDI Report scheduled for review/approval at July PODC and September Trust Board.

Disciplinary Triage process, ongoing review at PODC. The objectives being: To reduce the BAME proportion of staff in the disciplinary process to be within the NHS Target of 0.8-1.25x by April 2022; to reduce total numbers entering disciplinary process by 50%; and to reduce time to complete disciplinary review to 50-60 days (except in the most complex cases).

4 Staff Networks – BAME; Women's; LGBT+; Disability; to present status / action plans at PODC (1 each Quarter).

Gender Pay Gap Report scheduled for review / approval at March PODC.

- **H&WB:**

Continue to build 'best practice' services for staff; 2021 Staff survey result to increase to be at least average reflecting the priority and the investment in services.

- **Safe Environment (Bullying & Harassment / Violence from Patients / Relatives):**

Ongoing review of action plans.

- **Continued systematic delivery of employee metrics:**

Voluntary Turnover (to be under Total Trust ceiling of 13%); Statutory and Mandatory Training (over 90% minimum target); Sickness & absence (below 3.3% ceiling); Vacancy rate (under 10% ceiling); Temporary Staff costs (below 5% Target).

- **Staff Survey:**

Shorten timelines for action plans and communication for next Staff Survey. Implement monthly 'Pulse' survey. Focus on continual improvement in below average scores in EDI; H&WB; Safe Environment (Bullying & Harassment; Violence on Staff from public and patients); Morale.

- **Learning & Development (L&D):**

Continued analysis of optimal usage of Apprenticeship levy. Consideration of novel approaches, e.g., Scholarships and apprenticeships across the Multi-Disciplinary Team (MDT) workforce; design of Future Workforce roles.

- **Talent Management and Succession Planning:**

The Trust is taking part in NHS National pilot. Process approach in progress with key stakeholders, PODC to focus on outcomes during 2021, review of status at May and November PODC meetings.

- **HR&OD Support for Operational Priorities:**

COVID-19 Wave 3 Planning; Vaccination programme; Implementation of Recovery Plan (return to 'business as usual'). Ongoing operational reviews during 2021.

S. Gill – April 2021

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.10/Apr/21
REPORT NAME	Business planning 2021/22 update
AUTHOR	Graham Henry, Deputy Director of Finance
LEAD	Virginia Massaro, Chief Financial Officer
PURPOSE	To provide an update to the 2021/22 business plan.
REPORT HISTORY	Executive Management Board 14th April 2021 Finance & Investment Committee 31st March 2021 Board of Directors 4th March 2021
SUMMARY OF REPORT	• At the end of March NHS England & Improvement (NHSI/E) released its planning guidance for the first half of 2021/22 • The current block funding arrangements in 2020/21 will roll forward into the first half of 2021/22 (until the end of September 2021). • There will then be a separate planning process for the remaining 6 months of 2021/22. It is likely that Trusts will be funded on a blended payment mechanism which will have a fixed and variable element linked to activity. • Overall capital allocations/ budgets will be set at an ICS level and the overall ICS budget will be £232m. The Trust's capital plan is £29.3m. • An elective recovery fund has been set up to support acute elective recovery at 120% of tariff payment for activity above 85% of 19/20 levels at an ICS level • Additional funding has been allocated to support the implementation of the Ockenden Review for maternity • The Trust's CIP plan is £12.7m (2%)
FINANCIAL IMPLICATIONS	As stated above.
QUALITY IMPLICATIONS	None noted. Business plans will be reviewed by the Quality, Equality and Health Inequalities Analysis panel.
EQUALITY & DIVERSITY IMPLICATIONS	None noted. Business plans will be reviewed by the Quality, Equality and Health Inequalities Analysis panel.
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	The COG is asked to note the update on 2021/22 Business Planning.

2021/22 Business planning update

1. Purpose

This paper provides an update on 2021/22 business planning.

2. 2021/22 Operational Plan Guidance and Priorities

At the end of March NHS England & Improvement (NHSI/E) released its planning guidance for the first half of 2021/22. The guidance sets out the following 6 priorities for the year:

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention

B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19

C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services

D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities

E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay

F. Working collaboratively across systems to deliver on these priorities.

Detailed planning guidance and funding allocations have been issued for the first half of 2021/22 (H1) and the financial settlement and arrangements for months 7-12 will be confirmed once there is greater certainty around the circumstances facing the NHS going into the second half of the year.

- The block funding arrangements in 2020/21 will roll forward into the first half of 2021/22 (until the end of September 2021). The funding is based on the last 6 months (H2) of 2020/21 envelopes adjusted for known pressures, policy priorities and efficiency requirements.
- Block payment arrangements will continue between NHS commissioners and providers will continue.
- An elective recovery fund has been set up to support acute elective recovery (see section 3)
- NHSE/I have announced c£80m of additional national funding to support maternity services and the implementation of the Ockenden Review. Funding allocations at ICS level have not yet been issued and implementation plans will be worked up by Local Maternity Systems (LMSs).
- Capital allocations/ budgets have been issued at an ICS level. The ICS capital budget for 2021/22 is £232m, which is in line with the 2020/21 allocation

There will then be a separate planning process for the remaining 6 months (H2) of 2021/22. It is likely that Trusts will be funded on a blended payment mechanism which will have a fixed and variable element linked to activity. Detailed planning guidance will be published later in the year and plans are likely to be due for submission in August/ September 2021.

3. Elective Recovery Fund (ERF)

Additional funding has been made available nationally to support the recovery of elective care. Systems will be paid through the ERF for activity delivered above set thresholds. The scheme will be applicable until the end of September 2021 and outlined as follows:

- Baseline thresholds will be set as a percentage of the 2019/20 activity – 70% for April, 75% for May, 80% for June and 85% for July to September.
- The ERF will apply to elective day case and inpatients, outpatient procedures and all outpatient attendances (excluding maternity and diagnostic imaging, but including virtual attendances). It will include activity undertaken by independent sector providers and be measured at an ICS level.
- Activity between the monthly threshold and 85% of 19/20 will be funded at 100% of national tariff. Activity above 85% of 19/20 levels will be funded at 120% of national tariff. There will be no financial penalty for activity below the activity threshold.

4. Impact on NWL ICS and CWFT

The impact on NWL and CWFT of the H1 financial arrangements is being worked through and will be updated at the next COG. However, it is expected that the H1 system envelope should allow the NWL ICS and the Trust to achieve a breakeven position for the first 6 months of 2021/22.

The Trust is planning on a CIP target of 2% for 2021/22, which is £12.7m.

The Trust has a capital plan of £29.3m, which is within the NWL ICS overall capital allocation and is broken down as follows:

Capital Type	**2021/22 Draft Plan (£000)**
Estates	19,149
ICT	5,000
Medical Equipment	4,952
Other	150
Grand Total	**29,251**

Key schemes include:

- NICU/ITU completion
- Ambulatory Diagnostics Centre
- Estates routine & backlog maintenance and PFI lifecycle costs
- IT schemes, including digital maternity solution
- Medical equipment replacement programme

5. Approach and timeline to business planning and budget setting

The approach to business planning for 2021/22 is intended to be light touch, with many programmes of work from 2020/21 to roll-over into the next financial year.

Clinical Divisions and Corporate departments have reviewed their 2020/21 business plan and presented their updated 2021/22 business plans to the Improvement Board on 18th March for approval. These set out strategic objectives, quality priorities, workforce priorities, pathway re-design and cost improvement schemes for the year.

Themes from the divisional priorities centred around 4 areas:

1. Productivity
2. Clinical Service Redesign
3. Covid-19 management & recovery
4. Digital/ Innovation

The draft milestone plan for the 2021/22 planning round is set out below:

Milestone	**Date**
2021/22 Budgets sign-off by Divisions	April 2021
Planning guidance/ financial envelopes to be published for H1 2021/22	25th March 2021
Provider capital and cash plan submission	12th April 2021
Submission of H1 2021/22 ICS Draft Operating Plans	6th May 2021
Submission of H1 Trust plans	24th May 2021
Submission of H1 2021/22 ICS Final Operating Plan	3rd June 2021

6. Key Risks

There are a number of financial risks to the financial plan for 2021/22, including:

- On-going impact of Covid-19
- Delivery of CIP target and financial plan
- Loss of non-NHS income
- Scale and pace of activity recovery
- Uncertainty over funding arrangements beyond H1 2021/22

7. Decision/action required

The COG is asked to note the update on 2021/22 Business Planning.

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.11/Apr/21
REPORT NAME	NED Nominations and Remuneration Committee Terms of Reference – for approval
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Stephen Gill, Interim Chair
PURPOSE	To maintain good governance.
REPORT HISTORY	NED Nominations and Remuneration Committee – 22 April 2021
SUMMARY OF REPORT	To review the current Terms of reference scheduled as a rolling programme of annual review.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.

Non-Executive Director (NED) Nominations and Remuneration Committee

Terms of Reference

1. Constitution

The NED Nominations and Remuneration Committee is established as a Committee of the Chelsea and Westminster Hospital NHS Foundation Trust ('the Trust')) Council of Governors.

The NED Nominations and Remuneration Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Council of Governors approval.

2. Authority

The NED Nominations and Remuneration Committee is directly accountable to the Council of Governors of the Trust.

3. Aims

The Committee shall:

- Advise the Council of Governors on any appointment and removal of Non-Executive Directors, including the Trust Chairman.
- Oversee all aspects of the appointment process for Non-Executive Directors and the approval of arrangements for the termination of Directorships and other major contractual terms.
- Make recommendations to the Council of Governors regarding the remuneration of Non-Executive Directors, including the Trust Chairman.

The Committee will operate in accordance with principles outlined in the Monitor Code of Governance and any other relevant guidance from its successor, NHS Improvement, or from CQC and NHS England

4. Objectives

The NED Nominations and Remuneration Committee will:

4.1 Further the objectives and values of the Trust.

4.2 **Non-Executive Director appointments**

- Make recommendations to the Council of Governors on the recruitment, selection and appointment of the Chairman and Non-Executive Directors.

- Review the procedure for the recruitment and selection of the Chairman and Non-Executive Directors.

- Select a shortlist for interview of Chairman and/or Non-Executive Director candidates in accordance with the person specifications from the approved Trust candidate list.

4.3 **Performance Appraisal**

- Provide assurance to the Council of Governors on the Chairman's appraisal of the performance of each Non-Executive Director on an annual basis as part of the Non-Executive Director appraisal process.
- Provide assurance to the Council of Governors on the Senior Independent Director's appraisal of the Chairman.
- Assist in the designing of performance assessments for use in the Council of Governors' appraisal of the Board collectively and of Non-Executive Directors individually.

4.4 **Remuneration**

- Keep under review the fee scales for the Chairman and Non-Executive Directors, having due regard to market conditions, other FT Trust scales and national benchmarking information.

- To review Non-Executive Director allowances such as travel and mileage: telephone calls: printing and stationery and any other elated allowances for the Chairman and Non-Executive Director.

- Make recommendations to the Council of Governors on the fees and allowances for the Chairman and Non-Executive Directors.

4.5 **Succession Planning**

- Evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of future Non-Executive Directors, including the Chairman.

- Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board and make recommendations to the Board as appropriate.

5. Method of working

The NED Nominations and Remuneration Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

<u>Standard Items</u>

1. Apologies for absence

2. Declarations of interest

3. Minutes of the previous meeting

4. Business to be transacted by the Committee (which is likely to comprise multiple agenda items)

5. Any other business

6. Date of next meeting

All Minutes of the NED Nominations and Remuneration Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

6. Membership

The membership of the NED Nominations and Remuneration Committee comprises three public, two patient Governors, the Lead Governor and the Trust Chairman.

The Trust Chairman will, ordinarily, Chair the Committee. Where the Committee's business includes discussion with regard to the Chairman role, the Senior Independent Director will Chair the meeting.

The Committee may choose to invite other members of staff to act as advisors to the Committee (eg Chief Executive, Executive Director with responsibility for HR and Company Secretary), where appropriate. In addition, an independent external adviser may be invited to attend for all or part of any meeting, as and when appropriate. An independent external adviser should not be a member of or have a vote on the nominations committee.

The Company Secretary will ordinarily attend meetings of the Committee in order to take minutes, unless this is considered inappropriate given the nature of discussions.

7. Quorum

The quorum will be three elected Governors and the Trust Chairman or Senior Independent Director.

8. Frequency of Meetings

The NED Nominations and Remuneration Committee will meet at least on a biannual basis, with further meetings being arranged where necessary to undertake specific items of business relating to the Committee's duties.

Members are expected to attend a minimum of 75% of Committee meetings throughout the year.

9. Secretariat

Minutes and agenda to be circulated by the Company Secretary or equivalent.

10. Reporting lines

All recommendations made by the Committee will be presented to the Council of Governors for approval.

11. Openness

The agenda, papers and minutes of the NED Nominations and Remuneration Committee are considered to be confidential.

Approved: 09 September 2015
Reviewed: 19 July 2017
Approved: 19 July 2017
Reviewed: 20 June 2018
Approved: 26 July 2018
Reviewed: 27 June 2019
Approved: 25 July 2019
Reviewed: 17 March 2020
Approved: 16 April 2020
Reviewed: 22 April 2021

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	1.12/Apr/21
REPORT NAME	Council of Governors' Membership and Engagement Sub-Committee Terms of Reference
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	David Philips, Chair
PURPOSE	To maintain good governance.
REPORT HISTORY	Membership and Engagement Sub-Committee 07th April 2021 via e-governance
SUMMARY OF REPORT	The Membership and Engagement Sub-Committee Terms of Reference were reviewed by the sub-committee in early April via e-governance, scheduled as a rolling programme of annual review. The sub-committee proposes the attached terms of reference.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.

Council of Governors' Membership and Engagement Sub-Committee

Terms of Reference

1.0 Authority

1.1 The Council of Governors' Membership and Engagement Sub-Committee is constituted as a Sub-Committee of the Council of Governors under Standing Orders 4 and 5 of Annex 7 to the Trust Constitution. The purpose of the Sub-Committee is to assist the Council of Governors to implement and develop the Trust's Membership Recruitment, Engagement and Communications Strategy and to facilitate communication between the Trust's members and the Council of Governors.

1.2 Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a general meeting of the Council of Governors.

2.0 Role

2.1 The Council of Governors' Membership and Engagement Sub-Committee shall be responsible for providing advice and support on:

a) the production of material to recruit new members for the Trust and to engage members in the work of the Trust;
b) the content of the material on the hospital's website and publicity materials for use across the hospital sites and within the community;
c) the use of the Council of Governors' budget for the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy, membership engagement and communication calendar of events and membership recruitment calendar of events;
d) ensuring that publicity material is written in plain English, free of jargon and unexplained acronyms.

2.2 The Council of Governors shall not delegate any of its powers to the Sub-Committee and the Sub-Committee shall not exercise any of the powers of the Council of Governors.

3.0 Membership of the Sub-Committee

3.1 The Sub-Committee shall comprise 9 elected Governors from the public, patient and staff constituencies who are concerned with the implementation and development of the Trust's Membership Recruitment, Engagement and Communications Strategy.

3.2 The following Trust staff shall be members of the Sub-Committee:

a) The Director of Corporate Governance & Compliance
b) The Director of Communications or suitable deputy
c) The Membership Officer
d) The Board Governance Manager

e) In addition, the Sub-Committee may invite other people to attend including those from an external organisation

4.0 Quorum

4.1 A quorum shall comprise:
(1) 3 Governors
(2) 2 trust staff: one of either Director of Corporate Governance & Compliance, or Board Governance Manager and Membership Officer.

5.0 Frequency of meetings

5.1 The Sub-Committee shall meet twice per year and shall report to the Council of Governors after each meeting.

6.0 Attendance requirements

6.1 The Sub-Committee members are expected to attend a minimum one out of two meetings in a year.

7.0 Planning and administration of meetings

7.1 The Sub-Committee shall elect from its membership, a Governor to serve as Chairman to serve for term agreed by the Sub-Committee. The Chairman will be eligible for re-election after the term has expired.

7.2 The Sub-Committee shall elect from its membership, a Governor to serve as a Deputy Chairman who will be appointed at the same time as the Chairman.

7.3 The Membership Officer will support the planning of the Sub-Committee.

7.4 The Membership Officer will act as secretary to the Sub-Committee.

7.5 The Membership, Engagement and Communications and Recruitment Plans will be agreed by the Sub-Committee and ratified by the Council of Governors.

8.0 Review

8.1 The terms of reference of the Sub-Committee shall be reviewed by the Council of Governors annually.

Reviewed by the Membership and Engagement Sub-Committee on 20 April 2017
Approved by the Council of Governors on 18 May 2017
Reviewed by the Membership and Engagement Sub-Committee on 19 April 2018
Approved by the Council of Governors on 17 May 2018
Reviewed by the Membership and Engagement Sub-Committee on 31 January 2019
Approved by the Council of Governors on 25 April 2019
Reviewed by the Membership and Engagement Sub-Committee on 25 March 2020
Approved by the Council of Governors on 23 April 2020

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	2.1/Apr/21
REPORT NAME	Integrated Performance Report – January 2021
AUTHOR	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
LEAD	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
PURPOSE	To report the combined Trust's performance for January 2021 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
REPORT HISTORY	Executive Management Board 17 February 2021 Quality Committee 2 March 2021 Board of Directors 4 March 2021
SUMMARY OF REPORT	The Integrated Performance Report shows the Trust performance for January 2021. **A&E 4 Hour Standard** A&E performance was non-compliant in January at 83.47%. The departments remain challenged by the requirements of Infection Control guidance, both for managing the risk of infection within the department and when admitting patients to an inpatient area. Activity remains below that of 2020. If the Trust had been reporting we would be ranked 26th nationally. Based on the London COVID surge, the Trust continues to deliver ahead of its peers at a very challenging time. **Cancer** The final validated position for December was 84.42%. Recovery plans and robust clinical reviews are place, and pathway milestones are being monitored. Pre-validated position for January is currently 72.22%. **RTT** RTT performance is validated at 78.06% which is a further improvement of 1.27%. However, due to the most recent shut down of Elective Care for all apart from priority 1 and priority 2 patients, it is expected this position will deteriorate ahead of a full restart. Current Patient Tracking List stands at 33,598 which is a reduction of 238. The increased validation resource remains in place to support the trust retaining accurate visibility of waiters. **RTT 52 Week waits** The validated position at the end of January is 769 patients waiting over 52 weeks. Due to the cessation of routine elective activity the position against the Trust long waiters will remain challenged. All Long waiting patients have been clinically reviewed and will be treated in clinical priority order. This continues to be an on-going process as patients move through their pathway. The position across

	London and nationally continues to worsen. Following the most recent surge this will continue to be impacted and will further deteriorate. **Diagnostic wait times <6weeks** Performance has been impacted by the 2nd wave. While activity has been maintained at a higher level than the previous wave the recent improvements will be impacted. It is expected this will again improve in the coming months.
KEY RISKS ASSOCIATED:	There are significant risks to the achievement of all of the main performance indicators, including A&E, RTT, Cancer & Diagnostics.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION / ACTION	For information.

TRUST PERFORMANCE & QUALITY REPORT

January 2021

NHSI Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	91.49%	87.10%	84.17%	91.37%	94.88%	88.68%	82.98%	92.41%	93.39%	88.01%	83.47%	83.47%	91.95%		!
RTT	18 weeks RTT - Incomplete (Target: >92%)	75.55%	77.32%	78.79%	67.12%	75.20%	75.93%	76.99%	69.68%	75.42%	76.79%	78.06%	78.06%	68.08%		!
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.79%	97.36%	97.61%	97.57%	97.93%	97.19%	95.16%	96.31%	97.87%	97.26%	96.14%	n/a	96.52%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	97.35%	98.97%	91.38%	99.01%	97.35%	98.97%	91.38%	n/a	99.01%		-
(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jan-21) in this report	31 days diagnosis to first treatment (Target: >96%)	96.55%	95.74%	82.61%	96.19%	94.12%	92.21%	85.51%	94.55%	95.41%	93.55%	84.35%	n/a	94.86%		!
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	n/a	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100%	n/a	n/a	n/a	81.82%	n/a	n/a	n/a	n/a	83.33%		-
	62 days GP referral to first treatment (Target: >85%)	72.46%	86.79%	73.21%	64.16%	63.64%	83.17%	71.59%	73.21%	67.81%	84.42%	72.22%	n/a	69.91%		!
	62 days NHS screening service referral to first treatment (Target: >90%)	100%	n/a	100%	100%	n/a	75.00%	100%	68.42%	100%	75.00%	100%	n/a	71.43%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	0	1	11	1	1	1	12	2	1	2	2	23		!
Learning Difficulties	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant		-

Please note the following three items	n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators	!	Either Site or Trust overall performance red in each of the past three months
Note that all Cancer indicators show interim, unvalidated positions for the latest month (Jan-21) and are not included in quarterly or yearly totals		

A&E 4 Hour Standard

A&E performance was non-compliant in January at 83.47%.
The departments remain challenged by the requirements of IPC guidance, both for managing the risk of infection within the department and when admitting patients to an inpatient area. Activity remains below that of 2020. If the Trust had been reporting we would be ranked 26th nationally. Based on the London COVID surge the Trust continues to deliver ahead of its peers at a very challenging time.

Cancer
The Final validated position for December was 84.42%. Recovery plans and robust clinical reviews are place, and pathway milestones are being monitored. Pre validated position for January is currently 72.22%.

RTT
RTT performance is validated at 78.06% which is a further improvement of 1.27%. However due to the most recent shut down of Elective Care for all apart from priority 1 and priority 2 patients it is expected this position will deteriorate ahead of a full restart.

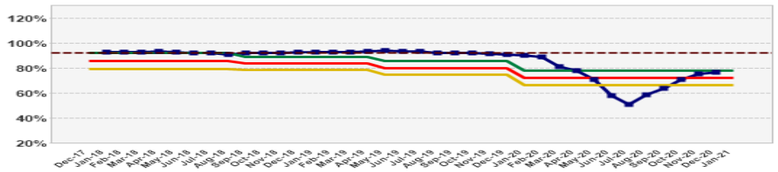
Current Patient Tracking List stands at 33,598 which is a reduction of 238. The increased validation resource remains in place to support the trust retaining accurate visibility of waiters.

CDiFF
There were 2 Trust attributed cases of CDI in January 2021, 1 case occurring at each site. The CW RCA meeting has not yet been held, the RCA meeting of the WM case identified that antibiotic prescribing and review were not in keeping with Trust guidelines and may have contributed to the development of this case. An audit of antibiotic prescribing on AMU will be conducted by the antimicrobial pharmacist to ascertain the scale of this issue.

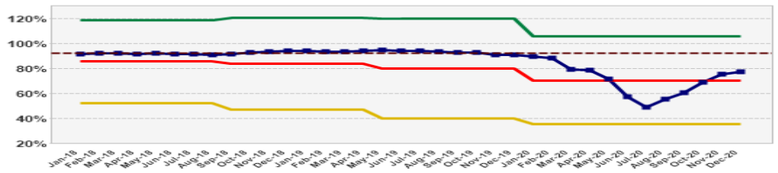
SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 37 months December 2017 to January 2021

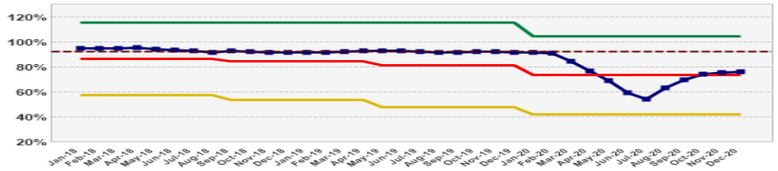
RTT Incomplete pathways
Trust Total



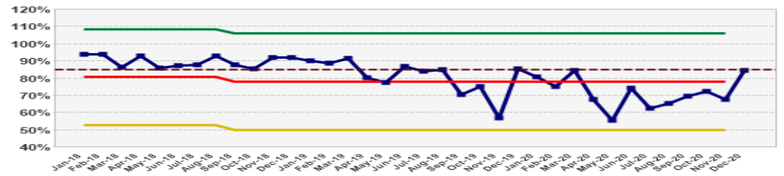
Chelsea and Westminster



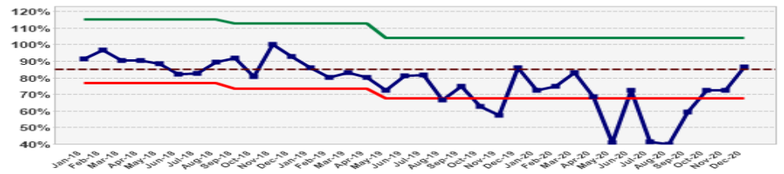
West Middlesex



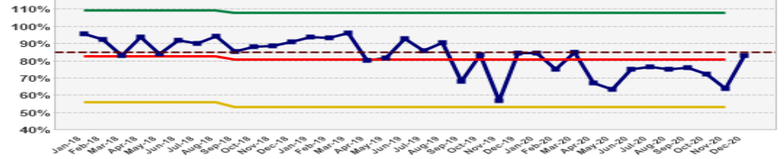
Cancer: 62 day standard
Trust Total

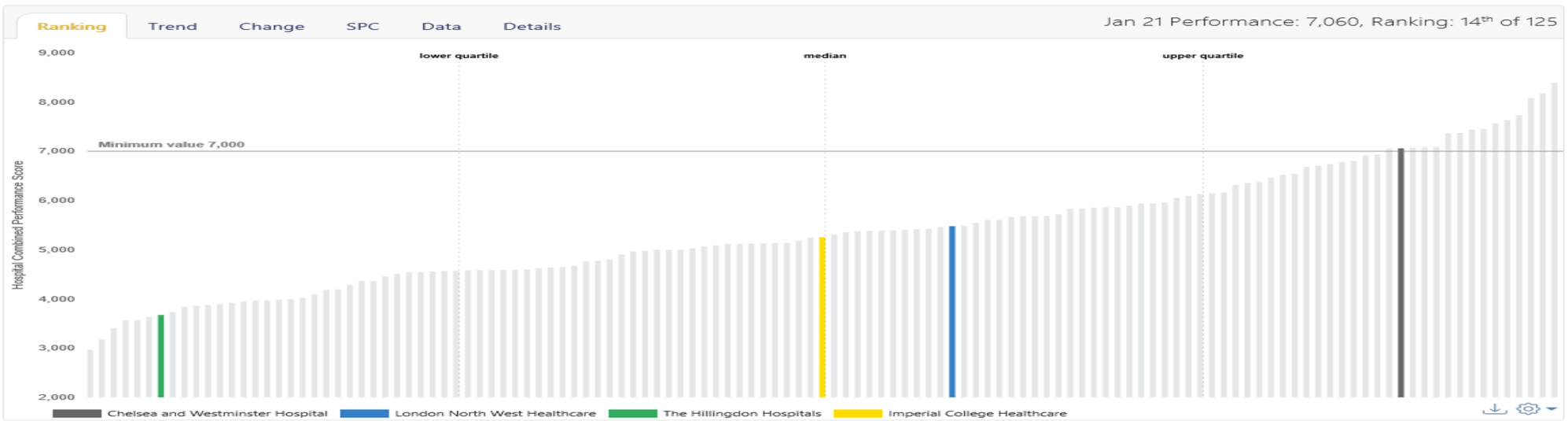


Chelsea and Westminster



West Middlesex

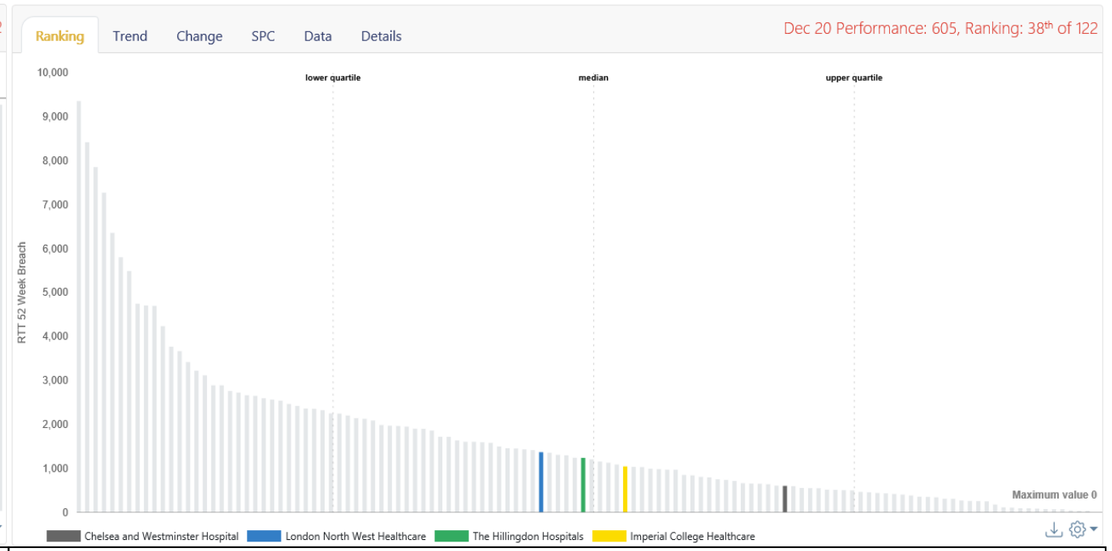




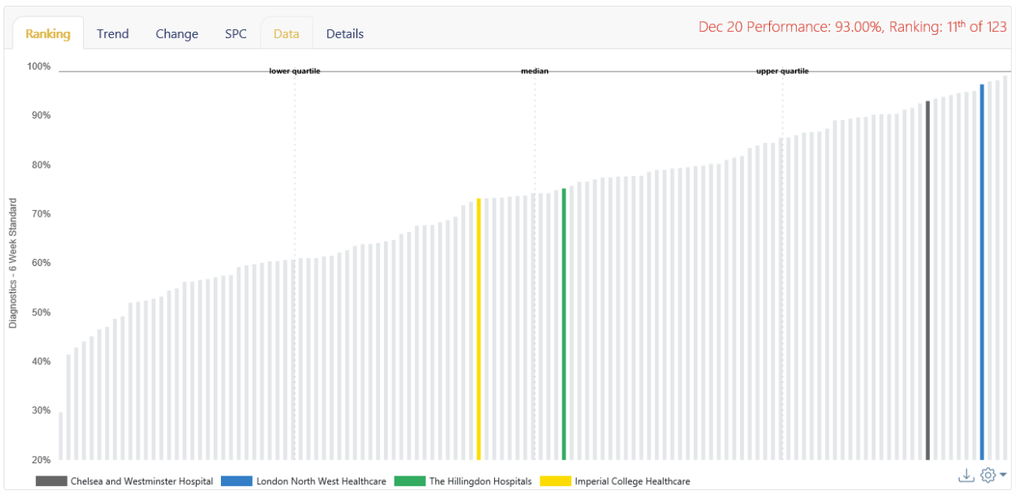
This Chart presents the relative combined score across a number pertinent Acute Trust Metrics. Chelsea & Westminster Hospital Foundation NHS Trust Is currently ranked as the 14th best performing Trust in the country

Please note, the below charts are for comparative purposes only and are 1 month retrospective

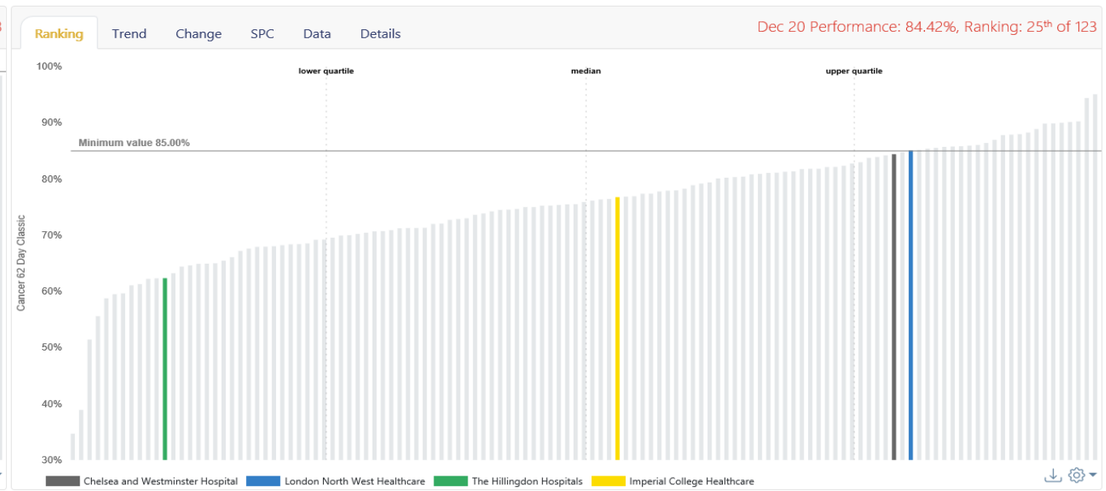
The chart above shows the relative ranking against the RTT 18 week standard. The Trust is currently ranked 20th of 124 Trusts nationally which is a positive improvement from 27th. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the RTT 52ww standard. The Trust is currently ranked 38th of 124 Trusts nationally which is a positive improvement from 41st. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the 6 Week Diagnostic Standard. The Trust is currently ranked 11th of 125 Trusts nationally which is a positive improvement from 13th. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the 62 Day Cancer Standard. The Trust is currently ranked 25th of 125 Trusts nationally which is a worsened position from 102nd. The chart also demonstrates the position across the ICS. Month on month performance against this standard improves as the legacy COVID backlog is cleared.

Safety Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	2	3	0	0	0	0	0	0	2	2	3		-
	Hand hygiene compliance (Target: >90%)	97.5%	97.5%	82.1%	92.0%	97.7%	98.2%	88.0%	94.1%	97.6%	97.8%	84.5%	84.5%	93.0%		-
Incidents	Number of serious incidents	4	3	2	35	4	2	1	23	8	5	3	3	58		-
	Incident reporting rate per 100 admissions (Target: >8.5)	10.7	11.1	12.6	11.6	12.1	10.3	12.6	12.1	11.4	10.7	12.6	12.6	11.9		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.04	0.02	0.00	0.03	0.04	0.00	0.00	0.02	0.04	0.01	0.00	0.00	0.03		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.00	6.08	5.00	5.51	3.43	3.16	2.42	3.34	3.76	4.64	3.77	3.77	4.47		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	1.4%	0.6%	0.0%	0.0%	3.1%	1.1%	0.0%	0.0%	1.9%	1.9%	0.8%		-
Harm	Never Events (Target: 0)	0	1	0	1	0	0	0	1	0	1	0	0	2		-
	NEWS compliance %															-
	Safeguarding adults - number of referrals	24	28	27	255	42	31	28	278	66	59	55	55	533		-
	Safeguarding children - number of referrals	45	30	37	329	134	129	115	1061	179	159	152	152	1390		-
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.79	0.78	0.78	0.78	0.79	0.78	0.78	0.78	0.79	0.78	0.78	0.78	0.78		-
	Number of hospital deaths - Adult	40	51	112	467	71	96	231	865	111	147	343	343	1332		-
Mortality	Number of hospital deaths - Paediatric	0	1	1	7	0	0	0	0	0	1	1	1	7		-
	Number of hospital deaths - Neonatal	2	1	3	14	0	1	1	8	2	2	4	4	22		-
	Number of deaths in A&E - Adult	2	4	2	21	4	5	17	68	6	9	19	19	89		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	3	0	0	0	0	3		-

Medication-related safety incidents

A total of 121 medication-related incidents were reported in January 2021. CW site reported 83 incidents, WM site reported 37 incidents and there was 1 incident reported in community. The number of incidents reported in January has reduced from the number of incidents reported in December (134 incidents).

Medication-related (NRLS reportable) safety incidents per 1000 FCE bed days

The Trust position of medication-related incidents involving patients (NRLS reportable) for January 2021 was 3.58 per 1,000 FCE bed days which falls below the Trust target of 4.2 per 1,000 FCE bed days. CW site remains above target in the number of incidents reported in January, however WM site has again fallen below target. Strategies to improve medication-related incident reporting particularly at the WM site will continue to be a focal theme of discussion for the MSG, when meetings resume in due course.

Medication-related (NRLS reportable) safety incidents % with harm

The Trust had 1% of medication-related safety incidents with moderate harm and above in January 2021, which is in line with the Trust target of ≤2%. This accounts for one moderate harm incident involving missed doses of rotigotine patch in a patient nearing end of life.

MRSA

There were 2 reported cases of MRSA at the West Middlesex site in January and are under review.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
Complaints	FFT: Inpatient satisfaction % (Target: >90%)	97.9%	95.6%	95.4%	95.6%	96.6%	93.6%	96.1%	96.1%	97.2%	94.5%	95.9%	95.9%	95.9%		-
	FFT: Inpatient not satisfaction % (Target: <10%)		2.6%	3.5%	1.6%	0.5%	1.8%	2.1%	0.9%	0.3%	2.2%	2.5%	2.5%	1.2%		-
	FFT: Inpatient response rate (Target: >30%)	20.2%	50.0%	21.5%	19.2%	22.6%	65.9%	50.4%	25.0%	21.5%	57.2%	36.5%	36.5%	22.0%		-
	FFT: A&E satisfaction % (Target: >90%)	91.5%	88.6%	92.9%	89.9%	94.8%	87.1%	88.2%	92.3%	92.6%	88.1%	91.5%	91.5%	90.6%		-
	FFT: A&E not satisfaction % (Target: <10%)	5.5%	6.6%	4.8%	5.8%	4.1%	7.3%	9.1%	5.2%	5.1%	6.8%	6.1%	6.1%	5.6%		-
	FFT: A&E response rate (Target: >30%)	21.3%	14.2%	13.1%	20.0%	26.3%	16.6%	11.0%	22.1%	22.7%	14.9%	12.4%	12.4%	20.6%		!
	FFT: Maternity satisfaction % (Target: >90%)	90.5%	83.2%	93.9%	86.2%	96.4%	100.0%	100.0%	94.8%	91.2%	84.4%	94.4%	94.4%	87.8%		-
	FFT: Maternity not satisfaction % (Target: <10%)	6.3%	12.4%	4.0%	8.7%	3.6%	0.0%	0.0%	4.4%	6.0%	11.5%	3.7%	3.7%	7.9%		-
	FFT: Maternity response rate (Target: >30%)	23.6%	25.7%	26.0%	19.3%	9.4%	100.0%	33.3%	10.3%	20.2%	27.2%	26.5%	26.5%	16.6%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints (informal) through PALS	40	19	16	189	23	18	19	158	42	39	34	34	347		-
	Complaints formal: Number of complaints received	19	21	15	145	17	10	4	104	32	23	12	12	249		-
	Complaints formal: Number responded to < 25 days	15	13	8	389	28	31	15	379	68	50	31	31	768		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	! Either Site or Trust overall performance red in each of the past three months
Regarding Friends and Family Tests:	These metrics are currently suspended and will be re-instated it this report when brought back on line		

PALS & Complaints

The number of complaints received and investigated has remained low again during January 2021. Our performance with responding to complaints within the 25 day KPI (95%) was met at 95%.
Similarly the number of PALS concerns logged remains low and our performance with responding to the 5-day KPI (90%) during December exceeded this at 93%.
We are aiming to resolve as many concerns instantly and for January 2021 this was 83% (190) of the concerns received for that month.
We have four complaints with the PHSO. Two are for EIC and one each for PC and WCH Divisions.

FFT

The new patient experience portal is now completed after some initial start-up issues regarding the alignment of data extracts which fed into the system.
All key staff have super-user access to the new system, which means they can view their area scores in real time; enabling them to influence and rectify any feedback immediately, rather than waiting for their monthly data to be sent to them. This additional functionality requires organisational culture change and the Patient Experience team are working with managers to use the real-time data proactively.
Maternity and A&E response rates remain low, although there has been a month-on-month improvement. Uptake of patients responding to SMS surveys has been identified as the cause, so tablet devices and posters with QR codes have been displayed in areas which enables patients to provide feedback whilst in the departments. Managers are engaged with the improvement initiate and aware of importance of FFT opportunities for their patients.
The Patient Experience team are currently redeployed to support Covid, however continue to support all areas across the Trust.

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	11.18	2.22	1.92	4.81	2.11	1.38	2.50	2.77	10.24	2.12	1.97	1.97	4.65		-
	Average length of stay - non-elective (Target: <3.95)	4.56	4.31	5.97	4.14	3.29	3.21	3.89	3.27	3.84	3.67	4.76	4.76	3.65		!
	Emergency care pathway - average LoS (Target: <4.5)	5.35	6.09	7.17	4.90	3.97	3.68	4.63	3.84	4.44	4.47	5.48	5.48	4.22		!
	Emergency care pathway - discharges	166	172	172	1729	322	355	341	3096	489	527	513	513	4825		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.98%	5.54%	5.79%	5.89%	10.29%	11.45%	11.57%	11.46%	7.58%	8.69%	9.01%	9.01%	8.78%		!
	Non-elective long-stayers	359	350	197	3193	305	324	117	2719	664	674	314	314	5912		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	75.5%	84.2%	100.0%	80.4%	93.6%	94.9%	100.0%	95.4%	81.9%	86.7%	100.0%	100.0%	85.4%		-
	Operations canc on the day for non-clinical reasons: actuals	0	0	0	15	4	1	0	22	4	1	0	0	37		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.00%	0.00%	0.10%	0.35%	0.10%	0.00%	0.33%	0.11%	0.04%	0.00%	0.00%	0.17%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	3	0	17	2	1	0	5	2	4	0	0	22		-
	Theatre Utilisation (Target >85%)	66.9%	65.7%	35.3%	61.3%	69.8%	68.8%		67.5%	67.6%	66.6%	35.3%	35.3%	63.0%		!
Outpatients	First to follow-up ratio (Target: <1.5)	2.25	2.33	2.51	2.46	2.04	2.18	2.32	2.24	2.17	2.26	2.43	2.43	2.36		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.2	9.9	11.4	9.8	8.0	6.7	8.6	8.8	9.2	8.4	10.1	10.1	9.4		!
	DNA rate: first appointment	7.3%	8.6%	8.1%	8.0%	7.4%	7.1%	6.4%	6.4%	7.3%	7.9%	7.4%	7.4%	7.4%		-
	DNA rate: follow-up appointment	7.5%	8.0%	7.6%	7.9%	6.9%	7.1%	7.5%	6.1%	7.2%	7.6%	7.5%	7.5%	7.2%		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Theatre Metrics

These indicators have been impacted by the cessation of activity over the period and are not comparable with recent months.

Outpatient

These indicators would have been impacted by the cessation of activity over the period and are not comparable with recent months

Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	97.2%	84.4%	7.1%	75.6%	93.7%	86.1%	24.0%	69.3%	95.2%	85.1%	16.4%	16.4%	72.2%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	100.0%	100.0%	95.2%	100.0%	94.4%	58.8%	88.4%	100.0%	97.2%	78.1%	78.1%	91.2%	-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	84.6%	83.3%	91.7%	81.5%	100.0%	91.7%	100.0%	92.5%	94.3%	90.0%	92.9%	92.9%	87.5%	-
VTE	VTE: Hospital acquired	1	1	0	3	4	1	1	12	5	2	1	1	15	-
	VTE risk assessment (Target: >95%)	89.6%	89.3%	78.2%	82.8%	96.2%	96.2%	72.2%	87.2%	92.7%	92.7%	75.2%	75.2%	85.0%	!
TB Care	TB: Number of active cases identified and notified	4	3	1	23	10	10	9	81	14	13	10	10	104	-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Dementia screening

Older adult team nurses (including lead nurse) have all been redeployed since December. The team are now coming back from redeployment, so we expect to see an improved position.

VTE Risk Assessment

The VTE recorded performance was significantly down on both sites in January. This coincided with the Cerner prompt and reminder being unintentionally turned off for a 3 week period in the month. For reassurance there was a retrospective manual audit on acute admissions performed on both hospital sites during this period, which showed a 98% concordance with VTE guidance (CW 100%; WM 97%). Currently February recorded data is in keeping with previous levels.

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	283	334	469	2418	250	271	300	1553	533	605	769	769	3971		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	90.43%	91.06%	86.86%	62.18%	94.18%	94.71%	89.61%	60.87%	92.43%	93.01%	88.41%	88.41%	61.47%		!
	Diagnostic waiting times >6 weeks: breach actuals	277	258	310	16284	193	175	318	19724	470	433	628	628	36008		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.5%	9.6%	9.4%	9.5%	7.6%	8.1%	9.1%	8.3%	8.8%	9.0%	9.3%	9.3%	9.1%		!
	A&E time to treatment - Median (Target: <60')	00:31	00:34	00:43	00:35	00:49	00:55	00:56	00:49	00:40	00:46	00:51	00:51	00:44		-
	London Ambulance Service - patient handover 30' breaches	4	3	0	60	53	145	258	697	57	148	258	258	757		-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	33	61	94	0	33	61	61	94		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

RTT 52 Week waits

The Validated position at the end of January is 769 patients waiting over 52weeks. Due to the cessation of routine elective activity the position against the Trust long waiters will remain challenged. All Long waiting patients have been clinically reviewed and will be treated in clinical priority order. This continues to be an on-going process as patients move through their pathway. The position across London and nationally continues to worsen. Following the most recent surge this will continue to be impacted and will further deteriorate.

Diagnostic wait times <6weeks

Performance has been impacted by the 2nd wave. While activity has been maintained at a higher level than the previous wave the recent improvements will be impacted. It is expected this will again improve in the coming months.

Maternity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
Birth indicators	Total number of NHS births	465	427	448	4540	365	381	374	3833	830	808	822	822	8373		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	37.8%	36.0%	35.8%	37.4%	39.4%	32.9%	33.8%	33.6%	38.5%	34.5%	34.9%	34.9%	35.6%		!
	Midwife to birth ratio (Target: 1:30)	1:29.5	1:27	1:27	1:29.5	1:29	1:28	1:28	1:29	1:29.25	1:27.5	1:27.5	1:27.50	1:28.82		-
	Maternity 1:1 care in established labour (Target: >95%)	97.9%	98.5%	97.5%	97.5%	98.0%	97.8%	98.4%	97.7%	97.9%	98.1%	97.9%	97.9%	97.6%		-
Safety	Admissions of full-term babies to NICU	21	18	8	154	n/a	n/a	n/a	n/a	21	18	8	8	154		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months

Caesarean Birth

Consistent across both sites and reflective of rates seen within the local network. Most frequent Indication for emergency cs was lack of progress in labour and fetal distress. Most frequent indication for an elective CS was previous CS.

WM - Elective CS 11.4% (42 births) and Emergency 22% (83 births)

CW - Electives CS 12.4% (55 births) and Emergency 23% (104 births)

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months	
Domain	Tumour site	Nov-20	Dec-20	Jan-21	2020-2021	YTD breaches	Nov-20	Dec-20	Jan-21	2020-2021	YTD breaches	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		80.0%	100%	100%	77.6%	18.5	80.0%	100%	100%	n/a	77.6%	18.5		-
	Colorectal / Lower GI	81.0%	77.8%	100%	60.0%	18	71.4%	100%	37.5%	77.1%	13	78.6%	84.6%	50.0%	n/a	67.5%	31		!
	Gynaecological	100%	n/a	50.0%	64.7%	4	100%	77.8%	57.1%	73.8%	9.5	100%	77.8%	54.5%	n/a	71.8%	13.5		-
	Haematological	66.7%	100%	n/a	68.2%	3.5	50.0%	100%	60.0%	79.3%	5	57.1%	100%	60.0%	n/a	74.5%	8.5		-
	Head and neck	n/a	60.0%	n/a	60.0%	2	n/a	n/a	75.0%	30.8%	5	n/a	60.0%	75.0%	n/a	43.5%	7		-
	Lung	80.0%	100%	80.0%	76.2%	3	85.7%	0.0%	66.7%	65.2%	4.5	83.3%	25.0%	75.0%	n/a	70.5%	7.5		!
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	0.0%	1.5	n/a	n/a	n/a	n/a	0.0%	1.5		-
	Skin	95.7%	92.0%	81.0%	89.5%	10	80.0%	90.5%	55.6%	95.6%	4.5	92.9%	91.3%	73.3%	n/a	92.1%	14.5		-
	Upper gastrointestinal	0.0%	100%	100%	52.4%	5	n/a	0.0%	0.0%	68.4%	4	0.0%	62.5%	50.0%	n/a	60.0%	9		!
	Urological	-57.1%	83.3%	60.0%	18.5%	37	64.9%	79.4%	100%	58.4%	46	45.5%	80.0%	81.4%	n/a	47.7%	83		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		n/a	100%	n/a	88.2%	1	n/a	100%	n/a	n/a	88.2%	1		-

Please note the following	n/a	Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs	! Either Site or Trust overall performance red in each of the past three months
		Please note that all indicators show interim, unvalidated positions for the latest month (Jan-21) and are not included in quarterly or yearly totals	

Trust commentary

No commentary available yet

Split by Tumour site the breaches and treatment numbers for December 2020 were as follows:

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			0	9
Gynaecology			1	4.5
Haematology	0	1	0	3
Head and Neck	0	2.5	1	0
Colorectal	1	4.5	0	2
Lung	0	0.5	1.5	1.5
Skin	1	12.5	1	10.5
Testicular			0	1
Upper GI	0	2.5	1.5	1.5
Urology	0.5	3	3.5	17
Other			0	0.5
Total:	**2.5**	**26.5**	**9.5**	**50.5**

Safe Staffing & Patient Quality Indicator Report – Chelsea Site

January 2021

Month	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		January 21 Vacancy Rate	January 21 Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FFT December 2020/21
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total				Qualified	Un-qualified	Moderate		Severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Maternity	101%	80%	100%	97%	11.4	4	15.3	15.3		3%	9%	13%		5							
Annie Zunz	189%	129%	136%	215%	5.2	2.5	7.7	7.8		6%	12%	0%	2	11							100.0%
Apollo	67%	-	54%	-	11.3	0	11.6	10.9		13%	24%	0%									
Jupiter	-	-	-	-	-	-	-	10.9		53%	52%	0%		1							
Mercury	113%	127%	113%	-	7.5	0.6	8.2	9.3		17%	3%	40%									
Neptune	-	-	-	-	-	-	-	10.9		17%	18%	67%		1							
NICU	93%	-	92%	-	14	0	14	26		6%	14%	21%									
AAU	115%	68%	112%	92%	8	1.8	10	7.8		9%	12%	43%	11	56		2		1			96.8%
Nell Gwynne	98%	58%	125%	77%	4.8	3.4	8.2	7.3		6%	0%	35%	6	29							81.8%
David Erskine	138%	102%	169%	170%	6	4.3	10.3	7		-6%	8%	10%									90.9%
Edgar Horne	100%	83%	112%	91%	3.5	2.7	6.1	6.9		12%	6%	18%	7	16							96.9%
Lord Wigram	69%	73%	76%	83%	4.8	3.5	8.4	7		3%	3%	5%	1	24							92.0%
St Mary Abbots	86%	64%	94%	102%	3.5	2	5.8	7.2		13%	9%	0%		4							100.0%
David Evans	95%	112%	110%	341%	4.1	2.1	6.5	7.2		7%	1000%	12%	2	14							94.8%
											0%										
Chelsea Wing	-	-	-	-	-	-	-	7.2		31%	7%	18%	1	2							
Burns Unit	60%	104%	76%	100%	9.3	3.3	12.7	N/A		10%	18%	15%	1	11							96.0%
Ron Johnson	105%	120%	106%	134%	6.3	4.1	10.4	7.4		6%	10%	20%									95.8%
ICU	286%	101%	287%	101%	30.5	3.5	34.3	26		-1%	16%	133%	1	5							
Rainsford Mowlem	104%	41%	106%	67%	3.5	2	5.7	7.3		11%	9%	14%	8	81	1	2					90.3%

Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

January 2021

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark		Vacancy Rate	January 21 Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FFT December 2020/21
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA					Qualified	Un-Qualified	Moderate		Severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	99%	101%	102%	98%	3.4	3.1	6.5	7.3		1.2%	0.0%	6.4%	1	32					1	17	
Richmond	-	-	-	-	-	-	-	7.2			3.9%	0.0%									
Syon 1 cardiology	86%	92%	76%	137%	3.9	2.5	6.4	8		9.4%	0.0%	0.0%	8						3	24	
Syon 2	92%	91%	89%	90%	3.3	2.8	6.4	7.3		13.9%	11.4%	20.0%	8	51					2	27	
Starlight	88%	-	89%	-	7.7	0.4	8.1	10.9		4.4%	22.3%	0.0%							1	23	
Kew	94%	75%	98%	88%	3.1	2.3	5.6	6.9		-3.7%	9.5%	12.1%	12	49	1	1					
Crane	96%	71%	99%	81%	3.2	3	6.2	6.9		12.8%	3.3%	7.5%	5	46		2					
Osterley 1	74%	68%	65%	102%	2.8	2.4	5.4	7		-3.8%	14.8%	0.0%	7	40					1	19	
Osterley 2	56%	65%	58%	98%	3.3	2.6	6.1	7.2		10.0%	2.7%	17.5%	1	30		1			1	12	
MAU	114%	151%	121%	154%	6	2.8	8.9	7.8		9.3%	11.4%	0.0%	8	92					4	70	
Maternity	104%	67%	106%	87%	7.2	1.9	9.1	15.3		2.0%	5.6%	1.2%		1		1			3	22	
Special Care Baby Unit	90%	100%	79%	100%	8	3	11	10.9		8.3%	3.8%	0.0%									
Marble Hill 1	111%	88%	87%	165%	3.3	2.6	6	7.3		20.7%	7.0%	12.5%	10	56		1			5	29	
Marble Hill 2	100%	85%	99%	152%	3.5	2.9	6.4	6.5		0.4%	20.7%	14.9%	10	65					3	23	
ITU	371%	103%	255%	101%	28.5	6.2	35.1	26		-3.2%	11.4%	0.0%		2					2	26	

Safe Staffing & Patient Quality Indicator Report

January 2021

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD). This is then benchmarked against the national benchmark and triangulated with associated quality indicators, staffing vacancy/turnover and patient experience for the same month. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on patient outcomes and experience. Wards at the Chelsea Site such as Ron Johnson, David Erskine, Edgar Horne, David Evans and Saint Marys Abbots are referred to by their roster name rather than their present physical location.

During this second wave of the COVID pandemic elective surgery was paused prior to Christmas. Chelsea Wing and the Day Surgery Unit at the West Mid Site closed during January. As numbers of admitted patients reduced throughout the month of January other wards were closed as bed capacity allowed. This allowed staff to be deployed to other wards to maintain patient safety. HCA fill rates were low across many wards but following intensive recruitment in December and January this position will be rectified shortly. At West Mid Site, in particular, the sickness levels on the medical and surgical wards was high. On both sites, staff were booked, redeployed and agency staff were allocated to wards/hospital sites on arrival on a shift by shift basis. This process was overseen by a twice daily dedicated nursing staffing meeting across site. Extra staff were redeployed from outpatients and the Specialist Nurse teams to cover gaps. It was not possible to make all changes in relation to staff deployment on Healthroster due to the complexity of the situation and work pressures.

David Erskine and AMU had high fill rates due to the additional staff required to care for the increased number of COVID patients on non-invasive ventilation in their areas. Jupiter remained closed and Neptune was designated as an adult ward hosting Ron Johnson. This ward had an increased number of unwell, immobile patients and thus increased staffing levels. Annie Zunz relocated to David Erskine and the increased bed capacity from 12 to 28 beds is reflected in the high planned and actual fill rates. Nursing ratios were reduced on Apollo due to lower acuity patients being cared for in this area.

Saint Mary Abbotts had low fill HCA rates as HCAs were deployed to higher acuity areas with COVID positive patients such as Edgar Horne and bank was unable to backfill. RN shifts were supported by Specialist Nurses for Stoma and Urology. David Evans had high staffing fill rates on nights as it increased its bed base to 28 (where as they are normally staffed to 22 beds). Paediatric nurses worked HCA shifts to increase the fill rate. Lord Wigram fill rates were due to changes to the ward profile and the number of beds, staff were deployed accordingly. Nell Gwynne had high RN fill rates at night due to patients requiring tracheotomy care.

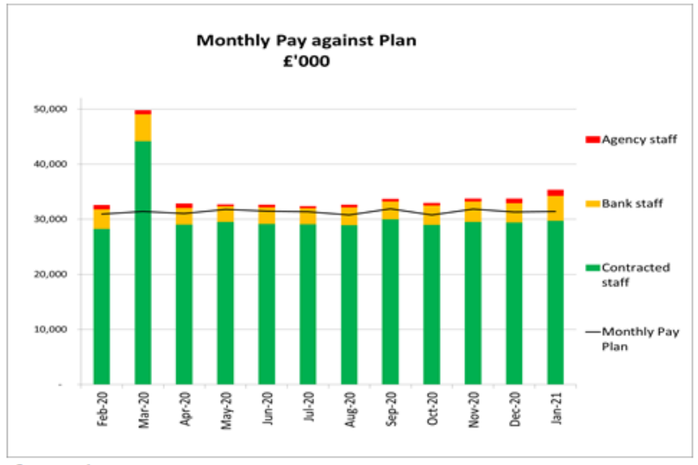
Marble Hill 1 had higher fill rates for HCAs due to patients requiring 1 to 1 care. Osterley 1 and Osterley 2 had low RN fill rates due to sickness and 7 and 12 RNs respectively being deployed to ICU. Bank were not able to backfill all shifts. There were also a fluctuating number of filled beds, particularly on Osterley 2. The high RN fill rate on WM ICU and CW ICU was due to the rise in numbers of COVID19 patients, three-fold increase in bed base and the deployment of bed buddies. Burns staffing levels were supplemented by ICU staffing and burns patients were managed as day cases wherever possible.

In January there were two falls with moderate harm; one on Rainsford Mowlem and one on Kew ward.
The Family and Friends report for the Chelsea site relates to December as January figures were unavailable at the time of the report. Annie Zunz and St Mary Abbots both scored 100% with only one ward scoring below 90%. The figures for the West Mid site were not available as QlikView is being updated.

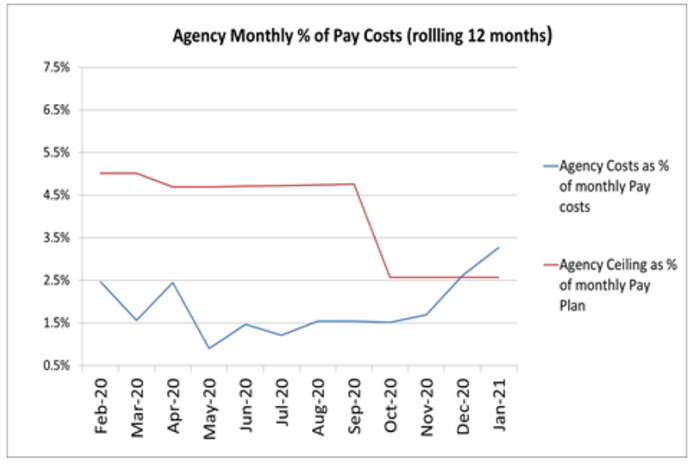
Finance Dashboard M10 2020/21

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	556,427	592,631	36,204
Expenditure			
Pay	(313,878)	(332,888)	(19,010)
Non-Pay	(214,620)	(233,885)	(19,266)
EBITDA	27,930	25,858	(2,072)
EBITDA %	5.02%	4.36%	-0.7%
Depreciation	(17,848)	(17,837)	12
Non-Operational Exp-Inc	(13,479)	(37,396)	(23,917)
Surplus/Deficit	(3,398)	(29,375)	(25,977)
Control total Adj - Donated asset, Impairment & Other	(82)	24,605	24,687
Adjusted Surplus/Deficit	(3,480)	(4,770)	(1,290)

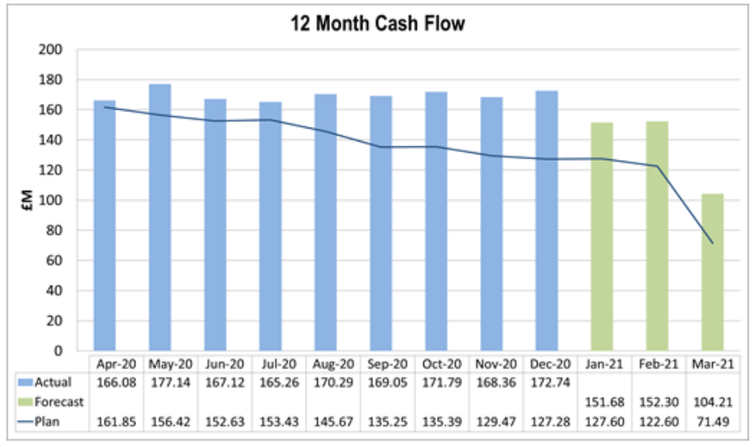
The Trust is reporting a £4.77m deficit against the control total which is £1.29m behind plan. The position includes an accrual/actual income of £22.9m to address shortfalls in our funding model and expenditure related to our COVID-19 response. The YTD position includes an impairment charge of £24.69m, this does not impact the Trust control total.
Income: Contractual income from CCG and NHS England continues on a block at the same level as M1-6. Activity levels continue to decrease compared to M9, the reductions were seen in A&E, elective, outpatient and diagnostics, however outpatient virtual activity has increased in M10. Maternity deliveries and ante natal booking remain fairly stable. Critical care is the only areas where we saw the highest levels of activity to date. Local authority income, which is two months behind schedule has recovered considerably. NHS Non-contracted activity income has been added to the sector baseline and added to the top up now received from CCGs (M7-12), but sexual health is being billed as normal.



Comment
The pay cost spike in March 2020 includes two exceptional items of £14.6m full year notional charge for 6.3% employer Pension contributions and £2m COVID-19 holiday accruals costs.

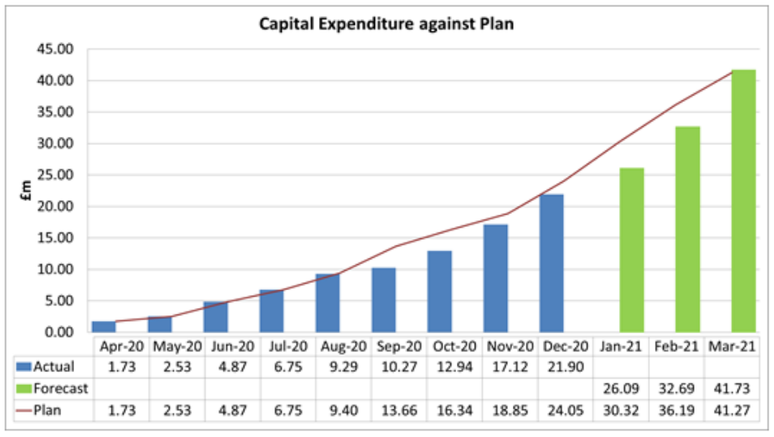


Comment
The Trust submitted a revised plan for M7-12, this included a change to the agency plan which is more reflective of Q1/Q2 trends. At M9 & 10 the Trust is overspent in month however, remains within the revised target YTD.



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	166.08	177.14	167.12	165.26	170.29	169.05	171.79	168.36	172.74			
Forecast										151.68	152.30	104.21
Plan	161.85	156.42	152.63	153.43	145.67	135.25	135.39	129.47	127.28	127.60	122.60	71.49

Comment:
The favourable cash variance to plan in M10 of £45.66m is favourable cash variance b/fwd from M9 of £45.47m, lower cash receipts to plan of £3.51m (Extra CCG (£4.52m) + Extra Donations/Grant (£0.03m) + Extra PDC (3.26m) offset by lower FT Income 2.6m, lower PP Income £0.61m, lower Non NHS Income £0.85k, Lower Health Education £6.24m, lower NHS England £1m offset by Higher cash outflows to plan £3.71m (Lower Creditor Payments + VAT return delayed to M11).



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	1.73	2.53	4.87	6.75	9.29	10.27	12.94	17.12	21.90			
Forecast										26.09	32.69	41.73
Plan	1.73	2.53	4.87	6.75	9.40	13.66	16.34	18.85	24.05	30.32	36.19	41.27

Comment:
The Trust has spent £1.08m in period 10 compared to the September 2020 plan forecast of £5.02m, resulting in an underspend of £3.94m. The underspend is mainly due to the backdated maintentance works. A number of schemes have now been approved and will shortly be in delivery, although some works may be affected by the Covid-19 surge and these works will take place once access can be given to the relevant areas. The other underspends relate to schemes that have been delivered and spend incurred in previous months such as A&E and Richmond Ward upgrade work. The refurbishment/ICU expansion projects at the Nell Gwynne, Marjory Warren, St Marys and Richmond wards are now complete together with the air conditioning project also at Marjory Warren ward. The CT scanners and IR Radiology equipment will be manufactured by 31.3.2021 and the installation of the MRI scanner at West Middx and endoscopy ventilation works are due to be completed by the end of the financial year.

CQUIN Dashboard

2020/21 CQUIN Schemes

As contracting with NHS commissioning organisations has been suspended during the period of the COVID-19 response, the position relating to CQUIN remains unclear. Whilst national CQUIN schemes have been published, delivery of them has been postponed. The Trust is currently receiving block funding which includes CQUIN payments in full.

Council of Governors Meeting, 22 April 2021

AGENDA ITEM NO.	2.2.1/Apr/21
REPORT NAME	Workforce Performance Report – January 2021
AUTHOR	Karen Adewoyin, Deputy Director of People and OD
LEAD	Sue Smith, Interim Director of HR & OD
PURPOSE	The People and OD Committee KPI Dashboard highlight's current KPIs and trends in workforce related metrics at the Trust.
REPORT HISTORY	Executive Management Board – e-governance 19 February 2021 People and OD Committee 24 February 2021 Board of Directors 4 March 2021
SUMMARY OF REPORT	The dashboard is to provide assurance of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance • Volunteering This month's report also includes information on COVID response work related to staff.
KEY RISKS ASSOCIATED	Risks associated with mandatory training and PDRs, sickness levels and impact on health and wellbeing of staff post wave 2 of COVID 19
FINANCIAL IMPLICATIONS	Costs associated with turnover and sickness and the impact on staff of COVID-19
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability and the impact on staff of the pandemic.

EQUALITY & DIVERSITY IMPLICATIONS	The report highlights key areas of focus for EDI for example in terms of monitoring the disproportionate number of BAME staff who are subject to a disciplinary process and highlights the actions being taken to address WRES, WDES and Gender Pay Gap results.
LINK TO OBJECTIVES	• Be the employer of choice
DECISION/ ACTION	For information.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Performance Report
to the People and Organisational Development Committee

Month 10 – January 2021

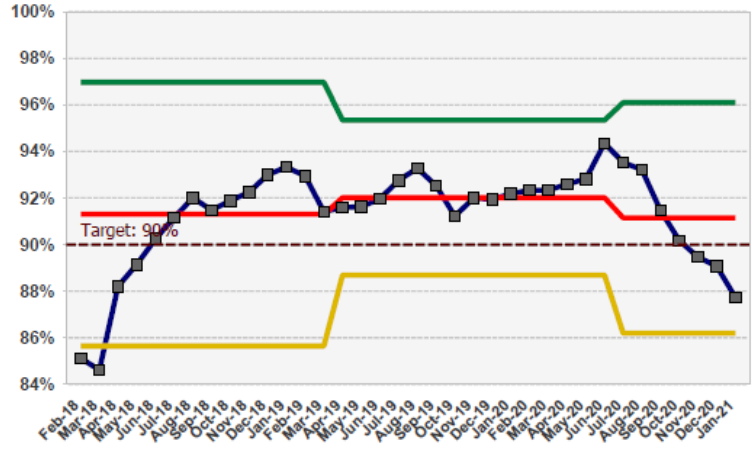
Statistical Process Control – Feb 2018 to Jan 2021

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

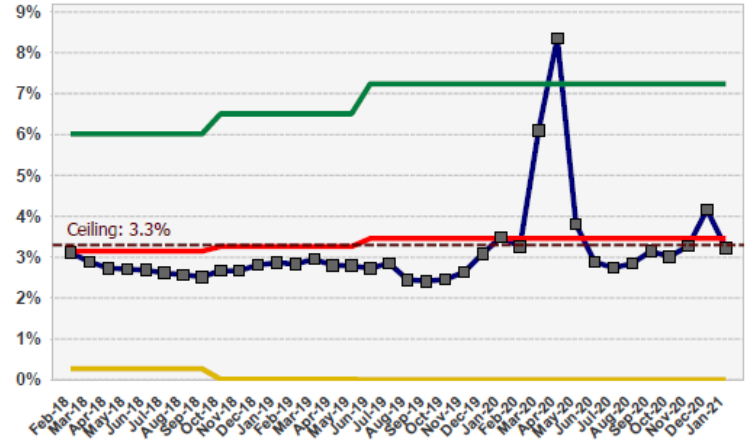
WORKFORCE INDICATORS

Statistical Process Control Charts for the last 36 months

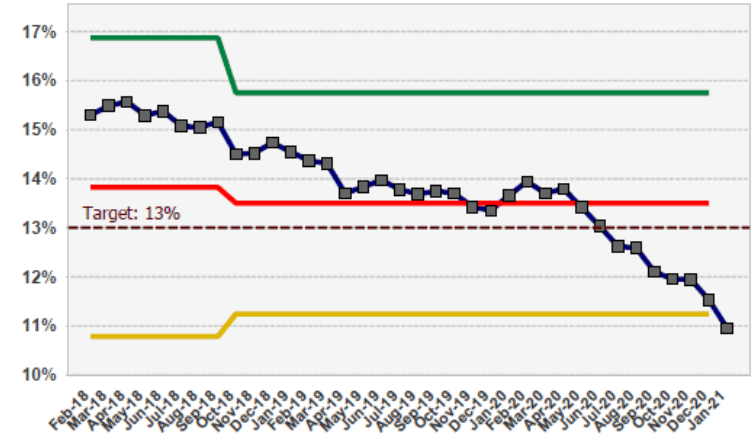
Mandatory Training compliance



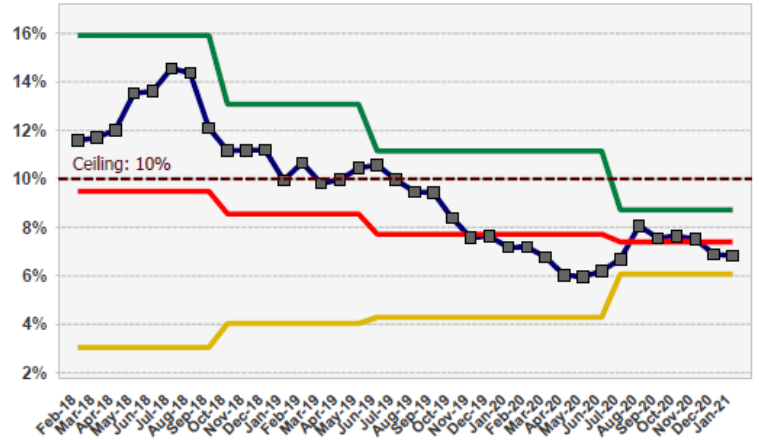
Sickness absence



Staff voluntary turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report January 2021
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Target / Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.	6357.33	6,372.28	6,412.32					↑
1.2 Whole time equivalent	No.	5871.76	5933.10	5974.89					↑
1.3 Headcount	No.	6365	6410	6456					↑
1.5 Overpayments (Number)	No.	15	46	94					↑
1.4 Overpayments (Costs)	£	81,924.96	120,180.47	114,360.02					↓
2. HR Indicators									
2.1 Sickness absence	%	3.08%	4.16%	3.23%	<3.3%				↓
2.2 Long Term Sickness absence	%	1.41%	1.56%	2.48%					↑
2.3 Short Term Sickness absence	%	1.67%	2.60%	0.75%					↓
2.4 Gross Turnover	%	17.86%	17.32%	16.60%	<17%				↓
2.5 Voluntary Turnover	%	13.35%	11.53%	10.95%	<13%				↓
3. Employee Relations									
3.1 Live Employment Relations Cases	No.	141	106	108					↑
3.2 Formal Warnings	No.	1	0	1					↑
3.3 Dismissals	No.	1	0	0					↔
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.	13691	14190	16113					↑
4.2 Bank Shifts Filled	No.	11944	12532	14086					↑
4.3 Agency Shifts Filled	No.	1747	1658	2027					↑
5. Vacancy									
5.1 Trust Vacancy Rate	%	7.64%	6.89%	6.82%	<10%				↓
5.2 Corporate	%	1.98%	0.79%	1.96%	<10%				↑
5.3 Clinical Support Services	%	10.64%	11.19%	10.22%	<10%				↓
5.4 Emergency & Integrated Care	%	9.12%	7.11%	6.97%	<10%				↓
5.5 Planned Care	%	9.72%	5.06%	5.39%	<10%				↑
5.6 Women's, Children and Sexual Health	%	5.02%	7.18%	7.12%	<10%				↓
6. Recruitment (Non-medical)									
6.1 Offers Made	No.	104	157	157					↔
6.2 Pre-employment checks (days)	No.	25	18.4	24.5	<20				↑
6.3 Time to recruit (weeks)	No.	8.6	7.42	9.56	<9				↑
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	89.95%	88.72%	89.43%	≥90%				↑
7.2 Corporate	%	95.33%	81.22%	84.56%	≥90%				↑
7.3 Clinical Support Services	%	87.04%	90.10%	90.46%	≥90%				↑
7.4 Emergency & Integrated Care	%	92.73%	89.43%	90.59%	≥90%				↑
7.5 Planned Care	%	93.54%	92.41%	90.93%	≥90%				↓
7.6 Women's, Children and Sexual Health	%	85.93%	88.23%	88.87%	≥90%				↑

People and Organisational Development Workforce Performance Report January 2021
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

January 2021 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE hours	Absence WTE hours	Episodes	Long Term (WTE hours)	% Long Term	Prev. Month	% +/-
Corporate	1.90%		18509.91	352.08	61	248.08	1.34%	2.59%	-0.69%
Clinical Support	4.33%		30669.67	1327.07	193	1064.80	3.47%	5.08%	-0.75%
Emergency & Integrated Care	3.28%		51067.08	1675.95	257	1229.57	2.41%	4.49%	-1.21%
Planned Care	3.25%		32612.86	1058.74	153	873.78	2.68%	3.19%	0.06%
Women's, Children and Sexual Health	2.99%		52292.87	1562.23	244	1176.14	2.25%	4.46%	-1.47%
Trust	**3.23%**		**185152.39**	**5976.07**	**908**	**4592.37**	**2.48%**	**4.16%**	**-0.93%**

January 2021 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Core Training Compliance Overall	89%	88%	<90%		↓
Theory Adult BLS	75%	71%	<90%		↓
Practical Adult BLS	71%	70%	<90%		↓
Conflict Resolution - Level 1	96%	96%	<90%		↔
Equality & Diversity	95%	94%	<90%		↓
Fire	90%	88%	<90%		↓
Health & Safety	95%	94%	<90%		↓
Infection Control (Hand Hygiene)	94%	92%	<90%		↓
Infection Control - Level 2	91%	89%	<95%		↓
Information Governance	92%	88%	<95%		↓
Moving & Handling - Level 1	92%	92%	<90%		↔
Moving & Handling - Level 2 Theory	80%	78%	<90%		↓
Moving & Handling - Level 2 Patient	62%	62%	<90%		↔
Safeguarding Adults Level 1	94%	94%	<90%		↔
Safeguarding Adults Level 2	93%	92%	<90%		↓
Safeguarding Adults Level 3	84%	84%	<90%		↔
Safeguarding Children Level 1	95%	94%	<90%		↓
Safeguarding Children Level 2	94%	91%	<90%		↓
Safeguarding Children Level 3	80%	81%	<90%		↑

January 2021 Employee Relations

Category	Metric	Number / %
No of Disciplinary cases opened in month	Number	0
No of current, live disciplinary cases	Number	3
Length of Disciplinary cases	Days <60	112
Total Disciplinary cases in year (from April 20	Number	15
% BAME Disciplinary Cases in year	%	67%
% BAME Disciplinary Cases in month	%	0%
Exclusions - No. of live in month	Number	1
Grievance - No. of live cases in month	Number	7
Grievance – Average length of case	Days	74.5
B&H cases - included in grievance numbers	Number	6
Sickness - No. of cases in month	Number	95
Long Term - sickness cases in month	Number	57
Short Team - sickness cases in month	Number	38
No. of Employment Tribunals (ET)	Number	10
Managers having ER training (from April 20)	Number	20
No. of informal queries (disciplinary process	Number	5
MHPS cases	Number	7

January 2021 Vacancy / Bank and Agency Ratio on "Fill Rate"

Division	Budgeted WTE	Staff in Post (WTE)	Vacancy (WTE)	Bank Usage (WTE)	Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status
Corporate	611.42	599.46	11.96	43.69	2.00	629.89	-18.47	
Clinical Support	1103.78	991.03	112.75	118.04	0.00	1085.16	18.62	
Emergency & Integrated Care	1771.71	1648.14	123.57	219.20	53.68	1872.75	-101.04	
Planned Care	1108.19	1048.44	59.75	59.63	16.83	1098.25	9.94	
Women's, Children and Sexual Health	1817.22	1687.82	129.40	139.96	16.26	1779.55	37.67	
TRUST	**6412.32**	**5974.89**	**437.43**	**580.52**	**88.77**	**6465.60**	**-53.28**	

January 2021 Voluntary Turnover

Division	Turnover	Prev Month	% + / -
Corporate	12.38%	13.58%	-1.20%
Clinical Support	10.36%	11.87%	-1.51%
Emergency & Integrated Care	13.08%	13.35%	-0.27%
Planned Care	8.40%	8.83%	-0.43%
Women's, Children and Sexual Health	10.32%	10.43%	-0.11%
TRUST	**10.95%**	**11.53%**	**-0.58%**

Key to Sickness Figures

Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months (days x ave FTE)

Episodes = number of incidences of reported sickness

A Long Term Episode is greater than 27 days

**Total WTE Used Adjusted to account for staff currently on maternity leave & establishment adjustments

People and Organisation Development Workforce Performance Report
Workforce Covid-19 Response Activity - January 2021

Recruitment Covid Related Activity	
Vaccination Recruitment Programme (Mass Vaccination sites)	4323
Health Care Support Worker Programme	84 wte

Medical Staff Recruitment Covid Related Activity	
Medical students (Paid)	46
External medical staff employed to support Covid-19 response	11

No. of Additional Temporary Staff in April	
Health Care Assistants	15
Administrative and Clerical	18
Allied Health Professionals	15
Medical and Dental	151
Nursing and Midwifery Reg	46
Trust Total	245

BAME Webinars / Meetings (Zoom)	
Date	Number of participants
07/10/2020	35
20/11/2020	25
13/01/2021	30

Workforce Covid Queries

Week	Calls received	Calls after 5pm	Emails received
Week of 11/01/2021	24	0	75
Week of 18/01/2021	20	0	70
Week of 25/01/2021	15	0	60
Week of 01/02/2021	10	0	58
Week of 08/02/2021	8	0	50

Welfare calls

Week	Calls Made	Calls Answered
Week of 11/01/2021	419	216
Week of 18/01/2021	248	130
Week of 25/01/2021	219	127
Week of 01/02/2021	121	72
Week of 08/02/2021	85	39
Total	1092	584

Systems (ESR / Healthroster) Covid-19 Activities

Healthroster	
No. of Staff redeployments	323
No. of Shifts redeployed	2363
ESR	
Divisional structure updates / changes	6
New Cost centres created	10
Positions / Roles created	14
Covid related reporting	128

Redeployment

Activity	Number
Number of staff who have been redeployed	284
Number of staff who have been redeployed to support clinical areas	256
Number of staff who have been redeployed to support non-clinical areas	28
Number of staff who volunteered and are still available to be placed	21
Number of requests filled during wave 2	10
Number of requests currently on-going	1

Staff engagement

Updates to the Health and Wellbeing intranet page
Updates to staff via MyChelWest app
Promotion of health and wellbeing offer through Rob's bi-weekly comms and all staff bulletins
Attendance at staff networks to promote health and wellbeing offer
Monthly Mental Health First Aiders and Health and Wellbeing Champions forum
Health and Wellbeing updates are provided through the all staff webinars

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisation Development Workforce Performance Report
Workforce Covid-19 Response Activity - January 2021

Staff Health and Wellbeing Offer

Healthy Mind

Psychological and emotional wellbeing support service
- 189 requests for individual support in total (10 in February and 6 in January)
- 200 participants for team support (60 in February and 59 in January).

Dialogue Counselling Service = 147 sessions between Oct – end of January
- 31 clients (average 3 sessions each)

Mental Health First Aid = 50 champions trained in the Trust

EAP usage (support line and new telephone counseling) =
- 9 non clinical signposting calls in Jan and 5 new clinical client usage
- 17 telephone counseling sessions in January
- 47 visits to the face to face counseling page between November and January and 37 visits to the self help workbook pages

Healthy Body and Living

Vivup Usage = 2382 total registrations, 53 in January, 64 in December and 91 in November.

Health and Wellbeing Champions = 30 champions trained

Back up Care service = 299 substantive / bank staff registered and 30.5 days of Back Up Care have been booked since launch in Q3 2020.

Wagestream Salary Advance = 220 staff signed up to service since launch on 9th Feb.

Cycling = cycle to work scheme and bike servicing
- 8 cycle to work scheme orders in December and 1 in Jan
- 120 cycle servicing slots provided to staff in February following bike servicing in November (50 bikes serviced)

Practical Support

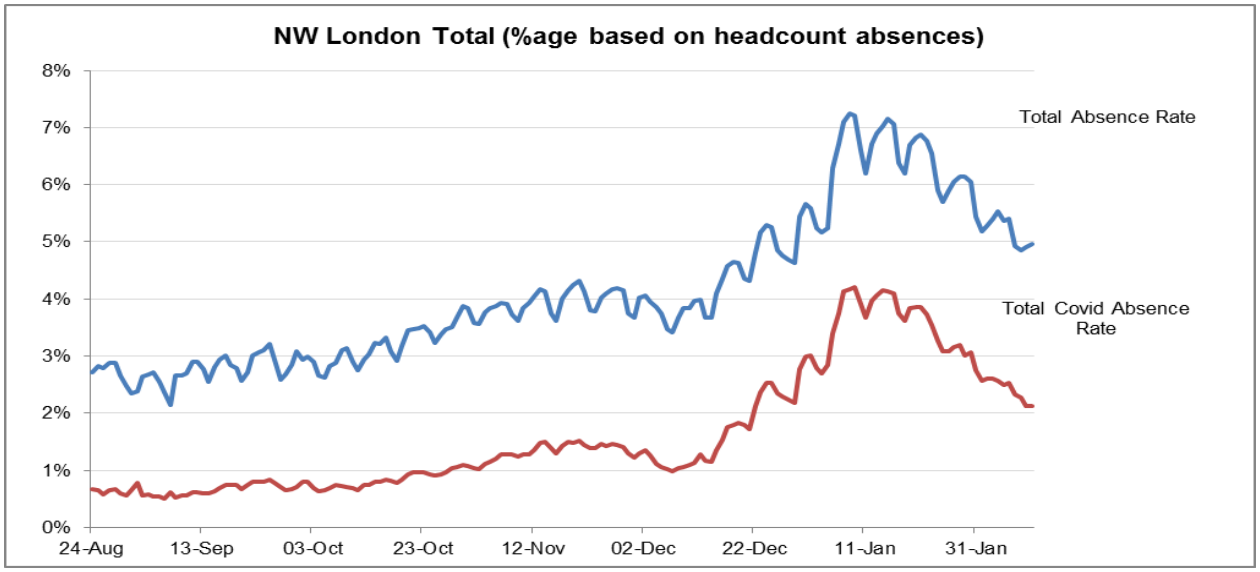
Staff accommodation = 154 staff have used the temporary staff accommodation service

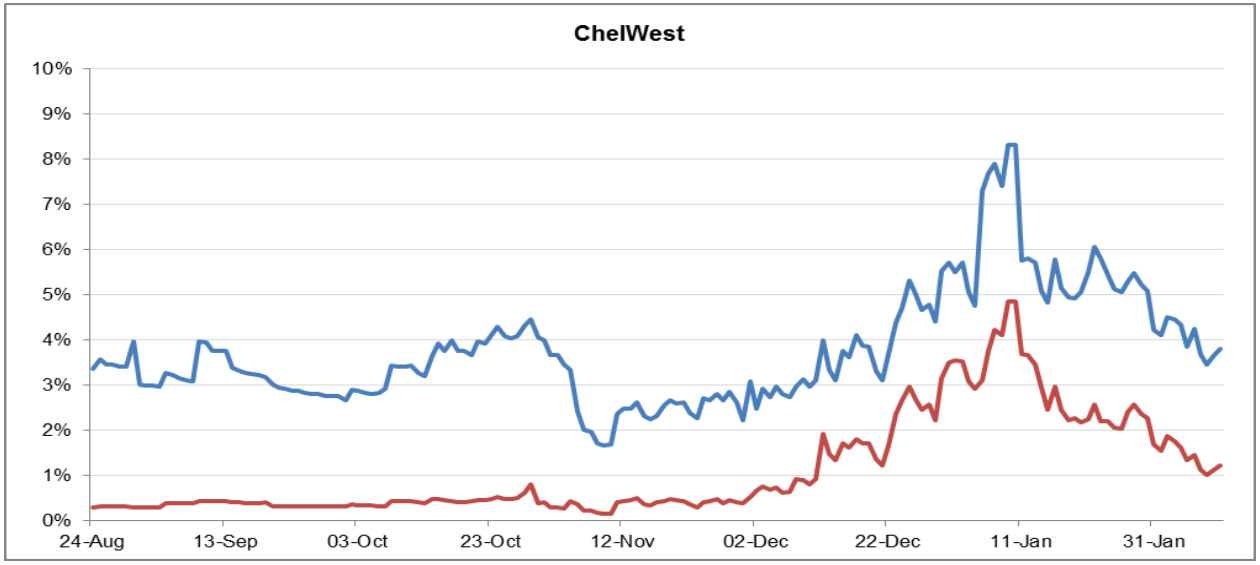
Taxi service = 49 staff members have requested this service
- 332 bookings for the month of January 2021
- 583 bookings made (so far) for the month of February 2021
- 18 bookings (so far) for the month of March 2021

Parking = No current charge for permit holders.
C&W continued to support staff with free street parking, 1,450 staff now have the free parking app
Hounslow Borough have offered street parking until end of March 2021, circa 250 staff are using this offer
Syon Park have given the Trust 300 parking spaces with no end date set

Food and Drink = Free meals for Trust staff between 18th January – 12th February , circa 400-600 meals are served daily at each site.

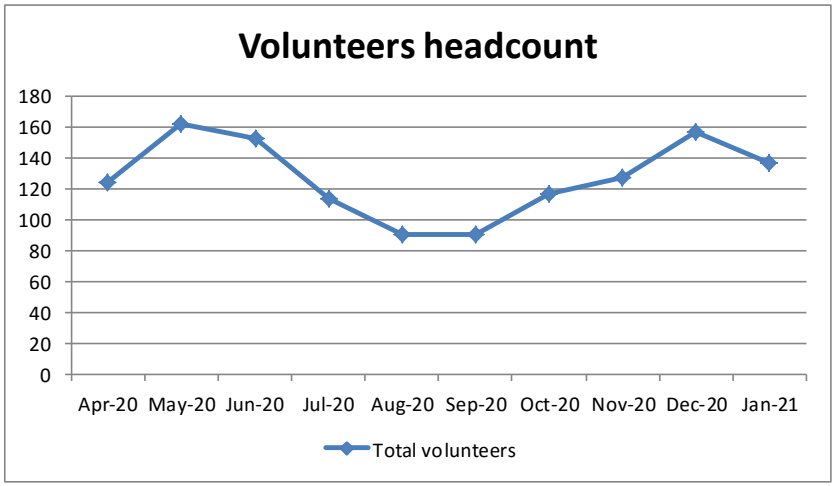
People and Organisation Development Workforce Performance Report
Sickness Profile Chelwest and our sector – January 2021

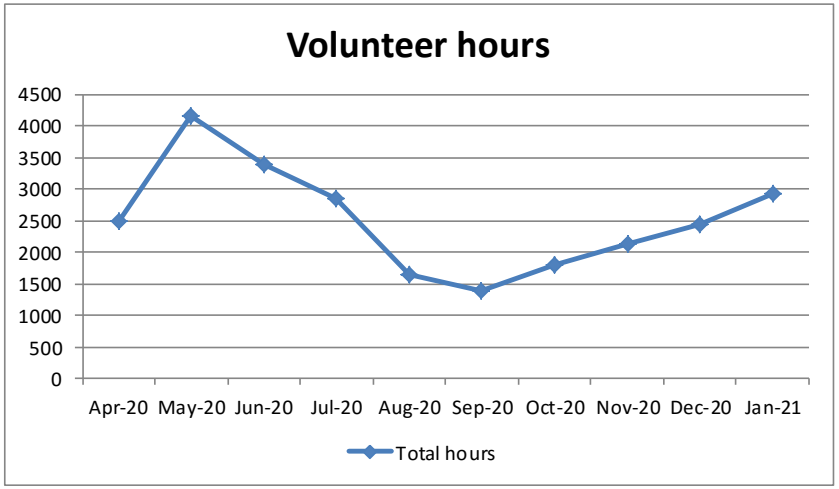


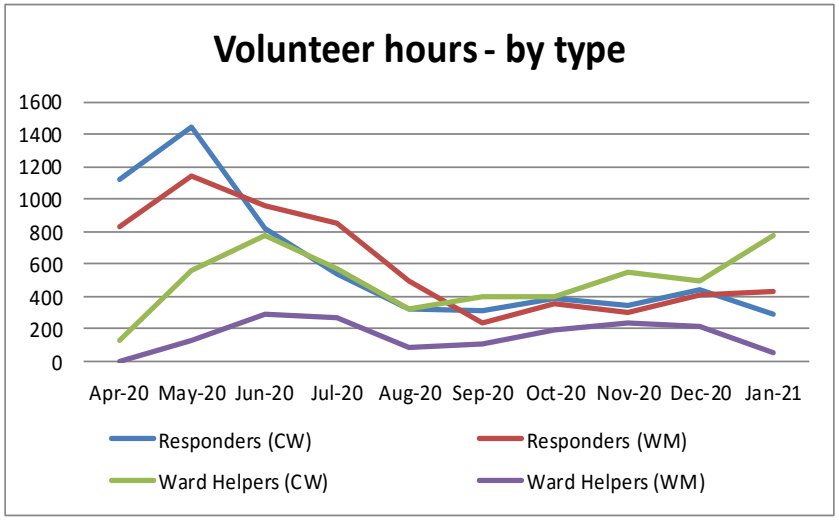


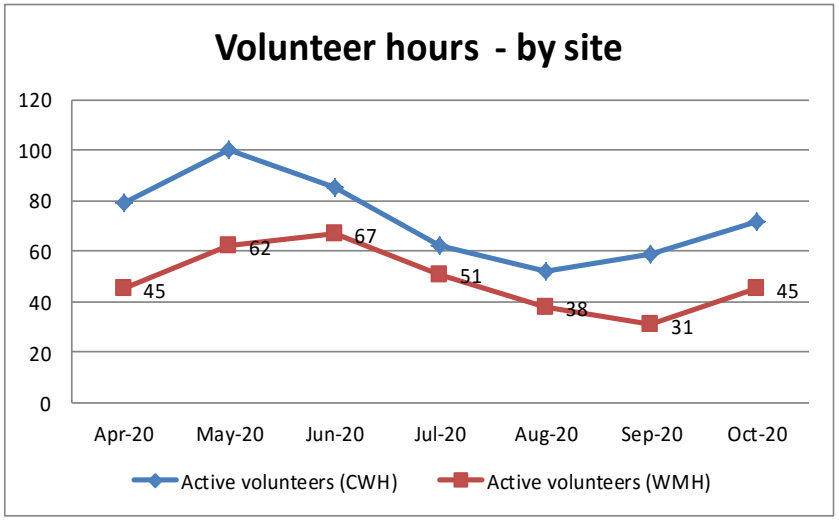
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisation Development Workforce Performance Report
Volunteer Staff Activity Profile – January 2021









People and Organisation Development Workforce Performance Report
January 2021

Establishment, Staff in Post and Vacancies:

The Trust currently employs 6456 people working a whole time equivalent of 5974.89 which is 41.79 WTE higher than December. This equates to 103.13 wte more permanent members of staff than this time last year. There has been a decrease in the vacancy rate for January, 6.82% against the Trust ceiling of 10% and a small improvement since the same time last year which was 7.64% The qualified nursing vacancy rate is 4.92% and remains one of the lowest in the country with a national median of 12.75%. The medical vacancy rate is 2.49% and is in quartile 2 in Model Hospital with a national median of 7.43%. Further work is continuing to review historical gaps of trainee doctors so pro-active recruitment can be taken at an early stage. AHP (7.45%) S&T (8.48%) are also in line with the national median but AHP at this level sits in quartile 3.

Temporary Staffing:

Demand for temporary staff rose significantly in January, up 18% compared to December and up 14.5% compared to January last year. Our bank performance improved year on year (number of shifts filled up 6.6%) however our overall increase in demand meant that bank rate fill dropped 5%. Agency usage was significant again, as we utilised additional supply lines to fill the gaps in the rotas caused by the COVID surge. Agency spend increased 30% in January, predominantly in the Nursing staff group. We continue to see the benefit of the North West London collaborative Bank for Medics, with more than 137 shifts worked on our bank by Drs registered at other banks within the region; more shifts have been completed at ChelWest than at any other Trust within NWL.

Similar to our rostering surge plan, we had a pre-planned Temporary staffing surge plan, which we have been able to utilise. This involved maximising the availability of our current bank workforce and fast tracking new recruits. In addition, during this surge we have employed a bank incentive scheme, aimed at improving the attractiveness of bank shifts and ensuring we were competitive with neighbouring Trusts who have utilised similar incentives or increased their rates. We are continuing to analyse the impact of this incentive, but can see evidence of an increase in critical care shifts following our ITU incentive. We also moved to initiate the pre-planned expansion our agency supply by engaging with multiple new agencies, including both those who we used during the first wave and new agencies on boarded for specialist areas. This significantly increased our flow of available staff which has resulted in more shifts filled each week.

Sickness Absence:

The Trust's sickness rate has reduced to 3.23%, which is lower compared to last month and higher than this time last years due to COVID19 related challenges. Our sickness target of 3.3% has been breached five times during the last 29 months peaking in April '20 due to Covid-19 . This compares favorably with peers and the Trust remains in the lower quartile on Model Hospital. The three most common reasons for sickness were, Chest & respiratory problems which include Covid-19 related absence, Anxiety/depression/other and gastrointestinal problems. The top sickness reason for the number of days lost has now returned from chest and respiratory due to COVID back to anxiety, depression and is the highest reason for both number of episodes and days lost.

Staff Turnover Rate: Voluntary

Voluntary turnover has decreased to 10.95% and is below the Trust target for the seventh consecutive time and lowest it's been in recent years. The third highest reason for leaving (preceded by promotion and relocation) is work/life balance. The recently approved health and well-being strategy has a key focus on solutions to help all our staff enjoy a good work-life balance, such as a better availability of flexible working options, offering a backup care service for staff who have children or care for elderly or vulnerable adults, as well as a nursery partnership to enable staff to afford childcare in London. Retention – the Trust has established a Staff Retention Group which has been paused for Covid19. but will restart in March.

PDRs

The PDR rate for January was 89.43%, increased by 0.71% from the previous month, however PDR's have been paused for 6 months during Wave 2 from January onwards. A key part of re-introducing PDR's will be including the EDI objectives for all managers from April and also ensuring managers are having wellbeing conversations with staff and recording these happen through the PDR reporting process.

Core Training Compliance :

Overall compliance has dropped to 88/% this month, a further drop of 1% and the lowest we have been since May 2018. The impact of Covid and staff not being able to be released to do their training has seen this continued fall in compliance. As we begin to return from the peak of COVID19 additional sessions are scheduled in both Resus and Moving and Handling to support staff to complete their training and we are identifying those staff who have been non complaint the longest for these sessions. We continue to be limited on the number of people that can attend a session due to social distancing. The Moving and Handling team are now at full capacity and the resus team only has one staff member off compared to three last month. Reminders are also going in the staff bulletins to gently remind staff to complete their on line training when they are able to do so.

People and Organisation Development Workforce Performance Report January 2021

Race Equality Plan & Inclusion :

Key highlights in the last month included the first BAME network meeting of 2021 which was well attended. Topics on the agenda included looking after yourself during COVID, reviewing risk assessments and the Trusts enhanced Health and Well Being offer. Also discussion around and encouragement that BAME staff take the opportunity to have the Covid vaccine. Following training in in December the number of FTSU champions increased by six of which four were BAME increasing representation to five in total. The LGBTQ+ network also had their first meeting of the year and appointed a network secretary, two policy officers and a social media officer to support the co- chairs in the running and functioning of the network. Plans were also underway to celebrate LGBTQ+ history month in February, members of staff volunteered to make video contributions and will also hopefully include the distribution of pronoun name badges. The meeting also covered the Health and Well Being offer. The Women's Network held a meeting in December focusing on women's health and during January have also ensured that network members were aware of the health and well being offer. Work continues to establish a disability staff network The network leads are meeting in March to further discuss bringing the work of the networks together.

Leadership and Development:

Work is being done to look to turn the management fundamentals programme into an apprenticeship at level 3 or 4 and to work in partnership so we an be paid as a Trust for the delivery of the programmes.

Apprenticeships:

Week commencing the 8th of February was National Apprenticeship week and the Trust celebrated this. We had a video for staff on the intranet telling them what apprenticeships are, and launched a new intranet site to make staff aware of the apprenticeship available. We also celebrated as we awarded twenty staff with their certificates who have completed their apprenticeships in the past 12 months. Finally we launched the new Innovation apprenticeship. Last month we utilised 62% of the apprenticeship levy.

Health and Wellbeing:

Over recent months we have ensured that the mental wellbeing support has been put at the forefront of all HWB communication. Our PTS service is continuing and expanding its provision to staff. Various recurring themes have emerged from this service such as:

-Isolation of home-working and feeling of disconnect
-Bereavement, as patient mortality increased
-Work intensity - difficult to down-regulate from in the transition from work to home
-Value – younger staff struggled with a sense of worth
-Higher levels of anxiety
-Depression- resulting from the existence of the issues above

Our EAP service (which provides a telephone support line, face to face counselling and self help CBT workbooks) has seen just 5 new clinical clients using the service this month, however 17 telephone counselling sessions have been conducted and there has been increasing interest in the counselling and self help workbook pages, especially relating to anxiety and depression and low mood. We have 50 Mental Health First Aid trained staff in the Trust, with 16 more booked in for the next course in April. All mental health first aiders and wellbeing champions have been invited to a monthly wellbeing forum, to raise any issues or concerns in their department. We continue to promote the national and regional support provided through NHS E&I and Keeping Well.

The Trusts back up care service is continuing to support staff meet their work commitments and overcome any care difficulties – 299 staff are now registered for this benefit with 30.5 days of back up care so far used. In January we expanded the service to bank staff. We also recently launched a salary advance service where 220 staff are signed up since the launch on the 9th Feb. We have organised four cycle servicing days for February, allocating 120 cycle servicing slots for staff. Our employee benefits platform Vivup has a total of 2382 registrations, 53 of which were new in January.

People and Organisation Development Workforce Performance Report January 2021

Transactional Plan:

Recruitment time to hire has increased to an average of 9.56 weeks in the month of January due to national pressures on the DBS system and the impact of the vaccination hub project.
The Trust has been selected as the lead employer for recruitment to the North West London mass vaccination sites. The recruitment and staff bank teams are currently processing over 4300 candidates for deployment to various hubs across the sector. The first mass vaccination centre was opened in mid-January and so far the teams have successfully cleared over 1000 candidates for deployment including volunteers from the Imperial Medical School. Some site openings have been temporarily delayed and we are awaiting confirmation of revised opening dates from the central teams. The NHS England and Improvement Nursing Directorate has made funding available to accelerate recruitment, on boarding and on-going support for new HCSWs without prior health or social care experience, in order to significantly reduce established vacancies as close to zero as operationally possible. This additional supply of staff will help to address the on-going challenges of COVID-19 and winter pressures. In response, the recruitment team is working with the corporate nursing team to recruit approximately 84 WTE healthcare Support workers by March 2021

Employee Relations

During January 2021 some ER activity was paused due to covid-19 and the need to redeploy some of the team to other roles to support with sickness reporting and welfare calls to staff. Support for complex disciplinary, grievance and MHPS cases did however continue, and the team has now started to see an increase in activity, in particular with the number of grievance and grievance appeal cases. The average time frame for disciplinary cases is high at 112 days – this is related to significant sickness absence for two of the three cases that were live which has delayed progress. Both cases are due to conclude in February 2021. The average timeframe for grievance cases is 74.5 days , which has increased due to the team pausing several cases during January.

The team continue to triangulate with FTSU concerns on a monthly basis to identify areas where further support and input may be required. Where applicable, the team are employing a proactive, resolution focused approach with the management of these cases and support with the use of mediation to resolve conflict. This approach will be further strengthened with the implementation of a programme to train more in-house mediators and providing managers with skills and tools to manage ER issues through resolution.

Organisational Change

The HR team continue to support an increasing number of organisational change programmes, Currently no live consultations, due to these being paused during COVID but a number are in the pipeline. The Sphere TUPE consultation affecting 20 staff has closed although staff do not transfer to CW until 1st April 2021 so there is still significant work still taking place.

Volunteering and Redeployment

Since 1st April 2020 the Trust has benefited from the support of 354 active volunteers contributing 24,796 hours of volunteering in total. There were 136 active volunteers in January, contributing 2931 hours of volunteering across both sites. Volunteer responders have superseded the bleep role and contributed 720 hours across both sites in January. Another recruitment campaign was carried out in September/October with an average recruitment time of 34 days. Average hours per volunteer per month has almost doubled since January 2019.

To support staff deployment staff were asked to register interest and availability to be redeployed during wave 2. This was recorded centrally, with potential suitability reviewed on receipt of requests across the Trust. Staff availability ranged from staff offering full time release from substantive roles, to evening and weekends, or one or two hours before or after shifts. Requests for support included; Prep for IP Phlebotomy rounds, ward helpers (including red areas), counting and stocking of PPE on wards (including red areas), ICU Pharmacy ordering and putting away of stock, welfare phone calls to staff, data input, bed buddies in AGP areas, fit testers, admin for maternity, vaccine admin support, catering support, main reception temperature checks, delivering items around the Trust, support with staff welfare hubs. Volunteers (co-ordinated through the Volunteering Team, have also provided support for filling some of these requests. Requests have been reducing and some staff are beginning to advise they are being required back in their substantive roles.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Forward Plan 2021-22

	28 January 2021 **Council of Governors**	**11 March 2021** **Briefing Session – performance, quality workforce & finance**	**1 April 2021** **NED / Governor Strategy and Representation Group)**
Statutory/Mandatory Business	• Announcement of Election results • Minutes of Previous Meeting, including Action Log • External Auditor appointment (VM) • Lead Governor election – update • COG Effectiveness evaluation • Coronavirus (COVID-19) update • Extension of the term of office of the Non-Executive Directors Eliza Hermann and Nilkunj Dodhia • Strategy: NWL Integrated Care System (ICS) developments – update • Support arrangements: The Hillingdon Hospital NHS Foundation Trust • Chairman's recruitment – update • Election for the Governor Advisory Committee	• Finance, including Annual Plan	• People Strategy (SSm)
Papers for Information	• Chairman's Report • Chief Executive Officer's Report • Quality Sub-Committee Report • Membership Sub-Committee Report • Accessibility Working Group – update		
Other Business	• Questions from the governors and the public • Froward plan • Schedule of meetings • Governor attendance register • Any other business	•	•

	22 April 2021 AWAY DAY	22 April 2021 Council of Governors	20 May 2021 Briefing Session – performance, quality workforce & finance
Statutory/Mandatory Business	• North West London Integrated Care System (NWL ICS) ○ White Paper ○ Acute provider collaboration update ○ How does the ICS affect our Trust strategy and what is the role of the governor • COG Effectiveness evaluation ○ Role of the Governor ○ Review of survey results COG to share experiences of being governors in other organisations and sharing learning/best practice ○ Effectiveness of COG Sub-committees	• Minutes of Previous Meeting, including Action Log & Lead Governor election results; Governor Advisory Committee Election outcome; • Coronavirus (COVID-19) update, including Elective care recovery • Governor Commentary on the Quality Report 2020/21 sign-off • Quality Priorities 2021-22 • People and OD Committee Report to Council of Governors • Business planning 2021/22 update • Nominations and Remuneration Committee update, including - Substantive Chair recruitment update - NED configuration and succession plan review, including appointment of Non-Executive Directors NHSE/I letter - Interim Senior Independent Director and Deputy Chair appointments -Extension of the term of office of the Non-Executive Director Nick Gash - Committee Terms of Reference approval • COG sub-committees: - Membership and Engagement Sub-Committee Terms of Reference approval - Quality Sub-Committee report , including Sub-Committee Terms of Reference approval	• Elective recovery (RH)
Papers for Information	•	• Chairman's Report • Chief Executive Officer's Report • Quality Sub-Committee Report • Membership Sub-Committee Report • 'Thank You' to all Staff, including the Executive Directors • Accessibility work update	•
Other Business	•	• Questions from the governors and the public	•

		• Froward plan • Schedule of meetings • Governor attendance register • Any other business	
	22 July 2021 **Council of Governors**	**23 September 2021** **Briefing Session – performance, quality workforce & finance**	**21 October 2021** **Council of Governors**
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Strategy • Quality: Finance & Investment Committee Report to Council of Governors; including Month 12 Financial Position (ND); Audit and Risk Committee Report to Council of Governors (NG) • NEDs configuration • COG Sub-Committees: Quality Sub-Committee Report; Membership Sub-Committee Report	• Complaints	• Chairman's Appraisal PRIVATE • Minutes of Previous Meeting, including Action Log • Strategy • Quality: Quality Committee Report to Council of Governors (EH) • COG sub-committees: Membership & Engagement Sub-Committee Report; Quality Sub-Committee Report;
Papers for Information	• Chairman's Report • Chief Executive Officer's Report • Performance & Quality Report; Workforce Performance Report • Patient Experience report • Accessibility work update		• Chairman's Report • Chief Executive Officer's Report • Governors Elections 2021 – update • Performance & Quality Report, including Winter Preparedness; Workforce Performance Report • Accessibility work update •
Other Business	• Questions from the governors and the public • Froward plan • Schedule of meetings • Governor attendance register • Any other business	•	• Questions from the governors and the public • Governors Away Day January 2022 – plan • Froward plan • Schedule of meetings • Governor attendance register • Any other business

	9 December 2021 Briefing Session – performance, quality workforce & finance	27 January 2022 AWAY DAY NED/Governor Strategy and Representation Group	27 January 2022 Council of Governors
Statutory/Mandatory Business	• People	• Strategy • Finance • Responsibilities and Accountability • COG Effectiveness evaluation • COG Engagement	• Announcement of Election results • Minutes of Previous Meeting, including Action Log • Strategy • Quality: People & OD Committee Report to the Council of Governors (SG) • Quality Sub-Committee Report • Membership Sub-Committee Report
Papers for Information	•	•	• Chairman's Report • Chief Executive Officer's Report • Performance & Quality Report; Workforce Performance Report • Accessibility work update •
Other Business	•	•	• Questions from the governors and the public • Froward plan • Schedule of meetings • Governor attendance register • Any other business

Council of Governors – Attendance Record 2020/21

Governor	Category	Constituency	23.04.20	23.07.20	29.10.20	28.01.21	TOTAL	TOTAL	2021 Away Day
Nowell Anderson	Public	Hounslow	✓	✓	✓	✓	4/4	100%	-
Richard Ballerand	Public	Kensington and Chelsea	✓	✓	✓	✓	4/4	100%	-
Juliet Bauer	Patient		✓	✓	✓	✓	4/4	100%	-
Jeremy Booth	Patient		N/A	N/A	N/A	X	0/1	0%	-
Caroline Boulliat	Public	London Borough of Wandsworth	✓	✓	✓	✓	4/4	100%	-
Cass J. Cass-Horne	Public	City of Westminster	✓	✓	✓	✓	4/4	100%	-
Tom Church	Patient		✓	✓	✓	✓	4/4	100%	-
Nigel Davies	Public	Ealing	✓	✓	✓	✓	4/4	100%	-
Christopher Digby-Bell	Patient		✓	✓	✓	✓	4/4	100%	-
Simon Dyer	Patient		✓	✓	✓	✓	4/4	100%	-
Anna Hodson-Pressinger	Patient		✓	✓	✓	N/A	3/3	100%	-
Elaine Hutton	Public	Wandsworth	✓	✓	✓	✓	4/4	100%	-
Richard Jackson	Staff	Support, Administrative and Clerical	✓	✓	✓	✓	4/4	100%	-

Jodeine Grinham	Staff	Contracted	✓	X	X	N/A	1/3	33%	-
Kush Kanodia	Patient		✓	✓	✓	✓	4/4	100%	-
Paul Kitchener	Public	Kensington and Chelsea	✓	✓	✓	✓	4/4	100%	-
Minna Korjonen	Patient		✓	X	✓	✓	3/4	100%	-
Thewodros Leka	Staff	Allied Health Professionals, Scientific and Technical	✓	X	✓	✓	3/4	75%	-
Anthony Levy	Public	City of Westminster	✓	✓	✓	✓	4/4	100%	-
Rose Levy	Public	London Borough of Hammersmith and Fulham	N/A	N/A	N/A	✓	1/1	100%	-
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	✓	✓	✓	✓	4/4	100%	-
Mark Nelson	Staff	Medical and Dental	X	✓	✓	✓	3/4	75%	-
Nicole Nunes	Staff	Contracted	N/A	N/A	N/A	✓	1/1	100%	-
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	✓	X	✓	✓	3/4	75%	-
David Phillips	Patient		✓	✓	✓	✓	4/4	100%	-
Cllr Patricia Quigley	Appointed	London Borough of Hammersmith and Fulham	✓	✓	✓	✓	4/4	100%	-
Catherine Sands	Staff	Management	N/A	N/A	N/A	X	0/1	0%	-
Jacquei Scott	Staff	Nursing and Midwifery	✓	X	✓	X	2/4	50%	-
Dr Desmond Walsh	Appointed	Imperial College	✓	✓	✓	✓	4/4	100%	-

Laura Wareing	Public	Hounslow	✓	✓	X	✓	3/4	75%	-
Trusha Yardley	Public	London Borough of Hammersmith and Fulham	✓	X	✓	✓	3/4	75%	-

High Level Meetings 21/22

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Board PUBLIC	**~~07-Jan~~ Cancelled** ~~11.00-13.30 Zoom~~		**04-Mar** 11.00-13.30 Zoom/CWHB		**06-May** 11.00-13.30 Virtual/WMA		**08-Jul** 11.00-13.30 Virtual/CWHB		**09-Sept** 11.00-13.30 Virtual/WMA		**04-Nov** 11.00-13.30 Virtual/CWHB		**06-Jan** 11.00-13.30 Virtual/WMA		**03-Mar** 11.00-13.30 Virtual/CWHB
Lead Governor & COG Informal Meeting				**09-Apr** 16.00-17.00 Zoom			**08-Jul** 16.00-17.00 Virtual/CWHB			**07-Oct** 16.00-17.00 Virtual/CWHB			**13-Jan** 16.00-17.00 Virtual/CWHB		
Council of Governors	**28-Jan** 16.00-17.30 Zoom			**22-Apr** 16.00-18.00 Zoom			**22-Jul** 10.00-11.00 Virtual/WMA			**21-Oct** 16.00-18.00 Virtual/CWHB			**27-Jan** 16.00-17.00 External Venue		
COG Away Day 2020/21				**22-Apr** 14.30-15.55 Zoom											
COG Away Day 2021/22													**27-Jan** 09.30-15.30 External Venue		
Annual Members' Meeting							**22-Jul** 15.00-16.00 Virtual/West Mid								
NED/COG Informal Meeting				**22-Apr** 18.00-19.00 Zoom						**21-Oct** 18.00-19.00 Virtual/CWHB					
COG Agenda Sub-Committee			**25-Mar** 16.00-17.00 Zoom			**24-Jun** 16.00-17.00 Virtual/CWHB			**16-Sep** 16.00-17.00 Virtual/CWHB			**16-Dec** 16.00-17.00 Virtual/CWHB			**25-Mar** 16.00-17.00 Virtual/CWHB
COG Quality Sub-Committee			**26-Mar** 10.00-12.00 Zoom			**25-Jun** 10.00-12.00 Virtual/CWHB			**24-Sep** 10.00-12.00 Virtual/WMA			**10-Dec** 10.00-12.00 Virtual/CWHB			**25-Mar** 10.00-12.00 Virtual/WMA
COG Membership & Engagement Sub-Committee					**19-May** 10.30-12.30 Virtual/CWHB						**18-Nov** 10.30-12.30 WM Room A				
NED Nominations and Remuneration Committee				**22-Apr** 11.30-12.30 Zoom						**21-Oct** 14.00-15.00 Zoom					
NED/Governor Strategy and Representation Group				**01-Apr** 16.00-17.00 Zoom									**27-Jan** Part of Away Day		
Briefing sessions – performance, workforce, finance & quality			**11-Mar** 16.00-17.00 Zoom		**20-May** 16.00-17.00 Virtual/CWHB				**23-Sep** 16.00-17.00 Virtual/CWHB			**09-Dec** 16.00-17.00 Virtual/CWHB			**24-Mar** 16.00-17.00 Virtual/CWHB

Bank Holidays 2021/22: 01-Jan, 02-Apr, 05-Apr, 03-May, 31-May, 30-Aug, 27-Dec, 28-Dec; 3 Jan;

CWHB- CW Main Hospital Boardroom; WMA – West Midd Room A;