

# Chelsea & Westminster Hospital NHS Foundation Trust






## Council of Governors

Teams




21 April 2022 16:15 - 21 April 2022 18:00



# AGENDA

#	Description	Owner	Time
1	<b>STATUTORY/MANDATORY BUSINESS</b>  1.0 COG Agenda.doc 7		
1.1	<b>Welcome &amp; Apologies for Absence</b> Verbal	Vice Chair	1615
1.2	<b>Declarations of Interest</b> Verbal	Vice Chair	1616
1.3	<b>Minutes of previous meeting held on 27 January 2022 and 7 February 2022</b> Paper  1.3. CoG minutes 27.01.22.doc 9	Vice Chair	1617
1.3.1	<b>Action Log</b> Paper  1.3.1 COG Action Log.doc 21	Vice Chair	
1.4	<b>Governors Nomination and Remuneration Committee Update</b> Verbal	Vice Chair	1620
1.5	<b>Refresh of the Governors Code of Conduct 2022</b> Paper  1.5 Council of Governors Code of Conduct 2022.do... 23	Vice Chair and Lead Governor	1625
1.6	<b>Council of Governors Terms of Reference and Sub Group Terms of Reference</b> Paper  1.6 Terms of Reference for the Council of Governor... 29	Vice Chair	1635
2	<b>QUALITY</b>		

#	Description	Owner	Time
2.1	<p>Council of Governors Quality Sub Group Report and plans for the development of the Governor Statement for the 2021-22 Quality Report</p> <p>Paper</p> <p> 2.1 Governor Quality Sub Committee report.docx 35</p>	Chair of the Governor Quality Sub Group	1645
2.2	<p>Quality Priorities 2022-2023</p> <p>Paper</p> <p> 2.2 Quality Priorities 22-23.docx 39</p>	Chief Nursing Officer	1650
2.3	<p>Maternity Services Improvement Programme</p> <p> 2.3. Maternity Services Improvement Programme R... 47</p>		
3	FOR INFORMATION		
3.1	<p>Joint Chair's Report</p> <p>Paper</p> <p> 3.1 Joint Chair Report - April COG.docx 61</p>	Vice Chair	1710
3.2	<p>Chief Executive Officer's Report</p> <p>Paper</p> <p> 3.2 Chief Executive's Report.docx 69</p>	Chief Executive Officer	1720
3.3	<p>Performance &amp; Quality Report,</p> <p>Paper</p> <p> 3.3.Quality and Performance Report.docx 77</p> <p> 3.3a. Integrated Performance and Quality Report _... 81</p>	Chief Executive Officer	1730
3.4	<p>People and Organisational Development Workforce Report</p> <p>Paper</p> <p> 3.4 Workforce Performance Report.docx 95</p> <p> 3.4a. Workforce Performance Report.pdf 99</p>	Chief Executive Officer	1740

#	Description	Owner	Time
3.5	<p>Accessible work updatea</p> <p>Verbal</p> <p> 3.5 Accessable update.docx 119</p> <p> 4.3.1 COG Forward Plan 2022.doc 123</p>	Vice Chair	1750
4	OTHER BUSINESS		
4.1	<p>Questions from the public</p> <p>Verbal</p>	Vice Chair/ Chief Executive Officer	1755
4.2	Any other business, including		
4.2.1	<p>Forward plan</p> <p>Paper</p>	Vice Chair	1757
4.2.2	<p>Governor attendance register</p> <p>Paper</p> <p> 4.3.2 CoG Attendance Record 2022.doc 127</p>	Vice Chair	
4.3	Date of next meeting:20 October 2022, 16:00 hours – 18:00 hours		1800

## INDEX

1.0 COG Agenda.doc.....	7
1.3. CoG minutes 27.01.22.doc.....	9
1.3.1 COG Action Log.doc.....	21
1.5 Council of Governors Code of Conduct 2022.docx.....	23
1.6 Terms of Reference for the Council of Governors.docx.....	29
2.1 Governor Quality Sub Committee report.docx.....	35
2.2 Quality Priorities 22-23.docx.....	39
2.3. Maternity Services Improvement Programme Report.doc.....	47
3.1 Joint Chair Report - April COG.docx.....	61
3.2 Chief Executive's Report.docx.....	69
3.3. Quality and Performance Report.docx.....	77
3.3a. Integrated Performance and Quality Report _ February.pdf.....	81
3.4 Workforce Performance Report.docx.....	95
3.4a. Workforce Performance Report.pdf.....	99
3.5 Accessable update.docx.....	119
4.3.1 COG Forward Plan 2022.doc.....	123
4.3.2 CoG Attendance Record 2022.doc.....	127



## Council of Governors Meeting

**Date:** 21 April 2022  
**Time:** 16:15 hours to 18:00 hours  
**Location:** [Click here to join the meeting](#)

### Agenda

	<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>			
1615	1.1	Welcome & Apologies for Absence	Verbal		Vice Chair
1616	1.2	Declarations of Interest	Verbal		Vice Chair
1617	1.3	Minutes of previous meeting held on 27 January 2022 and Action Log	Paper Paper	For Approval For Information	Vice Chair
1620	1.4	Governors Nomination and Remuneration Committee Update	Verbal	For Noting	Vice Chair
1625	1.5	Refresh of the Governors Code of Conduct 2022	Paper	For Approval	Vice Chair and Lead Governor
1635	1.6	Council of Governors Terms of Reference and Sub Group Terms of Reference	Paper	For Approval	Vice Chair
	<b>2.0</b>	<b>QUALITY</b>			
1645	2.1	Council of Governors Quality Sub Group Report and plans for the development of the Governor Statement for the 2021-22 Quality Report	Paper	For Information	Chair of the Governor Quality Sub Group
1650	2.2	Quality Priorities 2022-2023	Paper	For Information	Chief Nursing Officer
1700	2.3	Maternity Services Improvement Programme	Paper	For Information	Chief Nursing Officer
	<b>3.0</b>	<b>FOR INFORMATION</b>			
1710	3.1	Joint Chair's Report	Paper	For Information	Vice Chair
1720	3.2	Chief Executive Officer's Report	Paper	For Information	Chief Executive Officer
1730	3.3	Performance & Quality Report,	Paper	For Information	Chief Executive Officer
1740	3.4	People and Organisational Development Workforce Report	Paper	For Information	Chief Executive Officer
1750	3.5	AccessAble Work Update	Verbal	For Information	Vice Chair
	<b>4.0</b>	<b>OTHER BUSINESS</b>			
1755	4.1	Questions from the public	Verbal	For Information	Vice Chair/ Chief Executive Officer
1757	4.2	Any other business, including: *4.2.1 Forward plan *4.2.2 Governor attendance register	Paper Paper	For Information For Information	Vice Chair
1800	4.3	Date of next meeting: 20 October 2022, 16:00 hours – 18:00 hours			

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







**MINUTES OF COUNCIL OF GOVERNORS (COG)**  
**27 January 2022 16.00-18.00**  
**Zoom Conference**

<b>Present:</b>	Stephen Gill	Chair (Interim)	(SG)
	Lisa Addison	Patient Governor	(LA)
	Richard Ballerand	Public Governor	(RB)
	Caroline Boulliat	Public Governor	(CB)
	Bernard Casey	Public Governor	(BC)
	Cass J. Cass-Horne	Public Governor	(CJCH)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr. Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Richard Jackson	Staff Governor	(RJ)
	Rose Levy	Public Governor	(RL)
	Minna Korjonen	Patient Governor	(MK)
	Anthony Levy	Public Governor	(AL)
	Stella McCaskill	Patient Governor	(SM)
	Prof. Mark Nelson	Staff Governor	(MN)
	Catherine Sands	Staff Governor	(CS)
	Jacquei Scott	Staff Governor	(JS)
	Dr. Desmond Walsh	Appointed Governor	(DW)
	Laura Wareing	Public Governor	(LJW)
<b>In attendance:</b>	Lesley Watts	Chief Executive Officer	(LW)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Ajay Mehta	Non-Executive Director	(AM)
	Rob Hodgkiss (in part)	Deputy Chief Executive/Chief Operating Officer	(RH)
	Dawn Clift	Interim Director of Corporate Governance and Compliance	(DC)
	Sue Smith (in part)	Interim Director of Human Resources and Organisational Development	(SSm)
	Juliet Bauer	Member of the Public	(JBa)
<b>Apologies:</b>	Dr. Paul Kitchener	Public Governor	(PK)
	Jeremy Booth	Patient Governor	(JBo)
	Julie Carter	Public Governor	(JC)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Thewodoros Leka	Staff Governor	(TL)
	David Phillips	Patient Governor	(DP)
	Nicole Nunes	Staff Governor	(NN)
	Trusha Yardley	Public Governor	(TY)
	Vida Djelic	Board Governance Manager	(VD)

**1.0 STATUTORY/MANDATORY BUSINESS****1.1 Welcome and apologies for absence**

SG welcomed the Governors, those in attendance and members of the public to the COG meeting.

SG noted apologies as above and outlined the order of business for the meeting.

SG welcomed six newly elected governors and invited the four who were in attendance to introduce themselves:-

- Lisa Addison
- Stella McCaskill
- Bernard Casey
- Stuart Fleming

It was noted that 2 newly elected governors, Julie Carter and Parvinder Singh Garcha were not in attendance.

SG explained the format of the meeting to new Governors and members of the public, noting that questions from members of the public should be raised under item 4.1. He asked that for the benefit of new Governors and members of the public that all speakers state their name and role when presenting or asking questions.

He advised that a status update on the implementation of the recent legislation relating to 'Vaccination as a Condition of Deployment' (VCOD) would be delivered to Governors as a supplementary aspect to the Chief Executive Officer's report, item 3.2 on the agenda.

SG noted that the Governors informal meeting with the Lead Governor held earlier in the week had requested a briefing session on the development of the Integrated Care System (ICS) and the Acute Provider Collaborative Model across North West London (NWL). He confirmed that this would be the focus of the Governor briefing session scheduled to take place on 24 March 2022.

With regard to the agenda item 1.5 relating to the North West London Chair in Common, SG declared that he was one of the four shortlisted candidates for the position and that as such he would leave the meeting when this issue was discussed to avoid any potential conflict of interest. The role of Chair would be passed to Non-executive Senior Independent Director Eliza Hermann for this item.

In closing his introduction, SG paid tribute to the sad passing of Governor Nowell Anderson (NA) which had occurred unexpectedly some 48 hours before the October 2021 Council of Governor meeting. SG confirmed that he had attended the funeral of behalf of Chelwest and the Council of Governors on 5 November 2022 to pay the respects of the organisation.

## **1.2 Declarations of interest**

There were no declarations of interest.

## **1.3 Minutes of previous meeting held on 21 October 2021**

Minutes of previous meeting were approved as a true and accurate record of the meeting held on 21 October 2021.

### **1.3.1 Action Log**

The action log was reviewed and noted as complete, with the exception of the development of forward plans for Governor sub-groups for 2022/23.

## **1.4 North West London Integrated Care System (NWL ICS) Developments**

*Lesley Watts, Chief Executive Officer*

LW presented the report and welcomed all governors and members of the public to the meeting. She explained the composition of the NWL ICS highlighting key stakeholders as the 4 Acute Provider Trusts (Chelwest, Imperial, London North West and Hillingdon), Central and North West London Mental Health Trust, the London Ambulance Service, GPs, Local Authorities and Social Care Services covering 8 London boroughs. The ICS across North West London was noted to serve a very diverse range of communities and patients. Integrated care systems (ICSs) will be statutory with effect from 1<sup>st</sup> July 2022 marking new partnerships between the above organisations to meet health and care needs across North West London, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

LW gave an overview of some of the achievements of collaborative working to date including the transforming community and mental health services agenda to ensure that there is greater capacity to respond to patients with complex mental health needs. She also spoke of the work that GPs had taken forward to increase their capacity by delivering virtual appointment systems for patients where this was clinically appropriate. Social care services had also provided expanded services during the Winter period to help with the transition of patients from hospital beds to care homes.

It was noted that a dedicated briefing session on the North West London Integrated Care System and the Acute Provider Collaborative would be delivered to Governors on 24 March 2022.

Resolution:- There being no questions, the COG resolved to note the content of the report.

## **1.5 Recruitment of a Single Chair in Common for the 4 NWL Acute Provider Trusts**

SG left the meeting at this stage to avoid any potential conflict of interest and EH took the Chair for this item.

EH introduced herself to the Council of Governors advising that she had been a Non-executive Director of the Trust for 7.5 years. She was also chair of the Quality Committee and was the Senior Independent Director on the Board.

EH confirmed that the recruitment process for the North West London Chair in Common (NWL CIC) had comprised a Stakeholder Panel event on 21 January (Chaired by LW) and final panel interviews on 24 January 2022. It was noted that EH and Nick Gash (Deputy Chair of the Trust) had participated in the Stakeholder Panel event along with Lead Governor Simon Dyer and Governor Laura-Jane Wareing. CDB asked whether the above individuals had been enthused by the calibre of the shortlisted candidates. EH stated that she had been pleased with the depth, breadth, diversity and strength of the 4 shortlisted candidates. SD stated that he had been very enthused by the calibre of the candidates and felt that the reflections of the stakeholder panel and questions passed by the stakeholder panel to the final interview panel were robust. LJW concurred with the views of EH and SD and also commended LW for her very effective chairing of the Stakeholder Panel event. LW commented that all 4 candidates were very good.

RB asked whether the Chair in Common position would also cover Central North West London Mental health NHS Foundation Trust. EH confirmed that the position did not include the Mental Health Trust and was purely for the 4 acute provider organisations, London North West, Hillingdon, Imperial and Chelwest.

EH advised that as the Chair in Common position covered 2 NHS Foundation Trusts and 2 non Foundation Trusts, the approval process to the appointment of the successful candidate involved a number of stages as follows:-

- Department of Health approval (for the non Foundation Trusts)
- Chelwest Council of Governor approval
- Hillingdon Council of Governor approval

A meeting of the Council of Governors would be convened as soon as a recommendation for approval of appointment of the preferred candidate was available.

Resolution: The COG resolved to note current status of recruitment of the Chair in Common and agreed to convene to consider a recommendation for approval to the appointment of the shortlisted candidate as soon as a recommendation was available.

## **1.6 Council of Governors Nomination and Remuneration Committee Update**

SG returned to the meeting and resumed the position of Chair. He confirmed that the above Committee had met on 25 January 2022 with governors SD, LJW, RB and MK in attendance. Apologies had been noted from governors AL and DP.

The Committee had considered a recommendation to extend the term of office of Non-executive Director Nilkunj Dodhia (ND) for the period 1 July 2022 to 30 June 2023. ND was noted to be the Chair of the Finance and Investment Committee and the Non-executive Director Lead for Information Technology. The Committee unanimously supported the recommendation to extend ND's term of office for this period.

The Committee had also considered succession planning arrangements for Non-executive Directors, noting that EH would be leaving the Trust at the end of her terms of office on 30 June 2022. In addition, a number of Non-executive Directors would reach the end of their current term of office during the Autumn and Winter of the 2022 calendar year. SG confirmed that the Committee had also considered the current composition of Non-executive Directors and Executive Directors on the Board. This was noted to be 6 Non-executive Directors (including the

Chair) and 5 voting Executive Directors. SG confirmed that the Constitution of the Trust required there to be a majority of Non-executive Directors on the Board and whilst the Trust was compliant with this, greater resilience would be achieved by creating an additional Non-executive Director position to move away from the current situation of minimum quoracy. Committee noted that this does not require any amendment to the Constitution and was the recommendation was approved by the Committee.

It was noted that the Committee would be reconvening during February 2022 to consider a proposal for the process for succession planning and associated next steps.

Resolution:-

The Committee resolved to:-

- Note the content of the report
- Approve the extension to the term of office for ND

## **2.0 QUALITY**

### **2.1 People and Organisational Development Committee Report to COG**

*Ajay Mehta, Chair of the People of Organisational Development Committee of the Board*

SG introduced this item by explaining the governance structure of the Board and its four Sub-Committees (Quality Committee, Audit and Risk Committee, People and Organisational Development Committee and Finance and Investment Committee). He confirmed that each of the Sub-Committees was chaired by a Non-executive Director. A rotational arrangement was in place for each Non-executive Chair to present to the Council of Governors during the course of each year on the work delivered through the Committee structure.

Ajay Mehta (AM) introduced himself as the Chair of the People and Organisational Development Committee and confirmed that he had been a Non-executive Director of the Trust for 2 years. AM had assumed responsibility as Chair of the People and Organisational Development Committee in April 2021 and it was noted that the Committee meets monthly (except for August and December), reporting into the Board of Directors.

AM opened his presentation by reflecting on the incredibly challenging 2 years that staff have faced as a result of the Covid pandemic. He paid thanks to all staff for their continued hard work and commitment to the delivery of safe patient care and support to each other during this period.

An overview of the People Strategy which the Committee had launched in October 2021 was given. AM confirmed that the strategy had been informed through consultation with staff, stakeholders and volunteers and was aligned to the NHS People Plan and North West London Strategy. He advised that measures of success associated with the delivery of the People Strategy would be governed through the People and Organisational Development Committee.

The importance of being an inclusive organisation was noted and AM confirmed that the Committee held delegated responsibility for Equality Diversity and Inclusion (EDI) reporting into the Trust Board including delivery of the EDI Plan. He confirmed that Gubby Ayida had been appointed as an Inclusion Advisor to the Board and that a number of staff networks had been established to support diversity including the Black and Minority Ethnic Group (BAME) network

and the Lesbian, Gay, Bi-sexual and Transgender Plus Network (LGBT).

AM explained that staff wellbeing was of critical importance to the organisation and was a significant priority. He highlighted a range of initiatives that the Trust had put in place to support both the mental health and wellbeing and physical health and wellbeing of staff aimed at keeping staff safe and well. It was evident that Covid had impacted on increased sickness absence and that whilst sickness levels were now reducing, this remained an ongoing challenge. With regard to the Covid vaccination status of staff, AM advised that the vast majority of staff were vaccinated reflecting the average position of 95% of vaccinated staff across the NHS. It was noted that impending legislation relating to Vaccination as a Condition of Deployment (VCOD) would be addressed within the Chief Executive's Report to the Committee later on the agenda.

An overview of the 2020 Staff Survey Results was delivered including the 59 pledges that teams had developed with the aim of improving staff experience. Equality Diversity and Inclusion, Health and Wellbeing, the provision of a safe environment and staff morale were all noted to be key priorities that the People and Organisational Development Committee were governing.

AM recognised the importance and value of volunteers as part of the Chelwest family and thanked them for their ongoing commitment and loyalty to the Trust. It was noted that during December alone volunteers had given 2700 hours of their time to supporting patients and staff, culminating in 32,000 hours during 2021.

AM closed the presentation with a summary of the priorities for the year ahead and gave thanks to Sue Smith, Interim Director of People and Organisational Development and her team for all of their hard work and support.

CDB thanked AM for a very impressive presentation and overview of the work of the Committee. He asked how successful the approach to recruitment had been since the pandemic started. AM stated that this continues to be a challenge and this was seconded by LW who reflected that whilst we do have relatively low vacancy levels VCOD may impact on future recruitment and there is an ongoing need to work hard to retain and protect staff that are already in post. SG referred to the Integrated Performance and Quality Report later on the agenda and confirmed that vacancy levels are currently 8% which is lower than the national benchmark.

BC referred to the Integrated performance and Quality Report and noted that a number of staff were absent due to stress in the workplace. SSm advised that a significant health and wellbeing programme is in place to offer support to staff including support to their mental health wellbeing and resilience and confirmed that sickness levels associated with stress are now reducing. AM advised that he held the position of Non-Executive Director Health and Wellbeing Champion for the Trust and that as part of this he was championing health and wellbeing approaches in the workplace.

SF reflected on the diversity of staff in the workplace as detailed in the presentation and commented that the percentage of LGBT staff appeared to be very low. SF expressed an interest in greater involvement in this aspect of work. SSm welcomed this offer and confirmed that the 3% figure detailed in the presentation related to staff who declared LGBT status at the start of their employment, whereas in the staff survey it was noted that this figure was 15%.

LA commended the diversity of the workforce in terms of nationalities, noting that over 100 nationalities were represented within the Trust. She felt this was a unique aspect of the Trust

that could aid recruitment.

AL commented on the remarkable progress and achievements of the People and Organisational Development Committee. He commended the development of measures of success relating to the strategic priorities detailed in the People Strategy and requested that future annual reports to the Council of Governors highlight performance against these measures of success.

MN (Staff Governor) commented that the Trust have been incredibly supportive to staff and that the initiatives established have really helped to change the way in which staff are cared for. He felt the developments were 'fantastic' and that it had really helped shape the future.

CS (Staff Governor) reinforced these comments and cited some of the initiatives that had been established including a day of leave on your birthday, a £45 Christmas voucher to all staff, a bicycle clinic and an extra day of annual leave for all of the hard work that staff had shown throughout Covid. MN added that the support of local business had also been amazing and expressed his thanks to the Board and the Executive Team.

There were no further questions.

Resolution:- The COG were assured of the ongoing governance of activity and delegated responsibilities through the People and Organisational Development Committee

## **2.2 Council of Governor's Membership Communications Sub-Committee Report**

SG presented the report in the absence of Chair Governor DP, with no questions raised by Governors.

Resolution:- The COG resolved to receive and note the content of the report.

## **3.0 FOR INFORMATION**

### **3.1 Interim Chair's Report**

*Stephen Gill, Chair (Interim)*

SG presented the report and highlighted the ongoing work associated with the vaccination programme and elective recovery programme, extending thanks on behalf of the COG and the Board to all staff who had been operating above capacity for over 2 years during the Covid pandemic.

He confirmed the outcome of the recent Governor elections and welcomed new Governors as follows:-

- 2 Patient Governors: Lisa Addison and Stella Macaskill.
- 4 Public Governors: Julie Carter (Ealing); Bernard Casey (Richmond upon Thames); Stuart Fleming (Wandsworth); Parvinder Singh Garcha (Hounslow).

With regard to Local Authority Appointed Governors, Councillor Atterton had been nominated as the Local Authority Governor representing Hounslow and a nomination was still awaited from Westminster City Council.

SG congratulated a number of existing governors who had been re-elected as follows:-

- 3 Patient Governors: Simon Dyer (Lead Governor); David Phillips (Chair of Governors Membership and Communications Sub-Committee); Minna Korjonen.
- 1 Public Governor (Hounslow): Laura Wareing (Chair of Governors Quality Sub-Committee).
- 1 Staff Governor (Nursing & Midwifery): Jacquei Scott.

SG advised that national guidance had been published in December 2021 in relation to Non-executive Director Champion roles and that the Trust had undertaken a mapping exercise to ensure it was compliant with this guidance.

AL asked how discussions are progressing with regard to the Acute Provider Collaborative suggesting that this could be a significant transaction to which the Council of Governors have a statutory role. SG delivered an overview of varying Acute Provider Collaborative models and confirmed that the model to be adopted for North West London was currently being explored and could be included in the Governor Briefing on the Integrated Care System on 24 March 2022.

BC reflected on the Governor Briefing on IT which he had attended in December 2020 and sought assurance on the matter of digital exclusion that he had raised at this meeting. SG confirmed that digital inclusion was a critically important component of the Trust's IT plan.

Resolution:- The COG:-

- noted the content of the report
- Agreed to include the Acute Provider Collaborative within the Governor Briefing Session on the ICS on 24 March 2022
- 

DC

### 3.2 Chief Executive's Report

LW presented the above report highlighting that whilst the Trust faces a challenging period of elective recovery to reduce the patient waiting list Chelwest performance was amongst the best in the Country. She commended the continued hard work, commitment and diligence of all staff in delivering this outcome in what are very challenging times. It was noted that elective activity was already above levels seen before the Covid pandemic.

She commended the hard work led by Pippa Nightingale, Chief Nursing Officer in the roll out of the NWL vaccination programme and confirmed that the vast majority of staff at Chelwest were fully vaccinated for Covid. LW explained that extensive work had taken place to ensure that staff were fully informed of the impact of impending legislation associated with Vaccination as a Condition of Employment (VCOD) including 1:1 discussions, group discussions, written communications and weekly all staff webinars. She advised that the number of unvaccinated staff at Chelwest was relatively small but was not insignificant and assured the Council of Governors that the Trust was doing everything possible to encourage staff to keep themselves, their colleagues and patients safe by having the vaccination.

There were no question raised by Governors.

Resolution: The COG received and noted the report including the verbal update on VCOD.

### 3.3 Integrated Performance and Quality Report



RH attended for this item and presented the report as at the end of November 2021. He welcomed new Governors to the Council meeting and offered to deliver a briefing session to all Governors, noting that the Integrated report was detailed and covered a number of different aspects of care delivery. This was welcomed by Governors.

RH/DC

RH advised that November continued to be a challenging month across both inpatient and outpatient areas especially with higher than normal staff sickness and absence. This affected service delivery in various areas of the trust, specifically from a non-elective (emergency care) position.

Despite local pressures (echoed nationally and across the ICS) the Trust had continued to exceed outpatient activity plans, seen a reduction in total patients waiting and a reduction in patients waiting more than 104 weeks. The Trust was ranked as the 6<sup>th</sup> highest performing Trust nationally for the month of November 2022 out of 137 Trusts.

RH highlighted the following key standards to Governors:-

- A&E 4 Hour Standard
- Trust level performance had remained stable between October and November 2021. Performance for the month of November was 81.48%. A&E attends had levelled-out to parity with Nov 2019. There were 29,103 Urgent and Emergency Care attends reported in the month of November; a reduction from 31,371 the month before. This performance saw the Trust ranked 10th Nationally.
- Cancer
  - 31 Days Diagnosis to First Treatment: Performance against this metric had improved on the previous month from 90.71% to 91.41% for November 2021. The non-compliance with this target had been driven by the 200% increase in suspected skin cancer GP referrals but there had been improvements to the booking process, which are supporting a gradual improvement against this target.
  - 62 Days GP Referral to First Treatment: Performance had remained stable in the month of November, with performance of 75.7% (un-validated). The non-compliant performance continued to be predominantly driven by patient initiated delays to diagnostics, and delays in North West London Pathology histology turnaround for the Gynaecology and Urology pathways.
  - 62 Days NHS Screening Service Referral to First Treatment: There had been a decrease in performance for 62 day screening to 25% for the month of November.
  - Faster Diagnosis Standard: Performance was slightly below the 75% target, sitting at 74.32% for November. Performance was challenged due to an increase in referrals to the gynaecology and colorectal services service and delays receiving histology.
- Referral to Treatment
  - During the month of November there had been an improvement in performance from 73.19% in October to 73.62% in November. The overall number of patients waiting had remained stable over the last three months. Work continued to manage patient's needs with the support of external providers and closely managed patient tracking lists.
- Referral to Treatment 52 Week waits
  - 485 patients were noted to have been waiting over 52 weeks for treatment. The majority of these are on a Non-Admitted pathway within the Planned Care division

where capacity had been impacted with long periods of staff shortages. These were being managed with recruitment plans as well as engagement with external providers

- Diagnostic wait times <6weeks  
For the second consistent month the trust had met the 99% target for November 2021 with a validated position of 99.17%.

RH advised that there are 137 acute NHS Trusts in the Country against which performance is benchmarked. He confirmed that:-

- Zero Trusts were currently compliant with the 4 hour A&E waiting time standard, however Chelwest were the 10<sup>th</sup> highest performing Trust in the Country
- Chelwest has the 5<sup>th</sup> highest level of emergency demand from patients in the Country
- Chelwest is the 6<sup>th</sup> highest performing Trust in the Country when all indicators are aggregated

LA asked who the top NHS Trusts were for the key standards. RH advised that this changes from month to month.

Governors thanked RH for his presentation, for the hard work of all staff in the delivery of this level of performance and for his offer of a Governor briefing session which was most welcomed.

Resolution:- The Council resolved to note and receive the report and that an additional governor briefing session would be scheduled in the near future on the integrated Performance and Quality Report.

### **3.4 People and Organisational Development/Workforce Key Performance Indicator Report**

SSm presented the report and highlighted that sickness levels had now reduced to 4% and that mandatory training was currently at 88%. BC made reference to stress related sickness absence levels and asked how we benchmark against other Trusts for this indicator. He asked whether levels fluctuate or whether there are trends over time. SSm advised that stress related sickness absence levels were in line with national benchmarks and that sickness trends are seasonal.

Resolution:- The Council resolved to receive and note the content of the report.

### **3.5 Accessibility Work Update**

SG confirmed that both the virtual and physical benchmarking audits had been completed, new physical guidelines had been reviewed and he confirmed that a launch event with staff focussed on the physical environment would be scheduled in February 2022.

Resolution:- The Council resolved to note the verbal update.

## **4.0 OTHER BUSINESS**

### **4.1 Questions from the public**

There were no questions posed by the public.

#### **4.2 Council of Governor Away Day**

SG confirmed that the Council of Governors Away Day had been rescheduled from January 2022 to take place on 21 April 2022 between the hours of 10am to 4pm with the hope of enabling a face to face meeting. The last 2 hours of the away day would be dedicated to the formal and public Council of Governors meeting. Location to be confirmed.

#### **4.3 Council of Governor's Forward Plan of Business**

The forward plan for the 2022 calendar year cycle of business was received and noted.

#### **4.4 Council of Governors Attendance Register**

The attendance register was received and noted.

#### **4.5 Schedule of Council of Governor Meetings 2022-23**

The schedule of meetings was received and noted.

#### **4.6 Date and Time of the Next Meeting**

COG Away Day 21 April 2022 1400-1600 hours.

Meeting closed at 18:03.





**Council of Governors Meeting – Live Action Log for the January 2022 Meeting**

Meeting Date	Minute number	Subject	Action	Current status	Lead
27.1.22	1.5	Chair in Common	Convene to consider a recommendation for approval to the appointment of the shortlisted candidate as soon as a recommendation was available.	Complete – meeting held 7 February 2022	DC
27.1.22	3.1	Acute Provider Collaborative	Include the Acute Provider Collaborative within the Governor Briefing Session on the ICS on 24 March 2022	High level briefing given in Governors Intro to Matthew Swindells on 7 April and included within Chairs report on the agenda for 21 April 2022	SG/DC
27.1.22	3.3	Integrated Performance and Quality Report	Arrange Governor Briefing	Complete – held March 2022	DC





<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors Meeting 21 April 2022
--	---

<b>AGENDA ITEM NO.</b>	1.5									
<b>TITLE OF REPORT</b>	<b>Council of Governors Code of Conduct Refresh 2022</b>									
<b>AUTHOR NAME AND ROLE</b>	Dawn Clift, Interim Director of Corporate Governance and Compliance									
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Dawn Clift, Interim Director of Corporate Governance and Compliance									
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td><td>X</td></tr> <tr> <td>Assurance</td><td></td></tr> <tr> <td>Info Only</td><td></td></tr> <tr> <td>Advice</td><td></td></tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval	X	Assurance		Info Only		Advice		<p>Best practice governance recommends interim reviews of the Code of Conduct for Governors and that the Code of Conduct should be approved by the Council of Governors. The Code of Conduct is therefore presented for approval by the Council of Governors for the period 2022-23.</p>	
Decision/Approval	X									
Assurance										
Info Only										
Advice										
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th><th>Date of Meeting</th><th>Outcome</th></tr> </thead> <tbody> <tr> <td>Nil</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Nil					
Name of Committee	Date of Meeting	Outcome								
Nil										
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<ul style="list-style-type: none"> <li>It is a requirement of our constitution for a Code of Conduct to be in place for Governors.</li> <li>Best practice recommends that the Code of Conduct is revisited periodically and is approved by the Council of Governors</li> <li>The most recent review undertaken by the Interim Director of Corporate Governance and Compliance has included the mapping of the Chelwest Code of Conduct against the exemplar Code of Conduct detailed in the Governance Best Practice Compendium for the NHS</li> <li>As such, additions have been made to the Code of Conduct to reflect best practice personal conduct and to also explicitly state the values of the organisation to which we are all committed.</li> </ul>									

<b>KEY RISKS ARISING FROM THIS REPORT</b>		
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>		
Deliver high quality patient centred care	Y	
Be the employer of Choice	Y	
Deliver better care at lower cost	Y	

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b>		
Equality And Diversity		
Quality		
People (Workforce or Patients/ Families/Carers)		
Operational Performance		
Finance		
Public Consultation		
Council of Governors	Y	
<p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>		

<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	<del>Y</del> /N
Patient Confidentiality	<del>Y</del> /N
Staff Confidentiality	<del>Y</del> /N
Other Exceptional Circumstances (please describe)	



## COUNCIL OF GOVERNORS: CODE OF CONDUCT 2022

### INTRODUCTION

Congratulations on being elected/appointed as a Governor of Chelsea and Westminster NHS Foundation Trust. We are delighted that you joined our Council of Governors and look forward to working with you and supporting you throughout the course of your term of office.

The purpose of this code is to provide clear guidance on the standards of conduct and behaviour expected of all governors. This code, with the code of conduct for directors and the NHS constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the trust. The code is intended to operate in conjunction with the constitution, standing orders and Monitor's code of governance. The code applies at all times when governors are carrying out the business of the trust or representing the trust.

### UNDERTAKING AND COMPLIANCE

Governors are required to give an undertaking that they will comply with the provisions of this code. Failure to comply with the code may result in disciplinary action in accordance with agreed procedure, including the removal of the governor in question from office.

### INTERPRETATION AND CONCERNS

Questions and concerns about the application of the code should be raised with the trust secretary. At meetings the chair will be the final arbiter of interpretation of the code

### PRINCIPLES OF PUBLIC LIFE

The principles underpinning this code of conduct are drawn from the seven principles of public life and are as follows:

- **Selflessness** Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity**: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness**: Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- **Leadership** Holders of public office should promote and support these principles by leadership and example.

## CORPORATE VISION AND VALUES



**proud  
to care**

We have launched our values to patients and members of the public to demonstrate the standard of care and experience they should expect from any of our services, including staff, governors and volunteers. These values form the mnemonic **PROUD**:

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

Governors should uphold these values throughout the course of their term of office.

## THE COUNCIL OF GOVERNORS, DIRECTORS' DUTIES AND LIABILITIES

The general duties of the council of governors are to hold the non-executive directors individually and collectively to account for the performance of the board of directors and represent the interests of the members of the trust as a whole and the interests of the public. The role is set out in detail in the constitution, standing orders, the foundation trust code of governance and is further addressed in Monitor's guidance for governors. In carrying out its work the council of governors needs to take account of and respect the statutory duties and liabilities of the board of directors and individual directors.

## CONFIDENTIALITY

Governors must comply with the trust's confidentiality policies and procedures. Governors must not disclose any confidential information, except in specified lawful circumstances, and must not seek to prevent a person from gaining access to information to which they are legally entitled. Nothing said in this code precludes governors from making a protected disclosure within the meaning of the Public Disclosure Act 1998. The trust secretary should be consulted for guidance.

## **FIT AND PROPER PERSON**

It is a condition of the trust's licence that each governor serving on the council of governors is a 'fit and proper person'. A person may not continue as a member of the council if they are:

- a) a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged,
- (b) a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it,
- (c) a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her,
- (d) subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

Governors must certify on appointment, and each year, that they are/remain a fit and proper person. If circumstances change so that a governor can no longer be regarded as a fit and proper person or if it comes to light that a governor is not a fit and proper person they are suspended from being a governor with immediate effect pending confirmation and any appeal. Where it is confirmed that a governor is no longer a fit and proper person their membership of the council of governors is terminated in accordance with the constitution.

## **CONFLICTS OF INTEREST**

Governors must avoid a situation in which they have a direct or indirect interest that conflicts or may conflict with the interests of the trust. Governors must not accept a benefit from a third party by reason of being a governor for doing (or not doing) anything in that capacity. Governors must not offer a benefit to a third party by reason of being a governor for doing (or not doing) anything in that capacity.

Governors are required to declare the nature and extent of any interest at the earliest opportunity. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. It is then for the chair to advise whether it is necessary for the governor to refrain from participating in discussion of the item or withdraw from the meeting. Failure to comply is likely to constitute a breach of this code.

## **REGISTER OF INTERESTS**

Governors are required to register all relevant interests in the foundation trust's register of interests in accordance with the provisions of the constitution. It is the responsibility of each governor to provide an update to their register entry if their interests change. A pro forma is available from [the membership office]. Failure to register a relevant interest in a timely manner may constitute a breach of this code.

## **MEETINGS**

Governors have a responsibility to attend meetings of the council of governors and of any committees to which they are appointed. When this is not possible apologies should be submitted to the trust secretary in advance of the meeting. Persistent absence from council of governors meetings without good reason is likely to constitute a breach of this code.

## **PERSONAL CONDUCT**

Governors are expected to adopt and promote the values of the trust and the NHS. Governors are expected to conduct themselves in a manner that reflects positively on the trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the trust into disrepute. Specifically, governors must treat each other, directors and trust staff with respect; not breach the equality rights and not bully any person. Governors must not seek to use their position improperly to confer an advantage or disadvantage on any person and must comply with the foundation trust's rules on the use of its resources. Finally governors must have regard to advice provided by the chair and trust secretary pursuant to their duties

## **TRAINING AND DEVELOPMENT**

Chelsea and Westminster NHS Foundation Trust is committed to providing appropriate training and development opportunities for governors to enable them to carry out their role effectively. Governors are expected to participate in training and development opportunities that have been identified as appropriate for them. To that end governors will participate in the appraisal process and any skills audit carried out by the foundation trust.

## **REVIEW AND REVISION OF THE CODE**

This code has been agreed by the council of governors and where appropriate by the board of directors. The trust secretary will lead periodically a review of the code. It is for governors to agree to any amendments or revisions to the code.



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors Meeting 21 April 2022
--	---

<b>AGENDA ITEM NO.</b>	1.6											
<b>TITLE OF REPORT</b>	<b>Council of Governors Terms of Reference 2022</b>											
<b>AUTHOR NAME AND ROLE</b>	Dawn Clift, Interim Director of Corporate Governance and Compliance											
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Steve Gill, Vice Chair											
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td><td>X</td></tr> <tr> <td>Assurance</td><td></td></tr> <tr> <td>Info Only</td><td></td></tr> <tr> <td>Advice</td><td></td></tr> </table> Please tick below and then describe the requirement in the opposite column	Decision/Approval	X	Assurance		Info Only		Advice		To seek approval to the Terms of Reference for the Council of Governors.			
Decision/Approval	X											
Assurance												
Info Only												
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1"> <tr> <th>Name of Committee</th><th>Date of Meeting</th><th>Outcome</th></tr> <tr> <td>Nil</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </table>	Name of Committee	Date of Meeting	Outcome	Nil							
Name of Committee	Date of Meeting	Outcome										
Nil												
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<p>The Terms of Reference for the Council of Governors have been mapped to best practice models for the NHS and customised to reflect the Chelwest constitution.</p> <p>The Council of Governors are requested to approve the Terms of Reference for 2022-23 with annual review thereafter.</p>											
<b>KEY RISKS ARISING FROM THIS REPORT</b>	Nil											
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>												

Deliver high quality patient centred care	Y	
Be the employer of Choice	Y	
Deliver better care at lower cost	Y	

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b>		
Equality And Diversity		
Quality		
People (Workforce or Patients/ Families/Carers)		
Operational Performance		
Finance		
Public Consultation		
Council of Governors	Y	
<p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>		

REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	<del>Y</del> /N
Patient Confidentiality	<del>Y</del> /N
Staff Confidentiality	<del>Y</del> /N
Other Exceptional Circumstances (please describe)	

## **COUNCIL OF GOVERNORS TERMS OF REFERENCE, APRIL 2022**

### **PURPOSE**

The establishment of, and the role of, the council of governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 (the Act). This document should be read in conjunction with the Act and with the foundation trust code of governance and other guidance from Monitor.

### **GENERAL DUTIES**

The statutory general duties of the council of governors are:

- to hold the non-executive directors individually and collectively to account for the performance of the board of directors, and
- to represent the interests of the members of the corporation as a whole and the interests of the public.

### **MEMBERSHIP**

The composition of the council of governors is set out in the constitution. The chair of the board of directors is the chair of the council of governors and presides over the meetings of the council of governors. In the absence of the chair, the Senior Independent Director will preside and in the absence of this individual another non-executive director or another person as defined in the constitution or standing orders will preside.

### **QUORUM**

The quorum for meetings of the council of governors is set out in the standing order of the constitution and shall be at least 13 Governors present, and of that 13, at least eight must be public or patient governors. For the avoidance of doubt, the number of public or patient governors present at a meeting should be in the majority.

### **COUNCIL OF GOVERNORS COMMITTEES**

The council of governors may establish the following committees:

- Nominations and Remuneration committee
- such other committees as required from time to time
- Task and finish working groups as necessary.

### **THE ROLE OF THE COUNCIL OF GOVERNORS**

#### **HOLDING THE NON-EXECUTIVE DIRECTORS TO ACCOUNT**

- Hold the non-executive directors individually and collectively to account for the performance of the board.

#### **NON-EXECUTIVE DIRECTORS, CHIEF EXECUTIVE AND THE EXTERNAL AUDITOR**

- Approve the policies and procedures for the appointment and where necessary for the removal of the chair of the board of directors and non-executive directors.
- Approve the appointment (or removal) of the chair of the board of directors.
- Approve the appointment (or removal) of a non-executive director.
- Approve the policies and procedures for the appraisal of the chair of the board of directors and non-executive directors
- Approve changes to the remuneration, allowances and other terms of office for the chair and other non-executive directors.
- Consider and if considered appropriate approve the appointment of a proposed candidate as chief executive recommended by the chair and the non-executive directors.
- Approve the criteria for appointing, re-appointing or removing the auditor.
- Approve the appointment or re-appointment and the terms of engagement of the auditor.

## **CONSTITUTION AND COMPLIANCE**

- Following consultation with the board of directors, approve amendments to the constitution. Any changes in respect of the powers, duties or role of the council of governors being considered, need to be approved at the next general meeting of members.
- Notify NHSE/I if the council of governors is concerned that the trust has breached, or is at risk of breaching, its licence conditions if these concerns cannot be resolved through engagement with the board of directors.

## **GOVERNORS**

- Approve the appointment of governors to any committees or working groups of the council of governors or the board of directors.
- Determine whether to create the role of lead governor and, if there is one, approve the process for appointment or election to the role.
- Receive reports from the chairs of any committees or working groups of the council of governors on the discharge of the committees' duties.
- Approve the removal from office of any governor in accordance with procedure set out in the constitution.
- Approve jointly with the board of directors the procedure for the resolution of disputes and concerns between the board of directors and the council of governors

## **STRATEGY, PLANNING, REORGANISATIONS**

- In response to requests from the board of directors, provide feedback on the development of the annual plan and the strategic direction of the foundation trust.
- Contribute to the development of stakeholder strategies, including member engagement strategies.
- Where the forward plan contains a proposal that the trust will carry on an activity other than the provision of goods and services for the purposes of the NHS in England, determine whether the council of governors is satisfied that such activity will not interfere in the fulfilment by the trust of its principal purpose (the provision of goods and services for the purposes of the health service in England). Notify the board of its determination.
- Consider and if appropriate approve proposed increases to the amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the trust in the relevant financial year.



- Consider and if appropriate approve proposals from the board of directors for mergers, acquisitions, separations and dissolutions. Any such proposals may only be approved if more than half of the total number of governors agree with them.
- Consider and if appropriate approve proposals for significant transactions where defined in the constitution or such other transactions as the board may submit for the approval of governors from time to time. Any proposals for significant transactions (as defined in the constitution) may only be approved if more than half of governors voting at a quorate meeting of the council of governors agree with them.

## **REPRESENTING MEMBERS AND THE PUBLIC**

- Represent the interests of the members of the trust as a whole and of the public.
- Consider and if appropriate approve the membership engagement strategy.
- Contribute to members' and other stakeholders' understanding of the work of the trust in line with engagement and communication strategies. Seek the views of stakeholders, including members and the public and feedback relevant information to the board of directors or to individual managers within the trust as appropriate.
- Promote membership of the foundation trust and contribute to opportunities to recruit members in accordance with the membership strategy.
- Report to members each year on the performance of the council of governors. Some of the following may support this process and dialogue:
  - receive the agenda of the meetings of the board of directors before the meeting takes place;
  - receive the minutes of the meeting of the board of directors as soon as is practicable after the meeting;
  - be equipped by the trust with the skills and knowledge they require in their capacity as governors;
  - receive the annual report of the audit committee on the work, fees and performance of the auditor;
  - Receive the annual report and accounts (including quality accounts).;
  - receive the quarterly report of the board of directors on the performance of the trust against agreed key financial, operational, quality and regulatory compliance indicators and stated objectives;
  - participate in opportunities to review services and environments such as PEAT inspections/quality reviews/local activities and evaluation of user/carer experience;
  - receive and review quarterly assurance reports;
  - receive reports from the board on important sector-wide or strategic issues;
  - use information obtained through the above sources to monitor performance and progress against the key milestones in the strategic and annual plans and to hold the non-executive directors to account for the performance of the board of directors;
- If considered necessary (as a last resort), in the fulfilment of this duty, obtain information about the foundation trust's performance or the directors' performance by requiring one or more directors to attend a council of governor meeting.

## **COLLECTIVE EVALUATION OF PERFORMANCE**

- The council of governors will commission an annual review of its effectiveness and efficiency in the discharge of its responsibilities and achievement of objectives.

## **FREQUENCY OF MEETINGS**

The council of governors meets four times a year.

#### **MINUTES**

Minutes of the meetings will be circulated promptly to all members of the council of governors as soon as reasonably practical. The target date for issue is 10 working days from the date of the meeting.

#### **REVIEW**

The council of governors will review this document annually.



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors Meeting 21 April 2022
--	---

<b>AGENDA ITEM NO.</b>	2.1										
<b>TITLE OF REPORT</b>	<b>Report from the Council of Governors Quality Sub-Committee and plans for the 2021-23 Council of Governors Quality Account Statement</b>										
<b>AUTHOR NAME AND ROLE</b>	Dawn Clift, Interim Director of Corporate Governance and Compliance										
<b>ACCOUNTABLE GOVERNOR</b>	Laura-Jane Wareing, Chair of the Governor Quality Sub-Committee										
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td><td>X</td></tr> <tr> <td>Assurance</td><td></td></tr> <tr> <td>Info Only</td><td></td></tr> <tr> <td>Advice</td><td></td></tr> </table> Please tick below and then describe the requirement in the opposite column	Decision/Approval	X	Assurance		Info Only		Advice		To provide an update on the work of the Governor Quality Sub-Committee and to confirm the arrangements for the 2022-23 Quality Account Statement from the Council of Governors.		
Decision/Approval	X										
Assurance											
Info Only											
Advice											
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	Nil										
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<ul style="list-style-type: none"> <li>The Governor Quality Sub Committee met on 4 February 2022 with good attendance levels</li> <li>Information was received and discussed in relation to the infection control measures in place across the Trust to mitigate the spread of Covid and other viruses such as Clostridium Difficile and MRSA. At the time of the meeting the Omicron variant was strong and the Committee were pleased to hear that the Trust was retaining the strong infection control measures of masks, handwashing/sanitiser and temperature checks during this period.</li> <li>The Sub Committee received a report on learning from serious incidents and received assurance on the robustness of serious incident investigations and the associated learning.</li> </ul>										

	<ul style="list-style-type: none"> <li>• The Director of Nursing from the Chelsea site presented an update to the Sub Committee on the development of the Patient and Public Involvement Group and the work taking place to improve the level of co-production and engagement with patients, families and members of the public to ensure that they are equal partners in helping to shape our services. Simon Dyer, Lead Governor and myself represent the Governors on this Group in recognition of the role that Governors play in engaging and representing their constituents.</li> <li>• Governors presented updates from the Falls Steering Group, Disability Steering Group and Dementia Steering Group. An update was also received from Shauna McCann on behalf of the End of Life Care Group, whereby we were pleased to note the opening of a new butterfly room on Marble Hill 1 along with the recruitment of an End of Life Care Coordinator at West Mid Hospital.</li> <li>• The Sub Committee were given assurance of the plans for the Pharmacy Wholly Owned Subsidiary (CW Medicines Limited) which was scheduled to go live on 4 April 2022, providing out patient pharmacy facilities to the Chelsea Hospital site and the Dean Street site</li> <li>• Sub Committee members shared some constituent experiences of the appointment and booking system whereby some barriers had been encountered in communicating effectively with patients. Sub Committee members heard how such issues are being addressed including enhanced training for staff on the IT systems.</li> </ul> <p>With regard to the annual Quality Report, guidance has now been issued which confirms that Governors are not required to select a quality indicator for the purpose of audit. The Council of Governors are however required to develop and approve a statement on the level of assurance they have that the Board of Directors are addressing the quality agenda. A draft of the Quality Account will come to the next Governor Quality Sub Group meeting so that a draft statement can then be developed. We plan to then use our Governor briefing session on 19 May to receive a presentation on the final draft of the Quality Account and for Governors to recommend approval of the statement. We will then seek e-governance approval of all members of the CoG to the statement so that it can be included in the Quality Account submission which must be made by no later than 30 June 2022.</p>
--	--

<b>KEY RISKS ARISING FROM THIS REPORT</b>		
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>		
Deliver high quality patient centred care	Y	
Be the employer of Choice	Y	
Deliver better care at lower cost	Y	

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b>		
Equality And Diversity		
Quality		
People (Workforce or Patients/ Families/Carers)		
Operational Performance		
Finance		
Public Consultation		
Council of Governors		
please mark Y/N – where Y is indicated please explain the implications in the opposite column		

<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	<b>N</b>
Patient Confidentiality	<b>N</b>
Staff Confidentiality	<b>N</b>
Other Exceptional Circumstances (please describe)	





TITLE AND DATE	Council of Governors 21st April 2022
----------------	---

<b>AGENDA ITEM NO.</b>	2.2										
<b>TITLE OF REPORT</b>	Quality Priorities 2022/23										
<b>AUTHOR NAME AND ROLE</b>	Sheriece Bracey, Head of Improvement										
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Robert Bleasdale, Chief Nursing Officer Roger Chinn, Chief Medical Officer										
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td><td></td></tr> <tr> <td>Assurance</td><td></td></tr> <tr> <td>Info Only</td><td>x</td></tr> <tr> <td>Advice</td><td></td></tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance		Info Only	x	Advice		To share with the Council of Governors the four quality priorities (with metrics) for Chelsea and Westminster Hospitals NHS Foundation Trust for delivery in 2022/23.		
Decision/Approval											
Assurance											
Info Only	x										
Advice											
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	Executive Management Board	March 2022	Agreed								
	Quality Committee	April 2022	Agreed								
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	The four Quality Priorities for delivery in 2022-23 are:- <ul style="list-style-type: none"> <li>• Safety: patients are protected from avoidable harm, when mistakes occur lessons are learned.</li> <li>• Effectiveness: care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.</li> <li>• Experience: patients are treated with compassion, dignity and respect.</li> <li>• Responsive and person-centred: services respond to our patients needs and choices, patients are supported to be equal partners in their care.</li> </ul> <p>The attached report details the proposed control, outcome and balancing measures for the agreed quality priorities for 2022-23.</p>										

<b>KEY RISKS ARISING FROM THIS REPORT</b>		None
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>		
Deliver high quality patient centred care	x	
Be the employer of Choice	x	
Deliver better care at lower cost	x	

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b>	
Equality And Diversity	
Quality	x
People (Workforce or Patients/ Families/Carers)	
Operational Performance	
Finance	
Public Consultation	
Council of Governors	



## **Quality priorities - 2022/23**

### **Introduction**

The annually set quality priorities help to deliver the Trust's quality strategy; 'quality priorities delivered and supported by a systematic improvement method', and are agreed as part of business planning each year.

Our chosen priorities are developed in partnership with our patients and stakeholders. They align with one or more of the Trust's three strategic objectives and triangulate with areas with the greatest opportunities for improvement.

1. High quality, patient centred care
2. Be the employer of choice
3. Deliver better care at a lower cost

### **Development process**

The Trust invests in an integrated governance approach that regularly considers learning from Incidents, Patient Feedback (complaints, concerns, and patient experience), mortality review, outcomes of claims and inquests. The triangulation of these information streams is used to inform our annual quality priorities. As well as learning from our quality governance systems has influence the approach to quality priority identification.

### **What quality means to us**

- Safety: patients are protected from avoidable harm, when mistakes occur lessons are learned.
- Effectiveness: care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
- Experience: patients are treated with compassion, dignity and respect.
- Responsive and person-centred: services respond to our patients needs and choices, patients are supported to be equal partners in their care.

### **Enabling our priorities**

The delivery of our Quality Priorities will require system wide change; the following enablers will be supported during 2022/23 to ensure our teams have the support required to achieve and exceed our stated goals.

- Quality Improvement Methodologies: The Trust is committed to ensuring staff have protected time to both learn and deliver QI methodology supported initiatives to ensure that our theory of change delivers on expected outcomes.
- Co-production: Co-production is a way of involving our patients and wider community, as equal partners, in the design, development and evaluation of our services. By involving patient and community representatives in the delivery of our quality priorities we aim to ensure we continue to drive a person-centred perspective.

## **Quality Priorities 2022/23**

### **1. Improve clinical handover (EFFECTIVENESS)**

**SRO: Gary Davies, Hospital Medical Director**

**Clinical Lead: Kathleen Bonnici, Consultant**

#### **Why have we chosen this 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.

#### **Overall aim(s) - 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.

#### **Measures**

		<b>Baseline</b>
<b>Process</b>	70% utilisation of CernerEPR tool to support patient handover.	To be established end April 2022
<b>Outcome</b>	95% of all hospital at night handover meetings to be attended by each specialty.	
	50% of clinical staff to be trained in the principles of safe and effective clinical handover.	0; Clinical Staff 100%; Junior doctors
	95% of all handovers to be attended by each medical downstream ward.	To be established end April 2022
<b>Balancing</b>	Time taken for handover	
	Incidents near handover time	

### **2. Reducing the risk of inpatient falls with harm (SAFETY)**

**SRO: Jacqueline Sinclair, Divisional Director of Nursing**

**Clinical Lead: Sarah Bryan, Lead CNS for Older Adults and Frailty**

#### **Why have we chosen this quality priority?**

Hospital falls and subsequent harm with increased morbidity are common and preventable events across NHS England, for this reason falls reduction has been a primary area of focus of the Trust for many years. The context within which the Trust plans and provides care has fundamentally changed during 20/21 and 21/22 due to the need to respond to COVID-19; this changing context is associated with:

- Environmental changes: ward moves, layouts, and isolation requirements
- Staffing resource: pressure on nursing and support staff availability
- Equipment: personal protective equipment requirements
- Patient support: reduce visiting for inpatients
- Patient condition: increasingly frail patients admitted

These changes to the context of care have significantly affected the risk of inpatient falls; it is therefore incumbent upon the organisation to review, refine, and improve our controls within this important safety area.

#### Overall aim(s) - What does outstanding look like?

To review and refine the electronic falls risk assessment process within CernerEPR ensuring that all staff can confidently assess falls risks, bed rail assessment, and complete care planning with a multidisciplinary review and care planning in place for patients.

#### Measures

		Baseline
<b>Process</b>	100% of patients over 65 to have falls risk assessment documented within 6 hours of admission to hospital	To be confirmed End of April 2022
	100% of patients over 65 to have a falls care plan documented within 12 hours of risk assessment completion	
	90% of nursing and support staff to receive training relating to measurement and documentation of lying and standing blood pressure	
<b>Outcome</b>	90% of patients to have documentation of lying and standing blood pressure	10 severe harm events and 2 deaths
	Reduce falls with severe harm by 50%	
<b>Balancing</b>	Safer staffing ratios (Including increase use of bank/agency)	To be established End of April 2022
	Number of pressure ulcers	
	Length of Stay	

### **3. Improve End of Life Care (RESPONSIVENESS)**

**SRO: Iain Beveridge, Hospital Medical Director**

**Clinical Lead: Louise Robinson, EOLC Consultant**

#### Why have we chosen this quality priority?

Nationally, a third of NHS inpatients are within the last 12 months of life. The Trust is committed to ensuring that these patients receive personalised, appropriate care that is tailored to their needs and the needs of those important to them. It is the Trust's ambition to implement a 2 year quality priority focusing on coordinated, individualised care at the end of life, delivered by staff who have had the appropriate training and education and that is in line with the preferences and priorities of the individual.

In line with the NHS Long Term Plan, the Trust's ambition is to deliver more integrated, person-centred care to patients in the last months of life. This is being supported by the introduction of the

London Urgent Care Plan (UCP) digital system. This system provides a shared record of patients' preferences around their care, including decisions around goals of care and treatment escalation. Implementation of this system will help to identify patients presenting to the acute Trust who already have an urgent care plan, ensuring the care that is offered is appropriate and in line with expressed preferences, including decisions about admission and clinical management. For those who do not yet have a record but may benefit from one, a care planning discussion will be offered and recorded on the UCP system. This record will be able to be accessed across primary, secondary and tertiary care supporting a more coordinated, cohesive experience across different care settings.

#### Overall aim(s) - What does outstanding look like?

Identify and support patients, and those important to them, at the end of life through personalised care planning. Ensuring a timely and safe transfer to preferred place of care.

#### Measures

		Baseline
<b>Process</b>	>85% of fast track transfers to be delivered in less than 4 days with centralised support for the management of fast track discharges. <ul style="list-style-type: none"> <li>&gt;90% of fast track applications to be submitted within 3 working days</li> <li>&gt;80% of fast track discharges to be completed within 5 working days, with centralised support for the management of fast track discharges.</li> </ul>	11 days on average
	Staff trained in End of Life Care ( <i>% to be identified</i> )	-
<b>Outcome</b>	100% of patients with an Urgent Care Plan attending A&E are identified	None: this will be a new system
	100% of patients have had their urgent care plan communicated with them	
	Monitor complaints and feedback relating to EOLC	Ongoing
<b>Balancing</b>	Duration of time spent in A&E	To be established prior to new system in place

#### **4. Timeliness and quality of communication with patients and primary care (EXPERIENCE)**

**SRO: Peter Hyland, Divisional Director of Operations**

**Lead: James McKean, General Manager of Patient Access**

#### Why have we chosen this quality priority?

The quality and timeliness of information sharing and engagement with patients, GPs, and family members greatly influences the experience of the care. It is fully recognised that poor communication and engagement can lead to gaps in care planning especially if important appointments or outcomes are missed. During 2021/22 our communication channels have been challenges by increased / changed activity, elective and diagnosis recovery, reduced availability of chaperones within the hospital, and the need to communicate more regularly with GPs about prioritisation and outcomes.

### Overall aim(s) - What does outstanding look like?

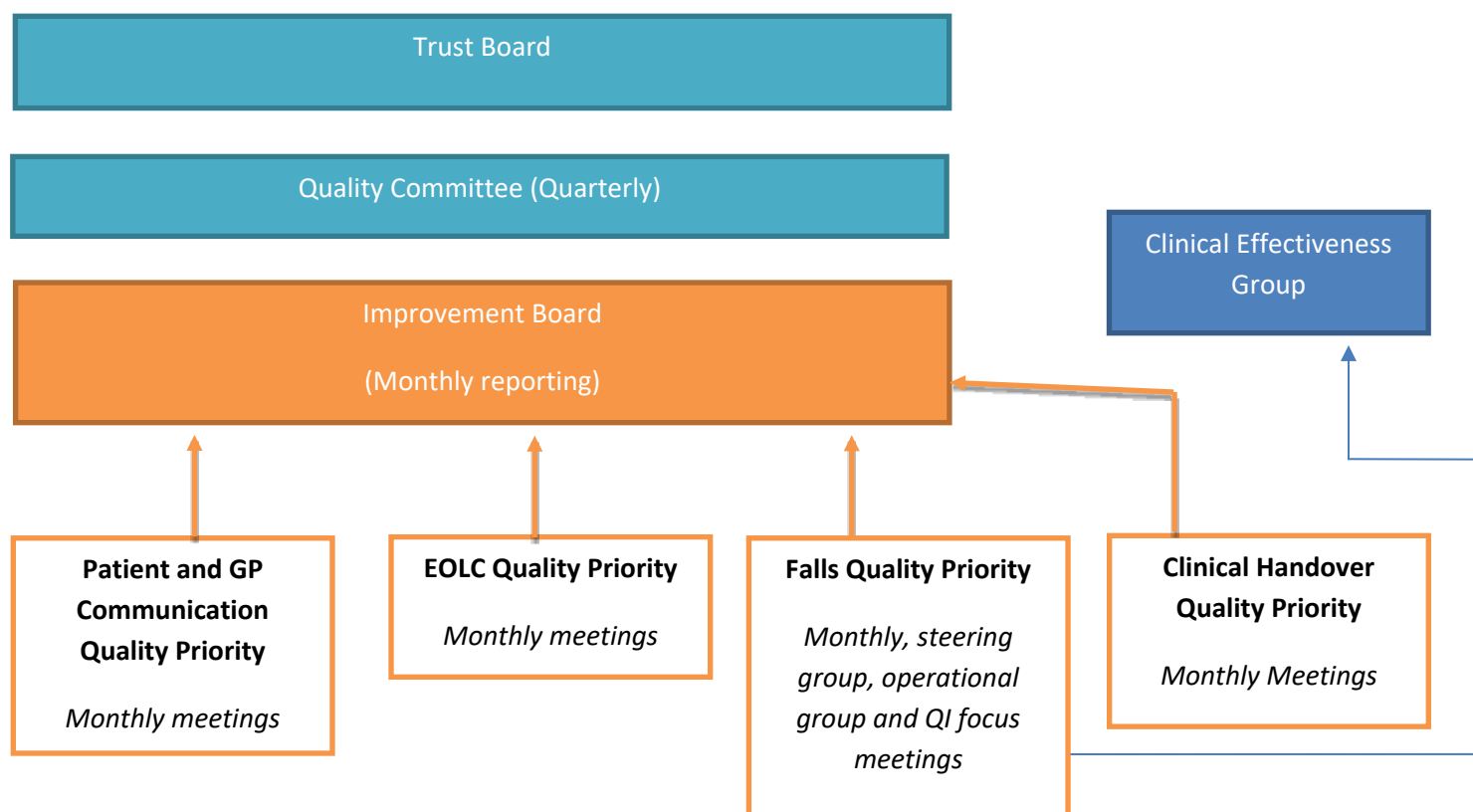
Working closely with our patients and wider community to ensure our approach to communication best meets service user needs.

Ensure all communication with our patients is meeting the accessible information standards

### Measures

		Baseline
Process	25% reduction in complaints primarily relating to appointments and outcome communication	450 informal concerns (March 2022) TBC complaints (March 2022)
Outcome	50% improve in patient experience relating to appointment and outcome communication	To be established end April 2022
	100% of discharge summaries to be sent to the patient's GP within 24 hours following in-patient, daycase or A&E attendance	162 unsent (1/2/2022 to 4/4/2022)
	100% of outcome letter to be sent to patients and their GPs within 7 days following out-patient appointment	Approx. 83% 2021 national outpatient average data shows 63% was achieved within 7 days
Balancing	<i>To be identified</i>	

### **Reporting Structure**



The quality priorities all report through the Improvement Board monthly, which report into Quality committee and then Trust Board.

The Falls Quality Priority also reporting through Clinical Effectiveness Group also.





<b>TITLE AND DATE</b>	Council of Governors 21 April 2022
-----------------------	---------------------------------------

<b>AGENDA ITEM NO.</b>	2.3											
<b>TITLE OF REPORT</b>	Maternity Services Improvement Programme Report											
<b>AUTHOR NAME AND ROLE</b>	Victoria Cochrane, Director of Midwifery											
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Robert Bleasdale, Chief Nursing Officer											
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td><td></td></tr> <tr> <td>Assurance</td><td>x</td></tr> <tr> <td>Info Only</td><td></td></tr> <tr> <td>Advice</td><td></td></tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	x	Info Only		Advice		<p>To provide progress update with the implementation of the 7 Immediate and Essential Actions as outlined in the original Ockenden report and the plan to ensure full compliance,</p> <p>To share maternity services workforce plans.</p> <p>To update on the maternity unit's action plan status from the recommendations of the Morcambe Bay report (Kirkup 2015)</p> <p>To recognise that further work is also now taking place in response to the latest report by Donna Ockenden which contain a number of recommendations to strengthen maternity provision in the NHS.</p>			
Decision/Approval												
Assurance	x											
Info Only												
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1"> <tr> <th>Name of Committee</th><th>Date of Meeting</th><th>Outcome</th></tr> <tr> <td>Quality committee</td><td>1.3.22</td><td>Compliance update quarterly</td></tr> <tr> <td>Trust Board</td><td>March 2022</td><td>Noted</td></tr> </table>	Name of Committee	Date of Meeting	Outcome	Quality committee	1.3.22	Compliance update quarterly	Trust Board	March 2022	Noted		
Name of Committee	Date of Meeting	Outcome										
Quality committee	1.3.22	Compliance update quarterly										
Trust Board	March 2022	Noted										
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<p>The national response to the original Ockenden report included a £95.6M investment into maternity services across England including funding for:</p> <ul style="list-style-type: none"> <li>• 1200 additional midwifery roles</li> <li>• 100 wte equivalent consultant obstetricians</li> <li>• backfill for MDT training</li> <li>• International recruitment programme for midwives</li> <li>• Support to the recruitment and retention of maternity support workers</li> </ul> <p><u>Current position for CWFT</u></p> <p>In December when the evidence submitted by the maternity team was reviewed we were fully complaint with 42 of the 49 compliance standards (10 pieces of outstanding evidence).</p> <p>This paper provides assurance that the maternity service is now compliant with 47 of the 49 compliance standards (4 elements of 2 questions remain partially compliant) and we are working towards</p>											

	<p>being 100% compliant by the end of June 2022.</p> <p><u>Workforce</u> There remains a considerable gap in the maternity service achieving the recommendations set out in their Birthrate + assessment in May 2021. Investment of 53WTE is required to achieve this.</p> <p><u>Morcambe Bay –Gap analysis</u> There is one outstanding recommendation from the Morcambe bay report that the service is still embedding and it is envisioned that this will be fully embedded by June 2022.</p> <p>Donna Ockenden has now released her further report and we are actively reviewing all of the recommendations contained in this report to determine how we can strengthen our maternity provision further.</p>
<b>KEY RISKS ARISING FROM THIS REPORT</b>	There remains 4 elements of 2 Questions within the 7 IEAs that the service is Non-compliant with currently and at the time of submission due to the ICS in April 2022

**STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)**

Deliver high quality patient centred care	Y
Be the employer of Choice	
Deliver better care at lower cost	

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b>		<p>Alongside other key national reports and namely the Maternity Transformation Project ambitions, Ockenden further highlights the necessity for equality of care for all women, birthing people and their families. To succeed in equality of care we must ensure that we are compliant with the 7 IEA which impact on quality and experience outcomes for our service users.</p> <p>Ockenden provides safety recommendations that directly impact on quality outcomes, these are measured via our local dashboards (for example unexpected admissions to NICU, stillbirths)</p> <p>Compliance with the Ockenden recommendations involve detailed workforce assessment and analysis. This then provides advice on workforce establishments which are specific to each maternity unit.</p> <p>There is significant investment required, in addition to the investment from NHS England, in order to be compliant with the Ockenden</p>
Equality And Diversity	Y	
Quality	Y	
People (Workforce or Patients/ Families/Carers)	Y	
Operational Performance	Y	
Finance	Y	
Public Consultation		
Council of Governors		
please mark Y/N – where Y is indicated please explain the implications in the opposite column		



	recommendations.
--	------------------

REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	

### Ockenden Background Information

- Donna Ockenden was instructed to undertake a review of maternity services at Shrewsbury and Telford Hospital NHS Trust. This was to independently assess the quality of investigations relating to newborn, infant and maternal harm at the trust.
- The initial review was of 23 families, this rapidly increased to 1,862 cases between 2000 and 2019.
- This report covers the emerging themes and trends identified from 250 fully assessed cases. It makes system-wide suggestions and recommendations for action to improve maternity care.
- A second iteration of the report was published in March 2022 covering all of the cases that required further exploration of investigation processes and system wide learning. We are actively reviewing the findings and recommendations of this report and we will cover these in our next quarterly report to the Board of Directors.

### Information within this update:

1. Progress against the Ockenden Immediate and Essential Actions since evidence submitted by Trust was received in December 2021 and current position towards achieving full compliance with completed self-assessment assurance tool.
2. The status and progress of the maternity service workforce plans.
3. Morcombe Bay report (Kirkup 2015) gap analysis and action plan status.



## 1. Progress against the Ockenden 7 Immediate and Essential Actions (IEAs)

At the time of receiving the feedback from the evidence submitted, the maternity service was 90% compliant with the recommendations in the report in December 2021 (42 of the 49 compliance standards). Work has continued to achieve full compliance and based on the evidence submitted on the 22<sup>nd</sup> of February 2022 the service has supporting evidence to demonstrate compliance with 95% (47 of the 49 compliance standards).

Following the feedback received from the regional NHSE maternity team in December, an action plan is in place and the below (Table 1) highlights the progress that has been achieved, the RAG rating for each of the outstanding actions and the steps required to achieve full compliance.

Table 1- Current action plan in place to achieve full compliance

IEA/Question	Question No and info and rag rating	Evidence required	Action	Update
IEA 1/ Q33	3 Maternity SI's to Trust board and LMS every 3 months	SOP required	Review other units submission for gap	Complaint: NWL MSCIOG PID/SOP now saved in Trust evidence folder and attached to submission 22.2.22
IEA 2/ Q11	11 Non-executive director who has oversight of maternity services	Evidence of how all voices are represented board	Review how other services have achieved this- planned meeting with other directors on midwifery in NW/ London on 13/22	Compliant: MVP chair has been present at NED meetings since 7/7/21 to represent service users. Email from MVP chair attached to this submission and saved in evidence folder. Minuted meetings since 9/2/22- copy of minutes saved in folder and attached to submission on 22/2/22.
IEA 2/ Q11	11 Non-executive director who has oversight of maternity services	Evidence of link in to MVP; any other mechanisms	Evidence MVP chair presence at NED meetings/sharing of MVP action plan	Compliant: MVP chair has been present at NED meetings since 7/7/21 to represent service users. Email from MVP chair attached to submission on 22/2/22 and saved in evidence folder. Minuted meetings since 9/2/22- copy of minutes saved in folder and attached to submission on 22/2/22. Meeting on the 23/3/22 with NED is a focused MVP meeting. Next steps: along with bi-annual voice at board, any service user surveys and action plans will be shared with board highlighting all
IEA 3/ Q19	19 External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	budget statements	Further confirmation requested from finance business partner to provide as evidence	Compliant; Compliant, invoices available and previously submitted. All external funding allocated for training of maternity staff has been appropriately ring-fenced. Evidence submitted on 22/2/22
IEA 5/ Q30	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	Review and discussed and documented intended place of birth at every visit.	Importance of risk assessment highlighted on mandatory education in HMDOM session since March 2021. Large piece of work to enhance clinical documentation in handheld notes to ensure documented risk assessment at every contact and documented discussion regarding place of birth. Development of digital end to end maternity pathway K2 has risk assessment and place of birth prompts and fully integration.	<b>Needs to be discussed with the regional team as significant evidence submitted.</b> Audit of complex pathway demonstrates high levels of compliance as evidenced in submission for IEA4 Q26. Risk assessment and place of birth now part of the annual audit- due April 2022. Updated handheld notes due to arrive on site by end of Feb and will be used from the beginning of March for all new bookings. Communication and dissemination strategy in place to ensure these are embedded and used appropriately. Full compliance planned for June 2022
IEA 5/ Q33	33A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	How this is achieved in the organisation	Plan for implementation in March 2022 then yearly audit cycle	Updated notes reviewed and sent for printing on 16/2. Planned to receive on the 26/2 with implementation by the beginning of March. Draft notes shared with submission on 22/2/22. Communication and dissemination strategy in place to ensure these are embedded and used appropriately. Full compliance planned for June 2022. Evidence submitted on 22/2/22-AN care guideline- CW/WM ( currently being harmonised). Intrapartum care guideline based on NICE, draft copy of updated notes- used from beginning of March highlighting discussed and documented
IEA 5/ Q33	same	Review and discussed and documented intended place of birth at every visit.	Plan for implementation in March 2022 then yearly audit cycle	Needs to be discussed with the regional team as significant evidence submitted. Audit of complex pathway demonstrates high levels of compliance as evidenced in submission for IEA4 Q26. Risk assessment and place of birth now part of the annual audit- due April 2022. Updated handheld notes due to arrive on site by end of Feb and will be used from the beginning of March for all new bookings. Communication and dissemination strategy in place to ensure these are embedded and used appropriately. Full compliance planned for June 2022
IEA 5/ Q33	same	SOP to describe risk assessment being undertaken at every contact.	Submit further supporting evidence	Evidence: AN care guideline- CW/WM ( currently being harmonised). Intrapartum care guideline based on NICE, draft copy of updated notes- used from beginning of March highlighting discussed and documented place of birth at every visit
IEA 5/ Q33	same	What is being risk assessed.	Submit further supporting evidence	Evidence: AN care guideline- CW/WM ( currently being harmonised). Intrapartum care guideline based on NICE, draft copy of updated notes- used from beginning of March highlighting discussed and documented place of birth at every visit
IEA 6/ Q35	35 The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.	attendance at panels on both sites/comments	Compliant Evidence update in submission on 22/2/22: SI's where fetal wellbeing leads provide scrutiny and comments. In place since October 2021
IEA 7/ Q45	Demonstrate an effective system of clinical workforce planning to the required standard	Consider evidence of workforce planning at LMSICS level given this is the direction of travel of the people plan	Pillar 2 meetings- info to be shared	Compliant: Completed and agenda's and minutes from LMNS submitted

## 2. The status and progress of the maternity service workforce plans

- We are nationally driven to achieve the recommendations of Birthrate plus via the Maternity Incentive Scheme & Ockenden.
- Ratio's formulated based on all episodes of care delivered and the casemix of women served.
- Recommended ratio's CW 1:26 (currently funded 1:27) & WM 1:22 (currently funded 1:27) received in May 2021.
- The total workforce gap in clinical midwives, MSWs, specialists/management & to achieve 52% on an Maternity Continuity of Carer pathway in May 2021 is

#### **71.43 WTE**

- Ockenden investment in September 2021 of 21.2 WTE Midwives has reduced the overall gap to **50.23 WTE** (27.95 MW/ 4 MSW & 18.28 specialist & management posts)
- Next steps: Meeting planned with the executive team on the 9<sup>th</sup> of March to discuss the business case to support the service to achieve the recommendations of Birthrate plus.

Table 2- WTE gap and financial breakdown

	Chelsea	West Mid	Both Sites
<b>Current Clinical Midwives</b>	173.11	152.84	325.95
<b>Contribution from Specialist Midwives</b>	12.70	8.50	21.20
<b>Total Current Funded Midwives</b>	<b>185.81</b>	<b>161.34</b>	<b>347.15</b>
<b>BR+ Midwife Clinical WTE Requirement</b>	193.13	190.51	383.64
<b>Midwifery Continuity of Carer (MCoC) Gap</b>	6.74	5.92	12.66
<b>Total BR+ recommendation incl MCoC</b>	<b>199.87</b>	<b>196.43</b>	<b>396.30</b>
<b>Midwife Gap</b>	<b>-14.06</b>	<b>-35.09</b>	<b>-49.15</b>
<b>Current Clinical MSWs</b>	17.83	20.80	38.63
<b>BR+ Midwife Clinical WTE Requirement</b>	21.46	21.17	42.63
<b>MSW Gap</b>	<b>-3.63</b>	<b>-0.37</b>	<b>-4.00</b>
<b>Clinical Gap in Establishment</b>	<b>-17.69</b>	<b>-35.46</b>	<b>-53.15</b>
<b>Current Specialist &amp; Mgmt</b>	14.40	14.20	28.60
<b>Additional Specialist &amp; Mgmt Required (11%)</b>	23.60	23.28	46.88
<b>Specialist &amp; Management Gap</b>	<b>-9.20</b>	<b>-9.08</b>	<b>-18.28</b>
<b>Overall Total Gap</b>	<b>-26.89</b>	<b>-44.54</b>	<b>-71.43</b>
<b>Ockenden Investment: Clinical Midwives</b>	7.00	14.20	21.20
<b>Final Gap: Midwives</b>	<b>-7.06</b>	<b>-20.89</b>	<b>-27.95</b>
<b>Final Gap: MSWs</b>	<b>-3.63</b>	<b>-0.37</b>	<b>-4.00</b>
<b>Final Gap: Specialist and Management</b>	<b>-9.20</b>	<b>-9.08</b>	<b>-18.28</b>
<b>Final Gap Total WTE</b>	<b>-19.89</b>	<b>-30.34</b>	<b>-50.23</b>
<b>Final Gap: Midwives</b>	<b>-£409,480</b>	<b>-£1,211,620</b>	<b>-£1,621,100</b>
<b>Final Gap: MSWs</b>	<b>-£119,790</b>	<b>-£12,210</b>	<b>-£132,000</b>
<b>Final Gap: Specialist and Management</b>	<b>-£616,400</b>	<b>-£608,360</b>	<b>-£1,224,760</b>
<b>Final Gap Total £</b>	<b>-£1,145,670</b>	<b>-£1,832,190</b>	<b>-£2,977,860</b>

### 3.GAP ANALYSIS – IN RESPONSE TO MORCAMBE BAY INVESTIGATION REPORT (Completed January 2021)

1 outstanding recommendation remains in progress:

*Trust should be able to evidence the risk assessment process in maternity services, setting out clearly the delivery options and the process for ensuring this is documented in the care plan (including triggers for escalation of care).*

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<b>Trust should have a process in place so that where harm has occurred patients and their loved ones are being informed and an apology given</b>	<p>Duty of candour policy in place and monitored through the divisional quality board where compliance is recorded. Recognised as exemplar nationally and a study site for NIHR 'DISCERN' study. Ongoing listening service facilitated by PMA's for concerns not relating to serious incidents but more so for when lower level harm may have occurred.</p> <p>Trust fully engages in the HSIB and Each Baby Counts Processes.</p>	<p>Datix system is used to audit the compliance of duty of candour when a moderate harm incident is reported</p> <p>Appointments to and learning from the listening service</p> <p>EBC monitors the involvement of women and loved ones when higher level of harm has occurred</p>	None	Assured

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<b>Trust should have a process of regular review of the skills, knowledge, competencies and professional duties of care of all obstetric, paediatric, midwifery and neonatal nursing staff, and other staff caring for critically ill patients in anaesthetics and intensive and high dependency care, against all relevant guidance from professional and regulatory bodies and have a training and development plan in place.</b>	<p>Training needs analysis in place for all staff groups based on the national and professional recommendations.</p> <p>All internal staff rotations occur with the support of the PDM team to ensure upskills in the area.</p> <p>Long standing preceptorship program in place for newly qualified midwives.</p> <p>PDR's undertaken yearly to review progress against objectives and identify any additional training needs as well as outstanding mandatory training elements</p>	<p>Training needs analysis Training logs – face to face (MoMS) – OLM Qlikview – mandatory training reports</p> <p>Junior doctors competencies assessed by their educational supervisors and there is a formal appraisal process in place. Training portfolios are completed when competencies are achieved.</p> <p>Annual appraisals for consultants and completion of personal development plans.</p> <p>PDR compliance</p>	None	Assured
<b>Trust should have a continuing professional development programme for all staff linked explicitly with professional requirements including revalidation.</b>	PDR, appraisal and revalidation in place for clinical staff. Appraisal compliance is monitored. Concerns with individuals will be identified through complaints, risk management and supervision pathways and would be addressed through the performance management processes.	<p>PDR logs QAS meeting minutes Revalidation logs</p>	None	Assured

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<b>Trust should have effective multidisciplinary team-working, in particular between paediatricians, obstetricians, midwives and neonatal staff.</b>	<p>MOMs multidisciplinary training is in place yearly, and adhoc multidisciplinary training also includes- impromptu simulation and skills and drills</p> <p>Regular multidisciplinary meetings include:</p> <p>Wednesday morning Meeting CW/ Forum WM/ Women's Services Meeting CW  Weekly joint obstetric and neonatal MDT  Weekly fetal medicine meeting  Weekly Intrapartum MDT  Perinatal morbidity and mortality MDT  Policy/guidelines MDT  Q&amp;S committee  Management meetings  Risk management meetings  Obstetric medicine MDTs</p>	<p>Meeting minutes  Training logs</p>	None	Assured
<b>Trust should be able to evidence the risk assessment process in maternity services, setting out clearly the delivery options and the process for ensuring this is documented in the care plan (including triggers for escalation of care).</b>	<p>Formal risk assessment currently in place at booking and risk assessment for BAME women during covid and at the start of labour. Recently introduced risk assessment at each contact- plan to have formal risk assessment at each appointment</p> <p>Personalised care plans via the mum &amp; Baby app for all women</p> <p>Birth planning appointment undertaken at 36 weeks with the midwife or obstetrician as per schedule of care</p> <p>Care plans individually developed with consultant midwives/obstetricians for complex women</p>	<p>CERNER review  Notes audits</p>	Embedding of risk assessment at each contact	On-going



Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<b>Trust should audit the operation of maternity and paediatric services, to ensure that they follow risk assessment protocols on place of delivery, transfers and management of care, and that effective multidisciplinary care operates without inflexible demarcations between professional groups.</b>	<p>Standard inclusion criteria for birthplace including home births, birth centres and obstetric unit. Any woman requesting care outside of these guidelines receive a thorough consultation and specific care plan by the consultant midwife team.</p> <p>All inutero transfers are dicussed with the consultant neonatologist and consultant obstetrician. Dashboard metrics monitor the birth rates of premature births to include magnesium sulphate administration; this is to ensure that babies requiring level 3 NICU are birthed in the most appropriate place with the correct trained staff available.</p> <p>ATAIN MDT to discuss term avoidable admission to NICU</p>	<p>Birth choices plans and clinic schedules</p> <p>Notes audits</p> <p>Birth choices guideline</p> <p>Audit of in utero transfers</p> <p>Dashboard with preterm birth rates and magnesium administration</p> <p>ATAIN MDT meeting minutes</p>	None	Assured
<b>Trust should have a recruitment and retention strategy aimed at achieving a balanced and sustainable workforce with the requisite skills and experience.</b>	<p>Clear recruitment and retention strategy in place, with regular recruitment drives.</p> <p>Commenced BR + assessment</p>	<p>Current vacancy rate is &lt;5% on each site for midwifery/nursing staff combined</p> <p>Obstetric Workforce at CW needs investment to achieve 98 hour cover and weekend evening ward round</p>	None- CW compliant from Feb 2022	Assured

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<b>Trust should describe how joint working is in place between its main hospital sites, including the development and operation of common policies, systems and standards.</b>	Amalgamation of policies and guidelines since West Middlesex site joined the trust in 2015 is complete, with guidelines centrally located on trust intranet. While some differences occur (because of structural differences such as different level neonatal services) these are clearly highlighted in the guidelines. Regular cross site meetings with the senior team ensure a shared ethos, with many of the senior team working on both sites. Women's service vision and strategy cross-site	Intranet guidelines sites  Senior Midwives meeting Minutes  MQAS cross-site meeting minutes  Vision and Strategy	None	Assured
<b>Trust should set out how they ensure incidents are reported and investigated in an open and honest way including requirements, benefits and processes. This should include a review of the structure, training, reporting and support for staff involved in SIs.</b>	Incident reporting, via the DATIX reporting system is encouraged and utilised by all staff and monitored daily by the risk and senior teams. Investigation process, including training, reporting and feeding back to relevant staff, set out in policy trust policy derived from NHS England guidance	DATIX reports	None	Assured
<b>Trust should review the structures, processes and staff involved in responding to complaints, and introduce measures to promote the use of complaints as a source of improvement and reduce defensive 'closed' responses to complainants. The Trust should increase public and patient involvement in resolving complaints.</b>	MQAS specific newsletter ('Risky Business') sent to all staff so recurrent themes and actions can be observed and specific messages included within 'messages of the week'. PMA system used for midwifery staff and educational supervision system for medical staff to ensure that investigations are not seen as punitive, nor a blame culture MVP meets regularly and is given access to Risky Business and discuss other DATIX themes.	Risky business newsletters PMA newsletters	None	Assured
<b>Trust should evidence that clinical leadership arrangements in obstetrics, paediatrics and midwifery appropriate and training and development is in place for the clinical leaders.</b>	Internal leadership courses are available for staff at all grades including senior management. There is a clear senior and middle grade level of management. The clinical leadership structure is replicated in the PDR and line management cascade.	PDR reviews	None	Assured

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
Trust should evidence that the Board has adequate assurance of the quality of care provided by the Trust's services. This should include assurance that roles and responsibilities are clear in relation to quality from board to middle managers (including training).	Trust board are aware of the divisional quality agenda through the quality and safety governance reporting structure and are sighted on risk registers, patient experience complaints and serious incidents.	Trust board minutes	None	Assured
Trust should evidence that the facilities in the delivery suites are fit for purpose	Chelsea site: recent refurbishment has ensured the facilities are fit for purpose with all equipment fit for purpose West Middlesex site: facilities on the delivery suite are fit for purpose. Work to the birth pool room on LW took place in 2020. Planned estates work to ensure better access to birth centre. Continuous procurement of necessary equipment needed take place	Estate plans	None	Assured
Trust should have clear guidance for incident reporting and investigation in maternity services. These should include the mandatory reporting and investigation as serious incidents of maternal deaths, late and intrapartum stillbirths and unexpected neonatal deaths.	Incident and SI reporting in line with national guidelines	Risk meeting minutes	None	Assured
Trust should evidence that they report openly the findings of any external investigation into clinical services, governance or other aspects of the operation of the Trust, including prompt notification of relevant external bodies such as the Care Quality Commission and Monitor.	Fully compliant with all requirements and requests	Risk meeting minutes	None	Assured
Trust should evidence their whistleblowing policy and its impact.	The trust has clear whistleblowing policies and guardians, and the impact is measured at board level	Whistleblowing policy	None	Assured
Trust should evidence the process for managing inquests to avoid this process reducing the incident review process and a reliance on the coronial process	Each maternal inquest would have a full panel with external review and all learnings and actions identified cascaded	Panel minutes	None	Assured

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<b>Trust should evidence the supervision process for midwives to provide assurance that where issues are found they are dealt with</b>	While statutory supervision has been discontinued, the trust is fully compliant with the new PMS process, with active PMAs alongside annual appraisals and revalidation processes	PMA minutes/newsletters	None	Assured
<b>Trust should evidence the links made between complaints, incident reviews, system issues, inquests and the actions taken as a consequence.</b>	All trends within and across complaints, incident reports, system issues and inquests are reviewed both internally (via senior team) and externally (via the LMS)	Senior team minutes	None	Assured
<b>Trust should evidence accurate recording of perinatal mortality, a process for review of all cases and recording systems that are adequate. This should include the use and actions taken in response to national audits such as MBRRACE-UK, and include analysis of comparison with other trusts.</b>	Mortality reporting in place including process for reviewing all cases and recording systems that are appropriate and robust. Dashboard for LMS makes constant comparisons with local organisations alongside London-wide and national data.	Dashboards LMS meeting minutes	None	Assured
<b>Trust should evidence the mechanism to scrutinise perinatal deaths or maternal deaths to identify patient safety concerns and to provide early warning of adverse trends. This should also include still birth and neonatal death.</b>	The Perinatal Mortality tool is used to report all of the perinatal deaths. A monthly perinatal mortality meeting attended by the neonatal and obstetric team scrutinises all of the Intrapartum and neonatal deaths. Clear processes in place, as detailed above	Risk meeting minutes  PMRT minutes	None	Assured
<b>Trust should evidence the process for managing and learning from external reviews.</b>	Clear processes in place	Risk meeting minutes – local and regional Senior team meeting minutes Trust board meeting minutes	None	Assured



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors Meeting 21 April 2022											
<b>AGENDA ITEM NO.</b>	3.1											
<b>TITLE OF REPORT</b>	<b>Chair in Common's Report</b>											
<b>AUTHOR NAME AND ROLE</b>	Matthew Swindells, Chair in Common and Steve Gill, Vice Chair											
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Matthew Swindells, Chair in Common											
<b>THE PURPOSE OF THE REPORT</b> <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td>X</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance		Info Only	X	Advice		To provide an update to the Council of Governors on key high level activities impacting on the Trust.			
Decision/Approval												
Assurance												
Info Only	X											
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Nil</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Nil							
Name of Committee	Date of Meeting	Outcome										
Nil												
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<ul style="list-style-type: none"> <li>• Background and aims of the Chair in Common and an apology for absence from the meeting today</li> <li>• The benefits of working collaboratively across North West London</li> <li>• Keeping patients at the forefront of service delivery and recognising the skills and commitment of staff that deliver high quality care</li> </ul>											
<b>KEY RISKS ARISING FROM THIS REPORT</b>												
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>												

Deliver high quality patient centred care	Y	
Be the employer of Choice	Y	
Deliver better care at lower cost	Y	

<p><b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b></p> <table border="1" style="width: 100%;"> <tr><td>Equality And Diversity</td><td></td></tr> <tr><td>Quality</td><td></td></tr> <tr><td>People (Workforce or Patients/ Families/Carers)</td><td></td></tr> <tr><td>Operational Performance</td><td></td></tr> <tr><td>Finance</td><td></td></tr> <tr><td>Public Consultation</td><td></td></tr> <tr><td>Council of Governors</td><td></td></tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality		People (Workforce or Patients/ Families/Carers)		Operational Performance		Finance		Public Consultation		Council of Governors		
Equality And Diversity															
Quality															
People (Workforce or Patients/ Families/Carers)															
Operational Performance															
Finance															
Public Consultation															
Council of Governors															

REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	

## **NWL Acute Trusts Joint Chair's Report – 21 April 2022 Council of Governors (COG) Meeting.**

### **(1)-Joint Chair of the Four Acute trusts in North West London (NWL)**

#### **(A)-Introduction**

First of all, let me start for apologising for not being at today's meeting. Unfortunately, I had a family trip to Spain booked before I was even shortlisted for this role, so sadly I can't be with you. I look forward to meeting you all soon and, as I said to Simon when we met and to an adhoc meeting of some of the Governors, I would be keen to find a space where we can all get together and discuss the future direction of Chelsea Westminster FT and the wider NW London Collaborative. And, before anyone asks, I am looking forward to taking on responsibility for chairing the Council of Governors (COG) at both Foundation Trusts - Chelsea & Westminster and Hillingdon.

As you know, the Chair in Common position was created to facilitate closer working between the four hospitals: Chelsea and Westminster Hospital NHS Foundation Trust; The Hillingdon Hospitals NHS Foundation Trust; Imperial College Healthcare NHS Trust; and London North West University Healthcare NHS Trust, building on the increased collaboration over the past two years that has helped the NHS in NWL respond to the pandemic. At the heart of our objective is the ambition to improve the health and care for individuals and communities by making the best that is available in North West London available to everyone in North West London, working with our partner in other parts of the NHS, in local government and the voluntary sector to help people stay well and improve their experience of care, and sweep aside the bureaucratic blockages to good decision making that occur when institutions are placed before patients.

I formally started as Chair in Common for the four Acute trusts in NWL on 1 April, although I attended three of the four Trusts' Board meetings (including ChelWest) as a member of the public in March and also joined the weekly calls of the four Chairs, coordinated by your own Steve Gill, last month to start to get up to speed.

#### **(B) – My Background**

As those of you who participated in my recruitment will already know, I have had a long career in healthcare, as hospital Chief Executive, as Deputy Chief Executive and Chief Operating Officer for the NHS in England and as a Senior Vice President for the world's largest dedicated healthcare IT company, Cerner Corporation, where I ran their global business across 21 countries, whilst living in the US. Through these roles, I have had the opportunity to see some of the best healthcare delivery in England and the rest of the world. We have an exciting opportunity to turn North West London

into the best health system in England and a place that is admired around the world, I hope to bring my experience to bear in helping that to happen.

#### (C) – First Steps

Over the next couple of months I shall be taking the opportunity to speak to as many people as possible and get to know our organisations in more depth. I am not walking into the chair role with a manifesto. I want to find out what really matters to communities, staff and patients. I am looking forward to working with the excellent leadership teams at each trust to understand how I can best support them and their goals. I plan to be a very visible chair and to get out and about though I will most definitely not be getting involved in any day-to-day management!

If you step back and take the perspective of our population, there are some obvious priorities. We have to reduce waiting times for care and ensure access to care is fair to everyone in our population. Working ever closer with other NHS and care partners will also be key—if care can be better provided at home or by a GP, social worker or community nurse, then we must support that. And, finally, we have some big sustainability issues to get to grips with, not least improving much of our estate and getting on top of our finances for the long term.

#### (D)-Our Staff:

As everyone will be aware, the NHS has a major workforce challenge. As we emerge from the extraordinary experience of the pandemic and into the pressures it has compounded, we have to create working environments that are so much better than what we accepted before. It's vital that we are organisations which represent the communities that we serve, where people feel passionately about their work and are truly valued and included, whatever their background, role or place of work. It is our staff who will make or break collaboration—they will need the right space and support to work with our partners, patients and communities to change the way healthcare is provided.

#### (E)-NWL Acute Collaborative / NWL Integrated Care System (ICS):

The NWL ICS and the NWL Acute Collaborative cannot individually succeed without both succeeding.

ICSs - and the boards and partnerships that will oversee them - have a huge agenda across multiple settings and will be key in helping us all to navigate the massive complexity of health and care. They have great potential to transform health and reduce health inequalities but it will require all partners to work together to ensure that potential is delivered.



We have all the pieces in NWL to help create one of the best health systems in the world. We have a highly skilled and diverse workforce with brilliant clinicians and managers, world-leading research and innovation and growing partnerships with our communities and stakeholders. If we bring together the best of what we see across our hospitals—clinical outcomes, patient experience, staff experience—and share it with one another, we have the potential to do something extraordinary.

Having a Joint Chair across the four Acute Trusts will help our leadership teams to continue to improve their own organisations while also ensuring that, collectively, we become more than the sum of our parts. We need to ensure we keep focused on our shared population and goals and that we do not waste time protecting our old ways of doing things and instead learn from each other to develop better ways for everyone. The Joint Chair role will not cause any immediate changes for most staff. Over time, the intention is to support our leadership teams with their efforts to create positive and inclusive working environments that enable us to keep and develop the staff we have and to attract many others. A draft Statement of Intent detailing the benefits and aims of the Acute provider Collaborative is attached at Appendix 1 to this report.

#### **(2)-COG Quarterly Meetings / Annual 'Away Day' / Annual Members Meeting 2022.**

The Quarterly COG meeting dates for 2022/23 are:

21 April – 'Virtual' Away Day and COG

21 July – COG Annual Members Meeting

26 October - COG

26 January – 'In Person' Away Day and COG

The Annual COG 'Away Day' scheduled for 27 January 2022 was postponed until 21 April to allow for the opportunity to hold an 'in person' meeting, however due to the current high levels of Covid infections in the general population the 2022 Away Day will be an online virtual meeting.

The Annual Members Meeting is scheduled on 21 July.

Future COG meeting dates and minutes of prior COG meetings are available on the Trust website.

#### **(3)-COG Briefing Sessions.**

The 4 COG Briefing sessions for 2022/23 are planned for May, September, December and March, details of the specific topics will be agreed at least 1 month ahead of each Briefing.

On 7 April there was an Informal COG Introduction to Matthew Swindells held online and prior to this a briefing session was held between Governors and the Deputy CEO Rob Hodgkiss to discuss the Integrated Performance and Quality Report.

#### **(4)-Thank you to our staff and Executive Team:**

On behalf of the Trust Board and the Council of Governors (COG), we would like to express our gratitude to the Trust staff and Executive Team for their hard work and resilience throughout the pandemic to maintain a high standard of GRIP and achievement against the NHS performance metrics.

The entire organisation has now been operating at or above capacity for two and a half years since the start of the winter pressures in October 2019 and is continuing to face major ongoing challenges dealing with the current Covid wave.

Significant investment has been made in Health and Well-being (H&WB) programmes to support staff through this unprecedented period.

#### **(6)-Chair / Joint Chair & Vice Chair Meetings:**

The NHS London Region Chairs meetings and NWL ICS Chairs / CEOs meetings during February, March and April discussed the following topics:

COVID-19 Omicron variant; The ongoing Elective Recovery programme; the NWL ICS Development plan and 'road map'; NHS England/Improvement (NHSE/I) guidance on Provider collaboratives; Urgent & Emergency Care, with a focus on Ambulance response & handover times plus Hospital discharge pathways.

During February and March as part of the work on the NWL Acute Provider collaborative, the 3 NWL Acute Trust Chairs continued to have weekly meetings, from mid-February Matthew Swindells joined these meetings as the NWL Acute Joint Chair designate. From April onwards these meetings will continue with Matthew and the 4 NWL Acute Vice Chairs.

Matthew Swindells

NWL Acute Trusts Joint Chair– April 2022.

### DRAFT - NWL Acute Collaborative - Statement of Intent:

Across a wider context of deepening integration and partnership working, we are increasingly working together to improve access to care, ensure consistently high-quality care and improve operational performance. With around 30,000 staff there is also an opportunity to improve wellbeing and career opportunities.

Our vision is to broaden and deepen our collaboration to support the delivery of the objectives of the NWL ICS, and embed collaborative working across the Trusts and their clinical leaders, working in partnership with our dedicated and diverse workforce, non-executives as well as Governors of the two Foundation Trusts. We want to be demonstrably best in class in partnership working, delivering the highest quality of care efficiently, and supporting excellence in research and education.

The aim will be to build on the existing collaborative arrangements, including the NWL Acute programme, to establish governance arrangements that enable providers to efficiently reach joint decisions, which each organisation is committed to upholding, while recognising the statutory roles of Trust Boards and Councils of Governors (for Foundation Trusts). These arrangements will also provide strong mechanisms for provider members to hold each other to account.

Through these arrangements, the Collaborative will ensure that decisions are reached and implemented, and benefits of scale are realised at pace so that the resources across the four Acute Trusts are harnessed to shape the health and life outcomes of the population we serve as a key player in NWL Integrated Care System (ICS).

We believe that the development of our Provider Collaborative will deliver the following benefits:

- to realise the **benefits of mutual aid and working at scale for our populations and staff**
- to agree and deliver **inclusive service recovery, restoration and transformation** across systems, ensuring services are sustainable and in our population's best interest
- to achieve **continuous improvement in quality, efficiency and outcomes** including pro-actively addressing unwarranted variation and inequalities in access and experience
- to **collectively lead transformation** of services and recovery, including more effective and efficient corporate and clinical support services to better manage demand and capacity

- to **facilitate work of alliances and clinical networks**, enabling specialty level plans to be implemented in a coordinated and systematic way
- to provide **greater resilience around workforce pressures**, new ways of working, better workforce deployment to address hard to recruit specialties, development of staff and leadership and improved staff experience for retention
- to achieve more **rapid spread of innovation, research** and transformation at scale



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors 21 April 2022
--	---------------------------------------

<b>AGENDA ITEM NO.</b>	3.2											
<b>TITLE OF REPORT</b>	<b>Chief Executive's Report</b>											
<b>AUTHOR NAME AND ROLE</b>	Dawn Clift, Interim Director of Corporate Governance and Compliance											
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Lesley Watts, Chief Executive Officer											
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td><td></td></tr> <tr> <td>Assurance</td><td>X</td></tr> <tr> <td>Info Only</td><td></td></tr> <tr> <td>Advice</td><td></td></tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		To provide assurance of the key high level affairs of the Trust since our last Council of Governor meeting			
Decision/Approval												
Assurance	X											
Info Only												
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th><th>Date of Meeting</th><th>Outcome</th></tr> </thead> <tbody> <tr> <td>N/A</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	N/A							
Name of Committee	Date of Meeting	Outcome										
N/A												
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<ul style="list-style-type: none"> <li>• Covid restrictions will continue to be in place at all of our sites for the foreseeable future</li> <li>• Welcome to two new members of the senior Leadership Team – Matthew Swindells, Chair in Common of North West London and Robert Bleasdale Chief Nursing Officer</li> <li>• Our elective recovery programme continues to deliver activity levels above those seen before the Covid pandemic. Demand for services is however increasing and we have a challenging operating plan to deliver in 2022/23</li> <li>• We are making good progress in achieving all of the Ockenden recommendations from the original report and are now reviewing the learning from the March 2022 report</li> <li>• Our staff continue to be the fundamental core of our Trust and we thank them for their continued</li> </ul>											



	hard work, resilience and commitment to patient care
<b>KEY RISKS ARISING FROM THIS REPORT</b>	
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>	
Deliver high quality patient centred care	X
Be the employer of Choice	X
Deliver better care at lower cost	X

<b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b> <table border="1"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td>Y</td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td>Y</td> </tr> <tr> <td>Operational Performance</td> <td>Y</td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td>Y</td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality	Y	People (Workforce or Patients/ Families/Carers)	Y	Operational Performance	Y	Finance		Public Consultation		Council of Governors	Y	
Equality And Diversity															
Quality	Y														
People (Workforce or Patients/ Families/Carers)	Y														
Operational Performance	Y														
Finance															
Public Consultation															
Council of Governors	Y														

<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	



## **Chief Executive's Report to the Council of Governors meeting, 21 April 2022**

### **1. Keeping Each Other Safe – Infection Control and Covid 19**

Despite it no longer being mandatory, we continue to encourage our staff to have the Covid vaccination as it is safe, saves lives and protects staff and patients. Like everyone else we are adjusting to the ending of Covid restrictions and assessing what this will mean for how we operate. At the time of writing my report, we are asking people to wear masks at our sites, use hand sanitiser and we continue to limit the number of people who can visit our wards. It is important to remember that COVID-19 has not gone away. Though cases have fallen significantly in recent weeks, and the work everyone has supported on the vaccination campaign has made a massive difference to the numbers of seriously ill patients, the number of people testing positive for COVID-19 remains high, especially in the boroughs we serve.

### **2. System Wide Working**

#### **Appointment of Matthew Swindells as the North West London Chair in Common**

Following a strong and rigorous recruitment process, Matthew Swindells was appointed as North West London Chair in Common and started in post on 1 April 2022. I am sure you will join me in offering Matthew a very warm welcome to the Trust. I would like to take this opportunity to thank our Council of Governors for their engagement and support in the recruitment and selection process.

#### **Thank you to Interim Chair, Steve Gill**

On behalf of all of us, I would like to thank our former Interim Chair, Steve Gill for his expertise, leadership and commitment to our Trust. Steve has led us through one of the most challenging periods in the history of the health service. He has been an excellent Interim Chair to our Board of Directors and Council of Governors. Since Matthews appointment, Steve has now assumed the role of Vice Chair of the Board and Senior Independent Director.

#### **First medical director and director of nursing appointed to lead integrated acute and specialist services for children and young people across West London**

Over the past two years or so, we've been working in partnership with Imperial College Healthcare NHS Trust—and with colleagues at Imperial College—to develop more integrated care for children and young people with a stronger focus on health and wellbeing, disease prevention and research.

We're delighted to announce formally that we have now reached an important milestone with the appointment of Dr Simon Nadel as the first joint medical director and Herdip Sidhu-Bevan as the first joint director of nursing for children's services across our two trusts. This follows an external recruitment process. Huge congratulations to both—we know they will be excellent in these roles.

#### **Continued System Working**

Chelwest continues to be part of national, regional and sector discussions and the North West London Integrated Care System continues to operate as one system whilst legislative changes continue to be progressed.



Meetings continue to be held with:

- All NHS provider Chairs
- NWL CCG Chairs
- All LA Council Leaders and Chief Executives
- All Provider CEOs
- All Provider Audit and Risk Committee Chairs
- Primary Care Network Directors
- Partnership Board
- Local MPs
- Scrutiny committees
- Local partnership and patient representatives

### **3. Developing our Clinical Services**

#### **3.1 Pilot to change the way skin cancer is assessed and treated by the NHS**

Since my last report to you we have started a pilot involving an artificial intelligence (AI) decision support tool, which aims to change the way skin cancer is assessed and treated by the NHS. Known as DERM, it uses AI algorithms which analyse magnified images of skin lesions so that patients can be assessed quickly and receive life-saving treatment promptly. This pilot could potentially help to ensure that patients with high-risk skin lesions are prioritised. In the longer term, this AI solution could relieve backlog pressure on our dermatology department and improve outcomes for patients with skin cancer. This is really an exciting pilot, and I am very proud of all those involved.

#### **3.2 Trust leads on life saving COVID-19 drug**

Governors may have noticed that the news of us leading on the UK's second antiviral treatment for COVID-19, Pfizer's Paxlovid, hit the national headlines recently. Our first patient, Emily Goldfischer, based in West London, was interviewed by BBC Medical Editor, Fergus Walsh, on her amazing experience of the Trust. In her interview she thanked Dr Sofia Cavill, Consultant in Acute and General Internal Medicine, who has been integral to the Covid Medicines Delivery Unit (CMDU). Working with North West London NHS partners, this treatment and approach will support our most deprived communities and will help to prevent patients from having to come into hospital.

Emily Goldfischer says she feels quite well, despite having caught COVID-19: "I've taken it for about two days now and I'm already feeling much better," she told us. "And it's been quite reassuring that I've been able to get this medication so quickly from the NHS."

Well done to colleagues from our pharmacy and CMDU who have done tremendous work since the unit opened in December 2021.

#### **3.3 The Ockenden Review – Improving Maternity Services**

I am sure many of our staff, patients and governors are concerned following the publication of the final Ockenden report of the independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust. My thoughts are with all the parents and families affected.





Since the publication of the first Ockenden Report we have worked hard to ensure that we are meeting all of the recommendations of the national review and today our Director of Midwifery Vicki Cochrane presents our achievements to date.

In March 2022, Donna Ockenden released her second report and we are already reviewing all of these recommendations to determine how we can ensure that our maternity service meets the very best standards in care. In the last year, we have seen significant pressures in maternity services in the recruitment and retention of midwives and obstetricians. Workforce planning, reducing attrition of maternity staff, and providing the required funding for a sustainable and safe maternity workforce is essential as we move forward so that we can ensure the safety of mothers and their babies.

### **3.4 A New Out Patient Pharmacy at Chelsea and Dean Street**

After nearly seven years, the Trust's contract for outpatient dispensing services provided by Boots UK has come to an end. Outpatient pharmacy services are now provided by CW Medicines Ltd, a wholly owned subsidiary of the Trust, at our Chelsea site and at 56 Dean Street.

The new CW Medicines contract means we can continue to improve the services to patients through innovation—including a redesign of the premises, improved prescription tracking displays for patients, and an automated prescription collection machine, enabling patients at Chelsea to collect their medicines at any time, even when the pharmacy is closed.

The Governors Quality Sub-Committee received a presentation and papers on the development of the subsidiary at its meeting in February 2022 and this is referred to in their paper later on the agenda today.

## **4. Optimising Patient Flow**

Whilst we are proud of the achievements we have made in sustaining the delivery of our elective recovery programme, it is fair to say that the NHS is under considerable pressure to meet the ongoing demands for care. We are working incredibly hard both within Chelwest and across the Acute Provider Collaborative and Integrated Care System to explore all opportunities to streamline our ways of working, remove barriers and reduce health inequalities. Ensuring that patients receive the right care in the right place at the right time is critical to the clinical effectiveness and safety of care we provide. At our Governor briefing session in May, we will consider in more detail how we are going to deliver the NHS Operating Plan for 22-23.

## **5. Valuing and Recognising our Staff**

We continue to be extremely busy across all of our sites, and I know how incredibly hard everyone is working right now despite this pressure. Nationally, the NHS is experiencing increased pressures due to staff shortages from sickness, and I along with the rest of the Trust Board continue to be incredibly grateful for the extraordinary efforts that each and every colleague is making—our organisation is outstanding because of our people.

Our staff continued to be our most precious resource and as ever I am sure that the Council of Governors would like to join me in thanking them for their continued hard work, commitment, kindness and loyalty to each other, patients and their families/carers.

### **5.1 Welcome to Robert Bleasdale, Chief Nursing Officer**



I am delighted to introduce you to Robert Bleasdale who joined the Trust in April 2022 as our Chief Nursing Officer. Robert was previously Chief Nurse and Director of Infection Prevention and Control at St George's University Hospital, and has held a number of senior nursing leadership roles in the NHS. He has been instrumental to the Covid-19 response, leading on the vaccination programme to establish one of the first vaccination clinics in the country. He has led on a number of quality improvement programmes, including the development of accreditation systems, which helped raise standards of care and was involved in St George's exiting CQC special measures. He has proactively promoted partnership working and is passionate on the role of staff and patient involvement in key service decisions.

Robert became Deputy Chief Nurse at St George's in 2017, having previously held a number of other senior nursing roles at St George's since 2014. He started his nursing career in acute medicine, before moving into emergency care. He is an advanced trauma nursing course instructor, and completed his nursing degree at Oxford Brookes University. He also has a Masters in Senior Healthcare Leadership from Birmingham University.

I am sure you will all join me in welcoming Robert to Chelwest.

#### **5.2 Consultant midwives awarded prestigious silver Chief Midwifery Officer award**

Congratulations to our consultant midwives Natalie Carter, Louise Nunn and Claire Davidson for their silver Chief Midwifery Officer award for excellent services to maternity care during the pandemic. This prestigious award was presented to the three midwives by Prof Jacqueline Dunkley-Bent, Chief Midwifery Officer, and Kate Brintworth, Regional Chief Midwifery Officer for London.

#### **5.3 Kindness campaign – steps up**

The second phase of our kindness to staff poster campaign will be launched soon, after the success of the first phase. This campaign will now be part of a wider London initiative. Staff safety is a priority to our Trust – we want people to feel safe, welcomed and valued at our organisation so they in turn can focus on providing high-quality care for our patients. Our staff feeling safe enables us to live our proud values, and is a key part of our strategic aim to be the employer of choice. We are delighted to hear that the Royal College of Nursing are supporting us in our campaign. Last week, our kindness to staff campaign was shortlisted in the Public Sector Campaign category at the *Chartered Institute of Public Relations* Excellence Awards. Being unfailingly kind is one of our Trust values, and I am so pleased this campaign is getting the recognition it deserves. A personal and heartfelt thank you to all involved in this project, including those who have chosen to share their lived experiences.

#### **5.4 Ramadan Mubarak**

I would like to take this opportunity to wish all our Muslim colleagues a Ramadan Mubarak. Ramadan began last Friday evening and will end on the evening of Sun 1 May, which will be followed by the celebration of Eid Al-Fitr.

### **6. Concluding Remarks**



In concluding this report I would like to say how very proud I am of our Trust and how we would not be able to achieve the results described above without the fabulous team that is Chelwest.





<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors 21 April 2022
--	---------------------------------------

AGENDA ITEM NO.	3.3														
TITLE OF REPORT	Quality & Performance Report (February 2022 data)														
AUTHOR NAME AND ROLE	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer														
ACCOUNTABLE EXECUTIVE DIRECTOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer														
THE PURPOSE OF THE REPORT	<div><table><tr><td>Decision/Approval</td><td></td></tr><tr><td>Assurance</td><td>√</td></tr><tr><td>Info Only</td><td></td></tr><tr><td>Advice</td><td></td></tr></table></div> <p>Please tick below and then describe the requirement in the opposite column</p> <p>The report provides assurance to the Council of Governors of the current status and trends associated with key performance indicators for access to services, quality, experience and effectiveness of care, People and Finance.</p>				Decision/Approval		Assurance	√	Info Only		Advice				
Decision/Approval															
Assurance	√														
Info Only															
Advice															
REPORT HISTORY	<table><tr><td rowspan="3">Committees/Meetings where this item has been considered)</td><td>Name of Committee</td><td>Date of Meeting</td><td>Outcome</td><td rowspan="3"></td></tr><tr><td>EMB</td><td>March 2022</td><td>Noted</td></tr><tr><td>Quality Committee</td><td>April 2022</td><td>Noted</td></tr></table>				Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome		EMB	March 2022	Noted	Quality Committee	April 2022	Noted
Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome												
	EMB	March 2022	Noted												
	Quality Committee	April 2022	Noted												
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>Data relates to the end of February 2022:-</p> <ul style="list-style-type: none"><li>• Our performance against the A&amp;E 4 hour standard was at 81% at the end of February 2022. A performance improvement programme is in place addressing all parts of the A&amp;E pathway to return to previous rates of performance. FFT satisfaction and response rates from patient accessing A&amp;E continue to be below target.</li><li>• Activity levels for all components of care are above those seen pre pandemic</li><li>• We are compliant with the 14 day and 28 Day Cancer FDS standard</li><li>• The Cancer 62 day and 31 day standards are non compliant this month driven by the impact of Covid on the diagnostic aspect of the pathway in January 2022</li><li>• During quarter 4 we have seen a higher number of medication related incidents reported which is suggestive that the work being undertaken to educate staff of the need to report such incidents may be having an impact</li></ul>														

	<ul style="list-style-type: none"> <li>The first to follow up ratio for out patient appointments remained relatively static at 2.04. There is variation between Chelsea and West Mid sites which are 2.20 and 1.82 respectively. In line with the 2022-23 Operating Plan focus is being given to a reduction of follow up activity with patients care being managed in other ways. Divisions are working on the detail of these plans and improvement is expected in the coming months.</li> <li>VTE Risk assessments are below target level and this is largely driven by Chelsea Site performance. Improvement actions are in place to move to a position of recovery.</li> </ul>
<b>KEY RISKS ARISING FROM THIS REPORT</b>	There are on-going risks to the achievement of Elective recovery

**STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)**

Deliver high quality patient centred care	Y
Be the employer of Choice	
Deliver better care at lower cost	

**IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:**

Equality And Diversity	
Quality	Y
People (Workforce or Patients/ Families/Carers)	Y
Operational Performance	
Finance	Y
Public Consultation	
Council of Governors	

please mark Y/N – where Y is indicated please explain the implications in the opposite column

**REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)**

Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N

Other Exceptional Circumstances (please describe)	
--	--














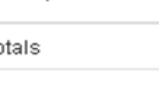

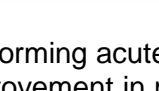
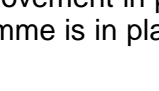
# TRUST PERFORMANCE & QUALITY REPORT

## February 2022



## NHSI Reporting

### NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022 Q4	2021-2022	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	79.20%	80.46%	79.15%	84.12%	81.22%	82.68%	82.87%	85.65%	80.38%	81.73%	81.24%	81.49%	84.99%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	75.18%	75.03%	69.76%	75.17%	66.39%	67.25%	64.74%	70.81%	71.51%	71.76%	67.68%	69.66%	73.35%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Feb-22) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	95.47%	91.82%	94.62%	93.29%	97.40%	94.89%	95.80%	96.26%	96.60%	93.67%	95.33%	93.67%	95.02%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	100%	n/a	100%	100%	82.65%	100%	97.73%	100%	82.83%	100%	82.83%	97.73%	
	31 days diagnosis to first treatment (Target: >96%)	95.83%	84.00%	90.91%	91.89%	87.18%	95.65%	94.25%	94.49%	90.48%	90.76%	93.13%	90.76%	93.39%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	80.00%	100%	100%	n/a	91.67%	100%	100%	n/a	100%	88.24%	
	62 days GP referral to first treatment (Target: >85%)	84.62%	90.91%	76.60%	84.16%	90.18%	84.52%	64.41%	79.73%	88.14%	87.05%	67.88%	87.05%	81.40%	
Cancer - FDS	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	0.00%	33.33%	66.67%	42.86%	42.11%	60.23%	66.67%	42.86%	40.00%	40.74%	57.73%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	81.95%	64.32%	79.54%	78.33%	71.97%	61.49%	75.47%	66.79%	75.83%	62.63%	76.93%	69.53%	71.31%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	3	2	17	0	2	1	14	1	5	3	8	31	

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

Note that all Cancer indicators show interim, unvalidated positions for the latest month (Feb-22) and are not included in quarterly or yearly totals

#### A&E

The Trust performance against the 4hr standard remained stable from the previous month at 81%. Despite a challenging position, this still places CWHFT as the 2nd best performing acute Trust in London. Furthermore, with the number of attendances seen by the Trust A&E services, the organisation outperforms all other NHS Trusts in the country. The WMUH site saw an improvement in performance from the previous month and CWH saw a small decrease driven by significant nursing staffing shortages and high attendances through UTC. A performance improvement programme is in place addressing all parts of the A&E pathway to return to previous rates of performance.

**RTT 18 Week Incomplete:** Awaiting final validated position on working day 15

#### Cancer (Unvalidated)

**14-Day:** The 2-Week wait target continues to be consistently compliant, with 95% of patients having their first outpatient appointment within 14 days of their suspected cancer GP referral being received

**28-Day FDS:** The 28-Day Faster Diagnostic Standard has returned to compliance in February 2022 and is at 76.9%

**62-Day Referral to First Treatment:** 62-Day target is non-compliant at 67.8%, following two months of compliance. This has been driven by the impact of COVID on the diagnostic part of the pathway in January 2022.

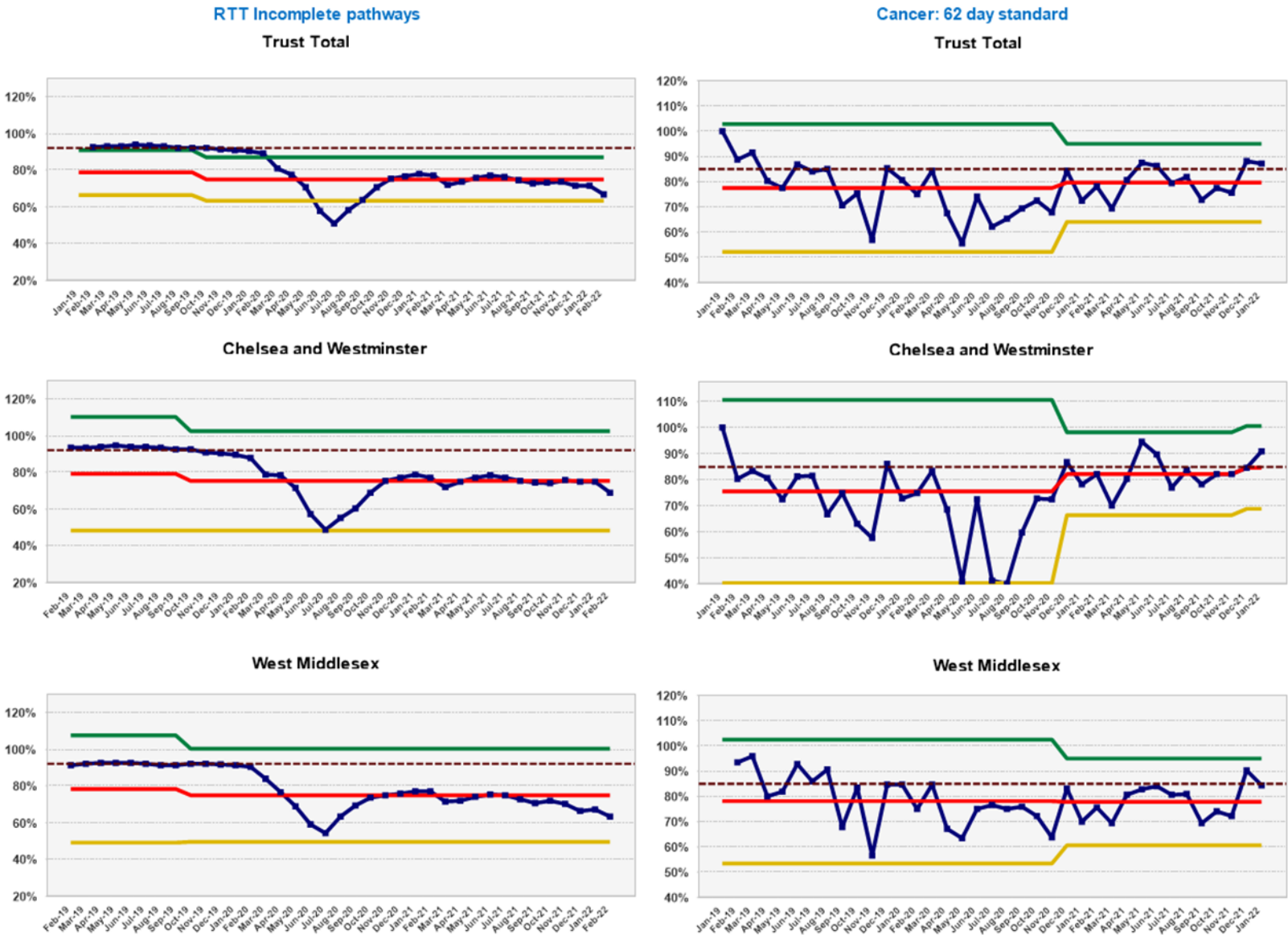
**31 day:** 31-Day target is non-compliant at 93.13% however this shows an improvement from previous months, reflecting the focused work on the skin pathway to improve the overall performance.

#### Patient Safety

There were 3 Trust attributed cases of Clostridium difficile in February 2022, 2 occurred at the CW site and 1 at the WM site. The Trust now stands at 31 Trust attributed cases against a (FY) target of 23. It is worth noting that the target generated excluded the COVID-19 pandemic response period meaning the Trust was unlikely to meet it due to the method of calculation; the timeframe used and national yearly fluctuations in C. diff cases were excluded due to the pandemic. Despite the breach of target, the Trust is currently scoring well below the average national clostridium difficile rate and ranking 14th of 139 Trusts (PublicView – November 2021).



**SELECTED BOARD REPORT NHSI INDICATORS**  
*Statistical Process Control Charts for the last 37 months Nov 2018 to Dec 2021*



*Cancer 62-Day Standard: Cancer Performance is noted to show the unvalidated position for the current month on the NHSE dashboard. The final validated performance is represented in the SPC charts above and is a month in arrears.*

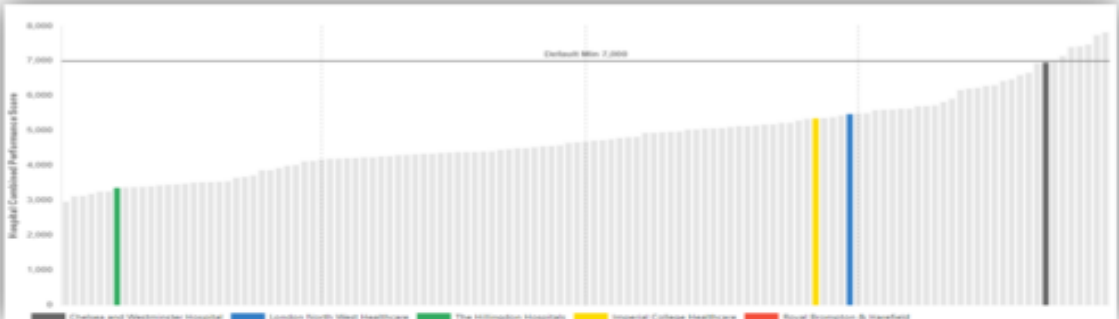


**National Benchmarking Against Select Indicators**

The below has been sourced from PublicView and represents the Trust Performance for December 21, except for the **Hospital Combined Score (HCS)** which is displaying Jan 22 data. The Ranking is based on peers in the same group as the Trust

The Trust ranked 8<sup>th</sup> nationally on the HCS in Jan 2022

**Hospital Combined Score -8<sup>th</sup> Nationally**

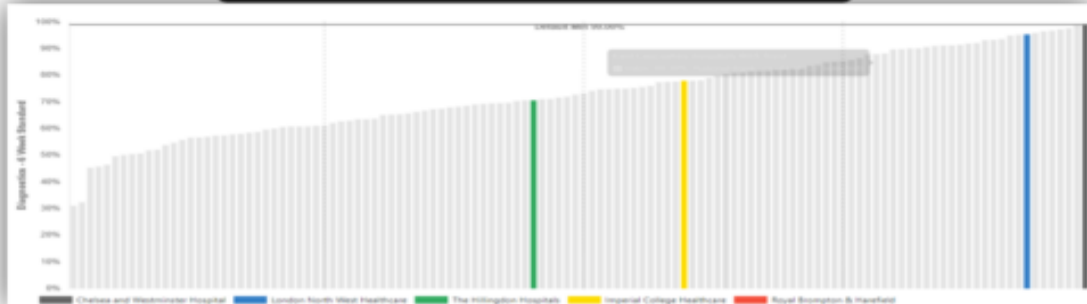


**Cancer 62 Days 3<sup>rd</sup> OF 122**



**62 Day Cancer Standard:** The Trust is currently ranked 3<sup>rd</sup> out of 122 trusts. This is a significant improvement in rank from 37<sup>th</sup> for the previous period.

**6-wk Diagnostic – 1<sup>st</sup> OF 122**



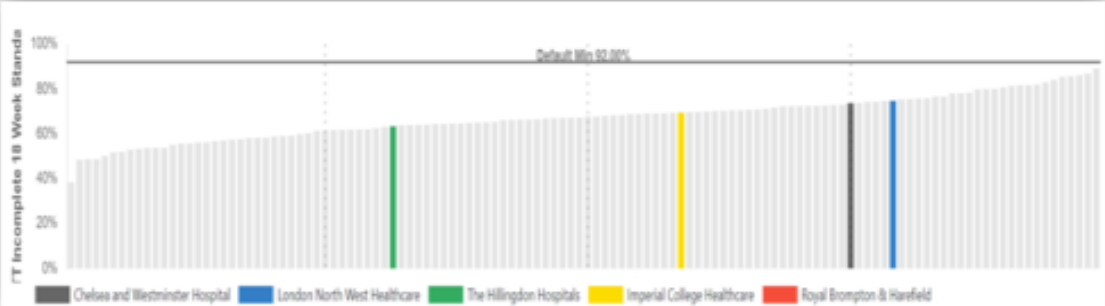
**6 Week Diagnostic Standard:** The Trust is currently ranked 1<sup>st</sup> nationally. This is an improvement on the previous period and an achievement for the Trust.

**RTT 52 wks- 26<sup>th</sup> OF 122**



**RTT 52 Week Breaches:** The Trust is currently ranked 26<sup>th</sup> of 122 Trusts

**RTT 18-wk Incomplete Pathway 30<sup>th</sup> OF 122**



**RTT 18 Week Standard:** This position is a similar position in ranking to the previous month





## Safety

### Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022 Q4	2021-2022	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	1	0	2	0	0	0	4	0	1	0	1	6	-
	Hand hygiene compliance (Target: >90%)	92.5%	91.7%	93.9%	91.6%	96.4%	95.3%	89.7%	92.4%	94.2%	93.2%	92.2%	92.7%	92.0%	-
Incidents	Number of serious incidents	2	7	2	35	2	3	4	38	4	10	6	16	73	-
	Incident reporting rate per 100 admissions (Target: >8.5)	8.7	8.0	9.1	8.5	10.2	11.0	10.7	10.3	9.5	9.4	9.8	9.6	9.4	-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.04	0.02	0.04	0.02	0.04	0.04	0.04	0.02	0.04	0.03	0.04	0.03	0.02	-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	3.22	3.79	5.63	4.66	2.02	2.79	4.67	3.21	2.59	3.28	5.16	4.16	3.91	-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	2.3%	2.1%	0.0%	0.6%	0.0%	0.0%	1.9%	0.4%	1.4%	1.2%	0.9%	1.0%	0.6%	-
Harm	Never Events (Target: 0)	0	0	0	1	0	0	0	1	0	0	0	0	2	-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	1	4	0	0	0	2	0	0	1	1	6	-
	Safeguarding adults - number of referrals	19	34	18	230	30	31	42	391	49	65	60	125	621	-
	Safeguarding children - number of referrals	28	22	26	284	99	91	115	1182	127	113	141	254	1466	-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.71	0.71	0.72	0.72	0.71	0.71	0.72	0.72	0.71	0.71	0.72	0.72	0.72	-
	Number of hospital deaths - Adult	47	35	39	410	56	73	55	634	103	108	94	202	1044	-
	Number of hospital deaths - Paediatric	0	0	0	3	0	0	0	0	0	0	0	0	3	-
	Number of hospital deaths - Neonatal	1	1	4	12	1	1	0	9	2	2	4	6	21	-
	Number of deaths in A&E - Adult	0	0	0	0	7	0	4	32	7	0	4	4	32	-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	1	0	2	0	1	0	1	2	-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	1	1	0	0	1	1	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

**Incidents:** There were 16 serious incident declared in February 2022; 10 Internal and 6 External. The investigations into these events will seek to identify any care or service delivery problems that impacted the outcome and establish actions to reduce the risk or consequence of the event recurring. A Never Event occurred in July 2021 concerning the use of the wrong implant (ref 2021/14007). A second Never Event occurred in September 2021 concerning wrong site surgery (ref. 2021/18242). The number of patient safety incident per 100 admissions is lower at CW compared to WM. It is anticipated that reporting rates will increase following the implementation of the new Patient Safety Incident Response Framework (PSIRF); staff training will be an integral part of the roll out.

#### Medication Related (NRLS reportable) safety incidents per 1,000 FCE bed days

##### Incidents – Medication Related Safety Incidents

A total of 133 medication-related incidents were reported in February 2022. CW site reported 69 incidents, WM site reported 60 incidents and there were 4 incidents reported in community. The number of incidents reported in February has increased across the Trust since January (108), with an increase in the number of reported incidents across both sites (January: CW site 58, WM site 49).

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

The Trust position of medication-related incidents involving patients (NRLS reportable) for February 2022 was 5.11 per 1,000 FCE bed days which is above the Trust target of 4.2 per 1,000 FCE bed days. The MSG continues to work through their action plan on improving the reporting of medication-related incidents across the Trust.













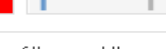


#### Medication-related (NRLS reportable) safety incidents % with harm

The Trust had 0.9% of medication-related safety incidents with moderate harm and above in February 2022, which is within the Trust target of ≤2%. This accounts for 1 moderate harm incident at WM site.



## Patient Experience

### Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022 Q4	2021-2022	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	97.6%	96.8%	92.6%	95.1%	97.6%	97.0%	96.3%	95.8%	97.6%	96.9%	95.1%	96.0%	95.5%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	1.8%	0.6%	3.9%	2.2%	1.0%	0.9%	1.1%	1.7%	1.3%	0.8%	2.0%	1.4%	1.9%		-
	FFT: Inpatient response rate (Target: >30%)	21.7%	20.6%	20.0%	41.6%	41.1%	36.2%	51.8%	62.9%	30.3%	27.7%	34.6%	31.0%	52.1%		!
	FFT: A&E satisfaction % (Target: >90%)	79.4%	84.9%	81.3%	82.8%	79.3%	82.8%	81.3%	83.0%	79.3%	84.4%	81.3%	82.9%	82.9%		!
	FFT: A&E not satisfaction % (Target: <10%)	13.0%	9.1%	12.5%	10.9%	14.0%	12.6%	12.2%	11.4%	13.3%	9.9%	12.4%	11.1%	11.0%		!
	FFT: A&E response rate (Target: >30%)	21.9%	21.1%	21.6%	21.3%	21.7%	18.1%	20.3%	22.8%	21.8%	20.3%	21.2%	20.7%	21.7%		!
	FFT: Maternity satisfaction % (Target: >90%)	88.0%	85.5%	94.4%	87.8%	88.2%	87.5%	100.0%	92.3%	88.1%	85.7%	94.8%	89.8%	88.2%		-
	FFT: Maternity not satisfaction % (Target: <10%)	9.9%	8.3%	5.6%	9.3%	0.0%	12.5%	0.0%	4.8%	8.8%	8.7%	5.2%	7.1%	8.9%		-
	FFT: Maternity response rate (Target: >30%)	25.8%	26.9%	26.9%	27.1%	25.0%	34.0%	25.0%	37.4%	25.7%	27.5%	26.8%	27.2%	27.7%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	15	0	15	0	15	0	15	15		-
Complaints	Complaints (informal) through PALS	45	81	93	904	27	32	33	355	72	113	126	239	1259		-
	Complaints formal: Number of complaints received	27	14	33	261	14	17	23	183	41	31	56	87	444		-
	Complaints formal: Number responded to < 25 days	5	7	6	129	3	4	6	80	8	11	12	23	209		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	1	0	2	0	1	0	1	2		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	1	0	1	0	1	0	1	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 and Complaints:

There were 50 new complaints logged and investigated during February 2022. Performance with responding to complaints within the 25 day KPI (95%) fell below the target at 81%. This lapse in compliance is due to a number of reasons. To ensure compliance is met from March onwards the PALS and Complaints Management team are working closely with DDNs and investigators to ensure responses are sent through the weekly tracker meetings via the existing escalation process. Update training for investigators is also planned with an emphasis on keeping to timeframes. The number of PALS concerns logged and resolved during February 2022 increased to 123 (from 116 in January) and performance with responding to the 5-day KPI (90%) during February was 80%. The Trust resolved 52% (137) of the 261 concerns received in total for that month on the same day. As at this reporting, there is only one open complaint for investigation with the PHSO.

#### FFT Narrative:

Inpatient satisfaction rates well exceed the target across the sites. Response rates at West Middlesex have jumped to double the target for February. A&E satisfaction and responses rates are below the targets and very similar to the previous month. The matrons are aware of this and are working on improvement plans. Maternity satisfaction now exceeded target for Chelsea site and Trust wide for the first time in many months. Satisfaction at West Middlesex has been around 88% for the last three months. Response rates however remain below target. The heads of midwifery have been trialling use of tablet devices to improve response rates and posters with QR codes have been put up in the patient areas. The patient experience manager continues to provide support to increase the responses.



## Efficiency and Productivity

### Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022 Q4	2021-2022	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.18	2.02	2.55	2.30	3.54	3.41	3.74	2.47	2.46	2.29	2.84	2.57	2.34	-
	Average length of stay - non-elective (Target: <3.95)	4.08	3.94	3.92	3.56	3.60	3.57	3.33	3.21	3.81	3.74	3.60	3.67	3.37	!
	Emergency care pathway - average LoS (Target: <4.5)	4.70	4.60	4.47	3.88	4.05	3.96	3.75	3.60	4.29	4.20	4.04	4.12	3.71	-
	Emergency care pathway - discharges	236	213	237	2724	396	346	340	4224	632	559	577	1136	6948	-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	7.31%	6.03%	6.86%	6.43%	8.74%	8.34%	7.70%	8.31%	8.03%	7.13%	7.25%	7.19%	7.34%	!
	Non-elective long-stayers	415	379	327	4198	408	351	243	3807	823	730	570	1300	8005	-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	79.9%	85.2%	82.7%	82.7%	85.5%	86.7%	84.3%	85.0%	81.5%	85.6%	83.2%	84.4%	83.4%	-
	Operations cancelled on the day for non-clinical reasons: actuals	6	5	0	26	0	5	0	7	6	10	0	10	33	-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.31%	0.21%	0.00%	0.10%	0.00%	0.41%	0.00%	0.05%	0.20%	0.28%	0.00%	0.14%	0.08%	-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	0	4	0	0	0	2	0	0	0	0	6	-
	Theatre Utilisation Model Hospital (Target > 85%)									79.0%	80.0%				-
Outpatients	First to follow-up ratio (Target: <1.5)	2.32	2.10	2.20	2.44	1.91	1.99	1.82	1.93	2.14	2.06	2.04	2.05	2.21	!
	Average wait to first outpatient attendance (Target: <6 wks)	7.1	9.0	8.5	7.5	8.0	8.8	9.2	7.8	7.5	8.9	8.8	8.9	7.6	!
	DNA rate: first appointment	10.9%	11.0%	10.0%	10.3%	10.0%	9.4%	9.4%	9.4%	10.5%	10.4%	9.8%	10.1%	9.9%	-
	DNA rate: follow-up appointment	9.4%	9.6%	9.0%	9.2%	8.5%	8.4%	7.8%	7.9%	9.0%	9.1%	8.5%	8.8%	8.7%	-
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				

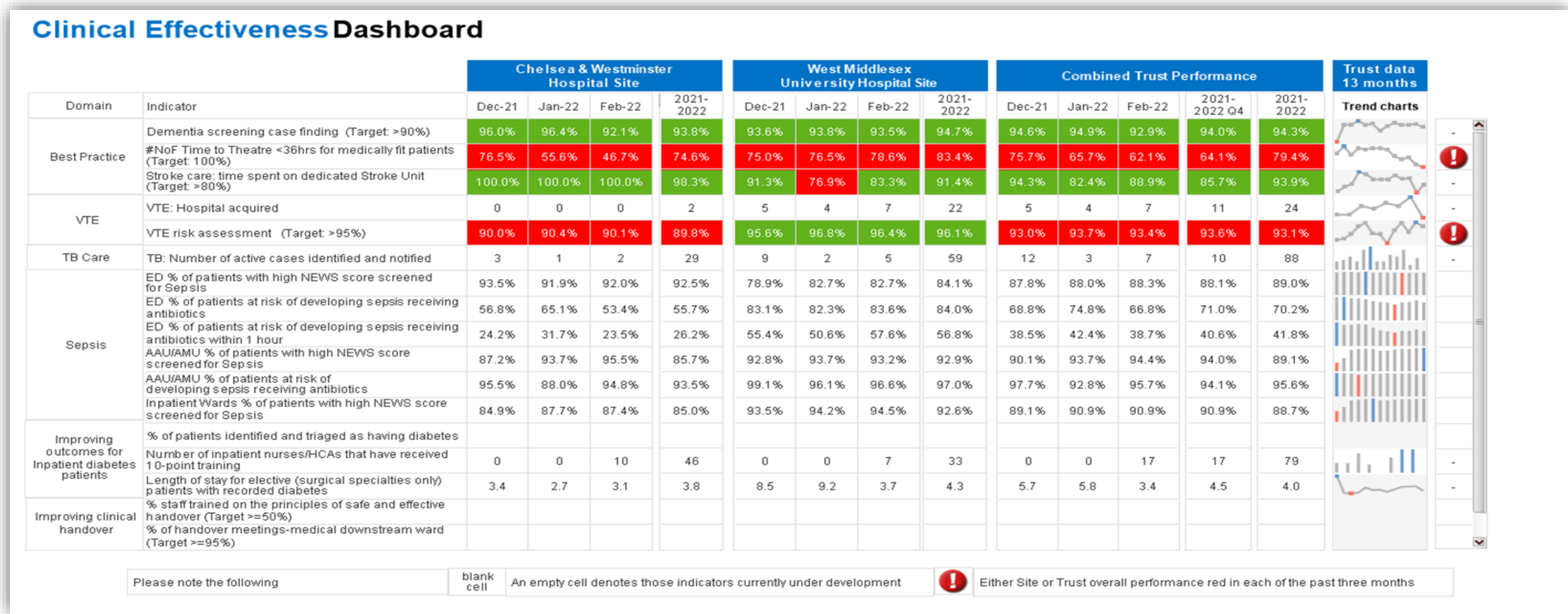
**Outpatients:** Waits for first attendances have fluctuated over the past few months. A reduction was seen on the CW site between January and February but an increase at the WM site. Overall the Trust saw a reduction in the waits. With the requirements of the new Operating Plan, more focus is being placed on first appointments with capacity realigned to meet this requirement, therefore a sustained reduction will be seen over the coming months.

**New to Follow Up-** the Trust is aware that some of its new to follow up ratios are above the level expected. Since the last wave of Covid and as part of the Foundry work the Trust has been focusing on the reduction of backlogs within follow up patients, which has increased the new to follow up ratios. In line with the 2022-23 Operating Plan, focus is now being shifted to reduction of follow up activity with patient's care being managed in other ways, for example, patient initiated follow up and virtual appointments. Divisional plans are currently being worked up and further improvement is expected over the coming months.

#### Theatre utilisation (Awaiting Data)



## Clinical Effectiveness



\*Clinical Handover data unavailable

**Dementia screening:** This target remains achieved in February 2022 as a both sites are noted to be above the 90% tolerance. West Middlesex reported performance of 93.5% and Chelsea and Westminster is at 92.1%

### VTE Risk Assessments: *Awaiting Narrative*

**NoF Time to Theatre:** 6 out of 12 patients (58%) did not achieve surgery within 36 hours. 3 out of 12 cases (25%) related to medically unfit reasons. 3 out of 12 cases (25%) cases related to other non-medical reasons. Two of these medically fit patients were all awaiting space on the theatre list and one patient was awaiting a Hip specialist for surgery.





Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022 Q4	2021-2022	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	236	276		3142	279	256		2475	515	532		532	5617	
	Diagnostic waiting times <6 weeks: % (Target >99%)	99.55%	99.31%		97.43%	98.69%	98.45%		97.65%	99.07%	98.88%		98.88%	97.55%	
	Diagnostic waiting times >6 weeks: breach actuals	13	25		798	48	56		879	61	81		81	1677	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.0%	8.7%	8.9%	8.7%	8.3%	7.7%	8.5%	8.3%	8.7%	8.3%	8.7%	8.5%	8.6%	
	A&E time to treatment - Median (Target: <60')	00:29	00:29	00:33	00:29	01:06	01:01	01:06	01:03	00:48	00:45	00:46	00:46	00:46	
	London Ambulance Service - patient handover 30' breaches	43	23		283	116	111		914	159	134		134	1197	
	London Ambulance Service - patient handover 60' breaches	0	2		14	9	10		43	9	12		12	57	
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 Incomplete:** (Data undergoing validation and will be ready for the 15<sup>th</sup> Working Day )

**Diagnostic Waits < 6 weeks:** (Data undergoing validation and will be ready for the 15<sup>th</sup> Working Day )

**A&E and LAS:** LAS 60 minute ambulance breaches increased slightly for February with most breaches occurring at the WMUH site on two specific dates. Both dates were a Friday when ambulances arrived en masse in an evening when the department was at capacity and with limited ability to offload. The ED and Site teams are working closely to unblock any delays limiting the ability to move patients out of A&E and onto wards so that there is sufficient capacity to offload LAS attendances. This remains an area of focus.



## Maternity

### Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022	Dec-21	Jan-22	Feb-22	2021-2022 Q4	2021-2022	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:27	1:27	1:27	1:27	1:29	1:29	1:29	1:28	1:28	1:28	1:28	1:28.00	1:27.5	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:77	1:77	1:77	1:77	1:98	1:98	1:98	1:98	1:87.5	1:87.5	1:87.5	1:87.50	1:87.50	-
Birth indicators	Total number of NHS births	431	448	392	5103	367	369	310	4214	798	817	702	1519	9317	-
	Total number of bookings	527	554	516	6231	448	428	420	4732	975	982	936	1918	10963	-
	Maternity 1:1 care in established labour (Target: >95%)	97.5%	98.4%	100.0%	98.1%	94.8%	98.2%	97.6%	96.8%	96.2%	98.3%	98.9%	98.5%	97.4%	-
Safety	Admissions >37/40 to NICU/SCBU	12	17	6	163	n/a	n/a	n/a	n/a	12	17	6	23	163	-
	Number of reported Serious Incidents	0	3	1	10	0	2	1	16	0	5	2	7	26	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	9.8%	9.2%	12.0%	7.9%	5.7%	7.9%	6.0%	6.4%	7.9%	8.6%	9.3%	8.9%	7.2%	-
	Number of stillbirths	0	1	2	14	2	0	1	14	2	1	3	4	28	-
	Number of Infant deaths	1	1	2	12	1	1	0	10	2	2	2	4	22	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	0.0%	0.0%	0.0%	17.0%	0.0%	0.0%	0.0%	9.5%	n/a	n/a	n/a	0.0%	13.3%	-
	Spontaneous unassisted vaginal births	27.0%	31.0%	24.5%	29.3%	36.5%	34.8%	27.0%	35.3%	31.3%	32.7%	25.6%	29.4%	32.0%	-
	Vaginal Births - spontaneous & induced	59.4%	58.6%	57.1%	60.1%	61.3%	62.9%	60.0%	63.7%	60.3%	60.6%	58.4%	59.6%	61.7%	-
	Instrumental deliveries	14.1%	13.2%	18.2%	15.0%	12.0%	13.5%	12.3%	13.2%	13.1%	13.4%	15.6%	14.4%	14.2%	-
	Pre-labour elective caesarean sections	64	62	61	792	50	43	43	511	114	105	104	209	1303	-
	Emergency caesarean sections in labour	64	59	45	632	56	60	47	653	120	119	92	211	1285	-

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

The above dashboard metrics covers: workforce, birth indicators, safety and clinical outcomes. From next month additional quality metrics will be reported in the maternity board report.

#### Workforce

The current midwifery ratios on each site are 1:27 at Chelsea and 1:28 at West Middlesex. We have now received the outcome of a recently commissioned birth rate plus analysis of the midwifery workforce and the recommended ratios are 1:24.9 Chelsea and 1:21.7 West Middlesex. The metric for hours dedicated consultant presence is achieved at West Middlesex is 98hrs but this has been achieved successfully with locum cover. site). The Chelsea site is now compliant with 98hrs of dedicated consultant labour ward presence and twice a day ward rounds from the end of February 22. Diary carding will commence after 2 weeks of implementation and after 6 weeks of embedding, an audit of the ward rounds will be undertaken.

#### Birth indicators

Our attrition rate is still fluctuating widely due to the pandemic. February there were 392 births at the Chelsea site and 310 at the West Mid site, acuity and complexity of the women still continue to be high. Demand/capacity planning strategy in place to ensure our activity does not vary widely compared to plan.

#### Safety

Our safety outcomes remain stable and we are not an outlier for stillbirth or infant deaths across the sector. All of our SI reports continue to have exec oversight before final sign off to ensure that there are SMART action plans and the SIs and the 72 hr reports are discussed regionally. For the Chelsea site there were 3 serious incidents in total (2 NHS and 1 private). Of these only one is an externally reported serious incident, a case with a neonatal death at 35 weeks. The other 2 serious incidents were due to Massive obstetric haemorrhage of 5 litres and a private obstetric case involving a baby admitted to NICU. The 72hr reports identified the following contributory factors: antenatal interpretation of CTG and escalation of computerised CTG; intrapartum CTG monitoring and documentation. At the West Mid site there were 2 SIs: one case is an externally reportable Serious incident and involved a baby at 40 weeks that was transferred for cooling and the internal second case was that of a massive obstetric haemorrhage and return to theatre with blood loss of 5.2 litres. 72 hr reports have been completed and immediate learning disseminated.

Avoidable term admissions to NICU: At the Chelsea site there were 10 term neonatal admissions with an average length of stay of 2 days. 7 for respiratory reasons, 2 hypoglycaemia, 1 observation. 4 of these were avoidable if there was earlier escalation of maternal MEWS and different neonatal management of hypothermia, hypoglycaemia in the babies and respiratory distress. The key learning was around keeping babies warm to reduce the risk of hypothermia. At the West Mid site there were 15 admissions to NICU and the trends are currently being analysed.

Stillbirths and neonatal deaths: are reviewed and discussed in the Perinatal Mortality MDT team and reported via the PMRT tool. In the Trust there were a total of 5 deaths (2 stillbirths and 3 neonatal deaths). These were attributed to: 2 antenatal stillbirths, 2 early neonatal deaths and 1 late neonatal death. One baby was between 22-23 weeks and 4 between 32-36 weeks. Contributing factors were: neonatal causes, congenital and 2 cases awaiting final confirmation.

#### Outcomes

Our outcomes are in line with the NWL sector and we are not an outlier for our CS rates or assisted births. Our outcomes are continuously audited to ensure practice is in keeping with local guidance and to identify any key concerns in clinical care.



## Cancer Update

### 62 day Cancer referrals by tumour

Target of 85%

### Dashboard

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	Dec-21	Jan-22	Feb-22	2021- 2022	YTD breac...	Dec-21	Jan-22	Feb-22	2021- 2022	YTD breac...	Dec-21	Jan-22	Feb-22	2021- 2022 Q4	2021- 2022	YTD breac...	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		85.7%	66.7%	63.6%	90.6%	14	85.7%	66.7%	63.6%	66.7%	90.6%	14		-
	Colorectal / Lower GI	100%	85.7%	90.9%	76.8%	13.5	81.8%	66.7%	40.0%	64.6%	20.5	85.7%	82.4%	66.7%	82.4%	71.1%	34		!
	Gynaecological	37.5%	100%	33.3%	66.7%	7	100%	100%	100%	72.7%	4.5	50.0%	100%	50.0%	100%	69.6%	11.5		-
	Haematological	100%	100%	n/a	80.0%	2.5	100%	100%	100%	86.7%	2	100%	100%	100%	100%	83.6%	4.5		-
	Head and neck	n/a	n/a	100%	100%	0	100%	100%	50.0%	85.7%	3	100%	100%	62.5%	100%	88.9%	3		-
	Lung	0.0%	100%	0.0%	80.0%	3.5	66.7%	50.0%	100%	82.1%	2.5	50.0%	75.0%	50.0%	75.0%	81.1%	6		!
	Sarcoma	n/a	n/a	n/a	n/a		n/a	0.0%	n/a	36.4%	3.5	n/a	0.0%	n/a	0.0%	36.4%	3.5		-
	Skin	87.5%	95.0%	60.0%	92.5%	8.5	83.3%	87.5%	38.9%	88.5%	13	85.7%	92.9%	43.5%	92.9%	90.9%	21.5		-
	Upper gastrointestinal	100%	100%	n/a	96.4%	0.5	100%	100%	100%	72.7%	4.5	100%	100%	100%	100%	83.6%	5		-
	Urological	100%	91.7%	83.3%	79.3%	17	100%	87.5%	68.0%	75.8%	50.5	100%	88.5%	73.0%	88.5%	76.8%	67.5		-
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		n/a	100%	n/a	75.0%	2	n/a	100%	n/a	100%	75.0%	2		-

#### Improving personalised cancer care at diagnosis

Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review

% patients receiving an (HNA) & care plan																		
Patients with an end of treatment summary																		

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 (Feb-22) and are not included in quarterly or yearly totals

#### Trust commentary (Unvalidated)

**62-Day Referral to First Treatment:** The 62-Day target is non-compliant at 67.8% following two months of compliance. This has been driven by the impact of COVID on the diagnostic part of the pathway in January 2022.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			2	6
Gynaecology		1	0	2
Haematology		0.5	0	1.5
Head and Neck			0	1.5
Colorectal	1	7	0.5	1.5
Lung	0.5	1	0	1
Other			0	2
Sarcoma			1	1
Skin	0.5	10	0.5	4
Testicular			0	1
Upper GI	0	2	0	0.5
Urology	0.5	6	2.5	20
Total	2.5	27.5	6.5	42



## Safer Staffing

### Safe Staffing & Patient Quality Indicator Report – Chelsea and Westminster Site (February 22)

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total				Qualified	Un-qualified	No harm and mild		Moderate and severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Maternity	104%	78%	97%	101%	8	3	11			12.17%	12.83%	19.09%		3							91.90%
Annie Zunz	124%	54%	98%	108%	7	2.3	9.3	9.4		-2.90%	17.45%	0%		6							100%
Apollo	86%	46%	85%	-	19.7	1.3	21	10.9		10.37%	28.56%	50%		1							100%
Mercury	97%	-	110%	-	7.5	0	7.5	11		17.92%	21.98%	80%									85.70%
Neptune	129%	125%	142%	-	11.7	0.9	12.6	15		10.64%	31.23%	0%		4							77.40%
NICU	95%	-	96%	-	15.2	0	15.4	26.7		15.10%	17.64%	0%									100%
AAU	97%	55%	100%	83%	8.1	1.9	10.2	9.4		9.34%	12.32%	49.71%	7	87		2		1			77.30%
Nell Gwynne	102%	51%	152%	79%	5.4	3.1	8.7	7.9		20.51%	10.86%	40.74%	2	47							100%
David Erskine	102%	64%	113%	110%	4.9	3	8.2	8.6		13.16%	43.90%	22.01%									
Edgar Horne	93%	51%	99%	101%	3.3	2.3	5.8	6.9		20.01%	5.56%	26.90%	8	30	1	1	1	1			
Lord Wigram	87%	107%	98%	109%	3.9	3	7.1	8.2		9.32%	8.18%	8.55%		39							100%
St Mary Abbots	98%	113%	129%	105%	4.4	2.8	7.4	8.3		25.52%	15.37%	21.01%	7	23		1		1			96.50%
David Evans	81%	61%	91%	164%	6.6	2.2	9.4	8.3		7.67%	5.04%	12.24%		25		1					96.90%
Chelsea Wing	118%	75%	102%	82%	9.2	5.2	14.5	8.3		14.67%	21.43%	25.62%		9							
Burns Unit	82%	79%	101%	111%	23	3	26	N/A		5.88%	10.83%	0%	1	13							100%
Ron Johnson	75%	82%	71%	102%	4.5	3	7.5	9		21.54%	22.21%	22.42%	5	9							100%
ICU	102%	100%	104%	121%	29.5	2	31.6	27.7		3.67%	12.25%	0%									
Rainsford Mowlem	83%	38%	91%	73%	4	2.7	7	7.3		11.45%	12.85%	10.08%	3	50		1		1		1	
Nightingale	69%	43%	100%	108%	3.6	3	6.6	7.7					10	65		2					1

### Safe Staffing & Patient Quality Indicator Report – West Middlesex Site (February 22)

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark		Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA				Qualified	Un- Qualified	No Harm & Mild		Moderate & Severe							
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	101%	85%	98%	133%	3.7	3.6	7.3	7.7		0.49%	11.74%	11.51%	5	37							100%
Richmond	47%	-	73%	66%	7.7	1.1	9.3	7.2		16.56%	0%	34.48%	1	8		1					100%
Syon 1 cardiology	96%	93%	98%	139%	4.4	2.4	6.8	8.8		11.27%	3.74%	19.12%	3	45							95.24%
Syon 2	107%	74%	103%	88%	3.8	2.5	6.6	8.6		14.05%	16.57%	6.67%	8	57		1					100%
Starlight	79%	120%	101%	-	7.3	0.6	8.2	15		28.14%	24.31%	0%						1	1		80.56%
Kew	101%	119%	99%	138%	3.3	3.8	7.2	7.9		8.70%	4.65%	19.23%	4	83	1	1				1	100%
Crane	93%	50%	112%	101%	4.2	2.6	7	7.7		7.38%	0%	12.27%	5	32							96.67%
Osterley 1	98%	83%	102%	97%	3.5	2.6	6.1	7		2.71%	16.33%	24.37%	6	50			1	2			95.08%
Osterley 2	104%	77%	103%	147%	4	2.3	6.6	7.2		-3.77%	3.92%	4.72%	1	32		1				1	96.97%
MAU	79%	91%	92%	106%	5.4	2.6	8	9.4		19.47%	18.75%	21.58%		73		1		2			95.87%
Maternity	88%	83%	82%	82%	8.6	2.7	11.2			10.31%	8.15%	9.72%									92.90%
Special Care Baby Unit	101%	100%	102%	100%	8.1	0.8	8.9	15		8.15%	3.86%	10.94%									100%
Marble Hill 1	129%	104%	99%	209%	3.7	3.1	6.8	6.9		13.63%	14.61%	14.37%	7	85		1					92.86%
Marble Hill 2	104%	109%	113%	208%	3.6	3.8	7.5	6.8		0.60%	23.96%	0%	5	46	1	2		1			97.06%
ITU	110%	150%	114%	-	31.8	1.6	33.5	26		14.33%	8%	0%		1				2			





## Safe Staffing & Patient Quality Indicator Report

February 2022

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 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.

Neptune high fill rates reflects the requirement for RMN specials for CAMHS patients. Throughout February Apollo had adequate registered nurses and staff working in supernumerary roles so day HCA were not fully required. The low day fill rates for RN's on Starlight was ameliorated by staff from the Chelsea site.

AAU, Nell Gwynne, David Erskine, Edgar Horne and Rainsford Mowlem have a number of HCAs vacancies which are currently being recruited to and were not filled by bank. Nell Gwynne was also unable to fill night HCA shifts who were replaced with RNs. Nightingale ward is not established so staffing dependent on bank and agency, staff are moved daily to support skill mix which is not necessarily reflected on HealthRoster. Ron Johnson is currently being refurbished and open to 16 beds thus accounting for low fill rates. Chelsea Wing low HCA fill rate was due to 2 vacant posts and bank unable to fill but CHPPD was not compromised

Annie Zunz had high day fill rate for RNs due to the requirement of an extra RN to cover patients admitted through the Surgical Admissions Lounge. On David Evans the high HCA fill rate at night was due to high patient dependency and late ICU step downs. The low HCA day fill rate was due to a decrease in elective activity. Currently work is being undertaken to ensure elective flow is efficient as this is impacting on the ability to staff correctly.

Being the COVID ward at West Mid, Crane was only partially open during February with staffing adjusted accordingly to match occupancy and acuity and dependency. Kew and Lampton had high HCA fill rates at night due to frail and confused patients at risk of falls and absconding. Marble Hill 2 had high HCA fill rates due to mental health patients requiring one to one care. Marble Hill 1 required RMNs on day shifts and 2 HCAs at night for an aggressive mental health patient. Syon 2 low HCA fill rates was due to unfilled shifts not filled by bank. Osterley 2 higher HCA cover at night due to increased requirement for 1:1 specials and lower HCA fill during the day owing to vacancies and decreased fill rates. Interviews for RN and HCA posts have occurred throughout February to address vacancy levels.

Falls with severe harm occurred on Edgar Horne, Marble Hill 2 and Kew and the agreed levels of harm are being assessed.

Two unstageable pressure ulcers occurred one on Edgar Horne and one on Osterley 1 both now have the appropriate interventions in place.

A medication error involving moderate harm occurred on Starlight involving a prescription error and has been escalated as a SI.

During February the Friends and Family test showed 6 wards at CW and 5 wards at WM scored 100%, all other wards scored above 80% except AAU 76.92% and Neptune 77.42%. Please note all incident figures are correct at time of extraction from Datix. Red flags are now being reported and for February 21 flags were raised of which 15 were related to a shortfall in RN time, twice daily staffing meetings continue to mitigate the risk.



Finance M11 2021/2022

Report expected on Working Day 15

CQUIN Dashboard (2021/22 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.



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Council of Governors 21 April 2022
--	---------------------------------------

AGENDA ITEM NO.	3.4												
TITLE OF REPORT	Workforce Performance Report ( data to end February 2022)												
AUTHOR NAME AND ROLE	Karen Adewoyin- Deputy Director of People and OD Lindsey Stafford-Scott - Deputy Director of People and OD												
ACCOUNTABLE EXECUTIVE DIRECTOR	Sue Smith- Interim Director of HR												
THE PURPOSE OF THE REPORT	The attached performance report provides an update to the Council of Governors against key themes and deliverables in the Trust’s People Strategy. It provides an update on key performance metrics, trends and themes and narrative to provide assurance that the members of the committee are aware of the risks and challenges associated with workforce and has the necessary plans in place to address them.												
<table><tr><td>Decision/Approval</td><td></td></tr><tr><td>Assurance</td><td>x</td></tr><tr><td>Info Only</td><td>x</td></tr><tr><td>Advice</td><td></td></tr></table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	x	Info Only	x	Advice						
Decision/Approval													
Assurance	x												
Info Only	x												
Advice													
REPORT HISTORY Committees/Meetings where this item has been considered)	<table><tr><td>Name of Committee</td><td>Date of Meeting</td><td>Outcome</td></tr><tr><td>WDC</td><td>21<sup>st</sup> March</td><td>Noted</td></tr><tr><td>People and OD Committee</td><td>29 March</td><td>Noted</td></tr></table>	Name of Committee	Date of Meeting	Outcome	WDC	21 <sup>st</sup> March	Noted	People and OD Committee	29 March	Noted			
Name of Committee	Date of Meeting	Outcome											
WDC	21 <sup>st</sup> March	Noted											
People and OD Committee	29 March	Noted											
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>The monthly report provides a summary of key progress against our People Strategy as at the end of February 2022. A new section which was in development, which is a review of the nursing pipeline and support to nursing.</p> <p><b>Sickness rates</b> although remain high (4.36%) have reduced in line with the abating of the fourth wave of the pandemic during the month of February.</p> <p><b>Turnover</b> has continued to increase (14.16%) and is now higher than the NWL sector position with relocation being the highest reason for leaving.</p> <p><b>Appraisal</b> is below the target (83%) and there is a clear focus on recovery and the shadow compliance rate (62%) and a separate paper on plans for improvement is included in the committee papers.</p> <p><b>Mandatory training</b> is just below the Trust target (89%) with a clear focus on BLS, IG, Moving and Handling and Safeguarding.</p> <p><b>Employee Relation cases</b> have remained relatively static with the length of disciplinary cases increasing slightly, but 19 cases have been closed in month.</p>												

	<p><b>Equality, Diversity and Inclusion (EDI) targets</b> our model employer targets have improved significantly in month and the leadership ladder programme is continuing with two new associates starting on placement in April, and a key area of focus is on ensuring Diversity Champions are able to attend interview panels.</p> <p><b>Flexible Working</b> 62% of flexible working requests have been accepted and 28% rejected, the majority of applications being from female employees, and 52% from BAME members of staff, with 3 progressing to appeal.</p> <p><b>Local employment</b> 20.68% of our staff are currently employed locally against our target of 10% with further work ongoing across the NWL ICS to develop innovative ways of engaging with local communities to find pathways into employment, including a large ICS healthcare support worker recruitment event and also the Trust is leading an NHS reservists programme on behalf of the ICS.</p> <p><b>Volunteering</b> has seen a 3% increase in volunteering numbers with 212 volunteering across the Trust contributing 2651 hours.</p> <p><b>Vacancy</b> rates have reduced in month (8%) and both nursing and support to nursing have seen vacancy rates reduce in month and time to hire has reduced to 8 weeks against a target of 9 weeks with over 166 vacancies in the pipeline.</p> <p><b>Temporary staffing</b> has seen a slight decrease in February resulting in higher fill rates, the nursing collaborative bank was launched on 1<sup>st</sup> February and to date 138 staff have been on boarded and the team are continuing to work on the master vendor contract.</p> <p>The report also highlights key programmes of work against our People Plan, including an update on health and wellbeing, Diversity and Inclusion, Leadership and Development, Organisational Change, E-Rostering, Medical Transformation Programme, Growing our workforce, NWL collaboration and COVID specific work, mass vaccination and also Vaccination as a Condition of Employment (VCOD).</p>						
<b>KEY RISKS ARISING FROM THIS REPORT</b>	<p>Risk are as set out within the report, key are vacancy rates for support to nursing, but plans are in place to address, and also rising turnover, with sickness rates still high post wave 4.</p>						
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b> <table border="1" data-bbox="113 1581 1497 1883"> <tr> <td data-bbox="113 1581 355 1704">Deliver high quality patient centred care</td><td data-bbox="355 1581 1497 1704">Y</td></tr> <tr> <td data-bbox="113 1704 355 1794">Be the employer of Choice</td><td data-bbox="355 1704 1497 1794">Y</td></tr> <tr> <td data-bbox="113 1794 355 1883">Deliver better care at lower cost</td><td data-bbox="355 1794 1497 1883"></td></tr> </table>		Deliver high quality patient centred care	Y	Be the employer of Choice	Y	Deliver better care at lower cost	
Deliver high quality patient centred care	Y						
Be the employer of Choice	Y						
Deliver better care at lower cost							



<p><b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b></p> <table border="1" data-bbox="113 221 596 591"> <tr> <td>Equality And Diversity</td><td>X</td></tr> <tr> <td>Quality</td><td></td></tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td><td>X</td></tr> <tr> <td>Operational Performance</td><td></td></tr> <tr> <td>Finance</td><td></td></tr> <tr> <td>Public Consultation</td><td></td></tr> <tr> <td>Council of Governors</td><td></td></tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity	X	Quality		People (Workforce or Patients/ Families/Carers)	X	Operational Performance		Finance		Public Consultation		Council of Governors		<p>The key risks are highlighted above and throughout the report.</p>
Equality And Diversity	X														
Quality															
People (Workforce or Patients/ Families/Carers)	X														
Operational Performance															
Finance															
Public Consultation															
Council of Governors															

REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	N
Patient Confidentiality	N
Staff Confidentiality	N
Other Exceptional Circumstances (please describe)	





# People Plan & Workforce Performance Report to the Workforce Development Committee and People and Organisational Development Committee

**Month 11 – Feb 2022**



## Our People, Our Ambition

Our people are able to provide great care for our patients and communities because they have the skills, tools and capacity to do their job and people are able to provide the environments they work in are inclusive and supportive. Staff are motivated and engaged and have opportunities to grow, develop and innovate.

## How we will measure our success

Strategic goal	Key themes of people plan	Performance measure	2020/21 baseline	2023/24 ambition
To be the Employer of Choice	Looking after our people ICS Goal 1 – Care <i>We have a happy, healthy and engaged workforce.</i>	H&W Staff Survey result	5.9	6.1
		Voluntary turnover of staff	18%	10%
		Sickness (average days)	5.8	5
		% of staff coming in despite being unwell	47.7%	40%
		Uptake of health and wellbeing offers	<2%	>10%
	Belonging in the NHS ICS Goal 2 – Lead ICS Goal 3 – Include <i>We care and staff report positive experiences and we are inclusive and succeed because of our differences.</i>	EDI staff survey score	8.5	9.1
		WRES/WDES/Gender Pay Gap Improvements	6 WRES + 10 WDES 3 grades not met target	Positive improvement in all indicators (outlined in Belonging section)
		Increase in numbers of BAME staff in Bands 8a and above	Disproportionate 3 grades not met target	All grades meeting set targets
		Staff Survey engagement score	71	7.4
	New ways of working and delivering care ICS Goal 4 – Transform <i>We have the skills to deliver 21st Century Care.</i>	Number of staff transitioning to qualified posts	<20	>70
		Increase in new roles (Physician Associate and Nursing Associate)	<1%	>5%
		Flexible working staff survey score	56%	65%
		e-job planning implemented	Not yet implemented	65% of consultants and SAS doctors have e-job plan by March 2022, 100% by 2024
		Number of staff using e-roster	82%	100%
	Growing For the Future ICS Goal 3 – Grow <i>We have the capacity to deliver great care.</i>	Utilisation of the apprenticeship levy	39%	70%
		% of volunteers into employment	4.5%	10%
		Increased local employment	Not currently measured	10%
		Reduced vacancy rates in core professions	N&M 5.5%, M&D 3% AHP 6%	N&M 5–8%, M&D <5%, AHP <7%



## Our People, Our Ambition

Our people are able to provide great care for our patients and communities because they have the skills, tools and capacity to do their job and people are able to provide the environments they work in are inclusive and supportive. Staff are motivated and engaged and have opportunities to grow, develop and innovate.

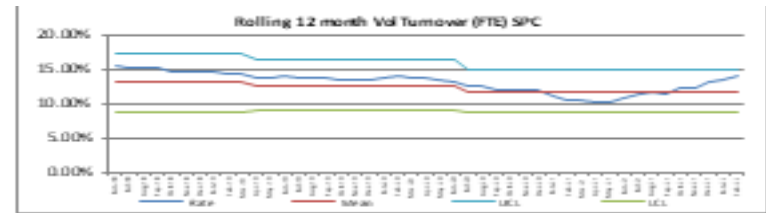


## Key Indicators Over time

Division	Trust																		
<PI	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	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
vacancy Rate	8.06%	7.55%	7.63%	7.52%	6.89%	6.82%	6.67%	6.54%	7.16%	7.02%	7.56%	8.76%	8.83%	7.86%	7.94%	7.89%	8.35%	8.80%	8.01%
Voluntary Turnover	12.59%	12.10%	11.95%	11.95%	11.53%	10.95%	10.52%	10.50%	10.19%	10.32%	10.66%	11.20%	11.53%	11.47%	12.19%	12.32%	13.00%	13.50%	14.16%
Sickness (1month)	2.85%	3.15%	3.01%	3.28%	4.16%	3.23%	3.79%	2.73%	2.64%	2.69%	2.93%	3.31%	3.48%	3.76%	3.66%	3.90%	5.29%	5.69%	4.36%
PRD Rate	90.51%	88.75%	88.77%	90.32%	88.72%	89.43%	89.62%	89.19%	89.91%	85.90%	85.55%	77.14%	71.65%	76.30%	88.12%	79.49%	81.79%	81.27%	82.97%
Medical Appraisal Rate											90.19%	89.76%	89.20%	88.28%	85.47%	86.64%	89.10%	89.89%	89.89%
Core Training Rate	93.0%	91.0%	90.0%	89.0%	89.0%	89.0%	87.0%	89.0%	88.0%	88.0%	89.0%	89.0%	88.0%	88.0%	87.0%	88.0%	88.0%	89.0%	89.0%



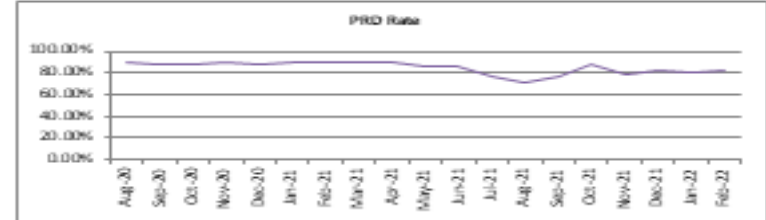
Movement in Month	
Movement Year to Date	
Movement over Last 12 months	



Movement in Month	
Movement Year to Date	
Movement over Last 12 months	



Movement in Month	
Movement Year to Date	
Movement over Last 12 months	



Movement in Month	
Movement Year to Date	
Movement over Last 12 months	



Movement in Month	
Movement Year to Date	
Movement over Last 12 months	



Movement in Month	
Movement Year to Date	
Movement over Last 12 months	

# People Plan - Looking after our people

# ICS Goal 1 - Care

## Performance Measure

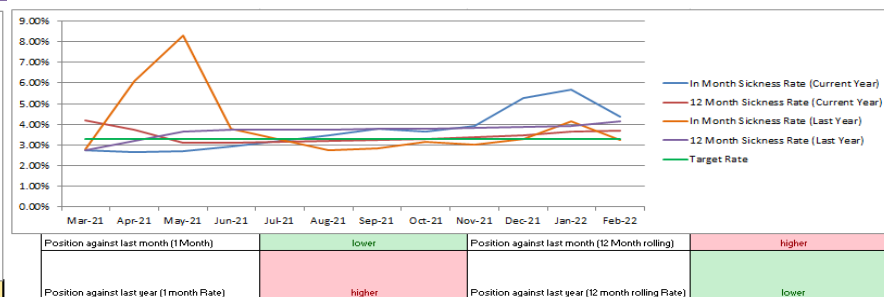
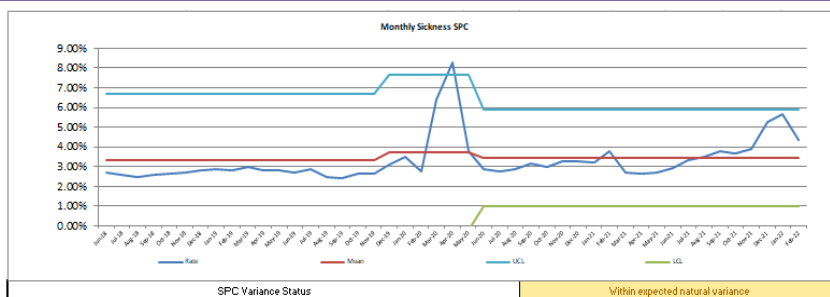
2020/21 baseline

2023/24 ambition

Sickness (average days)

5.8 days

5 days



Divisional	Trust	COR	CSD	EIC	ENT	PCD	WCH
FTE Days Lost to Sickness (In month)	7425.42	349.22	1425.60	1983.71	233.66	1147.80	2285.43
FTE Days Available	170216.98	16172.85	26836.81	46008.83	5098.93	32129.06	43970.50
Staff Headcount	6526	591	1039	1736	200	1215	1745
In Month Sickness Rate	4.36%	2.16%	5.31%	4.31%	4.58%	3.57%	5.20%
of which Short Term	2.44%	0.56%	2.78%	3.52%	1.29%	1.50%	2.61%
of which Long Term	1.92%	1.60%	2.54%	0.79%	3.29%	2.07%	2.59%
No of Episodes in Month	1367	67	247	359	47	225	422
New Active Sickness Triggers	311	19	52	91	11	50	88
Triggers Downgraded	92	2	16	23	3	22	26
Previous Months 1 Month Sickness Rate	5.69%	2.41%	6.71%	5.55%	6.60%	5.74%	6.30%
In Month Movement	-1.33%	-0.26%	-1.39%	-1.24%	-2.01%	-2.17%	-1.10%
12 Month Sickness Rate	3.71%	2.00%	4.93%	3.10%	5.15%	3.40%	4.33%
Number of Active Sickness Triggers	2428	107	452	658	76	429	706

Staff Groups**	Administrative & Clerical	Allied Health Professionals	Medical & Dental	Nursing & Midwifery (Qualified)	Nursing & Midwifery (Unqualified)	Other Additional Clinical Staff	Scientific & Technical (Qualified)
FTE Days Lost to Sickness (In month)	1606.38	435.82	296.14	3391	1017.62	263.17	415.29
FTE Days Available	32987.15	9104.74	34945.53	64581.68	16293.44	4341.92	7962.52
Staff Headcount	1231	357	759	2481	625	179	310
In Month Sickness Rate	4.87%	4.79%	0.85%	5.25%	6.25%	6.06%	5.22%
of which Short Term	2.45%	3.39%	0.40%	3.57%	3.95%	3.58%	3.05%
of which Long Term	2.42%	1.40%	0.45%	1.68%	2.30%	2.48%	2.17%
12 Month Sickness Rate	3.90%	3.14%	0.98%	4.42%	5.74%	4.91%	4.63%
Previous Months 1 Month Sickness Rate	5.14%	4.08%	1.61%	7.49%	8.64%	7.37%	6.25%
In Month Movement	-0.27%	0.71%	-0.76%	-2.24%	-2.39%	-1.31%	-1.03%

Highest Sickness Reason	In Month Episode %	Highest Sickness Reason	In Month FTE Lost %
S15 Chest & respiratory problems	31.73%	S15 Chest & respiratory problems	32.91%
S13 Cold, Cough, Flu - Influenza	12.13%	S10 Anxiety/stress/depression/other psychiatric illnesses	12.20%
S25 Gastrointestinal problems	11.33%	S98 Other known causes - not elsewhere classified	8.92%
S98 Other known causes - not elsewhere classified	7.24%	S12 Other musculoskeletal problems	8.52%
S16 Headache / migraine	6.73%	S13 Cold, Cough, Flu - Influenza	6.34%

Sickness rates although remain high have reduced in line with the abating of the fourth wave of the pandemic during the month of February. Daily sickness reports to GOLD and to NWL have been stood down and the covid rates are now nominal. The impact is still highlighted in the reasons for sickness absence lead by chest and respiratory problems (where Covid is coded).

The second highest reason for absence in month by impact was Anxiety/stress/depression/other psychiatric illnesses and the Trust is proactively trying to manage health and wellbeing during a period where staff will be susceptible to burn out after the last 2 years of pandemic response.

# People Plan - Looking after our people

# ICS Goal 1 - Care

## Performance Measure

2020/21 baseline

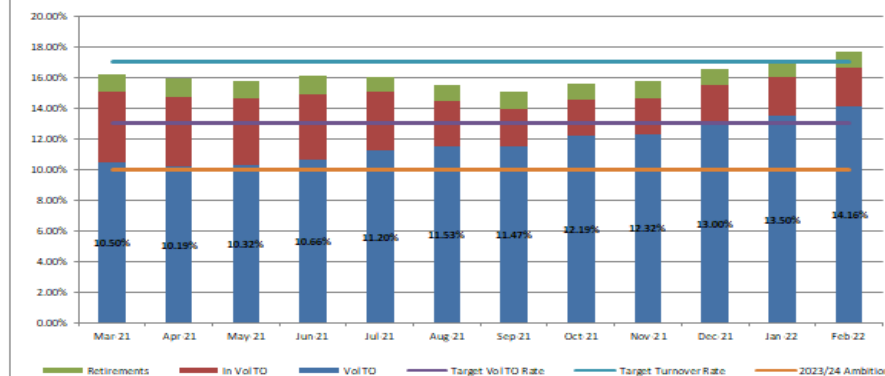
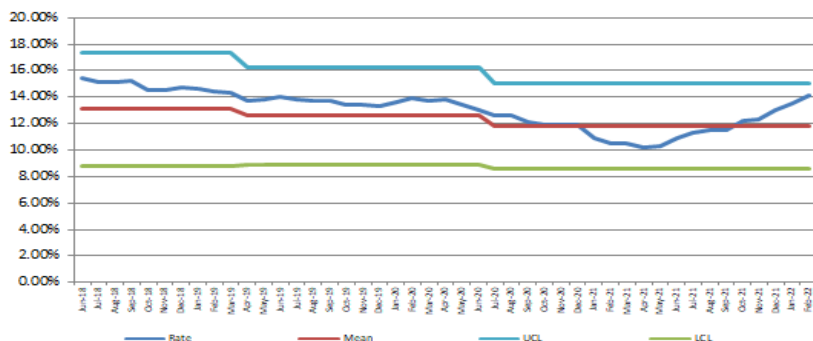
2023/24 ambition

## Voluntary Turnover of Staff

18%

10%

Rolling 12 month Vol Turnover (FTE) SPC



### SPC Variance Status

Within expected natural variance

Position against last month (1 Month)

higher

Position against last year (1 month Rate)

higher

Divisional	Trust	COR	CSD	EIC	ENT	PCD	WCH
Voluntary Leaves (FTE) in last 12 months	770.18	78.53	144.36	204.64	43.47	94.68	204.51
Voluntary Leaves (HC) in last 12 months	837	78	159	220	47	103	230
Voluntary Turnover Rate	14.16%	13.40%	14.90%	14.68%	24.69%	10.11%	13.95%
Retirement Rate	1.05%	1.19%	1.25%	0.59%	1.36%	0.88%	1.29%
Gross Turnover Rate	17.69%	18.76%	19.02%	16.84%	27.65%	14.24%	17.13%
Previous Vol TO Months Rate	13.50%	11.14%	14.06%	14.90%	24.35%	9.10%	13.30%
Movement	0.66%	2.27%	0.84%	-0.22%	0.34%	1.01%	0.64%
Last Years Vol TO Rate	10.52%	11.30%	9.90%	12.90%	11.30%	8.50%	9.60%
Movement	3.64%	2.10%	5.00%	1.78%	13.39%	1.61%	4.35%

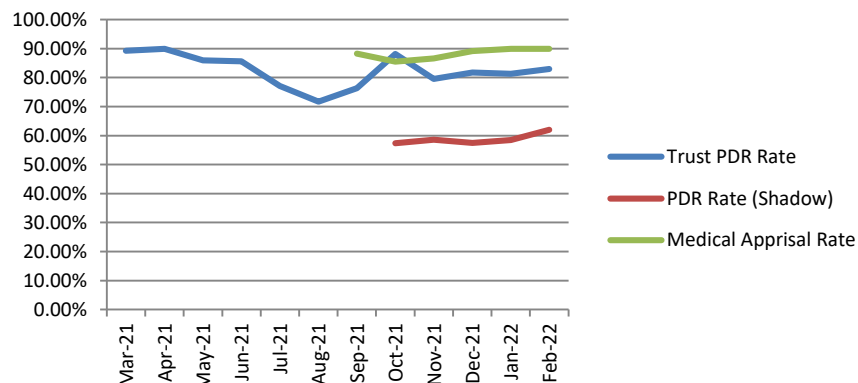
Staff Groups	Administrative & Clerical	Allied Health Professionals	Medical & Dental	Nursing & Midwifery (Qualified)	Nursing & Midwifery (Unqualified)	Other Additional Clinical Staff	Scientific & Technical (Qualified)
Voluntary Leaves (FTE) in last 12 months	163.17	69.87	23.76	327.46	105.02	21.78	59.14
Voluntary Leaves (HC) in last 12 months	167	76	29	358	112	29	66
Voluntary Turnover Rate	13.90%	21.81%	3.76%	14.34%	17.83%	13.95%	20.65%
Retirement Rate	1.33%	0.31%	0.78%	0.91%	1.19%	1.66%	1.75%
Gross Turnover Rate	17.74%	24.30%	14.41%	15.47%	20.42%	24.22%	25.46%
Previous Vol TO Months Rate	10.54%	11.14%	9.90%	12.90%	11.30%	8.50%	9.60%
Movement	1.37%	-0.38%	0.42%	0.75%	0.10%	-0.88%	0.93%

Top 5 Vol Leaver Reasons	WTE Leavers in 12 Months	%
Voluntary Resignation - Relocation	405.34	14.43%
Voluntary Resignation - Other/Not Known	206.93	12.49%
Voluntary Resignation - Promotion	165.48	8.94%
Voluntary Resignation - Work Life Balance	156.03	7.63%
Voluntary Resignation - To undertake further education or training	119.75	3.99%

Turnover has continued to increased to 14.16%, this is higher compared to last year and is now higher than the Sector position. Mobility of staff post pandemic and pressure on staff may be contributing to the higher rates. Focus on retention remains a key part of the Divisional plans for business planning with focus on ODPs, Therapies and HCAs across the Divisions. Retention for HCAs, linking in with the mass recruitment plan for the Acute Collaborative in NWL is a priority for March and April with a large recruitment event being planned for the end of April. Reviewing Medical workforce Models continues to be a focus and plans are being worked up to draw down on the talent acquisition programme for Medical staff across the Trust to ensure the contract is fully utilised, filling the gaps across the services with a sustainable workforce model. The Trust will also be embarking on a new staff recognition programme which is being discussed across various groups within the organisation, Staff Networks, Staff side to ensure an inclusive and impactful programme of activities to recognise and reward our staff in different ways.



## Appraisal Rates



## Target – 90%

Month	Nov-21	Dec-21	Jan-22	Feb-22
A&C PDR Rate	76.62%	79.31%	78.93%	80.73%
AHP PDR Rate	70.85%	72.43%	72.84%	75.83%
Nursing (Q) PDR Rate	81.78%	84.27%	83.05%	84.64%
Nursing (UQ) PDR Rate	81.01%	82.44%	83.25%	84.45%
OACS PDR Rate	78.36%	79.76%	81.50%	82.56%
STT(Q) PDR Rate	80.13%	82.33%	81.85%	83.78%
A&C Shadow PDR Rate	48.38%	49.36%	48.62%	51.78%
AHP Shadow PDR Rate	52.94%	52.30%	54.61%	58.15%
Nursing (Q) Shadow PDR Rate	62.64%	60.48%	61.90%	65.17%
Nursing (UQ) Shadow PDR Rate	59.74%	59.47%	61.69%	65.53%
OACS Shadow PDR Rate	52.38%	49.32%	52.08%	60.84%
STT(Q) Shadow PDR Rate	72.33%	72.59%	73.62%	75.81%

Month	Nov-21	Dec-21	Jan-22	Feb-22
Trust PDR Rate	79.49%	81.79%	81.27%	82.97%
COR PDR Rate	74.32%	78.10%	76.33%	77.02%
CSD PDR Rate	78.52%	80.74%	81.12%	83.44%
EIC PDR Rate	81.35%	82.73%	83.01%	84.79%
ENT PDR Rate	74.85%	84.52%	84.21%	88.14%
PCD PDR Rate	85.98%	87.03%	87.71%	88.96%
WCH PDR Rate	77.13%	79.58%	77.27%	78.84%

Month	Nov-21	Dec-21	Jan-22	Feb-22
Trust PDR Shadow Rate	58.54%	57.44%	58.50%	61.95%
COR PDR Shadow Rate	52.06%	53.50%	53.40%	55.88%
CSD PDR Shadow Rate	59.03%	60.40%	60.19%	65.03%
EIC PDR Shadow Rate	64.90%	63.24%	66.20%	69.60%
ENT PDR Shadow Rate	42.28%	50.68%	60.14%	66.43%
PCD PDR Shadow Rate	67.21%	65.17%	68.18%	71.72%
WCH PDR Shadow Rate	51.35%	47.39%	45.53%	48.04%

Month	Nov-21	Dec-21	Jan-22	Feb-22
Trust Med App Rate	86.64%	89.10%	89.89%	89.89%
CSD Med App Rate	93.62%	86.96%	89.58%	89.58%
EIC Med App Rate	84.12%	88.24%	88.80%	88.80%
PCD Med App Rate	85.65%	89.17%	89.21%	89.21%
WCH Med App Rate	88.59%	90.19%	91.67%	91.67%

The overall Trust position for non-medical appraisals decreased by 1.70% to 82.97% which is within the acceptable tolerance against the current Trust target of 90+%.

Appraisal reports are sent out to divisions on a monthly basis and targeted communications is sent out by the HRBP team in order to increase compliance. Compliance is further discussed in monthly HR meetings. PDR training is provided on a monthly basis. Operational pressures over the last 6 months need to be considered and moving into 2022/23 performance should be considered on an improvement trajectory to the target over a period of time.

The HRBP team are focusing on the shadow compliance and recovery plans before appraisal reporting changes in April 2022. Overall this has continued to see improvements but there is more work to do with divisions. It is notable that pressures in WCH are hampering improvement. In terms of targeted improvement in the last 4 months, ENT have shown an improvement of 24.15% and all Divisions bar WCH have seen improvements between 3-6%.

For medical staff, the overall Trust appraisal rates has stabilised at 89.89% just under the 90% target rate. Divisionally the rates for month 11 have also stabilised and remain static between 86% to 92%. All overdue appraisals continue to be followed up by the Medical Workforce Team in line with Trust processes.

# People Plan - Looking after our people

## ICS Goal 1 - Care

### Statutory and Mandatory Training Rates

Target – 90% (IG 95%)

Feb-22	Core Training			
Course	Last Month	This Month	Target	Trend
Core Training Rate	89%	89%	90%	→
Theory Adult BLS	80%	81%	90%	↑
Practical Adult BLS	75%	78%	90%	↑
Conflict Resolution - Level 1	95%	95%	90%	→
Equality & Diversity	91%	92%	90%	↑
Fire	91%	90%	90%	↓
Health & Safety	93%	93%	90%	→
Infection Control (Hand Hygiene)	90%	88%	90%	↓
Infection Control - Level 2	90%	90%	90%	→
Information Governance	90%	90%	95%	→
Moving & Handling - Level 1	89%	89%	90%	→
Moving & Handling - Level 2 Theory	88%	88%	90%	→
Moving & Handling - Level 2 Patient	83%	83%	90%	→
Safeguarding Adults Level 1	90%	90%	90%	→
Safeguarding Adults Level 2	87%	88%	90%	↑
Safeguarding Adults Level 3	80%	71%	90%	↓
Safeguarding Children Level 1	92%	92%	90%	→
Safeguarding Children Level 2	91%	91%	90%	→
Safeguarding Children Level 3	75%	75%	90%	→

Overall compliance is **89%**. We have seen a 2.8% increase in **BLS** overall. This is attributed to the new way that the Resus team is now delivering sessions, the Resus team have now made sure recording of compliance is input on the system within 48 to make sure completions are not missed.

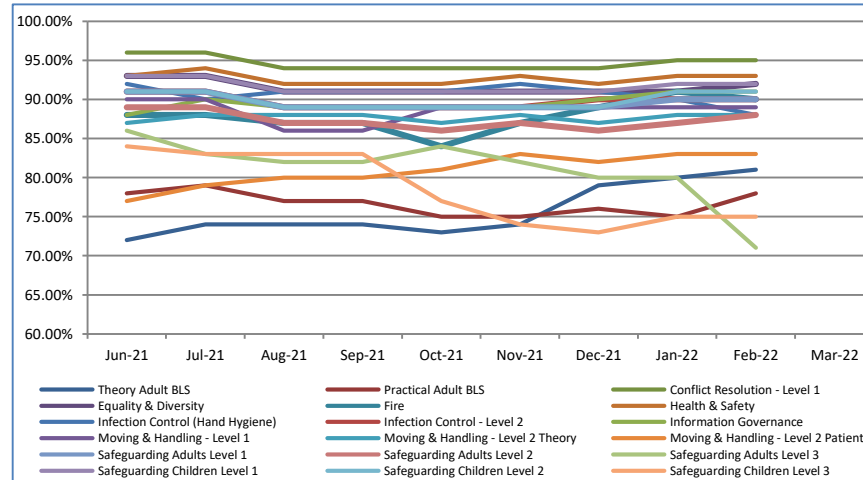
**Moving and Handling** has been maintained and is currently 83%, up 0.5% from the end of January. The L&OD team are still looking at ways to change the way candidates book onto a M&H session, looking at ways to streamline the process.

The aim is to reach the 90% target compliance by the end of the financial year; however, this is dependent on attendance remains good across all practical sessions. The Senior L&OD analyst has started work on Resus mapping, as well as Dementia Level 2 and Fit Testing.

Training Needs documents have been sent out to all Subject matter experts across the Trust, this will help L&D identify gaps in mapping and should also help improve compliance to 90% by April – May of this year.

**IG** is currently at 91% (national target 95%) work is continuing to capture new starters IG to make sure they are compliant within the first week of employment. The IG Lead has sent targeted emails to Managers and Senior leader to help cascade the message, this should see another jump in compliance.

	Last Month	This Month	Trend
TRUST	89%	89%	→
Clinical Support Division	92%	91%	↓
Corporate Division	88%	88%	→
Emergency & Integrated Care Division	89%	89%	→
Enterprise Division	91%	88%	↓
Planned Care Division	89%	90%	↑
3.4a Workforce Performance Report.pdf	87%	88%	↑



## Employee Relations

Category		Metric	Dec-21											
			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
Non Medical Disciplinary														
No of Disciplinary cases opened in month	Number		2	1	2	3	0	1	2	2	1	0	2	
No of current, open disciplinary cases	Number									8	6	6	6	
Average length of closed disciplinary cases (closed in the last 24 months)	Days <60		85.92	83.68	83.23	82.10	84.25	84.91	81.98	82.48	74.00	74.00	74.00	
Average length of disciplinary Investigation	Days<30					21.00	30.00	34.30	31.28	57.00	46.86	45.83	49.83	
Total Disciplinary cases opened in year (from April 21)	Number		2	3	5	8	8	9	11	13	14	14	16	
% BAME Disciplinary Cases in year (from April 2021)	%		100.00%	66.67%	80.00%	87.50%	87.50%	88.89%	90.91%	92.31%	85.71%	85.71%	75.00%	
% BAME Disciplinary Cases opened in month	%		100.00%	0.00%	100.00%	100.00%		100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	
Exclusions - No. of live in month	Number										1	1	1	
Medical Disciplinary			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
No of MHPS cases opened in month	Number		0	0	1	0	0	0	4	1	0	0	0	
No of current, open MHPS cases	Number									5	1	1	1	
Average length of closed MHPS cases (closed in the last 24 months)	Days <60		153.35	153.35	153.35	153.35	153.35	153.35	153.35	153.35	136.76	136.76	136.76	
Average length of MHPS Investigation	Days<30					33.00	36.00	36.00	18.00	39.00	21.00	38.60	39.83	
Total MHPS cases opened in year (from April 21)	Number		0	0	1	1	1	1	5	6	6	6	6	
% BAME MHPS Cases in year (from April 2021)	%		-	-	0.00%	0.00%	0.00%	0.00%	40.00%	33.33%	33.33%	33.33%	33.33%	
% BAME MHPS Cases opened in month	%		-	-	0.00%	-	-	-	50.00%	0.00%	-	-	-	
Exclusions - No. of live in month	Number										0	0	0	
Grievance			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
Grievance - No. of opened cases in month	Number		2	1	0	0	0	2	1	4	1	0	0	
Grievance - No. of opened cases in year	Number		2	3	3	3	3	5	6	10	11	11	11	
Grievance - No. of open cases	Number									6	6	6	4	
Average length of closed grievance cases	Days		121.47	121.47	124.70	123.24	129.13	127.96	126.20	127.83	127.14	127.14	82.15	
Grievances - % that are BAME Cases opened in month	%		0.00%	0.00%				50.00%	0.00%	75.00%	0.00%	0.00%	0.00%	
Grievances - % that are BAME Cases opened in year	%		0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	16.67%	40.00%	36.36%	36.36%	36.36%	
B&H cases - included in grievance numbers (of those opened in year)	Number		1	1	1	1	1	1	2	4	4	4	4	
Sickness			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
Sickness - No. of cases opened in month	Number		18	8	12	12	9	11	22	18	19	21	7	
Sickness - No. of open cases	Number									74	85	76	73	
Long Term - sickness cases in month	Number		12	6	6	10	7	9	18	11	7	16	3	
Short Term - sickness cases in month	Number		6	2	6	2	2	2	4	7	12	5	4	
Employment Tribunal			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
No. of Employment Tribunals (ET) active	Number		-	-	-	11	14	14	14	15	13	13	11	
Staff attending ER training sessions in month aggregate	Number		-	-	-	84	84	92	92	98	98	110	132	

### ER Update

There were 2 new disciplinary cases opened in February and 2 cases were closed. The total number of live disciplinary cases remains 6. The average length of disciplinary investigation has increased to 49.83 days. This is largely due to the complexity of cases and availability of witnesses. The following remedial actions will be taken moving forward:

- This will include regular case management of complex cases.
- The ER team will be implementing project management of case processes.
- Head of ER to discuss with Service Leads regarding allocation of time for investigating officers and case managers.

The number of MHPS cases remains low and the time frame for the current investigation is within KPI but the hearing has been impacted by sickness absence. Overall the length of MHPS investigation is 39.83 days which is above the current KPI.

There were a total of 6 open cases last month which has now reduced to 4, with an average length of closed cases recorded as 82.15 days.

The ER team have been working closely with managers to close cases, with 19 closed since last month. 7 new cases were opened in February resulting in 73 live formal sickness cases in February. Of these there has been a significant reduction in long term cases. Chest and respiratory cases is still on the increase which could be linked to Long Covid.

There has been a reduction in the Employment Tribunal cases bringing the total to 11.

The ER team has been working hard to upskill managers on essential management skills. These sessions are tailored for both existing and newly recruited managers.

## People Plan - Belonging

## ICS Goal 2- Lead/ Include

Performance Measure	2020/21 baseline	2023/24 ambition
Increase in the number of BAME staff 8a and above	Disproportionate – 3 grades not met	All grades meeting set targets

Projected Model Employer Targets	2019	2020	2021	2022	2023	2021 Performance	2021 ambition	2021 current	Gap
Band 8a	74	78	82	86	90	Band 8a	82	84	+2
Band 8b	25	27	29	31	33	Band 8b	29	30	+1
Band 8c	10	11	12	13	14	Band 8c	12	16	+4
Band 8d	6	6	7	7	8	Band 8d	7	4	-3
Band 9	2	2	3	3	3	Band 9	3	2	-1
VSM	5	6	7	8	9	VSM	7	7	-

Division	BAME Staff in Band 8A+ (Afc)	Staff in Band 8A+ (Afc)	Band 8A+ (Afc) BAME %	BAME Staff in Medical	Staff in Medical	Medical BAME %	Overall Staff Population BAME %
289 PDC Planned Care Division	10	42	23.81%	142	373	38.07%	55.39%
289 EIC Emergency & Integrated Care Division	28	104	26.92%	196	441	44.44%	55.30%
289 Enterprise Division	4	19	21.05%	1	10	10.00%	43.50%
289 OSD Clinical Support Division	43	88	48.86%	32	69	46.38%	51.49%
289 COR Corporate Division	35	141	24.82%	17	30	56.67%	44.50%
289 WCH Women, Children and Sexual Health Division	11	67	16.42%	178	417	42.69%	39.14%
Trust	131	461	28.42%	566	1340	42.24%	49.05%

Factor	Current Month	Last Month	Start of Year
% of Diversity Champions on Band 8A+ Interview Panels	20.00%	33.33%	80.00%

Over the past month we have seen great progress on reaching our projected model employer targets. The biggest shift has been in 8a roles and is 13 up on the previous monthly performance report. The overall gap in senior leader roles has decreased from band 8a to 8c. However our gap for band 8d has only decreased by 1 from last month and this is the only target that we are unlikely to achieve by the close of this financial year. Our number of BAME staff in Senior Leader positions is currently 143 and our target is 140. The charts highlight our nationally set targets and how this is reflected across Divisions and by Agenda for Change and medical staff groups. To support BAME staff in to leadership positions across NWL the Trust has participated in the leadership ladder programme, supporting two staff seconded on to the programme, from Pharmacy and the Discharge team, who are undertaking two 6 month placements, at a band above the role they are employed in. The first associate placements are coming to an end in March and they will begin their 2<sup>nd</sup> placements in April. We will also have two new associates start with us in April. The Trust has also supported 23 of our BAME colleagues (47%) to undertake MBA and MSc programmes.

We are still working toward improving our overall compliance ensuring a diversity champion was included in interviews. There has been a decrease of just over 13% since last month due to conflicting pressures. The EDI and recruitment teams are reviewing our Diversity Champions programme to make it more robust and the additional training and support via a Community of Practice (CoP) for the champions will see us start to make improvements with this programme of work.

## People Plan - New Ways of Working

## ICS Goal 4- Transform

Performance Measure	2020/21 baseline	2023/24 ambition
Increase in the number of staff transitioning to qualified posts	<20	>70

Division	Number in Qualified Roles that were in unqualified roles 12 months before	Roles (Coded as per below)	Established (Mar 21)	Established Current	In Post (Mar 21)	In Post Current
289 PDC Planned Care Division	0	Apprentice Nurse Associate	2.00	5.00	38.00	29.40
289 EIC Emergency & Integrated Care Division	0	Nurse Associate (Qualified)	1.00	11.00	7.00	12.00
289 WCH Women's, Children's and Sexual Health Division	0	Advanced Clinical Practitioner (NMC)	0.00	0.00	0.00	0.00
289 CSD Clinical Support Division	0	Advanced Clinical Practitioner (HPC)	0.00	0.00	0.00	0.00
289 COR Corporate Division	0	Physicians Assistant	6.00	4.00	6.00	3.00
289 WCH Womens, Childrens and Sexual Health Division	0					

The New Ways of working group has met and agreed to draft a strategy outlining the key roles and their skills and what they can do. This will then be shared with the divisions to enable them to identify how they can utilise these new roles in their workforce planning and the funding required to support the posts. The coding work is in process for all those in training or qualified and the posts they are in but some gaps are being followed up. A number of Divisional plans also focus on new role introduction in key services and these will be mapped as part of the Trusts workforce planning process.

## People Plan - New Ways of Working

## ICS Goal 4- Transform

### Performance Measure

2020/21 baseline

2023/24 ambition

Flexible Working Staff Survey Score

56%

65%

Category	Metric	Number/%
Number of flexible working requests received since Sep 2021	Number	29
Disabilities	%	0%
%BAME - requested flexible working	%	52.00%
Average length arranging meeting	Days <28	TBC
Requests accepted	%	62.00%
Requests pending	Number	3
Requests rejected	%	28.00%
Number of appeals received in total	Number	3
Appeals accepted	Number	1
Appeals rejected	Number	1

Gender Split	
Male	5
Female	24

There have been a further 3 flexible working requests received since January 2022 taking the total since the policy was launched in September, to 29. The majority of the applications were made by female employees and the gender split is 24 female employees and 5 male employees. Of this total, 52% relates to requests made by BAME members of staff. The % of requests accepted is currently 62%.

There is still a decision pending on 3 flexible working applications. The number of applications rejected is currently 28%. The number of flexible working requests subject to appeal is currently 3. This breaks down into 1 appeal accepted, 1 appeal rejected and 1 appeal pending hearing.

There is a need to encourage more male employees to consider the Trust's flexible working options. The ER team will be looking at communications campaign working with divisional managers to increase the understanding of the value of flexible working.



Performance Measure	2020/21 baseline	2023/24 ambition
Increased local employment	Not currently measured	10%
Utilisation of the apprenticeship levy	39%	70%



The Trust continues to perform well against target with further work underway across NWL ICS to develop innovative ways of engaging with local communities to find pathways into employment.

The retention programme continues with a further 13 colleagues retained since last month 194. The % achievement remains at 20% as the pool has increased by 80 as a result of mass vaccination off boarding progress, so revised target is 240 (25%). This programme continues with funding confirmed to September 2022 to reflect the impact of having to staff the increased requirements of Phase 3 of the mass vaccination programme.

A large scale ICS HCSW recruitment event is in development for April/May aimed to encourage local applications to fill the high level of vacancies in these vital entry level posts. This is alongside an internal Trust HCA recruitment and retention project.

Work has progressed on the development of an NHS reservists programme which Chelwest has been asked to lead on behalf of the NWL ICS – this offers another opportunity for local community members to work within the NHS

The apprenticeship levy spend is currently 49% and 191 apprentices are current on programmes, with a further 20 due to start, with 62 completions to date.

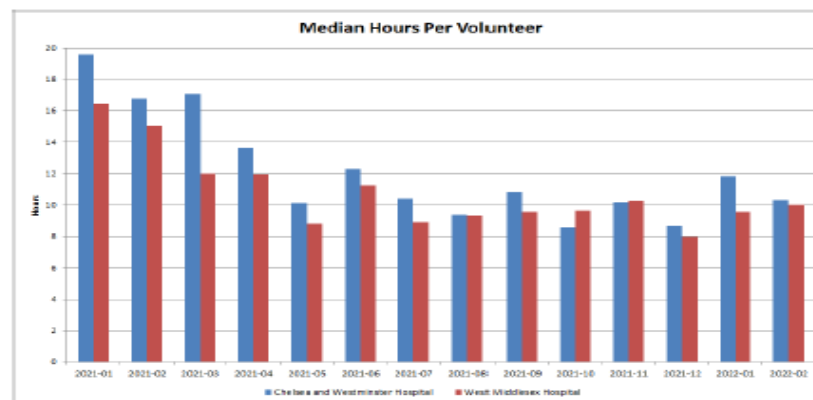
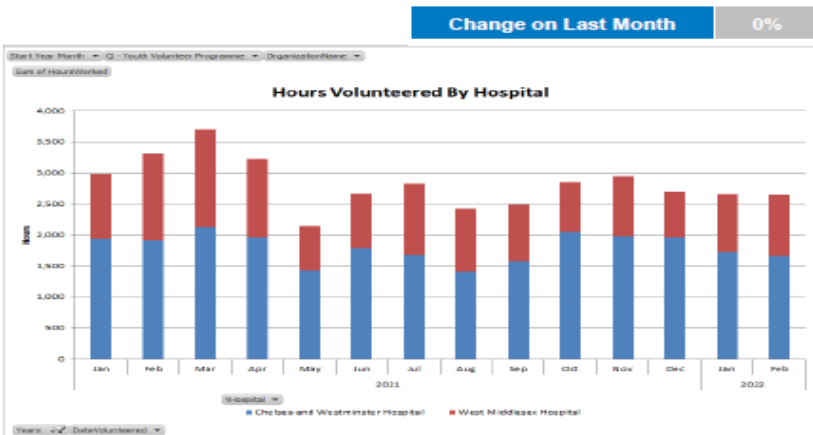
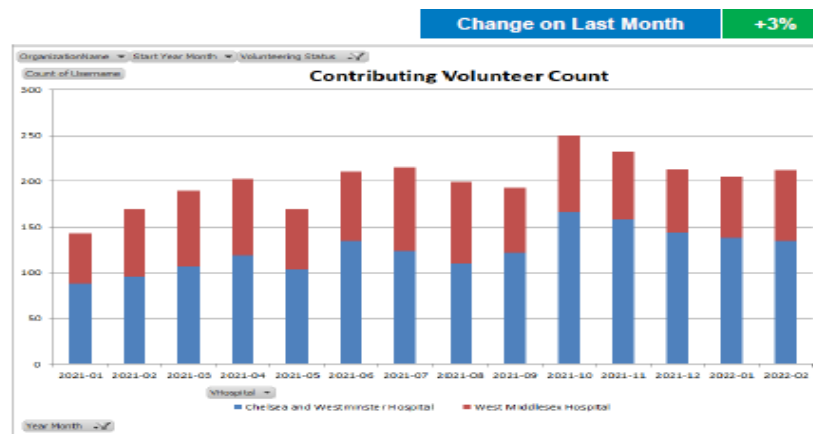
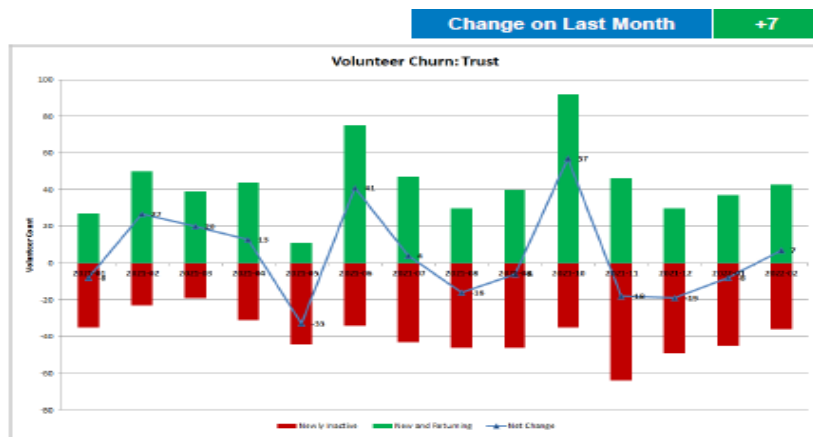
## Staffing % (substantive by Headcount on primary assignment by home addresses)

Division	Ealing	Hammersmith and Fulham	Hillingdon	Hounslow	Kensington and Chelsea	Richmond upon Thames	Wandsworth	Westminster	Not local	Hounslow and K&C
289 PDC Planned Care Division	11.19%	11.44%	5.60%	20.16%	4.36%	4.77%	9.88%	1.81%	30.78%	24.53%
289 EIC Emergency & Integrated Care Division	11.21%	11.10%	6.50%	21.16%	4.14%	6.15%	8.51%	1.73%	29.50%	25.30%
289 Enterprise Division	9.50%	14.00%	0.50%	6.50%	6.00%	5.50%	15.50%	0.50%	42.00%	12.50%
289 CSD Clinical Support Division	15.30%	9.05%	7.22%	19.15%	3.75%	3.37%	6.93%	1.73%	33.49%	22.91%
289 COR Corporate Division	12.63%	4.93%	6.47%	10.17%	2.77%	2.77%	5.55%	1.23%	53.47%	12.94%
289 WCH Womens, Childrens and Sexual Health Division	11.38%	8.12%	5.09%	11.50%	4.41%	5.55%	9.27%	2.12%	42.56%	15.90%
Trust	11.99%	9.53%	5.89%	16.57%	4.11%	4.95%	8.63%	1.76%	36.57%	20.68%

### Volunteers

There was an 3% increase in volunteering numbers from January to February, and volunteering hours remained unchanged. In February, there were 212 volunteers across both sites, who contributed 2651 hours of volunteering.

Volunteers were deployed to strategic priority areas such as wards and outpatient departments. Volunteers also consistently supporting the new discharge project which aims to support patients after discharge. Currently a new volunteering manager is being recruited to oversee a one year funded End of Life Care volunteering project. The volunteering manager at West Middlesex is still on long term sickness absence and the role is being covered by an interim manager through the staff bank. West Middlesex has seen an increase in volunteering activity. However, that is only funded up until May 2022 so a longer-term solution may be needed.





# People Plan - Growing for our future

# ICS Goal 3- Grow

## Performance Measure

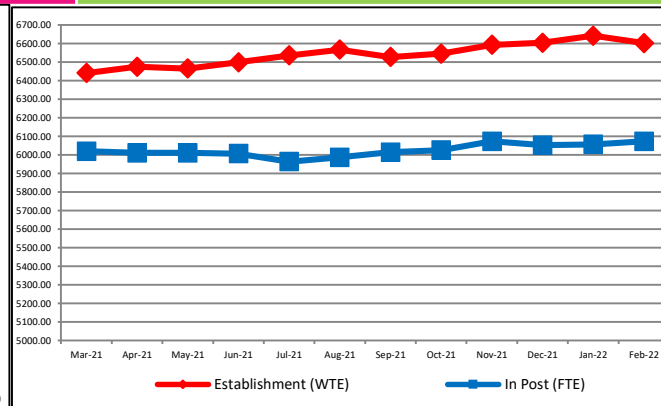
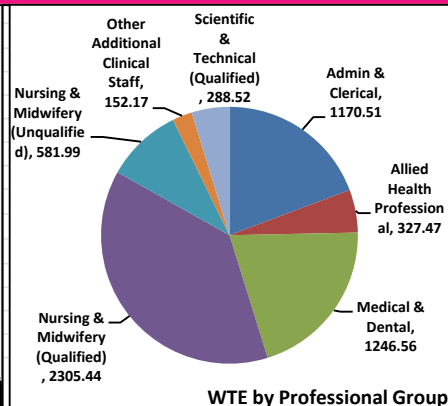
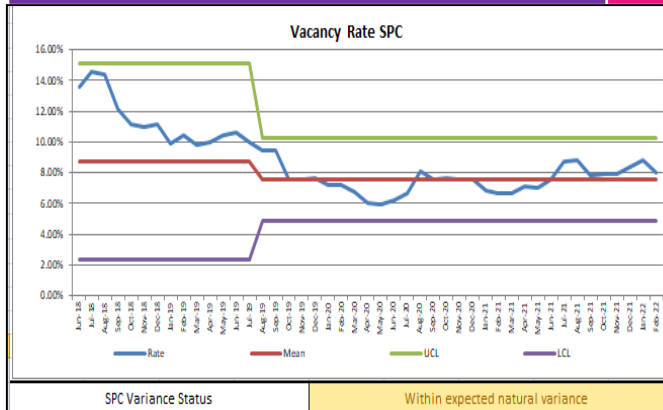
2020/21 baseline

2023/24 ambition

Reduced vacancy rates by Core Professions

N&M 5.5% M&D 3.5% AHPs 6%

N&M 5-8% M&D <5% AHPs <7%



The Trust vacancy rates remain within expected statistical variances. Establishments fell between February and January 2022 by 39.74FTE. During that same period there was a increase in the Trust in post FTE of 16.18 FTE. The combination of reducing establishment and higher in post has driven the vacancy rate down to 8.01%.

The AHP and qualified Nursing rates are within the overall Trust target value remains outside the stretch targets in the people plan. The area of most concern remains the unqualified roles with vacancy rates of unqualified nursing at 17.99% and other additional clinical support at 12.14%. Both unqualified groups have seen a improvement in month.

The unqualified staffing rates have been discussed at previous committees and is a known issue locally and nationally that has a plan to address the rates with refining recruitment quality and ensuring enhanced support to prevent avoidable retention issues.

There is an internal Trust HCA recruitment and retention project established and this is supported by an ICS HCSW mass recruitment programme funded by NHSI/E under the GROW pillar.

Month	Nov-21	Dec-21	Jan-22	Feb-22	Target Rate
Trust Rate	7.89%	8.35%	8.80%	8.01%	10.00%
COR Rate	2.47%	-0.19%	3.43%	4.11%	
CSD Rate	11.35%	12.86%	13.41%	10.26%	
EIC Rate	8.84%	8.73%	8.78%	7.70%	
ENT Rate	10.25%	9.63%	8.78%	7.56%	
PCD Rate	5.90%	6.79%	6.41%	6.66%	
WCH Rate	7.68%	8.90%	9.45%	9.31%	

Month	Nov-21	Dec-21	Jan-22	Feb-22	Target Rate
A&CRate	11.28%	11.11%	10.92%	8.16%	10.00%
AHP Rate	4.83%	4.77%	5.97%	7.04%	5.00%
Med Rate	-2.64%	-2.53%	-1.82%	-1.42%	5.00%
Nursing (Q) Rate	7.70%	8.13%	8.75%	8.48%	5.00%
Nursing (UQ) Rate	17.39%	19.23%	20.07%	17.99%	8.00%
OACS Rate	20.91%	21.82%	19.57%	19.13%	10.00%
STT(Q) Rate	9.96%	11.63%	12.25%	12.14%	10.00%

## Recruitment Data for non-medical

Metric	Units	State	Avgc	Last	This
		s	YTD	mtb	mtb
<b>Advert published</b> target > 2 days					
Corporate	avge.	days	0.5	0.0	0.0
CSS	avge.	days	0.4	0.8	0.6
EIC	avge.	days	0.2	0.1	0.6
PCD	avge.	days	1.3	1.6	1.3
WCH	avge.	days	0.5	1.2	1.2
Total	avge.	days	0.5	0.7	0.9
<b>Shortlisting sent</b> target > 1 day					
Corporate	avge.	days	1.3	1.7	1.0
CSS	avge.	days	1.1	1.0	1.0
EIC	avge.	days	1.0	1.0	1.2
PCD	avge.	days	1.2	1.2	1.3
WCH	avge.	days	1.0	1.1	1.2
Total	avge.	days	1.1	1.1	1.1
<b>Arrange interview</b> target > 2 days					
Corporate	avge.	days	0.2	0.2	0.2
CSS	avge.	days	0.3	0.2	0.4
EIC	avge.	days	0.2	0.0	0.3
PCD	avge.	days	0.5	0.8	0.5
WCH	avge.	days	0.3	0.2	0.2
Total	avge.	days	0.3	0.2	0.3
<b>Offer issued</b> target > 2 days					
Corporate	avge.	days	1.1	0.5	0.7
CSS	avge.	days	1.3	1.8	0.8
EIC	avge.	days	1.0	0.3	1.7
PCD	avge.	days	0.7	2.4	0.6
WCH	avge.	days	1.0	1.1	1.5
Total	avge.	days	1.2	1.4	1.2
<b>Pre-employment checks</b> target > 20 days					
Corporate	avge.	days	13.3	15.7	10.3
CSS	avge.	days	18.6	23.0	13.1
EIC	avge.	days	25.8	15.0	23.5
PCD	avge.	days	34.2	20.3	53.5
WCH	avge.	days	37.3	38.5	23.0
Total	avge.	days	26.3	20.5	28.6
<b>Time to hire</b> target > 3 wks					
Corporate	avge.	weeks	7.2	7.3	8.0
CSS	avge.	weeks	8.6	9.5	8.4
EIC	avge.	weeks	7.5	4.1	8.1
PCD	avge.	weeks	8.5	8.5	6.4
WCH	avge.	weeks	17.3	14.2	3.7
Total	avge.	weeks	10.64	8.22	8.06

Metric	Units	State	Avgc	Last	This
		s	YTD	mtb	mtb
<b>Authorisation start to final approval</b>					
Corporate	avge.	days	26.3	3.1	37.6
CSS	avge.	days	33.4	19.6	25.3
EIC	avge.	days	24.3	41.3	15.2
PCD	avge.	days	26.2	13.3	19.6
WCH	avge.	days	36.7	44.3	75.8
Total	avge.	days	31.1	23.1	44.2
<b>Time taken to shortlist</b>					
Corporate	avge.	days	8.1	5.6	6.0
CSS	avge.	days	6.7	5.3	4.7
EIC	avge.	days	5.4	3.3	3.5
PCD	avge.	days	5.3	4.1	2.9
WCH	avge.	days	5.7	5.1	4.3
Total	avge.	days	6.2	5.1	4.4
<b>Interview date to informing recruitment team</b>					
Corporate	avge.	days	2.7	3.0	2.3
CSS	avge.	days	3.0	1.8	3.4
EIC	avge.	days	1.5	2.8	1.4
PCD	avge.	days	1.1	6.8	1.5
WCH	avge.	days	2.4	2.7	1.1
Total	avge.	days	2.3	3.2	2.2



Metric	Units	Avgc	Last	This
		12mt	mtb	mtb
<b>Vacancy create</b>				
Corporate	no.	26	22	20
CSS	no.	36	56	39
EIC	no.	29	33	25
PCD	no.	22	25	32
WCH	no.	43	53	47
Mass recruitment	no.	4	10	3
Total	no.	160	193	166
<b>Advertised vacancies</b>				
Corporate	no.	26	26	24
CSS	no.	36	48	50
EIC	no.	30	34	36
PCD	no.	22	21	33
WCH	no.	43	54	50
Mass recruitment	no.	4	10	3
Total	no.	161	193	196
<b>Offers made</b>				
Corporate	no.	20	14	16
CSS	no.	32	46	31
EIC	no.	34	21	30
PCD	no.	22	17	21
WCH	no.	42	45	28
Mass recruitment	no.	6	9	15
Total	no.	156	152	141

In February 166 recruitment campaigns were delivered, with evidence of demand increasing month on month. There remains some backlog due to VCOD and to experience a high volume of Visa applications which has led to increase time to hire figures in some services. However this is being addressed and our time-to-hire still remains within target overall. The local employment market is competitive with multiple opportunities available across the region. Our offer rates continue to remain high, and our conversion rates between conditional offer and starters have also increased. We continue focus on candidate engagement to avoid unnecessary drop out during pre-employment stage. Natalie Ibrahim, Associate Director of Resourcing has taken up post, providing greater leadership capacity within the

## Nursing Pipeline Forecast

Band	In Post	Vacant FTE	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Apprentice	29.60	-7.00	28.27	38.93	45.60	45.60	45.60	45.60
Band 2	301.93	9.54	299.08	311.22	317.04	317.04	317.04	317.04
Band 3	217.38	126.37	215.44	216.51	216.58	216.58	216.58	216.58
Band 4	60.29	-26.95	59.63	58.96	58.29	58.29	58.29	58.29
Band 5	940.21	97.77	947.70	951.18	964.18	988.18	1000.18	1012.18
Band 6	725.03	144.66	716.65	714.77	708.06	708.06	708.06	708.06
Band 7	447.92	-2.39	443.55	443.17	439.14	439.14	439.14	439.14

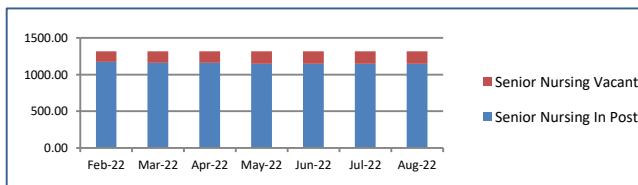
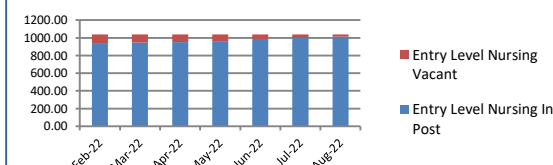
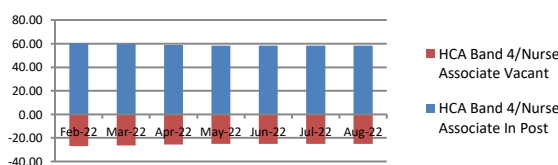
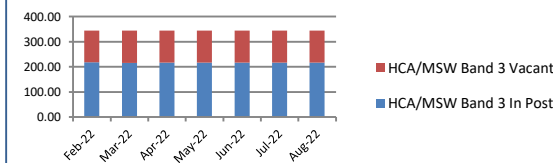
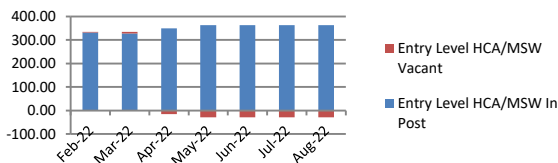
### Unqualified Nursing

As can be seen in the close of Feb and continued forecast, although the Trust is carrying significant vacancies at Band 3 level, we are over established in the band 2/Apprenticeships and band 4 level. It has been identified under the new ways of working work stream that longer term planning of clinical models and establishments is required both to support the current pathways for ANAs is needed. The band 2 level will not account for the closure of current apprentices so is not a cause for concern however the need to establish the band 4 Nurse Associate roles within service line budgets is more pressing. Overall, between apprentice to band 4 unqualified posts, the best case scenario with a steady turnover rate and no withdrawals from the pipeline would be a reduction to a vacancy rate of circa 10.5%. We are developing training programmes to upskill band 2 to band 3s to cater for the supply issues from the open market.

### Qualified Nursing

The Trust has currently has 63 band 5 nurses in the recruitment pipeline and a further 85 in the international nursing pipeline. Accounting for a steady turnover rate, internal appointments to band 6s and a nominal withdrawal factor from the pipeline we should be able to hit target vacancy rate of 5%. The focus in this area must be on retention efforts.

The picture on the band 6/7 Senior nursing posts differs with the projection of more leavers than starters due in the recruitment pipeline. With a current vacancy rate of 10.82% likely to worsen to 12.77% without any interventions.



### Methodology:

Close of Month base position for In post and establishment, assume the establishment remains stable

Inflows:-

International Nursing Pipeline- Assumes all successful with arrival dates are deployable at 1.0 FTE per capita

Recruitment Pipeline:- Assumes not withdrawals from current pipeline, those with set start dates coded to the forecast month, those without start dates in place split between M2-M3 of the forecast

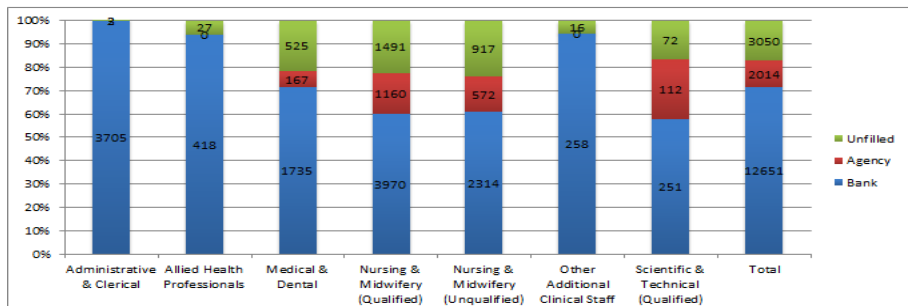
Outflows:- Assumes the average monthly leavers from last rolling quarter project forward to M1-3

Entry Level HCA/MSW – Band 2 and Apprentices  
HCA/MSW Band 3s – Band 3  
HCA Band 4/Nurse Associate – Band 4  
Entry Level Nursing – Band 5  
Senior Nursing – Bands 6 and 7

## Bank and Agency

Division	Bank	Agency	Unfilled	Total Requested	Bank Fill Rate	Overall Fill Rate
COR	1167	104	83	1354	86.19%	93.87%
CSD	2673	8	126	2807	95.23%	95.51%
EIC	3523	1020	1524	6067	58.07%	74.88%
ENT	182	17	24	223	81.61%	89.24%
PDC	2821	586	516	3923	71.91%	86.85%
WCH	2069	270	697	3036	68.15%	77.04%
<b>Total</b>	<b>12651</b>	<b>2014</b>	<b>3050</b>	<b>17715</b>	<b>71.41%</b>	<b>82.78%</b>

Group	Bank	Agency	Unfilled	Total Requested	Bank Fill Rate	Agency Fill Rate	Unfilled rate	Overall Fill Rate
Administrative & Clerical	3705	3	2	3710	99.87%	0.08%	0.05%	99.95%
Allied Health Professionals	418	0	27	445	93.93%	0.00%	6.07%	93.93%
Medical & Dental	1735	167	525	2427	71.49%	6.88%	21.63%	78.37%
Nursing & Midwifery (Qualified)	3970	1160	1491	6621	59.96%	17.52%	22.52%	77.48%
Nursing & Midwifery (Unqualified)	2314	572	917	3803	60.85%	15.04%	24.11%	75.89%
Other Additional Clinical Staff	258	0	16	274	94.16%	0.00%	5.84%	94.16%
Scientific & Technical (Qualified)	251	112	72	435	57.70%	25.75%	16.55%	83.45%
<b>Total</b>	<b>12651</b>	<b>2014</b>	<b>3050</b>	<b>17715</b>	<b>71.41%</b>	<b>11.37%</b>	<b>17.22%</b>	<b>82.78%</b>



Demand for temporary staff decreased slightly in February resulting in higher fill rates.. We are hoping that as demand continues to reduce our increased recruitment and the implementation of the collaborative bank will help to address these shortages. Our Medical temporary staffing demand is also comparable year on year, although agency has increased 7% at the expense of Bank. This is a combination of a greater increase in Agency requests (particularly long term requests) and a reduction in bank by staff.

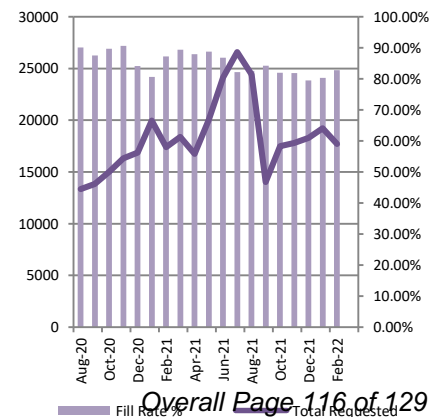
The Nursing Collaborative Bank was launched on 1<sup>st</sup> February for all acute Trusts in the North West London ICS. This has been launched via the Patchwork app and communicated internally and externally on social media etc. Bank workers 'opt in' to the collaborative so we are expecting a gradual uptake as staff register for the shared bank. For Nursing and Midwifery to date we have 138 staff onboarded (This performance is currently 2<sup>nd</sup> out of the 4 participating trusts), with 14 shifts worked across 4 Trusts. (CW Leading with 8 Shifts worked - 3 workers from LNW and 1 from ICH) . It is expected to take time to build the collaborative bank but in time we hope to replicate the success of the Drs Collab bank which has generated savings of approx. £150k.

We continue to progress with the tender exercise for our Agency Master Vendor contract, which will be a collaborative agreement with two other Trusts in the ICS.

### Monthly shifts requested on Healthroster and Patchwork (Bank/Agency/Unfilled) by lead time (when the shift was booked in relation to start date).

Lead Time	Bank	Agency	Total Filled	Shifts %	Unfilled	Type
Minus 30 and Over	1	0	1	0.01%	0	Retro
Minus 15-29	68	8	76	0.52%	8	
Minus 8-14	194	38	232	1.58%	15	
Minus 7	129	5	134	0.91%	5	
Minus 6	177	6	183	1.25%	3	
Minus 5	210	5	215	1.47%	7	
Minus 4	228	10	238	1.62%	12	
Minus 3	271	13	284	1.94%	10	
Minus 2	382	39	421	2.87%	18	
Minus 1	839	329	1168	7.96%	247	
Same Day	960	340	1300	8.86%	620	
1-3 Days Notice	1953	498	2451	16.71%	622	
4-7 Days Notice	1582	250	1832	12.49%	351	
8-14 Days Notice	1387	229	1616	11.02%	325	
15-30 Days Notice	2315	104	2419	16.50%	439	
Over 30 Days Notice	2315	104	2419	16.50%	368	Long Notice
<b>Total</b>	<b>12651</b>	<b>2014</b>	<b>14665</b>	<b>100.00%</b>	<b>3050</b>	

REQUEST REASON	BANK	AGENCY	TOTAL FILLED	SHIFTS %	Unfilled
Annual Leave	15	5	20	0.7%	3
Covid Operational	76	5	81	2.7%	4
Covid Sickness/Isolation Cover	89	17	106	3.6%	16
Mat Leave	12	7	19	0.6%	8
Other	14	0	14	0.5%	0
Other Leave	4	4	8	0.3%	1
Private Patients	13	3	16	0.5%	2
Sickness Cover	152	76	228	7.7%	50
Specialising	110	163	273	9.2%	95
Study Leave	38	2	40	1.4%	2
Vacancies	1150	143	1293	43.8%	117
Workload	826	28	854	28.9%	27
<b>Total</b>	<b>2499</b>	<b>453</b>	<b>2952</b>	<b>100%</b>	<b>325</b>



\*immaterial variance in place for Covid Sickness Backfill which is not in this dataset

# HR Programme Updates

## Looking After Our People

### Health & Wellbeing

The team presented at a Trust Deep Dive into our H&W programme with the Exec team as the programme has now been in place for 18 months. It was great to celebrate our key achievements and progress to date – over the last year we have had over 4300 uses of our H&W offers which is fantastic to see and to know that our offer is meeting the needs of the staff, with some great feedback received from staff as part of the evaluation. A further 7 wellbeing champions were trained bringing our total to 66 across the Trust and a further 16 mental health first aiders bringing our total to 104. The Bike doctors were back on site in month providing servicing to over 100 staff bikes. The team have provided targeted psychological support to managers and HR colleagues to debrief after VCOD and these will be continued as we have seen a demand for it. This is part of our VCOD recovery programme of work. Although the vaccination deadlines were removed while VCOD went into a consultation period we have still had to implement work as part of the VCOD working group including designing a proposal that went to the NWL ICS bringing together H&W, recruitment, ER, People and OD and vaccine clinics.

The team joined an interview panel for an HSJ award as the Trust has been nominated with Bright Horizons for our Back up Care support for staff. A positivity day was held with our maternity team at the Chelsea site providing a group mindfulness session, tea/coffee/fruit and handing out little books on sleep, mindfulness and meditation. The menopause group is continuing with good discussions for staff and for our men's health group we realise we need senior level involvement to help promote this agenda and we also explored how best we can bring our male staff together to discuss men's health issues.

## Belonging

### Diversity & Inclusion

Key highlights in the last month included our ongoing work with the staff networks reviewing their TORs and action plans and setting dates and activities and programmes of work for 2022-2023. Creating a space for the chairs and co-chairs to meet and be engaged on other areas of work including reward and recognition. The team have also been working with the experience team to look at a way in which we can bring together staff experience and patients experience in our reporting. This will also improve our response to the Public Sector Equality Duty. The team have also been planning how to make our ChelWest People plan come to life with staff stories and establishing our new operational group. The team are working with the communications team to have all the staff networks available through our ChelWest App. Another achievement was our programme of work for LGBT History month and the array of activities available to staff. We also received our Workplace Equality Index results for 2022, and we have ranked 271 out of 403 participants, and 36 out of 56 participants for Healthcare Services (NHS and private). There will be lots of work for the LGBT+ Staff Network to lead on for the Trust to achieve a high centile ranking for 2023.

### Leadership & Development

Bookings for our Management Fundamentals courses remains high and is increasing in popularity now that this has also been opened up to Hillingdon staff. Anecdotal feedback has been positive. February also saw a re-introduction of the Pre-Retirement and Focus on Finance sessions which has been well received across the board and demand remains high. Emerging Leaders Cohort 18 completes on 8<sup>th</sup> March, with Cohort 19 starting on 10<sup>th</sup> March. The intention is to run a further Cohort, with a likely start of September/October '22. Leading with Compassion is in development. This is a new, two-day joint virtual leadership programme for Hillingdon and ChelWest and is designed for colleagues with line management responsibility. The programme is designed to build leadership confidence and capability and equip staff with the ability to: foster psychological safety, create inclusive environments and have compassionate conversations.

## New Ways of Working

### Organisational Change

In February we have seen 2 organisation change processes close affecting 7 staff. 1 change in Sexual Health and HIV Admin has resulted in all staff being slotted into the new structure with 1 resignation as part of the process. The other change in Paediatric Nursing is resulting in a selection process for the affected staff but there remains enough roles for the individuals. 2 change processes have launched in February impacting 15 M&D staff in Urology regarding a cross site oncall and a consultation in Communications affecting 6 staff members. Informal work is ongoing around NICU resident and non-resident rotas with a formal change process expected to be launched in April. The commissioners have put the Sexual Health Herts service out to tender which Chelwest currently employ 6 Consultants to provide this service and may result in TUPE dependant on who is awarded the contract as part of the tendering process. Plans remain in place to move to the virtual North West London Children's Hospital from 1st April 2022. In addition, work continues around the wholly owned subsidiary in Pharmacy with an incoming TUPE due to go live on 4th April 2022. Ongoing change pieces of work and being worked up across the Divisions around culture and behaviours and will form part of the Division business plans for 2022.

### E- Rostering

All Junior/Training Grade Doctors implemented across EIC, WCH and PCD. All Doctors across the Trust now have a profile on HealthRoster (this includes pre-implementation areas). Leave can be manually captured by Ops Leads, grouped into teams, service oversight of leave to be gained prior to full implementation (since 25th Feb). Early adopter of Consultant Activity Management for Consultants – NICU (in progress) Capital Programme Board approval to extend project to August 2022

# HR Programmes Updates

## New Ways of Working continued

### Medical Transformation Programme

Progress on the various workforce streams under this programme has been challenged due to staff absence and turnover but progress is being made in key areas. Highlighted below are key updates.

**Implementation of E-Job Planning:** There have been delays to the project and some challenges with data quality. Remedial work is underway but with the Project manager leaving in may there is a revised project plan in development to ensure full completion. C40% of Job plans have been received and are being uploaded onto the e-job planning system. Divisions are to be provided with a revised list of names for outstanding job plan follow up.

### Medical Staffing Team:

The People and OD division has undertaken a minor restructure to disestablish vacant posts and create new roles to match demand. This includes an Associate Director Workforce Transformation and Medical Staffing Manager to replace the current role of Head of Medical Workforce (the postholder having resigned to take an opportunity elsewhere). Recruitment has commenced to fill the roles with an interim AD taking up post in April.

### Local Clinical Excellence Awards:

Following the publication of National Guidance in February the Trust has implemented LCEA for eligible staff for 2021/22 – with payments made in March payroll. The detail of National Awards is yet to be released.

## Growing For Our Future

Work to deliver the NWL People Plan continues with a range of activities including, International AHP recruitment, HCSW mass recruitment event, launch of the NWL Academy and the development of a reservist workforce for the ICS.

There continues to be a focus on driving efficiencies and streamlining employee experience via collaboration across the ICS and within the acute collaborative. Discussions are underway with regards a Digital innovation project, further Temporary Staffing collaboration and harmonisation of recruitment and on boarding processes.

## NWL Collaboration

There are various work-streams across NWL to collaborate.

### NWL OH service

The NWL OH integration is continuing to work through the stages of the pilot stage of the business case which has been approved by all NWL partners in the pilot stage. The service is currently running in-house with a managed service agreement in place to enable cross sector working and adoption of best practice. The work at present includes the running of a joint clinical reference group and also an operations and service group.. These groups are working through plans for the transition to the same OH platform for all Trusts, proposals for all Trusts in relation to recording immunisations, including vaccination status, as well as work on the final business for approval. Our in-house OH team are also working with CNWL on key activities to enable the service to be SEQOSH accredited.

### Payroll services

The Payroll transfer from SBS to ICHT will go ahead on 1<sup>st</sup> April 2022 with all gateway criteria satisfied.

The communications plan to staff has been implemented with a range of channels including email, all staff briefing and payslip messages. Key messages are:

- Change to ICHT from 1<sup>st</sup> April 2022 – pay dates remain same
- No longer issuing any paper payslips
- E-Pay expenses no longer in use wef 9<sup>th</sup> March – replaced by Easy Expenses system with training being rolled out.
- All other e-pay functions remain in place (starters, leavers changes etc)
- Payrolling benefits to go live from 1<sup>st</sup> April 2022

## COVID Specific

### Mass vaccination

The team provide services from our Mass Vacc Site at CP House, additional sites at Brent and Science Museum. We have been providing workforce to support PCN's and LVS's and also call centres to increase uptake in vaccination. The offering for clinically vulnerable 5 – 11 year olds has commenced and vaccinations for all aged 5 – 11 is due to commence in April alongside 4<sup>th</sup> Booster vaccinations for over 75's. We are also working with SJA to support events at QPR football stadium and Hyde Park summer events.

The retention programme continues with a further 13 colleagues retained since last month 194. The % achievement remains at 20% as the pool has increased by 80 as a result of mass vaccination off boarding progress, so revised target is 240 (25%). This programme continues with funding confirmed to September 2022 to reflect the impact of having to staff the increased requirements of Phase 3 of the mass vaccination programme. Work continues to recruit a second cohort of care coordinators in to Primary Care and HCA's in to ChelWest.

### Vaccination as a condition of Employment

The government consultation has closed and new legislation took effect from 15<sup>th</sup> March which means it is not a requirement for Health and Social care workers to be fully Covid vaccinated. Updated comms have been issued to staff who were written to under the VCOD regulations with an update being provided at an all staff webinar.





<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)		Council of Governors Meeting 21 April 2022										
<b>AGENDA ITEM NO.</b>		3.5										
<b>TITLE OF REPORT</b>		<b>AccessAble Update</b>										
<b>AUTHOR NAME AND ROLE</b>		Steve Gill, Vice Chair										
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>		Steve Gill, Vice Chair										
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td> <td>X</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>		Decision/Approval	X	Assurance		Info Only		Advice		To provide an update to the Council of Governors on implementation of the AccessAble programme.		
Decision/Approval	X											
Assurance												
Info Only												
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)		<table border="1"> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> <tr> <td>Nil</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Name of Committee	Date of Meeting	Outcome	Nil						
Name of Committee	Date of Meeting	Outcome										
Nil												
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>		<b>Chelsea Site – Initial Programme May to August 2022 inc.</b> 1) 57 Accessible Toilets 2) Clear signage to Accessible Toilets to be added in departments – 2 months 3) Signage to include ‘not every disability is visible’ – 2 months 4) Ensure all facilities have clear transfer space and correctly located grabrails – 2 months 5) Ensure emergency pull cords are available, installed correctly and operational – 2 months 6) Ascertain facilities have correct levels of contrast i.e. between fittings, wall and door (if not, timeline to rectify) – 3 months. 7) Survey all Washrooms to ascertain suitability – 4 months 8) Baby changing tables do not allow for wheelchair user parents – 2 months 9) Hospital entrance doors not easy to distinguish from the fixed glazing – review manifestations – 3 months 10) Clear markings to be added to the head and foot of the escalators – 3 months 11) St Stephens Centre Entrance to have handrails added to steps and step nosing’s to be clearly marked – 3 months										

	<p>12) Ensure Hearing Loops are fitted to at least one counter in each location including the Restaurant and Coffee Kiosk – 3 months</p> <p>Follow on Programme including West Middlesex University Hospital September to December 2022 - to be confirmed</p>
<b>KEY RISKS ARISING FROM THIS REPORT</b>	Nil

**STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)**

Deliver high quality patient centred care	Y	
Be the employer of Choice	Y	
Deliver better care at lower cost	Y	

**IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:**

Equality And Diversity	
Quality	
People (Workforce or Patients/ Families/Carers)	
Operational Performance	
Finance	
Public Consultation	
Council of Governors	Y

please mark Y/N – where Y is indicated  
please explain the implications in the  
opposite column

**REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)**

Commercial Confidentiality	N
Patient Confidentiality	N
Staff Confidentiality	N
Other Exceptional Circumstances (please describe)	









Council of Governors Forward Plan 2022

	27 January 2022 Council of Governors (Mandated) 1600 to 1800 hours	24 March 2022 Governor Briefing Session (Voluntary)	21 April 2022 Governor Away Day 1000 to 1400 hours
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Minutes of Previous Meeting, including Action Log</li> <li>Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>Quality: People &amp; OD Committee Report to the Council of Governors (SG)</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> </ul>	<ul style="list-style-type: none"> <li>Understanding the Strategic Landscape and System Developments including Integrated Care Systems and Acute Provider Collaborative Models</li> </ul> <p>Replaced with Performance and Quality Report Briefing Session</p>	<ul style="list-style-type: none"> <li>Welcome and Networking/Introductions</li> <li>Governwell Training Programme for 2022-23</li> <li>Introducing our Governor Sub Committees and refreshing membership</li> <li>Maximising our Effectiveness</li> <li>Introducing our Governor Guide for 2022-23</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Performance &amp; Quality Report; Workforce Performance Report</li> <li>Accessibility work update</li> </ul>		
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>		

	21 April 2022 Council of Governors Meeting 1400-1600 hours	19 May 2022 Governors Briefing Session 1600-1700 hours	21 July 2022 Council of Governors Meeting 1000-1100
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>Quality: CoG Quality Sub-Committee Report</li> <li>Council of Governors Nomination and Remuneration Committee Report</li> <li>Governor Commentary on the Quality Report sign-off</li> <li>Quality Priorities 2022-23</li> <li>Business Planning 2022-23 Update</li> <li>CoG Terms of Reference and Sub Committee Terms of Reference Approval</li> <li>CoG Code of Conduct Refresh</li> </ul>	Governor Quality Statement for 2021-22 – and briefing on performance against 2021-22 quality priorities	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log</li> <li>Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>Quality: Finance &amp; Investment Committee Report to Council of Governors; including Month 12 Financial Position (ND); Audit and Risk Committee Report to Council of Governors (NG)</li> <li>COG Sub-Committees: Quality Sub-Committee Report; Membership Sub-Committee Report</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Performance &amp; Quality Report; Workforce Performance Report</li> <li>Accessibility work update</li> </ul>		<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Performance &amp; Quality Report; Workforce Performance Report</li> <li>Accessibility work update</li> </ul>

<b>Other Business</b>	<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Forward plan</li> <li>• Schedule of meetings</li> <li>• Governor attendance register</li> <li>• Any other business</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Forward plan</li> <li>• Schedule of meetings</li> <li>• Governor attendance register</li> <li>• Any other business</li> </ul>
	<b>29 September 2022 Briefing Session 1600-1700 hours</b>	<b>20 October 2022 Council of Governors 1600-1800 hours</b>	<b>8 December 2022 Briefing Session 1600-1700 hours</b>
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>• TBC</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>• Quality: Quality Committee Report to Council of Governors (EH)</li> <li>• COG sub-committees: Membership &amp; Engagement Sub-Committee Report; Quality Sub-Committee Report;</li> </ul>	TBC
<b>Papers for Information</b>		<ul style="list-style-type: none"> <li>• Chairman's Report</li> <li>• Chief Executive Officer's Report</li> <li>• Governors Elections 2022 – update</li> <li>• Performance &amp; Quality Report, including Winter Preparedness; Workforce Performance Report</li> <li>• Accessibility work update</li> </ul>	
<b>Other Business</b>		<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Governors Away Day January 2022 – plan</li> <li>• Forward plan</li> <li>• Schedule of meetings</li> <li>• Governor attendance register</li> <li>• Any other business</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>





**Council of Governors – Attendance Record 2022**

Governor	Category	Constituency	27.01.22	21.04.22 Away Day	21.04.22	21.07.22	20.10.22	TOTAL	TOTAL %
Richard Ballerand	Public	Royal Borough Kensington and Chelsea	✓						
Jeremy Booth	Patient		Apologies						
Caroline Boulliat	Public	London Borough of Wandsworth	✓						
Cass J. Cass-Horne	Public	City of Westminster	✓						
Christopher Digby-Bell	Patient		✓						
Simon Dyer	Patient		✓						
Richard Jackson	Staff	Support, Administrative and Clerical	✓						
Paul Kitchener	Public	Royal Borough of Kensington and Chelsea	Apologies						
Minna Korjonen	Patient		✓						

Anthony Levy	Public	City of Westminster	✓						
Rose Levy	Public	London Borough of Hammersmith and Fulham	✓						
Mark Nelson	Staff	Medical and Dental	✓						
Nicole Nunes	Staff	Contracted	Apologies						
David Phillips	Patient		Apologies						
Catherine Sands	Staff	Management	✓						
Jacquei Scott	Staff	Nursing and Midwifery	✓						
Dr Desmond Walsh	Appointed	Imperial College	✓						
Laura Wareing	Public	London Borough of Hounslow	✓						
Trusha Yardley	Public	London Borough of Hammersmith and Fulham	Apologies						
Lisa Addison	Patient		✓						
Stella Macaskill	Patient		✓						



Julie Carter	Public	London Borough of Ealing	Apologies						
Parvinder Singh Garcha	Public	London Borough of Hounslow	Apologies						
Bernard Casey	Public	London Borough of Richmond Upon Thames	✓						
Stuart Fleming	Public	London Borough of Wandsworth	✓						
Thewodros Leka	Staff	Allied Health Professionals , Scientific and Technical	Apologies						