



Council of Governors Meeting

Location: Hybrid meeting either W12 Conferences, Du Cane Road, London W12 0HS or Microsoft MS Teams [Click here to join the meeting](#)

Date: 19 April 2023

Time: 12:00 – 13:00

AGENDA

	1.0	GENERAL BUSINESS		
12:00	1.1	Welcome and Apologies for absence	Verbal	Chair
12:02	1.2	Declarations of interest	Verbal	Chair
12:04	1.3	Minutes of previous meeting held 26 January 2023 Action Log	Paper	Chair
	2.0	QUALITY		
12:05	2.1	Finance & Performance Committee Chair - Annual Report	Paper	Chair of the Finance & Performance Committee
12:20	2.2	Council of Governors Nominations and Remuneration Committee – NED Recruitment update	Verbal	Chair & Vice Chair
12:25	2.3	Council of Governors Quality Sub-Committee Report	Paper	Chair of Council of Governors Quality Sub-Committee
12:30	2.4	Business Planning 2023-2024	Paper	Chair of the Finance & Performance Committee and Chief Financial Officer
	3.0	FOR INFORMATION		
12:40	3.1	Chair's Report	Paper	Chair
	3.2	Chief Executive Officer's Report	Paper	Deputy Chief Executive Officer
	3.3	Performance & Quality Report	Paper	Deputy Chief Executive Officer
	3.4	People Performance Report	Paper	Deputy Chief Executive Officer
	3.5	AccessAble work update	Paper	Vice Chair
	4.0	OTHER BUSINESS		
12:55	4.1	Any other business, including: *4.1.1 Forward plan *4.1.2 Schedule of Council of Governor meetings 2023/24 *4.1.3 Governor attendance register	Paper Paper Paper	Chair/Lead Governor

13:00		Date and Time of the Next Meeting 20 July 2023, 10:00 - 11:00		
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DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)

26 January 2023 16:00 – 18:00

In-person at the Chelsea Boardroom and virtual via Microsoft Teams

Present:	Matthew Swindells	North West London (NWL) Chair in Common	(MS/Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Lisa Addison	Patient Governor	(LA)
	Richard Ballerand	Public Governor	(RB)
	Caroline Boulliat	Public Governor	(CB)
	Cass J Cass-Horne	Public Governor	(CCH)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Dr Paul Kitchener	Public Governor	(PK)
	Rose Levy	Public Governor	(RL)
	Minna Korjonen	Patient Governor	(MK)
	Stella Macaskill	Patient Governor	(SM)
	Professor Mark Nelson	Staff Governor	(MN)
	Clr Will Pascal	Appointed Governor	(WP)
	David Phillips	Patient Governor	(DO)
	Catherine Sands	Staff Governor	(CS)
	Jacque Scott	Staff Governor	(JS)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Laura-Jane Wareing	Patient Governor	(LJW)
	Desmond Walsh	Appointed Governor	(DW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Professor Andy Bush	Non-Executive Director	(AB)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Peter Goldsbrough	Non-Executive Director	(PG)
	Catherine Jervis	Non-Executive Director	(CJ)
	Ajay Mehta	Non-Executive Director	(AM)
	Syed Mohinuddin	Non-Executive Director	(SM)
	Dr Roger Chinn	Chief Medical Officer	(RC)
	Peter Jenkinson	Interim Director of Corporate Governance	(PJ)
	Emer Delaney	Director of Communications	(ED)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)
	Lindsay Stafford-Scott	Interim Chief People Officer	(LSS)
	Daryl Lutchmaya	Deputy Director of Corporate Governance	(DL)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Jeremy Booth	Patient Governor	(JB)
	Julie Carter	Public Governor	(JC)
	Rob Hodgkiss	Deputy CEO and Chief Operating Officer	(RH)
	Martin Lupton	Non-Executive Director	(ML)
	Neville Manuel	Non-Executive Director	(NM)
	Robert Bleasdale	Chief Nurse	(RB)
	Virginia Massaro	Chief Financial Officer	(VM)

1.0 STATUTORY/MANDATORY BUSINESS

1.1 Welcome and apologies for absence

MS welcomed the Governors and those in attendance to the meeting.

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

1.2 Declarations of interest

No declarations of interest were received.

It was noted that the latest version of the COG Register of Interests had been circulated to the Governors on 25 January. Governors had been asked to confirm whether the information on the Register was correct, or to provide corrections which would be updated by the Corporate Governance Department.

1.3 Minutes of previous meeting held on 20 October 2022

PJ commented there were four outstanding actions from the previous meeting, as follows:

Updated Forward Plan

PJ confirmed that this action was complete, an updated Forward Plan was on the agenda for the current meeting under agenda item 4.2.1.

Governor attendance register (non-attendance at three or more consecutive quarterly COG meetings)

SD commented that he had received the information he had requested from the Corporate Governance Department, and reiterated that this topic would be an agenda item for the COG Awayday in April 2023. PJ confirmed that a register of attendance was taken at each COG meeting and the latest data was included in the papers for the meeting.

MS reminded the Governors that should any action be required to be taken relating to non-attendance, that the Governors would be responsible for taking the initiative; the Trust would provide information and support. SD added that he had followed up with the relevant Governors re non-attendance and recommended that no action was required at the present time.

DP asked SD and PJ what had been done with regards to non-attendees since the last Council of Governor's meeting three months ago. SD noted that it would be inappropriate to comment on his discussions with individual Governors, some of which related to sensitive personal health issues, and reiterated his recommendation that no further action needed to be taken regarding non-attendance at the present time, the situation would continue to be reviewed.

Revised Membership Strategy

PJ confirmed that this was a separate agenda item and would be discussed later in the meeting.

Staff Constituency

PJ confirmed that CS had previously raised a concern regarding not being able to know who her constituents were and therefore not being able to communicate with them in her role as a Staff Governor. PJ added that the key to effective communication between the staff members and the Governors was for staff to know who their relevant Staff Governors were. He added that DL had contacted CIVICA (the company which manages the Trust's membership database) with regards to providing this information. PJ commented that there were currently vacancies for three Staff Governors at the Trust, and confirmed that he had spoken to ED with regards to the issue, and it had

been agreed that in order that it be effectively addressed, the Trust would engage with the staff and actively promote the roles and vacancies of a Staff Governor.

MN asked how staff were communicated with, PJ responded by saying that standard communication came from CIVICA. In relation to the Staff Governor vacancies, MN stressed that when these positions were advertised it should be made clear as to which constituencies were being elected for. SF suggested that existing Staff Governors should speak to prospective Staff Governors to provide an overview of what the role entailed. LW commented that the level of overall communication regarding this had to be improved. The Chair agreed and added that it would be discussed under the agenda item regarding the Membership Review later in the meeting.

MN asked about Covid and Flu vaccination status for 'at-risk' staff as the COG had not received further updates since the October COG meeting.

LW stated that the latest data (to 23 January) was 49% for Flu and 45% for Covid, both of which were higher than the NHS London average but lower than the Trust target. LW responded to MN's concern and described the ongoing actions to promote staff vaccinations however, it had to be remembered that vaccinations were not mandatory.

The COG discussed this issue further, it was agreed that the Trust would to circulate periodic Covid and Flu vaccination data to the COG Quality Sub-Committee.

The minutes for the previous meeting were approved.

1.4 NWL Collaborative Acute Provider Update

It was agreed that the Chair would discuss this under agenda item 3.1 (Chair's Report).

2.0 QUALITY

2.1 People and Workforce Board Committee Report to Council of Governors

AM provided a summary of the key aspects, which included the following:

- There had seen an increase of fifteen new nationalities of employees within the Trust (from 100 to 115), and there had been a 3% increase in employees declaring their disabilities. AM stressed that this information highlighted that people wanted to work for this Trust and we held a strong position as a flexible employer.
- The results of the 2021 Annual Staff Survey were tabled, and showed the key areas of focus for the Trust following this survey, which included addressing issues regarding EDI (especially towards improving the staff experience for BAME and disabled colleagues in comparison to white colleagues without a disability); Health and Wellbeing (the Trust adopted a more holistic approach to health and wellbeing, and completed two elements of the NHS England and Improvement diagnostic tool of the Health and Wellbeing Framework to ensure wellbeing activities were appropriately focussed); Safe Environment (this include the re-focus of the Trust's Safety Group, the newly published Violence Standards for all Trusts to embed in 2023, and the launch of the Kindness campaign across the Trust, which was to highlight the zero tolerance approach to violence and aggression against our staff); and Morale (this saw the issuing of a Winter Wellbeing Voucher to staff as a thank you or their continuous hard work and dedication; the increased focus on reward and recognition including the promotion of the CW+ PROUD awards, the Excellence awards and the reinstatement of the Trust's Long Service

Awards. The Staff Awards also took place in September 2022, which this was the first time colleagues could be together to celebrate this post-Covid.

The presentation also looked at the objectives for the year ahead, and AM commented that this will continue on the delivery of the four key elements of the People Strategy, in alignment with those of NWL ICS and NWL acute collaborative. These were:

- Looking After our People
- Ensuring our staff feel that they belong in our organisation
- Embracing new ways of working and delivering care
- Growing the capacity of our workforce

The Chair thanked AM and LSS for this presentation.

DP commented on one slide that showed that the retention of vaccination staff at the Trust was 33%, which suggested that two-thirds of vaccination staff had left the Trust. LSS clarified that the information related to a metric on the North West London (NWL) vaccination workforce (for whom the Trust was the lead) who worked on vaccinating the community during the Covid pandemic, the NHSE national target was to retain 25% of this cohort and that the retention figure did not apply to substantive Trust staff.

RL asked whether there was support for nurses in relation to mental health and domestic abuse. LW commented that there was support in these and other areas of health and wellbeing for all staff at the Trust, and that we were a leader in this regard, especially towards domestic abuse. LW also commented on morale and agreed that this was a challenging time and it was essential for the Trust to try and find ways to boost morale and help staff.

2.2 Governors Membership and Engagement Sub-Committee Report – including update on Membership and Engagement

The COG Membership and Engagement Sub-Committee recommended the Membership Engagement and Inclusion Strategy for approval. (The Strategy was circulated separately to the COG on 24 January 2023.)

DP commented that this was a good proposal and requested COG approval.

ED echoed DP's comments and added that she had looked at how other Trusts engaged and involved their membership, and the database would be an essential tool to assist with this. ED added that following on from issues that had been raised by CS re communication to constituents by Staff Governors that the Trust would work with CS on this.

SD commented that the 'Meet The Governor' events would start up again and these would take place at all of the Trust sites.

The Chair also commented on the elections, and added that the Trust needed to do additional work on areas that were less well-informed on what the roles of the Governors were.

The Chair asked the COG for their approval of the Membership Engagement and Inclusion Strategy, this was duly approved.

DP thanked the Council for approving this Strategy, and added that at the last Membership and Engagement Sub-Committee meeting the Governors in attendance had provided a lot of valuable input. The Chair thanked DP for his work regarding this.

2.3 Governors Quality Sub-Committee Report

LJW confirmed that the most recent meeting for this Committee had taken place on 20 January 2023 and provided an overview of the items that had been discussed, which included terms of attendance at meetings and the rise of patient falls. LJW added that Nabeela Mughal (NM, Director of Infection Prevention & Control) had delivered a presentation on infection prevention, and Deirdre Linnard (DL, Chief Pharmacist) also provided an update on the Pharmacy services at the Trust.

3.0 FOR INFORMATION

3.1 Chair's Report

The Chair took his report as read and summarised the following items:

Industrial action

The Chair commented that although the Trust staff had not taken industrial action the NWL Collaborative hospitals have been responding to the impact of industrial action on services. Which included strikes by London Ambulance Service staff and Imperial College Healthcare staff at the St Mary's and Charing Cross sites where there had been two separate strike days in December by members of the Royal College of Nursing. The Chair reiterated that further and wider industrial action was planned by health Unions for the coming weeks and possibly months. The Chair added his thanks to everyone involved in ensuring that the Trust was able to continue to provide safe care during the industrial action while also, where relevant, ensuring our staff were able to exercise their right to take action, and hoped that the disputes could be resolved as soon as possible.

Non-Executive Director (NED) recruitment

At the recent COG RemCom meeting NED recruitment was discussed, the Chair confirmed that the Trust had engaged with Gatenby Sanderson to support the recruitment and selection process for three NED positions across the NWL Collaborative. The Chair reiterated that there were three NWL Collaborative NEDs whose terms of office finished in the next six months, this included Nilkunj Dodhia and Peter Goldsbrough who both sit on the Trust Board. The Chair advised the Committee that it was planned that the recruitment for these positions would start in February.

3.2 Update on the Council of Governor's Nominations and Remuneration Committee

The Chair confirmed that this meeting was held on Wednesday 11 January 2023.

3.2.1 New Member of COG Nominations and Remuneration Committee

The Chair confirmed that Anthony Levy (AL), Public Governor for City of Westminster - a member of this Committee - did not stand for re-election, there are therefore now five Governor members of the Committee (RB, SD, MK, DP, LJW) and given there is no current requirement to replace AL, the recommendation is to continue with the existing five Governor members.

DL updated the COG on the status re the COG elections, the following are contested elections:

- Three nominations for the Public Governor vacancy in the London Borough of Wandsworth;
- Four nominations for the Public Governor vacancy in the City of Westminster;
- Two nominations for the Public Governor vacancy in the London Borough of Hammersmith and Fulham
- Four nominations for the Public Governor vacancy in the Royal Borough of Kensington and Chelsea

The Patient Constituency and Rest of England Constituency would be elected unopposed.

The Chair added that no nominations had been received for the two Governor vacancies for the London Borough of Richmond-Upon-Thames or for the three Staff Governor vacancies, and confirmed that these vacancies will be addressed through campaigns as per the Implementation Plan.

3.2.2 To note the process on recruiting two new Non-Executive Directors on the Nominations and Remuneration Committee

These points were to agree the recruitment and selection process and indicative timeline for the succession planning and recruitment of the two Chelsea and Westminster NHS Foundation Trust Non-Executive Director (NED) vacancy positions (these are Nilkunj Dodhia and Peter Goldsbrough) that would arise during 2023.

3.2.3 To extend the term of NED Steve Gill as Vice Chair and Senior Independent Director

The Chair invited the Council to consider the extension of SG's term as Vice Chair for a further twelve months, from 1 November 2023 to 31 October 2024. The Council unanimously voted to extend SG's term for twelve months. SG extended his thanks to the Council of Governors.

3.3 Chief Executive Officer's Report

LW commented that she was pleased to see a healthy turnout for this Governor's meeting. LW commented further that as we were now coming out of the winter period, it was time to give thought to how we could reset the organisation in order to sustain the Trust's operational performance to ensure it delivered a consistently high quality of care as well as regularly achieve the national targets. LW confirmed that Sheena Basnayake had been appointed to the post of Hospital Director for West Middlesex and Laura Bewick had been appointed to the post of Hospital Director for Chelsea and Westminster and added that these appointments reinforced the Trust's work with other Acute Trusts and the local community. LW referred to the statistics in her report that related to domestic abuse and mortality rate, and reiterated that the Trust had one of the lowest average mortality rates in the UK.

3.4 Performance & Quality Report

LW reminded the Governors that the Trust's performance was scrutinised in many different forms including at the Trust Board sub-committees and added that on top of this scrutiny, the Trust was also subject to oversight meetings by the Integrated Care Board (ICB's).

DP raised the issue that the Chelsea site hospital entrances had recently been closed for several hours due to a 'Baby Snatching' security exercise. LW confirmed that this exercise did take place and as a result the Trust went under lockdown. DP asked if this type of incident had ever happened in reality at this Trust, LW confirmed that an attempted abduction had taken place in the past. MK asked if the security exercise went well, and LW confirmed that it had. LW added that she was aware of the inconvenience and exercise like this could cause, but it provided the Trust with an opportunity to practice and be prepared. RL asked if the Trust conducted fire and bomb threat drills, and LW confirmed that these did take place as the Trust regularly practiced various scenarios.

3.5 People and Workforce Report

LSS took this report as read. RL raised the issue of staff mental health and asked if there were points of contact on the wards and in departments for staff. LSS confirmed that the Trust provided a range of services which included Mental Health First Aiders and Freedom to Speak Up (FTSU) Champions.

3.6 Accessibility Work Update

SG provided an update regarding the review and recommendations by AccessAble. SG added that the work on accessibility had been extended within the collaborative and an assessment by AccessAble was also being done at Hillingdon. SG thanked the COG for their help and support on this and commented that their work had made an enormous difference. MK thanked SG for this update.

4.0 OTHER BUSINESS

4.1 Topic of Governor Briefing on 23 March 2023

The Chair asked those in attendance for proposed topics for the 23 March Governor briefing. LW suggested that the two new Hospital Directors could attend and deliver a presentation. This was agreed. LW also noted that planning approval for the Ambulatory Diagnostic Centre (ADC) at West Middlesex had been received in mid-January.

Council of Governors Away day 19 April 2023

The Chair referred to the draft agenda for the Away day that was scheduled to take place on 19 April 2023, starting at 10.00 and finishing at 15.30, and the topics on the agenda were summarised and discussed.

LA asked if this Away day would be held outside of the hospital site as this would give a good opportunity for team building. SG confirmed that this was an external event and was scheduled to take place at the W12 Conference Centre at Hammersmith Hospital. SG noted LA's comment and agreed that this would give attendees the opportunity to meet the newly elected Governors in person.

Council of Governors Meeting 19 April 2023 (16.00 – 17.00)

SG added that a formal (1-hour) Council of Governors meeting would be held directly after the Awayday on 19 April.

4.2 Any Other Business

None.

Meeting closed at 18.00



TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting, 19 April 2023												
AGENDA ITEM NO.	2.1												
TITLE OF REPORT	Finance & Performance Committee – Chair’s Annual Report												
AUTHOR NAME AND ROLE	Nilkunj Dodhia, Non-Executive Director and Chair of the Finance and Performance Committee												
ACCOUNTABLE EXECUTIVE DIRECTOR	Virginia Massaro, Chief Financial Officer												
PURPOSE OF REPORT <table border="1" data-bbox="161 831 571 1021"> <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> Please tick above and then describe the requirement in the opposite column	Decision/Approval		Assurance	x	Info Only		Advice		To provide the Council of Governors with assurance on the deployment of the Terms of Reference of the Finance and Performance Committee and its associated work and activities over the past 12 months.				
Decision/Approval													
Assurance	x												
Info Only													
Advice													
REPORT HISTORY Committees/Meetings where this item has been considered	<table border="1"> <thead> <tr> <th>Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Committee	Date of Meeting	Outcome									
Committee	Date of Meeting	Outcome											
SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	<ul style="list-style-type: none"> Changes were made to the membership and terms of reference of the Finance and Performance Committee during the period April 2022 to March 2023 to align more closely with counterpart committees in other parts of the North West London Collaborative The Committee has fulfilled and delivered on its terms of reference 												
KEY RISKS ARISING FROM REPORT													
STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)													
Deliver high quality patient centred care	x												
Be the employer of Choice													
Deliver better care at lower cost	x												
IMPLICATIONS ASSOCIATED WITH THIS REPORT: <table border="1" data-bbox="161 1832 810 2033"> <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>Y</td> </tr> <tr> <td>Finance</td> <td>Y</td> </tr> </table>	Equality And Diversity		Quality		People (Workforce or Patients/Families/Carers)		Operational Performance	Y	Finance	Y	Annual report providing financial and performance assurance for COG members.		
Equality And Diversity													
Quality													
People (Workforce or Patients/Families/Carers)													
Operational Performance	Y												
Finance	Y												

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	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	



Finance and Performance Committee (Formerly Finance and Investment Committee) Chairman's Report to Council of Governors, 19 April 2023

The purpose of this report is to provide the Council of Governors with assurance of the activities and effectiveness of the Finance and Investment Committee (FIC) and the Finance and Performance Committee (F&P) that superseded FIC from September 2022. This report covers meetings during the period from April 2022 to March 2023.

About the Committee Chairman

Nilkunj Dodhia was appointed a Non-Executive Director (NED) of the Trust in July 2014 and has chaired FIC since July 2020. Upon the inception of the North West London Provider Collaborative (NWL PC) in September 2022, FIC was replaced by the F&P committee which included the additional scope of operational performance that was previously covered by the Quality Committee. Nilkunj is also the NED lead for the Trust's technology and digital agenda, and is a member of Hillingdon Hospitals Quality and Audit & Risk Committees.

Committee Background and Terms of Reference

F&P aims to bring finance and performance of the hospital under scrutiny on behalf of the Trust Board.

There are three objectives:

- 1) Oversight of Financial Planning and Performance
 - a. Review budgets, annual and medium-term targets.
 - b. Maintain an oversight as to the robustness of the Trust's income streams and contractual safeguards.
 - c. Scrutinise Trust operational performance
- 2) Investment Policy
 - a. Approve and keep under review the Trusts investment and treasury policy and ensure compliance by reviewing the Trust's balance sheet and cash flows.
- 3) Other
 - a. Review proposals for major business cases before submission to the board (>£1m in budget >£200k out of budget).
 - b. Commercial and Private Patient growth strategy and business cases.
 - c. All CWFT specific Capital Expenditure and business cases >£1m. Any Acute Provider Collaborative joint schemes are reviewed at the Collaborative Finance & Performance Committee. Any business cases >£5m are reviewed at Trust Board.
 - d. Monitor and keep major projects under review.
 - e. To consider the performance and effectiveness of Joint Ventures and Joint Operations (change to FIC Terms of Reference in 19/20).
 - f. Oversight of Estates, Sustainability and Digital/IT programmes
 - g. Monitor risks relating to finance, estates, digital/IT and sustainability.

Committee Membership and Attendance

The committee's NED membership has changed during the year as NED portfolios expanded across the NWL PC to each cover two Trusts.

FIC membership was:

NEDs – Nilkunj, Dodhia, Steve Gill and Aman Dalvi

Executive Directors - Rob Hodgkiss (COO) and Virginia Massaro (CFO)

F&P membership is:

NEDs – Nilkunj Dodhia, Peter Goldsbrough and Neville Manuel

Executive Directors - Rob Hodgkiss (COO) and Virginia Massaro (CFO)

The committee has continued to meet virtually at its scheduled times during the period, continuing the format adopted during the early phases of the pandemic. The committee formerly maintained nine meetings per annum but since the formation of the NWL PC this has reduced to six meetings per annum. The attendance record was 89% over the period.

Nilkunj Dodhia, Virginia Massaro, Rob Hodgkiss and Lesley Watts also attend the Acute Provider Collaborative Finance & Performance Committee which meets quarterly.

Significant Items Covered Since April 2022

At every meeting, the committee reviews:

- Monthly financial results
- Improvement Programme (including Cost Improvement Programmes – CIP) status
- Business cases as they arise
- Deep dive into aspects of service and/or divisional performance
- Capital expenditure forecast and plan (quarterly and in detail at least twice yearly)
- Annual budget and plan preparation
- Long Term Financial Plan (Quarterly)
- Integrated performance report
- Elective recovery performance
- Risk Assurance Framework – Risks relating to Finance, IT and Estates (Quarterly)
- Board Assurance Framework (Quarterly)
- Digital Programme Board Minutes
- Commercial Assurance update
- Forward diary of the committee's agenda

In the past year the committee has reviewed the following major items:

- Business Cases
 - North West London Shared Procurement Business case – approved (no financial impact)
 - Lower Ground Floor Treatment Rooms business case (CW site) – approved (£1.1m capital – of which £1m is TIF funded, £2.2 pa revenue)
 - Low Voltage Switchgear Business Case (CW Site) – approved (£2.5m capital)
 - Gender Affirmation Service Business Case – approved (£4.7m revenue pa)
 - NWL APC Elective Orthopaedic Centre Business Case – approved (£9.4m capital – TIF funded, £4m expected surplus)

- Wifi Replacement Business Case (cross-site) – approved (£2.2m capital)
- Mezzanine Offices Refurbishment Business Case (CW site) – approved (£1.1m capital)
- Theatre Operating tables & trollies Replacement Business Case (cross-site) – approved (£1m capital)
- Workstations on Wheels IT Replacement Business Case (cross site) – approved (£1.9m capital)
- Maternity Birth Rate + Business Case (cross site) – approved (£2.4m revenue pa)
- Surgical Robot Business Case – approved (£1.9m capital – funded through grant funding from NHSE)
- Improving Elective Care for Patients Funding (IECCP) Business Case – approved (£4.5m capital – NHSE funded)
- Treatment Centre Strategic Outline Business Case (CW site) – approved to progress to Board (£26.3m capital, of which £16.3m TIF funded)
- Discharge Lounge Business Case (WM site) – approved (£1m capital)
- Ambulatory Diagnostics Centre Outline Business Case (WM site) – approved to progress to Board (£75.2m capital)

- Other
 - Digital Programme
 - Cerner Lessons Learnt & Benefits Realisation
 - IT Infrastructure Update
 - Ambulatory Diagnostics Centre (WM site) project monitoring
 - Sustainability Strategy
 - National Cost Collection Index
 - Estates & Facilities Capital Governance Review
 - Treasury Management Strategy
 - 5 Year Cash Forecast
 - Review of joint ventures & partnerships, including Sensyne Health (now Arcturis), CW Medicines and North West London Pathology
 - Operational & Business Planning
 - Trust Self Certification
 - Intellectual Property Policy

Key highlights from the year

Increasing demand, backlog recovery, industrial action, and economic pressures continue to challenge the Trust for the foreseeable future. The Board continues with the principle to agree a budget that it is confident of achieving. The target for 23/24 is to achieve a break-even position.

The Trust conducts an annual evaluation for all Board committees. F&P survey responses have been collected and are awaiting evaluation.

The discussions at F&P are robust, challenging and constructive for both the Executives and NEDs. The committee has a full agenda with balanced participation from all members. In addition, the committee routinely invites project teams to present their cases. This makes for more open discussions, builds stronger relationships between the committee and project teams, and aids assurance over project execution and benefits realisation.

The Trust achieved 100% of its Cost Improvement Plan (CIP) in a challenging year. For the coming year, the Trust has a CIP target of c.3% of Income, as per the prior year. To continue to make cost improvements is becoming increasingly difficult, requiring the Trust to take a radical approach. As in the prior year, the plan is to continue to develop fewer larger schemes over a multi-year improvement trajectory with a focus on productivity, efficiency and cost avoidance. A key enabler is the significant investment in technology and the use of data to deliver meaningful and actionable insights to drive change.

In addition to financial stewardship and scrutiny of operational performance, F&P also covers estates and digital/IT. During the year, the committee commissioned an independent capital governance review of the estates function to continue to improve from lessons learned and provide assurance. To counteract the loss of NED memory within estates through the in-year change in committee membership, the committee regularly invites our resident estates expert Aman Dalvi for major items such as the Ambulatory Diagnostic Centre (ADC).

The ADC is a £75m estates scheme that is part of a wider West Middlesex Hospital estates strategy. The scheme received planning permission in February 2023, achieving a major milestone. The ADC adds diagnostic capacity, educational/training facilities and streamlines patient flow. The team demonstrated creativity and tenacity to progress the scheme against a backdrop of recovery pressures and economic uncertainty. The next stage is to invite suppliers to tender for the scheme. The committee will continue to monitor progress using a stage-gate process.

The committee conducted a deep dive into Maternity services given intense national scrutiny and the recommendations of BirthRate+ to maintain a minimum establishment to support safe and effective patient care. The ask of BirthRate+ presents the Trust with significant recurring financial pressure that the Trust has planned to meet through staged investment to ensure compliance while maintaining financial balance.

The Trust sought to improve support for commercial activity and established the Enterprise Division to consolidate all commercial activity under a single governance structure. To support the division, the Commercial Assurance Board was set up, and Angela Kukula was recruited as Commercial Director to lead the division.

Information technology (IT) is central to hospital operations, and a programme of work during the year saw the refresh of IT infrastructure and the implementation of a rolling programme of investment to maintain the Trust's IT estate.

CW Medicines, the Wholly Owned Subsidiary of the Trust, which provides outpatient pharmacy at the Chelsea site and at Dean Street, was created to replace the outsourced service from Boots. It has now been operational for a year at the Chelsea site as is tracking within budget although had some issues with long patient waiting times over the winter period. The plan for the coming year is to review the opportunity to expand the service to the West Middlesex site.

Finally, this will be my last annual report as my term comes to an end on 30th June 2023. I would like to formally thank CoG members for their enthusiasm and unwavering support for the Trust. It's been a tremendous 8+ years over which I have seen CW's leadership blossom and the Trust gallantly take on the challenges presented as it always has done. CW is still as shiny as I knew it before I joined, and I'm certain it will continue to be so.

Nilkunj Dodhia
19 April 2023



TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors Meeting, 19 April 2023		
AGENDA ITEM NO.	2.4		
TITLE OF REPORT	2023/24 Business Planning		
AUTHOR NAME AND ROLE	Graham Henry, Head of Financial Planning Chirag Tank, Deputy Director of Finance		
ACCOUNTABLE EXECUTIVE DIRECTOR	Virginia Massaro, Chief Financial Officer		
THE PURPOSE OF THE REPORT	To provide assurance of the content of the 2023/24 operating plan for CWFT, with a 2023/24 financial plan of a breakeven position and gross capital plan of £53.85m.		
	Decision/Approval		
	Assurance	X	
	Info Only		
	Advice		
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome
	Collaborative Finance & Performance Committee	23/03/2023	Approved
	CWFT Finance & Performance Committee	E-governance	Approved
	Board in Common	18/04/2023	
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> The Trust's operating plan was submitted on 30th March 2023, which comprised of finance, workforce and activity plans for 2023/24. The Trust's plan also feeds into both the Acute Provider Collaborative and NWL ICS operating plans. Final Trust plan is a breakeven position for 2023/34. 2023/24 CIP requirement for the Trust is £23.5m (£0.6m increase over 22/23). NWL ICS and Acute Provider Collaborative have submitted breakeven financial plans for 2023/24, with all providers submitting a balanced plan. Funding for Covid will be substantially reduced, however will be funded recurrently. 		

	<ul style="list-style-type: none"> The Trust’s final capital plan for 2023/24 is £53.8m, which comprises £33.5m of internally funded schemes, £2.1m of PFI lifecycle capital and £20.1m of TIF funding towards the ADC and Treatment Centre projects. The Trust has been given a target to deliver elective activity of 115% for NWL activity and 112.7% for all other ICS activity, in which the Trust has submitted an operational plan that is compliant with these targets.
KEY RISKS ARISING FROM THIS REPORT	<ul style="list-style-type: none"> Delivery of CIP target and financial plan Delivery of elective recovery targets Inflation above funded levels

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:	Business plans will be reviewed by the Executive Management Board and Cost Improvement Plans will be reviewed by the QEHIA panel.	
Equality And Diversity		Y
Quality		Y
People (Workforce or Patients/ Families/Carers)		Y
Operational Performance		Y
Finance		Y
Public Consultation		N
Council of Governors		N

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)	

2023/24 Business Planning

1. Purpose

This paper presents the 2023/24 operating plan for CWFT, which was submitted on 30th March 2023.

The final Acute Provider Collaborative plan has been approved by the March Collaborative Finance & Performance Committee for approval and the Trust’s Finance & Performance Committee via e-governance and will be submitted to the Board in Common in April for approval.

2. Key Priorities in the Operating Plan Guidance

Summary of Key Priorities in Operating Plan Guidance

- | | |
|---|---|
| <ul style="list-style-type: none"> • Recover core services and productivity by: <ul style="list-style-type: none"> ○ Improving ambulance response and A&E waiting times ○ Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standards (NWL target is 109% of 19/20 activity) ○ Delivery of Cancer Faster Diagnosis standard ○ Making it easier for people to access primary care services, particularly general practice. ○ 92% occupancy of bed base • Progress the aspirations in the Long Term Plan by: <ul style="list-style-type: none"> ○ Improving mental health services and services for people with a learning disability and autistic people ○ Embedding measures to improve health and reduce inequalities ○ Investing in the workforce • Transform the health and care system for the future by: <ul style="list-style-type: none"> ○ Having the right digital foundations ○ Successful transformation and continuous improvement ○ System working | <ul style="list-style-type: none"> • Financial Arrangements: <ul style="list-style-type: none"> ○ COVID and ERF monies to stay with ICB (flat in real terms, reduction in COVID), with additional funding to increase capacity ○ 'PBR' contract for elective care to support recovery ○ 'API' contract with fixed element for all other services ○ Winter Capacity funding X2 allocated to systems to increase capacity ○ New Tariff Prices issued ○ CQUIN to be financially monitored ○ 1.1% efficiency assumption ○ Assumed inflationary increase to non-pay; pay is a marker 2.1% to vary with agreements ○ Working assumption of break-even |
|---|---|

3. Activity and Income Plans

NHSE have set Provider specific Elective Recovery Fund (ERF) targets, which have been set using the H1 2022/23 activity by each provider for each ICS. This means providers have differential activity targets for each ICS, which sum to an average for each ICS and each provider. These targets are based on the weighted average price rather than activity numbers, so are case-mix adjusted.

The NWL ICS elective activity target is 109% of 2019/20 activity, for NWL in-sector providers this equates to 107.1% of 2019/20 activity and 114.3% for Out of Sector Providers.

Providers within NWL ICS have differing targets based on H1 activity and CHWFT has been given a target to deliver a VWA of 115% for NWL activity and 112.7% for all other ICS activity, this provider split is summarised below:

Trust	NWL ICS VWA Target	Trust VWA Target for NWL Activity	Trust VWA Target for All ICS's Activity
CWFT	109%	115.08%	112.68%
ICHT		103.82%	104.29%
LNWHT		107.23%	108.50%
THHT		104.23%	104.52%
Out Of Sector		114.30%	114.30%
Independent Sector		116.12%	116.12%

Final submissions: The Trust has submitted final operational activity plans that deliver c115% of 2019/20 activity ERF and is has therefore submitted an activity plan that is compliant with the target. The Trust has also submitted a plan to deliver 120% of 2019/20 activity for diagnostics.

Next steps: Finance, Performance and Workforce teams will now begin actively monitoring delivery of operational plans including plans for expanding capacity and maximising productivity. On-going work through the Divisional Performance & Improvement meetings, Improvement Board and Outpatient and Bed Productivity Boards will support monitoring implementation and impact of plans and associated productivity improvement. Elective oversight remains in place to ensure backlog recovery trajectories are met and interventions are being delivered.

4. Final 23/24 financial plan

The Trust has submitted a breakeven financial plan for 2023/24. The below table sets out how the Trust moves from the 2022/23 forecast outturn to a breakeven plan for 2023/24:

	Income	Pay	Non-Pay	Non-Opex	Surplus/deficit	Exclusions	Adj Surplus/deficit
22/23 Forecast Outturn	£819,118	(£467,746)	(£331,750)	(£13,061)	£6,561	(£6,561)	£0
Financial Recovery Fund (FRF) & MRET	(£7,526)				(£7,526)		(£7,526)
Covid funding	(£7,201)				(£7,201)		(£7,201)
ITU additional capacity funding	(£2,547)				(£2,547)		(£2,547)
Other non-recurrent Funding	(£2,607)				(£2,607)		(£2,607)
Non-Recurrent/FYE CIPs	£154	(£7,729)	(£692)		(£8,267)		(£8,267)
Elective Recovery Fund (ERF)	(£19,621)	£9,614	£4,120		(£5,886)		(£5,886)
NWL Vaccination Programme (incl Mkypx)	(£8,566)	£5,793	£2,091		(£682)		(£682)
Other	£4,783	(£1,839)	(£3,731)	£347	(£439)		(£439)
22/23 underlying position	£775,986	(£461,905)	(£329,961)	(£12,714)	(£28,594)	(£6,561)	(£35,155)

	Income	Pay	Non-Pay	Non-Opex	Surplus/deficit	Exclusions	Adj Surplus/deficit
22/23 underlying position	£775,986	(£461,905)	(£329,961)	(£12,714)	(£28,594)	(£6,561)	(£35,155)
Financial Recovery Fund (FRF)	£1,200				£1,200		£1,200
Marginal Rate Emergency Tariff (MRET)	£6,326				£6,326		£6,326
Covid Funding	£3,310				£3,310		£3,310
Capacity Funding	£1,993	(£1,395)	(£598)		£0		£0
ITU additional capacity funding	£2,547				£2,547		£2,547
23/24 Cost Pressures		(£2,400)	(£600)		(£3,000)		(£3,000)
Efficiency requirement (1.1% + convergence)	(£10,308)				(£10,308)		(£10,308)
Inflation (income 2.9%, pay 2.1%, non-pay 5.5%)	£20,455	(£9,543)	(£13,681)		(£2,769)		(£2,769)
ERF	£24,498	(£13,028)	(£5,584)	£0	£5,886		£5,886
Growth funding ('True up')	£8,442				£8,442		£8,442
CIPs		£16,569	£6,952		£23,520		£23,520
23/24 draft plan	£834,450	(£471,704)	(£343,471)	(£12,714)	£6,561	(£6,561)	£0

Key items included in plans can be summarised as:

- **FRF & MRET:** Historic allocations for the Trust will be re-provided in 23/24, £7.5m (£1.2m FRF, £6.3m MRET).
- **Covid:** Latest guidance confirms that funding will reduce substantially from 22/23, however contracts will be uplifted to reflect Covid funding on a recurrent basis. £3.3m has now been reflected in the financial plan.
- **Critical Care:** £2.5m has been provided non-recurrently to continue supporting staffing/activity levels in ICU, this will be received in-year.
- **Investments & cost pressures:** An allowance of £3m has been made in the plan for investments or further, unexpected cost pressures. The cost of meeting Birthrate Plus standards in Maternity has been calculated at £2.4m (although it is expected that there may be additional national maternity funding to partially offset this).

- **Efficiency requirement:** An efficiency requirement of 1.1% is applied to NHS funding the Trust receives. In addition to this a further 0.4% 'convergence' reduction is applied to NWL ICS to address their underlying deficit.
- **Inflation:** The plan assumes a 2.9% inflationary increase to our NHS, Local Authority, and Private Patient income, a 2.1% increase to pay costs, and 5.5% increase to non-pay, in line with national planning guidance assumptions.
- **Elective Recovery Fund (ERF):** Targets for elective recovery and related payment mechanisms will expand to include chemotherapy and diagnostic imaging. Payment will be on a cost and volume basis and will likely be subject to 'clawback' for underachievement against 19/20 activity levels as well as additional funding for increasing activity.
- **Growth:** Growth funding has been passed to ICBs for increases in activity not covered by variable payments (£8.4m income for CWFT). No allowance for expenditure increases to meet this growth in demand has been included in the plan, as it is assumed to fund 2022/23 levels of activity.
- **CIPs:** The CIP target is £23.5m.

Current planning assumption is that any additional investments and unexpected cost pressures in 23/24 above this level will be either met by additional funding or increased savings elsewhere.

Vaccination costs in 23/24 have not been included in the plan and it is expected that any additional costs will continue to be met with additional funding.

5. Risks and mitigations

- **Inflation:** The plan assumes that gross inflation funding will be sufficient to cover inflationary pressures and pay awards. Non-pay inflation funding has been confirmed at 5.5% for 23/24 (CPI inflation in Dec 2022 was measured at 10.5% and gas/electricity prices have risen by c130% in 22/23).
- **Elective Recovery Fund (ERF):** This is both a risk and potential benefit if the Trust can over deliver against its ERF targets.
- **Covid-related expenditure:** Covid costs are currently forecast to be c£5.2m in 23/24 (same as 22/23), the majority of which relates to ITU capacity and resilience costs. Any reductions will improve the position.
- **Non-NHS income:** Any further growth in Private Patient or other commercial income will contribute towards the Trust's CIP programme.
- **CIPs:** Plan assumes achievement of £23.5m savings in 23/24 (an increase of £0.6m over the 22/23 target). Any shortfall in achievement will further deteriorate the Trust deficit.
- **Investments & cost pressures:** It is likely that the Trust will experience some unplanned cost increases and/or decide to make further investments where additional funding is not provided.
- **Maternity & other national funding:** Additional national funding has been announced to support maternity services and the Trust should receive a share of this funding. This funding has not yet been allocated to ICS and Trust level and therefore has not yet been included in the plan.

6. Capital Plan for 2023/24 and 5 year Capital Plan

The NWL ICS capital allocation in 2023/24 is £219.3m and the Trust's final capital allocation is £30.7m. The Trust's overall capital plan is £53.8m due to the additional external TIF funding for the ADC and Treatment Centre

projects. The phasing of the Treatment Centre project is being reviewed as part of the updated refreshed business case and the capital plan will be updated accordingly. The table below shows the summary capital plan for 2023/24 and for the next 5 years (£180.0m).

Breakdown of Gross Capital Expenditure	23/24	24/25	25/26	26/27	27/28	Total
Estates - ADC & TC	32,334	39,492	9,810	0	0	81,636
Estates - PFI	2,119	2,187	1,871	1,711	1,711	9,599
Estates - Other	9,608	4,242	6,460	13,731	12,954	46,995
Trans Plus (including IFRS16 Lease)	2,361	0	0	0	0	2,361
IT	6,000	6,000	6,000	6,000	6,000	30,000
Non-Med Equip	150	150	150	150	150	750
Med Equip	3,229	2,868	6,392	4,000	4,000	20,489
Contingency/ (Over-programming)	(1,952)	(13,548)	(2,304)	2,627	3,404	(11,773)
Trust sub-total	53,849	41,391	28,379	28,219	28,219	180,057

Note; the above table/ figures exclude Trust held sector contingency plans.

7. NWL ICB and Acute Provider Collaborative final plan

North West London ICB have submitted a breakeven plan for all providers. The table sets out the key elements of the overall plan for the Acute Provider Collaborative, with the combined income of £3.5bn for the 2023/24 financial year.

NWL Draft Financial Plan 2023/24	LNWH Plan 23/24 £000	CWFT Plan 23/24 £000	ICHT Plan 23/24 £000	THH Plan 23/24 £000	Total Plan 23/24 £000
Patient Care Income	790,594	754,925	1,335,639	290,443	3,171,601
Operating Income	68,916	73,165	168,340	27,930	338,351
Total Income	859,510	828,090	1,503,979	318,373	3,509,952
Operating expenses	850,207	818,000	1,497,873	316,801	3,482,881
Operating surplus/(deficit)	9,303	10,090	6,106	1,572	27,071
Net finance costs	(19,311)	(10,810)	(8,327)	(9,785)	(48,233)
Non operating adjustments	10,008	720	2,221	8,213	21,162
23/24 plan	0	0	0	0	0

NWL Draft Financial Plan 2023/24	LNWH Plan 23/24 £000	CWFT Plan 23/24 £000	ICHT Plan 23/24 £000	THH Plan 23/24 £000	Total Plan 23/24 £000
Cost Improvement Programme	31,800	23,520	53,427	9,757	118,504
%age of Turnover	3.7%	2.8%	3.6%	3.1%	3.4%

Each of the Trusts is expecting to deliver break-even (income and expenditure balanced), with a combined cost improvement plan of £118.5m. By agreement, the Trusts have kept their CIP ask below 4%, which is seen a stretching ambition.

All Trusts have used common planning assumptions, and then have agreed allocation of additional ICB funding on a consistent basis to support delivery of break-even plans across the Collaborative. A copy of the 2023/24 Acute Provider Collaborative Operating Plan is included in the appendix.

8. Decision/action required

The Council of Governors is asked to note the 2023/24 Trust and Acute Collaborative Operating Plan.

Appendix - Acute Provider Collaborative Operating Plan



**North West London
Acute Provider Collaborative**

Four acute NHS trusts working together



Chelsea and Westminster
Hospital NHS Foundation Trust



The Hillingdon Hospitals NHS
Foundation Trust



Imperial College Healthcare
NHS Trust



London North West University
Healthcare NHS Trust

Acute Collaborative Operating Plan

2023/24

30 March 2023

Executive Summary #1

- This paper presents the NWL Acute Collaborative Operating Plan for 2023/24. It sits alongside the NWL Acute Collaborative Business Plan for 2023/24, which aims to deliver a series of priority programmes developing the Collaborative at the same time as ensuring delivery of the national and regional priorities for 2023/24. It also sits alongside the Acute Collaborative Financial Plan for 2023/24.
- This is the first time the Collaborative has described the Operating Plan in this way – but it is not the first time that the Trusts have worked collaboratively. For the past three years, the Trusts have been working in an aligned and effective way, particularly in ensuring quality and safety, in delivering operating and performance standards, providing considerable mutual aid, and bringing together a series of interventions to address the challenges facing our workforce. Finance has been delivered collectively, but not yet collaboratively, and this will be one of the key developments for this year.
- The Operating Plan targets are set nationally, and translated by London and NWL ICB into priorities and requirements for the Trusts. As the pack shows, the Collaborative has put in place plans to deliver the majority of the key Operating Plan requirements – in some cases going further than the minimum ask – but there will be risks and challenges to delivery. Further work, in particular, is required with the ICB to finalise the plans and implementation arrangements for the increases in capacity envisaged in the national planning guidance – increasing the bed base, and reducing occupancy towards the required 92% across the Board, and at the same time increasing flow and improving ambulance handovers. This work is in hand, with a collective ‘bid’ being considered by the local and regional teams, and an update will be provided to the Collaborative Board & Cabinet as this capacity plan is finalised. Funding for seven months at current levels of additional capacity has been included in the latest submission of the plans.
- Our workforce plans are well developed with a series of planned interventions at the Collaborative level aimed at improving alignment across the teams, addressing the challenges of recruitment across all professional groups, and supporting Trusts in addressing key issues identified within and across the organisations.

Executive Summary #2

- The NWL Collaborative Financial Plan sits alongside and supports the operational plan and the workforce plans. The Trusts, with CFOs supporting Executive teams to identify opportunities for delivery, have agreed a breakeven plan – but have identified a number of significant risks to delivery, described in a separate paper. Crucially, the ICB has provided non-recurrent support of £40-50m, and has allocated the ICB growth funding reserve of £66m to the Collaborative to support a move to a breakeven plan. We will need to agree a programme of work with the ICB to move to financial sustainability, and this is reflected in the Business Plan for the coming year.
- There are a number of major projects landing in the NWL Collaborative during 2023/24 – the finalisation of the public consultation on the Elective Orthopaedic Centre, and delivery of the build and the initial service change, the implementation of the Community Diagnostics Centres programme, the launch of Digital Care Records at two Trusts and the alignment of the system across all four Trusts. Significant progress on the implementation of the Endoscopy and Digital Diagnostics programmes are expected – and in the background, major cases in respect of SIAM and redevelopment continue to work through refinement and approval processes. These will all impact on the operating plan to a greater or lesser degree, and the draft plan describes how these will be managed during the year. The pipeline of future cases is also healthy, with work in hand on the new ophthalmology service model, critical care and urgent care – the draft Collaborative Business Plan for the coming year helpfully sets out how the emerging strategic priorities for the Collaborative are being translated into priority programmes.
- Finally, there are material risks to the delivery of the plan, and this pack articulates the key risks and the actions to mitigate and manage these. NWL Acute Collaborative, and the ICB, has a strong track record in delivery, and this is anticipated to continue into 2023/24 – but careful management of risk and early responses to variations against planned delivery will be key in maintaining this record of achievement.

Operational Planning – Elective Activity Levels (VWA)

- VWA is the key driver of elective recovery activity levels. The four Trusts within the Collaborative have been given differential value weighted activity (VWA) targets, averaging to differential targets for ICS's. The VWA targets are based on 0.75% improvement in activity each month in 2023/24 over and above the 2022/23 exit run rate.
- The ICB planned value weighted activity is currently **111.8%** against a target for NWL 109% and NWL providers of 107.4% - the ICB must meet the target to secure baseline and additional funding. Trusts have been allocated ERF funding by agreement with the ICB - but it is important to note that the calculation rules for ERF funding has changed, and a new tariff has been applied, so Trusts are working with the ICB to understand whether further funding will become available if the target is delivered. This is covered in the financial plan.
- All Trusts are now planning to meet the VWA target for the year, but there is a significant risk to delivery at LNWHT. This is as a result of a higher target and Cerner Implementation Plans (Cerner is also being implemented at THH, but there is a lower VWA target for the year). LNWH and the ICB are discussing the target with the NHS London team (and have included THH in this) and are seeking an appropriate adjustment for Cerner.

Trust	NWL ICS VWA Target	Trust VWA Target for NWL Activity	Trust VWA Target for All ICS's Activity
CWFT	109%	115.08%	112.68%
ICHT		103.82%	104.29%
LNWHT		107.23%	108.50%
THHT		104.23%	104.52%
Out Of Sector		114.30%	114.30%
Independent Sector		116.12%	116.12%

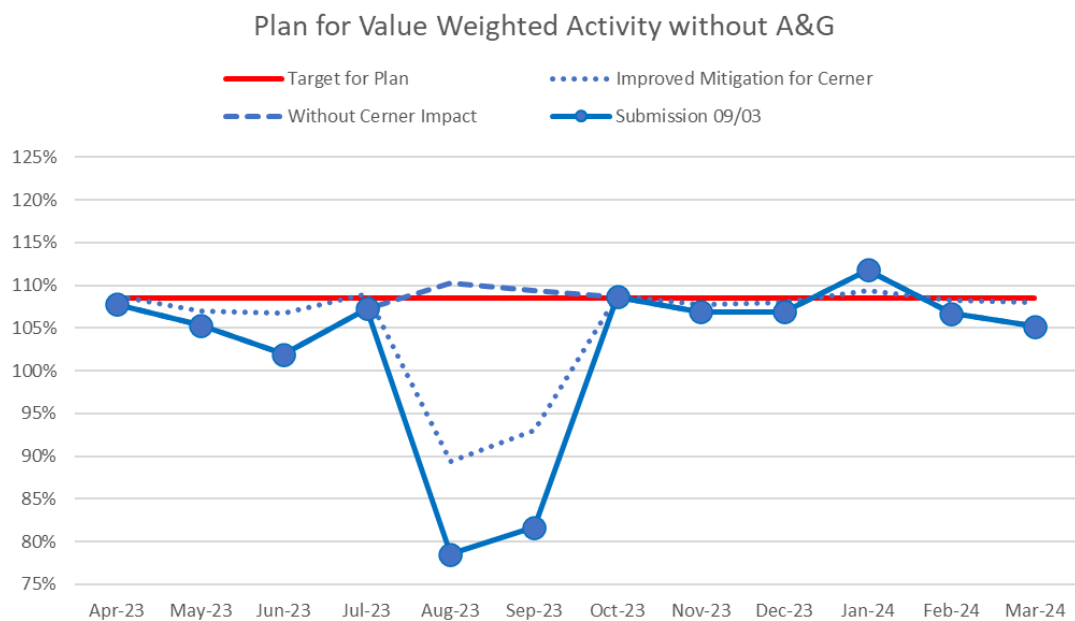
- Trust by Trust performance plans are shown overleaf - Planned elective activity is 109.5% of 19/20 first outpatient first attendances and 109.2% of 19/20 elective admissions.
- NWL PIFU is non compliant at 1.9% against a target of 5.0%. CWFT is compliant, but ICHT, LNWT and THHT are not compliant.
- Outpatient follow up ambition to reduce to 75% is not achieved with 100.2% activity levels currently in plans.

Value Weighted Activity (Plans for 2023/24)

Value Weighted Activity an estimated view based on local logic that is subject to change. Approach has been agreed by the CFOs and COOs.

NWL In Sector Providers VWA	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023-24	Target
Elective day case spells	112.5%	113.3%	107.3%	111.2%	107.4%	107.8%	109.3%	111.8%	119.5%	113.0%	110.8%	110.6%	111.0%	107.4%
Elective ordinary spells	102.6%	97.4%	95.1%	101.9%	97.6%	101.1%	99.1%	100.4%	109.3%	104.1%	97.8%	95.9%	99.9%	107.4%
Total OP 1st	115.7%	114.7%	110.1%	113.3%	112.7%	104.3%	108.2%	102.8%	112.3%	107.2%	107.9%	113.2%	110.0%	107.4%
1st OP with proc	111.9%	107.9%	96.9%	102.6%	102.7%	99.8%	106.5%	102.5%	115.1%	103.2%	112.4%	118.4%	106.0%	107.4%
FU OP with proc	105.4%	105.7%	99.3%	100.3%	98.7%	98.2%	105.0%	96.4%	109.8%	97.6%	100.0%	99.5%	101.0%	107.4%
Total incl. A&G	115.1%	113.6%	108.5%	113.2%	110.4%	108.7%	110.6%	109.5%	118.8%	112.5%	110.7%	111.7%	111.8%	107.4%
LNWHT VWA	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023-24	Target
Elective day case spells	110.0%	110.0%	110.0%	115.9%	94.2%	94.1%	114.4%	112.6%	111.7%	112.5%	110.5%	111.9%	108.9%	108.5%
Elective ordinary spells	106.6%	100.6%	100.0%	100.1%	82.7%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	108.5%
Total OP 1st	109.8%	108.6%	108.6%	108.6%	89.4%	89.7%	109.4%	108.6%	110.7%	113.1%	113.0%	113.2%	106.8%	108.5%
1st OP with proc	112.0%	111.0%	110.0%	110.0%	93.2%	95.1%	110.0%	110.0%	110.0%	110.0%	110.1%	110.5%	107.6%	108.5%
FU OP with proc	100.0%	100.0%	100.0%	100.0%	82.6%	81.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	108.5%
Total incl. A&G	112.0%	110.2%	109.9%	112.2%	92.6%	96.2%	112.0%	111.0%	111.2%	112.7%	111.4%	111.9%	108.5%	108.5%
THH VWA	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023-24	Target
Elective day case spells	104.1%	104.1%	104.1%	104.1%	104.1%	104.1%	104.1%	65.1%	93.7%	104.1%	104.1%	104.1%	100.1%	104.5%
Elective ordinary spells	106.8%	106.6%	106.7%	106.6%	106.7%	106.5%	106.6%	66.7%	95.8%	106.6%	106.9%	106.4%	102.2%	104.5%
Total OP 1st	104.5%	104.5%	104.5%	104.5%	104.5%	104.5%	104.5%	65.3%	94.1%	104.5%	104.5%	104.5%	100.2%	104.5%
1st OP with proc	98.9%	98.9%	98.9%	98.9%	98.9%	98.8%	98.9%	61.8%	89.0%	98.9%	98.9%	99.0%	94.5%	104.5%
FU OP with proc	101.0%	101.0%	101.0%	101.0%	101.0%	101.0%	101.0%	63.2%	90.9%	101.0%	101.0%	101.1%	96.7%	104.5%
Total incl. A&G	112.9%	112.3%	112.3%	112.7%	112.8%	112.6%	113.1%	73.6%	103.0%	112.9%	113.2%	113.1%	108.6%	104.5%
ChelWest VWA	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023-24	Target
Elective day case spells	120.8%	125.0%	106.3%	115.7%	117.9%	125.9%	114.4%	178.1%	163.1%	154.0%	141.8%	132.6%	130.1%	112.7%
Elective ordinary spells	105.5%	98.8%	83.4%	91.1%	101.1%	106.8%	93.5%	145.1%	146.1%	103.2%	101.2%	102.8%	104.6%	112.7%
Total OP 1st	109.1%	112.0%	94.5%	100.9%	105.1%	105.4%	99.8%	113.4%	107.1%	97.6%	101.0%	113.4%	104.6%	112.7%
1st OP with proc	118.1%	121.2%	91.0%	111.9%	114.3%	108.3%	123.0%	176.3%	175.3%	133.7%	141.8%	190.1%	127.0%	112.7%
FU OP with proc	122.7%	116.1%	98.5%	106.7%	115.2%	112.4%	119.1%	156.2%	166.5%	117.1%	125.8%	114.2%	120.2%	112.7%
Total incl. A&G	119.2%	119.8%	101.8%	110.5%	115.5%	119.0%	110.8%	150.5%	144.5%	124.5%	122.9%	126.1%	120.9%	112.7%
ICHT VWA	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023-24	Target
Elective day case spells	112.1%	112.3%	106.9%	108.3%	111.6%	109.5%	105.6%	103.0%	115.1%	103.4%	102.5%	103.3%	107.5%	104.3%
Elective ordinary spells	98.8%	93.3%	94.2%	106.4%	102.9%	99.5%	99.6%	95.4%	105.6%	106.1%	93.9%	89.6%	98.5%	104.3%
Total OP 1st	129.9%	126.2%	124.9%	130.2%	142.1%	114.1%	114.0%	106.7%	124.0%	110.1%	109.9%	116.2%	119.7%	104.3%
1st OP with proc	112.7%	100.0%	89.0%	92.1%	105.1%	98.5%	96.6%	85.4%	103.3%	87.5%	104.4%	104.8%	97.3%	104.3%
FU OP with proc	104.1%	107.6%	98.3%	97.7%	102.5%	103.7%	105.4%	94.5%	110.5%	89.4%	92.6%	93.7%	99.4%	104.3%
Total incl. A&G	115.7%	113.0%	109.9%	115.2%	118.9%	110.6%	109.0%	104.0%	117.7%	107.6%	104.7%	105.3%	110.6%	104.3%

Note: LNWH Impact of Cerner Implementation



23/24 VWA
108.5%

Target

102.3%

Plan scenario for Cerner
Impact (9th Mar)

105.4%

Improved Mitigation for
Cerner impact (23rd Mar)

108.5%

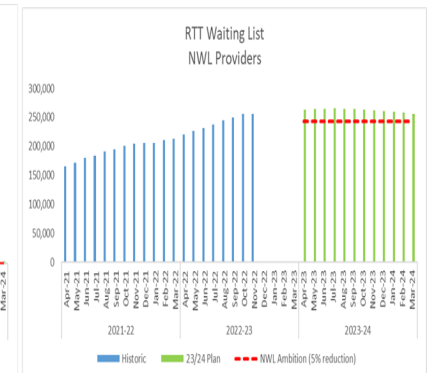
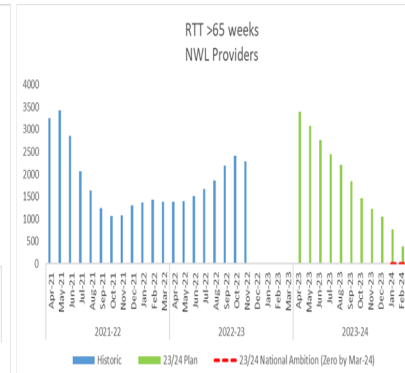
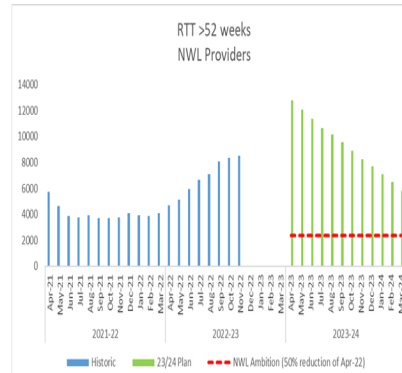
Planned delivery
including A&G

Value Weighted Activity (VWA) consists of elective day case and inpatient admissions, consultant-led and non-consultant-led first outpatient attendances, procedures or tests carried out in an outpatient clinic and advice and guidance which supports patients to be cared for in primary care setting. This volume and value of this activity is measured against the baseline year of 2019/20 with an expectation that LNWH achieves 108.5% of the equivalent value of that activity. The original draft submission assumed a negative impact of **3.7%** to the full year plan attributed to the planned reduction in elective activity around the time of the Cerner EPR deployment in August and further time for embedding new work practices. The impact has been mitigated to within **0.7%** through a plans to reduce the immediate deployment impact and by improving the run-rate position through the year.

Collaborative Operational Plan – Access and Cancer Standards

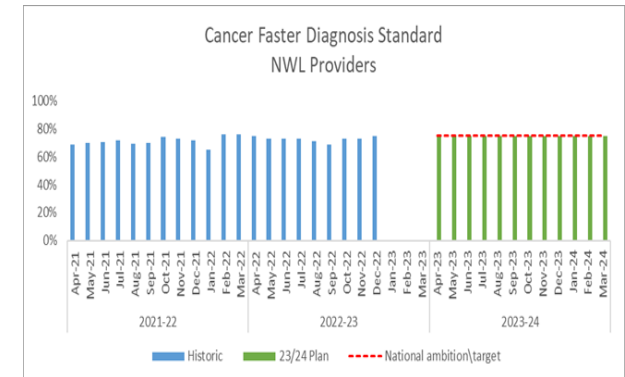
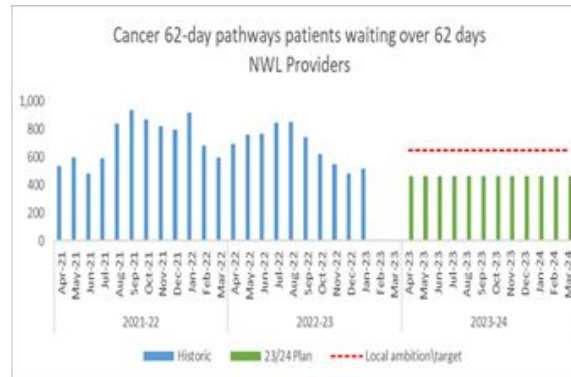
Referral to Treatment Times

- There is a national target to eliminate all 65 week waits by Mar 24. The Collaborative is planning to meet this target and reaching zero by March 24.
- 52 week waits - NWL has a collective ambition to reduce the waiting list by 50% from Apr 2023 - and this has been achieved in the plan, with anticipated levels of 5,812.



Cancer

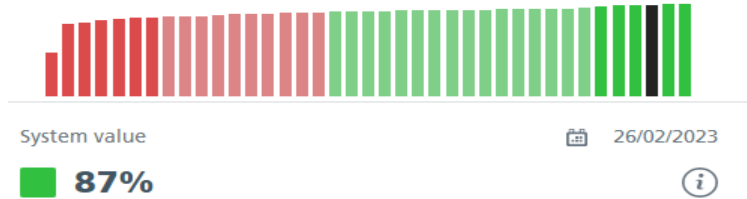
- The Trusts are planning to overachieve against the Cancer 62 day plus waits target, with a plan of 460 in March 2024 meeting the national ambition of 645.
- Cancer 28 day waits (faster diagnosis standard) meets the target of 75% from April 2023.



Operational Planning – Elective Activity Levels & Theatre Productivity

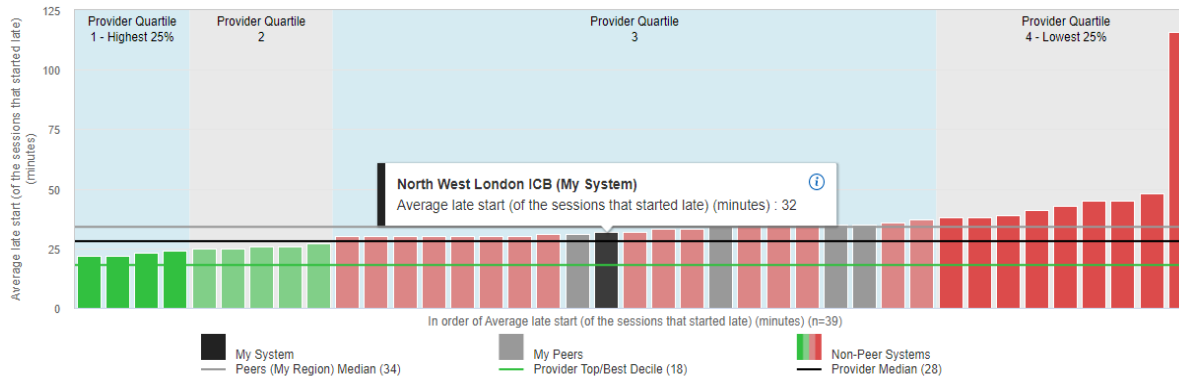
- Through the Elective Care Board, the Collaborative has seen a significant increase in the productivity and efficiency of theatres across the past year. But, there remains work to do on late starts and in aligning activity, staffing and the cost of the staffing levels.
- The Collaborative is working in partnership with the ICB on a significant theatres productivity programme across the four Trusts, which will support continued improvement in the overall productivity.

Uncapped Theatre Utilisation %: Total touch time vs planned session time



Average late start (of the sessions that started late) (minutes), National Distribution

Download

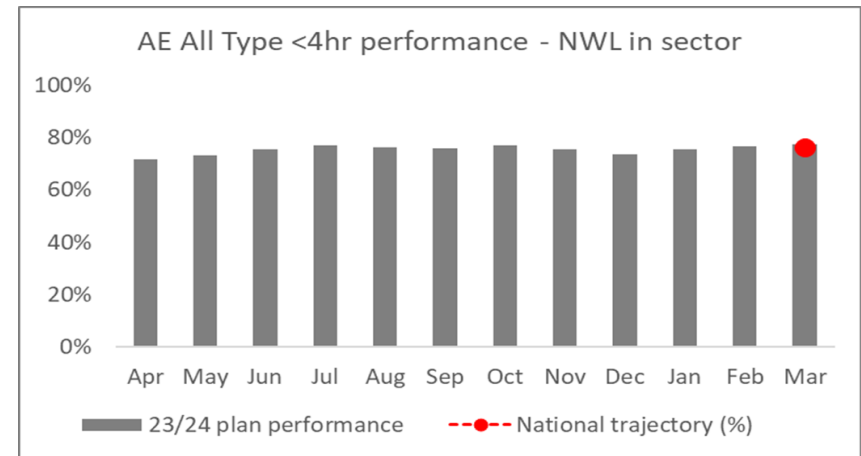


Additional capacity (%) including 5% on the day cancellation rate



Urgent and Emergency Care

- The Collaborative UEC plan shows the beneficial impact of SDEC and work by the COOs to standardise models and delivery across the four Trusts – but also recognises the significant capacity constraints faced by all providers.
- A&E All Types Performance is planned to be **78.5%**. This is above the national target, but our local ambition is to be higher than the national standard.
- The planned A&E Type 1 performance at March 2024 for CWFT is 66.4%, LNWHT – 56.0%, ICHT – 68.3% and THHT – 53.9%, with further detail in the appendices.
- G&A bed occupancy is expected at **94.4%** compared with a national target of 92%, even with NEL activity planned at 97.4% across 2023-24 against a 100% local target. This assumes existing additional beds remain in place whilst the final NWL capacity plan is being agreed.



- Securing the capacity plan and agreeing funding is key to improving delivery. £47m revenue funding has been allocated to London ICS's to increase UEC bed bases.
- Plans have been developed to bid for funding to open 272 beds in 2023/24. Indicative allocations and bed numbers were included in the 30 March plan submission.

Collaborative Operational Plan – Diagnostics

Diagnostic Test Activity Levels

- The targets for 120% of diagnostic test activity (120%) are not met, reflecting both some capacity challenges and complexity in demand.

Patients Waiting Less than 6 Weeks

- All providers meet the targets set for Echo. CWFT and ICHT are compliant for all test and exam types. LNW is compliant bar CT, and is looking at all options to improve performance. Through the Diagnostic Network and the ICB, actions are in hand to support the THH position, and to seek to strengthen overall compliance.

23/24 Full Year Plan against Adj Baseline	LNW	THH	CW	ICHT	NWL Providers	NWL ICB
Diagnostic Tests - Magnetic Resonance Imaging	120%	100%	120%	127%	121%	117%
Diagnostic Tests - Computed Tomography	120%	127%	120%	133%	126%	122%
Diagnostic Tests - Non-Obstetric Ultrasound	120%	101%	120%	126%	120%	118%
Diagnostic Tests - Colonoscopy	100%	65%	120%	114%	103%	103%
Diagnostic Tests - Flexi Sigmoidoscopy	100%	76%	120%	87%	99%	82%
Diagnostic Tests - Gastroscopy	100%	83%	120%	103%	103%	105%
Diagnostic Tests - Echocardiography	120%	103%	120%	79%	98%	107%

Mar-24 Plan	LNW	THH	CW	ICHT	NWL	NWL ICB
Diagnostic test waiting list - Magnetic Resonance Imagi	3.0%	27.1%	3.0%	3.0%	8.0%	9.0%
Diagnostic test waiting list - Computed Tomography	10.0%	0.0%	3.0%	1.0%	4.5%	5.3%
Diagnostic test waiting list - Non-Obstetric Ultrasound	1.9%	14.0%	2.2%	5.0%	5.3%	8.8%
Diagnostic test waiting list - Colonoscopy	5.0%	25.0%	3.1%	1.0%	6.9%	9.3%
Diagnostic test waiting list - Flexi Sigmoidoscopy	4.7%	31.0%	3.0%	0.9%	6.1%	6.9%
Diagnostic test waiting list - Gastroscopy	4.8%	25.4%	3.0%	1.0%	6.9%	8.3%
Diagnostic test waiting list - Cardiology - Echocardiogra	3.0%	0.0%	2.4%	5.0%	3.1%	1.3%

Workforce Planning

- The core principle for the workforce plans is that the existing staff base will deliver activity for 23/24 with no growth planned. The exception to this is establishment and staffing growth relating to agreed and funded service changes which, for Chelsea & Westminster, relates to approved and funded maternity services improvement investment (41 WTE).
- Whilst recruitment into established vacancies will see the overall substantive staff in post numbers rise by 279 WTE for the four Acute Trusts collectively, these are off-set by commensurate reductions in bank and agency usage as the vacancies are filled.
- In addition, the impact of pay cost improvement opportunities, primarily across the temporary staffing groups (bank and agency), further reduces the overall planned total staffing numbers.
- In summary, there is a planned establishment growth of 41 WTE and an overall staffing reduction of 902 WTE. As the CIP schemes are finalised and signed off, all staffing consequences will pass through the appropriate QIA process.

NWL Acute Trusts	22/23 out-turn	23/24 out-turn	change +/-
Establishment (WTE)	35,067	34,828	-239
Total Staffing (WTE)	35,251	34,350	-902

Chelsea & Westminster	22/23 out-turn	23/24 out-turn	change +/-
Establishment (WTE)	6,930	6,971	41
Total Staffing (WTE)	7,242	6,970	-272

Imperial College	22/23 out-turn	23/24 out-turn	change +/-
Establishment (WTE)	15,320	15,260	-60
Total Staffing (WTE)	15,167	14,819	-348

Hillingdon	22/23 out-turn	23/24 out-turn	change +/-
Establishment (WTE)	3,775	3,746	-29
Total Staffing (WTE)	3,800	3,712	-88

London North West	22/23 out-turn	23/24 out-turn	change +/-
Establishment (WTE)	9,042	8,851	-190
Total Staffing (WTE)	9,042	8,848	-194

Financial Planning for the Collaborative – 2023/24

- The Trusts have worked with the ICB and with Clinical, Operational and Workforce teams to develop the Collaborative Financial Plan for 2023/24. The Trusts have developed and agree a break-even financial plan across the Collaborative, which aligns with the ICB and wider system plans.
- The Trusts have followed a standard set of assumptions, agreed with the ICB, to agree the key elements of the plan. This means standard assumptions have been applied across pay and non-pay uplifts and tariff impacts. Non-recurrent delivery of CIPs has been reversed out for individual Trusts. The impact of non-recurrent delivery in 2022/23 has impacted on each Trust's carried forward position, making 2023/24 a challenging ask.
- ERF and FRF have been treated as in 2022/23, with the same values allocated to Trusts – and the overall quantum of ERF has been marginally increased to reflect changes in activity targets. COVID funding has been issued in line with a set of common principles. ERF represents both an opportunity and a risk, as Trusts will have to 'earn' the ERF values from 2022/23 with a new set of tariff and rules. No growth has been allocated to providers, given activity levels in 2022/23. CIP levels, but all remain below the 4% level.
- The ICB has offered an overall package of support to help support the Collaborative in moving to a breakeven plan, based on non-recurrent allocation of growth in 2023/24. We will need to agree a programme of work (akin to the Theatres Productivity Programme) with the ICB to support the release of this non-recurrent funding, and to look to reduce the deficit by £66m in future years – and this is included in the draft Collaborative Business Plan for the coming year.

Monitoring Delivery of the Financial Plan

- Now that a breakeven plan has been secured, greater focus is now on the work to develop the CIP programme for 2023/24. CFOs and their teams are working intensively on their CIP programme, with an ambition of a minimum of 50% of the required schemes signed off before the start of the financial year.
- CFOs, with support from key stakeholders, are also working during March and April to agree rules and principles for risk sharing for 2023/24, recognising that each Trust has a separate financial plan, but these are woven together to form the Collaborative financial plan. This will support management of financial performance within and across the Trusts.
- The level of ERF risk remains high, given the implementation of Cerner and the impact of industrial action and the challenges facing the clinical and operational teams in continuing to deliver a step increase in activity. The financial risks associated with ERF in the short-term have been marginally reduced through recent agreements with the ICB, which has shifted the amount of income 'at risk' down from the full ERF amount, and has in consequence, provided an increase allocation of funding towards diagnostics and critical care in seeking to deliver the full activity target. The level of focus and engagement on delivering elective targets through the ERF is rigorous and CFOs consider the overall level of risk to financial plans has reduced.
- It is important to highlight the overall risk to the financial plan of inflationary pressures. The Trusts plans, as with all Trusts in the ICB, do not include the additional pressures driven by hyper-inflation. CFOs are working together to identify the full level of risk to the financial plan, and are working in partnership with the ICB, to ensure a consistent approach and dialogue with NHS London and from there into national dialogues.

Financial Plan 2023/24

- The Trusts within the Collaborative have agreed an aligned and balanced financial plan.
- A separate paper to the Collaborative Board sets out the key elements of the plan, the key risks and assumptions and the approach to delivery.
- The Collaborative financial plan also includes a capital plan, building on the core allocation and national/regional funding streams across the Trusts.
- On a monthly basis, a combined Collaborative Finance Report is prepared, showing performance against the plan.
- The key risks for 2023/24 are ERF and CIP, both the subject of intense work during April/May.

NWL APC Financial Plan 2023/24	LNWH Plan 23/24 £000	CWFT Plan 23/24 £000	ICHT Plan 23/24 £000	THH Plan 23/24 £000	Total APC Plan 23/24 £000
Patient Care Income	787,023	754,469	1,363,904	295,932	3,201,328
Operating Income	71,547	71,733	162,988	28,290	334,558
Total Income	858,570	826,202	1,526,892	324,222	3,535,886
Pay	(535,584)	(465,431)	(912,813)	(221,581)	(2,135,409)
Non pay	(307,194)	(350,713)	(606,263)	(110,514)	(1,374,684)
Total expenses	(842,778)	(816,144)	(1,519,076)	(332,095)	(3,510,093)
Operating surplus/deficit	15,792	10,058	7,816	(7,873)	25,793
Finance costs & Income	(5,809)	1,589	5,300	(1,478)	(398)
PDC	(11,200)	(12,570)	(14,404)	(7,612)	(45,786)
Net surplus / deficit	(1,217)	(923)	(1,288)	(16,963)	(20,391)
Other non operating costs/income	1,217	923	1,288	16,963	20,391
23/24 Financial plan	0	0	0	0	0
NWL APC Financial Plan 2023/24	LNWH Plan 23/24 £000	CWFT Plan 23/24 £000	ICHT Plan 23/24 £000	THH Plan 23/24 £000	Total APC Plan 23/24 £000
Cost Improvement Programme	31800	23520	53427	10757	119504
% of turnover	3.7%	2.8%	3.5%	3.3%	3.4%

Next Steps, Key Risks and Challenges in Delivery

- This paper presents the NWL Acute Collaborative Operating Plan for 2023/24. It sits alongside the NWL Acute Collaborative Business Plan for 2023/24, and the NWL Acute Collaborative Financial Plan.
- There are also number of major projects landing in the NWL Collaborative during 2023/24 – the finalisation of the public consultation on the Elective Orthopaedic Centre, and delivery of the build and the initial service change, the implementation of the Community Diagnostics Centres programme, the launch of Digital Care Records at two Trusts and the alignment of the Cerner system across all four Trusts. Significant progress on the implementation of the Endoscopy and Digital Diagnostics programmes are expected – and in the background, major cases in respect of SIAM and redevelopment continue to work through refinement and approval processes. These will all impact on the operating plan to a greater or lesser degree, and the final plan will include each of these service developments where appropriate. The pipeline of future cases is also healthy, with work in hand on the new ophthalmology service model, critical care and urgent care – the draft Collaborative Business Plan for the coming year helpfully sets out how the emerging strategic priorities for the Collaborative are being translated into priority programmes.
- Finally, there are material risks to the delivery of the plan. NWL Acute Collaborative, and the ICB, has a strong track record in delivery, and this is anticipated to continue into 2023/24 – but careful management of risk and early responses to variations against planned delivery will be key in maintaining this record of achievement.
- The most significant risks for the Operating Plan are (i). activity levels (ERF funding) which are being managed through the Elective Care Board, which has a strong track record of delivery, (ii). Capacity plan requirements, which are managed through the UEC Board and the COOs, and again where there is a strong track record of delivery, (iii). CIP programme delivery – where the CFOs are working intensively during March to strengthen arrangements to secure delivery, (iv). continued industrial action which will impact both cost and delivery, and (v). Implementation of Cerner at THH and LNWH. Mitigation plans are in place, or under development, for these risks.



**North West London
Acute Provider Collaborative**

Four acute NHS trusts working together



Chelsea and Westminster
Hospital NHS Foundation Trust



The Hillingdon Hospitals NHS
Foundation Trust



Imperial College Healthcare
NHS Trust



London North West University
Healthcare NHS Trust

Appendices

30 March 2023

Acute Activity – NWL Collaborative

Total In Sector Providers - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
OP	Total OP - 1st	114.6%	113.9%	108.8%	111.9%	110.5%	103.5%	107.6%	102.9%	111.4%	106.8%	107.7%	113.0%	109.2%	107.4% of 19/20	National
OP	Total OP - FU	104.7%	104.1%	99.4%	103.2%	102.0%	97.1%	101.2%	96.2%	102.8%	95.6%	98.4%	98.8%	100.2%	<=75% of 19/20 by Mar-24	National
OP	Total OP	107.8%	107.3%	102.5%	106.0%	104.7%	99.2%	103.3%	98.4%	105.5%	99.2%	101.4%	103.3%	103.1%		
PIFU	OP Transformation	3,928	4,409	4,293	4,314	4,353	4,436	4,483	4,426	4,241	5,350	5,183	5,075	54,491		
OP	Consultant-led 1st OP	114.5%	114.2%	108.6%	110.6%	109.4%	100.8%	106.4%	103.9%	111.9%	106.4%	110.7%	115.5%	109.1%	107.4% of 19/20	National
OP	Consultant-led 1st OP with proc	111.8%	108.0%	97.2%	103.0%	102.5%	99.8%	106.8%	102.8%	115.4%	103.9%	112.6%	118.8%	106.2%		
OP	Consultant-led FU OP	102.4%	102.7%	97.2%	100.9%	102.0%	95.1%	97.3%	95.9%	104.2%	95.8%	98.1%	98.1%	99.0%	<=75% of 19/20 by Mar-24	National
OP	Consultant-led FU OP with proc	105.4%	105.7%	99.3%	100.3%	98.7%	98.2%	105.0%	96.4%	109.8%	97.6%	100.0%	99.5%	101.0%	107.4% of 19/20	National
OP	OPFU without procedure	105.3%	104.5%	98.8%	103.1%	105.7%	98.7%	100.3%	96.4%	103.1%	95.2%	97.9%	98.7%	100.5%		
Elective	Total elective spells	111.1%	111.1%	105.8%	110.1%	105.7%	106.5%	108.2%	110.2%	117.8%	111.8%	109.1%	108.6%	109.5%	107.4% of 19/20 baseline (113% exit run rate)	National
Elective	Elective day case spells	112.3%	113.1%	107.4%	111.3%	106.9%	107.2%	109.5%	111.4%	119.0%	112.9%	110.7%	110.5%	110.8%		
Elective	Elective ordinary spells	102.6%	97.3%	94.6%	101.6%	97.4%	101.2%	98.9%	101.7%	110.1%	104.1%	97.7%	95.9%	100.0%		
Elective	Elective day case spells - Children under 18 years of age	68.1%	69.1%	67.7%	74.7%	69.1%	67.0%	69.2%	79.7%	71.8%	70.1%	76.4%	76.9%	71.4%		
Elective	Elective ordinary spells - Children under 18 years of age	51.9%	56.0%	49.1%	52.9%	58.6%	53.9%	52.5%	66.7%	67.6%	63.2%	63.2%	59.6%	57.3%		
Total Electives (incl. A&G):		Q1 23/24			Q2 23/24			Q3 23/24			Q4 23/24					
		116.2%			113.0%			113.8%			114.3%					
Total Electives (incl. A&G) cumulative:		Q1 23/24			Q1-Q2 23/24			Q1-Q3 23/24			Q1-Q4 23/24					
		116.2%			114.6%			114.3%			114.3%					
A&E	AE All Type <4hr performance	72.0%	73.7%	75.5%	76.9%	76.4%	75.7%	77.0%	76.4%	74.4%	76.3%	77.8%	78.5%	75.9%	>=76% performance	National
A&E	AE Type 1 <4hr performance	60.5%	63.1%	64.1%	65.2%	67.4%	64.9%	65.8%	65.4%	63.5%	65.8%	65.9%	66.4%	64.8%		
A&E	AE Type 2&3 <4hr performance	87.6%	87.5%	90.2%	92.1%	89.0%	90.2%	91.9%	91.2%	89.0%	91.8%	93.7%	94.6%	90.7%		
NEL	Non-elective spells	95.9%	96.6%	97.2%	95.8%	97.7%	97.1%	99.5%	99.4%	100.0%	96.9%	96.7%	96.3%	97.4%	<=100% of 19/20	NWL (0 LoS adjusted baseline for Type 5 ECDS)
NEL	Non-elective spells with a length of stay of zero days	98.5%	100.7%	100.5%	99.7%	100.5%	99.4%	100.0%	100.8%	103.2%	96.4%	94.5%	93.3%	98.9%		
NEL	Non-elective spells with a length of stay of 1 or more days	94.1%	93.8%	95.0%	93.2%	95.9%	95.5%	99.2%	98.4%	98.0%	97.2%	98.3%	98.4%	96.4%		

Acute Activity – NWL Acute Collaborative (2)

Total In Sector Providers - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
RTT	Number of 52+ week RTT waits	12,500	11,865	11,205	10,455	9,902	9,375	8,780	8,172	7,703	7,071	6,472	5,812	5,812	50% reduction by Mar-24 (Baseline = Apr-23)	NWL
RTT	Number of 65+ week RTT waits	3,319	2,986	2,677	2,346	2,073	1,791	1,472	1,218	1,056	762	392	-	-	Zero by Mar-24	National
RTT	RTT waiting list	263,622	264,425	265,066	265,278	264,728	264,376	263,225	262,412	261,321	260,048	258,095	256,167	256,167	> 22/23	NWL
RTT	RTT completed admitted pathways	131.5%	125.3%	111.4%	118.1%	131.8%	129.4%	125.6%	121.8%	121.1%	115.2%	117.0%	134.8%	123.2%		
RTT	RTT completed non-admitted pathways	115.4%	112.4%	93.6%	101.6%	95.4%	100.9%	110.9%	110.8%	115.9%	103.8%	108.6%	122.8%	107.2%		
RTT	New RTT pathways (clock starts)	109.3%	103.1%	95.0%	99.8%	106.7%	103.0%	123.8%	109.4%	117.8%	107.2%	101.1%	118.0%	107.4%		
Diagnosics	Diagnostic Tests - Magnetic Resonance Imaging	125.8%	120.2%	112.8%	125.0%	121.4%	120.3%	123.3%	115.6%	120.7%	121.4%	124.0%	128.9%	121.4%	Activity at 120% of 19/20	NWL
Diagnosics	Diagnostic Tests - Computed Tomography	127.6%	124.1%	114.7%	127.5%	120.2%	120.6%	132.6%	123.3%	129.9%	128.1%	131.8%	134.6%	125.9%		
Diagnosics	Diagnostic Tests - Non-Obstetric Ultrasound	126.6%	116.9%	109.0%	116.8%	117.6%	126.5%	121.3%	116.1%	116.0%	119.8%	124.8%	129.4%	119.8%		
Diagnosics	Diagnostic Tests - Colonoscopy	109.8%	109.8%	101.1%	108.7%	101.9%	101.6%	102.8%	98.1%	114.2%	101.2%	96.7%	95.8%	102.9%		
Diagnosics	Diagnostic Tests - Flexi Sigmoidoscopy	91.9%	108.6%	76.7%	107.9%	106.8%	100.6%	111.3%	95.3%	101.6%	104.6%	98.1%	91.3%	99.0%		
Diagnosics	Diagnostic Tests - Gastroscopy	101.5%	104.1%	100.6%	106.7%	98.8%	102.2%	104.6%	99.2%	105.9%	109.2%	100.8%	99.8%	102.7%		
Diagnosics	Diagnostic Tests - Cardiology - Echocardiography	99.1%	93.1%	88.1%	95.4%	90.5%	93.7%	102.8%	95.2%	104.6%	125.8%	96.2%	95.4%	97.7%		
ACC	Adult Critical Care Bed occupancy %	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	89.2%	>= Mar-23	NWL
G&A	Average number of overnight G&A beds occupied - Total	2,982	2,956	2,839	2,842	2,831	2,856	2,879	3,029	3,032	3,062	3,062	3,057	3,057	<=92% occupancy rate	National
G&A	Average number of overnight G&A beds available - Total	3,172	3,172	3,001	3,002	3,002	3,002	3,011	3,207	3,213	3,237	3,240	3,237	3,237		
G&A	Average number of overnight G&A beds occupancy - Total	94.0%	93.2%	94.6%	94.7%	94.3%	95.1%	95.6%	94.4%	94.4%	94.6%	94.5%	94.4%	94.4%		
G&A	Average number of overnight G&A beds occupied - adult	2,857	2,826	2,711	2,716	2,705	2,728	2,749	2,899	2,904	2,935	2,935	2,930	2,930		
G&A	Average number of overnight G&A beds available - adult	3,025	3,025	2,854	2,855	2,855	2,855	2,864	3,060	3,066	3,090	3,093	3,090	3,090		
G&A	Average number of overnight G&A beds occupancy - adult	94.4%	93.4%	95.0%	95.1%	94.7%	95.6%	96.0%	94.7%	94.7%	95.0%	94.9%	94.8%	94.8%		
G&A	Average number of overnight G&A beds occupied - paediatric	125	130	128	126	126	128	130	130	128	127	127	127	127		
G&A	Average number of overnight G&A beds available - paediatric	147	147	147	147	147	147	147	147	147	147	147	147	147		
G&A	Average number of overnight G&A beds occupancy - paediatric	85.0%	88.4%	87.1%	85.7%	85.7%	87.1%	88.4%	88.4%	87.1%	86.4%	86.4%	86.4%	86.4%		
G&A	Average number of overnight G&A beds occupied - adult elective	290	288	279	279	279	281	282	297	298	299	299	298	298		
G&A	Average number of overnight G&A beds occupied - paediatric elective	8	9	9	9	10	9	9	9	9	9	9	9	9		
G&A	Average number of overnight G&A beds occupied - adult non-elective	2,567	2,538	2,432	2,437	2,426	2,447	2,467	2,602	2,606	2,636	2,636	2,632	2,632		
G&A	Average number of overnight G&A beds occupied - paediatric non-elective	117	121	119	117	116	119	121	121	119	118	118	118	118		
LoS	LoS - reducing 21 days LoS and over	683	671	657	658	669	681	669	663	653	652	644	639	639	5% reduction in YoY position	NWL
Discharges	% beds occupied by patients not meeting criteria to reside	12.4%	12.2%	12.4%	12.1%	11.9%	11.8%	11.8%	11.3%	11.4%	11.3%	11.4%	11.5%	11.5%	5% reduction in YoY position	NWL
Cancer	Cancer 63+ days wait	460	460	460	460	460	460	460	460	460	460	460	460	460	Nationally Set	NWL
Cancer	People referred onto a non-specific symptoms pathway	185	220	210	230	185	235	230	240	175	245	230	255	2,640		
Cancer	Cancer 28 day waits (faster diagnosis standard)	74.6%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	FDD standard of 75% by Mar-24	National

Summary – LNWHT

LNWHT - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source	
POD	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
OP	Total OP - 1st	109.8%	108.6%	108.6%	108.6%	89.4%	89.7%	109.4%	108.6%	110.7%	113.1%	113.0%	113.2%	106.8%	108.5% of 19/20	National	
OP	Total OP - FU	103.3%	99.7%	99.5%	102.2%	82.2%	78.0%	100.7%	92.7%	96.8%	92.7%	92.8%	91.3%	94.3%	<=75% of 19/20 by Mar-24	National	
OP	Total OP	105.7%	103.1%	103.0%	104.7%	84.9%	82.4%	104.0%	98.5%	102.0%	100.1%	100.3%	99.4%	99.0%			
PIFU	OP Transformation	321	357	392	374	374	374	392	392	672	1,198	1,129	1,061	7,036			
OP	Consultant-led 1st OP	108.8%	108.0%	108.0%	108.0%	87.8%	88.8%	108.4%	108.0%	109.7%	111.7%	111.8%	111.7%	105.8%	108.5% of 19/20	National	
OP	Consultant-led 1st OP with proc	112.0%	111.0%	110.0%	110.0%	93.2%	95.1%	110.0%	110.0%	110.0%	110.0%	110.1%	110.5%	107.6%			
OP	Consultant-led FU OP	97.5%	93.6%	93.4%	96.3%	85.2%	80.9%	94.3%	86.9%	90.6%	86.2%	86.3%	84.9%	89.6%	<=75% of 19/20 by Mar-24	National	
OP	Consultant-led FU OP with proc	100.0%	100.0%	100.0%	100.0%	82.6%	81.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	108.5% of 19/20	National	
OP	OPFU without procedure	92.5%	88.4%	87.7%	90.9%	82.1%	77.3%	89.0%	80.6%	85.2%	79.8%	80.1%	78.6%	84.3%			
Elective	Total elective spells	109.6%	108.9%	108.9%	114.1%	92.8%	94.5%	112.7%	111.2%	110.3%	111.2%	109.3%	110.5%	107.8%	108.5% of 19/20 baseline (113% exit run rate)	National	
Elective	Elective day case spells	110.0%	110.0%	110.0%	115.9%	94.2%	94.1%	114.4%	112.6%	111.7%	112.5%	110.5%	111.9%	108.9%			
Elective	Elective ordinary spells	106.6%	100.6%	100.0%	100.1%	82.7%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%			
Elective	Elective day case spells - Children under 18 years of age	98.0%	101.6%	99.3%	104.7%	79.3%	79.8%	109.6%	108.0%	112.0%	107.9%	105.8%	105.1%	100.3%			
Elective	Elective ordinary spells - Children under 18 years of age	106.7%	100.0%	97.0%	100.0%	70.3%	83.3%	90.9%	100.0%	95.0%	111.5%	92.3%	100.0%	94.1%			
Total Electives (incl. A&G):		Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24									
		112.3%		100.4%		113.0%		115.1%									
Total Electives (incl. A&G) cumulative:		Q1 23/24		Q1-Q2 23/24		Q1-Q3 23/24		Q1-Q4 23/24									
		112.3%		106.3%		108.5%		110.1%									
A&E	AE All Type <4hr performance	63.9%	65.7%	71.2%	75.0%	71.4%	70.5%	74.9%	73.2%	68.3%	70.6%	75.6%	77.5%	71.5%	>=76% performance	National	
A&E	AE Type 1 <4hr performance	45.5%	48.5%	51.0%	54.0%	51.0%	51.0%	54.0%	55.0%	49.0%	52.2%	54.0%	56.0%	51.8%			
A&E	AE Type 2&3 <4hr performance	77.9%	77.9%	85.0%	90.0%	85.0%	85.0%	90.0%	86.6%	81.6%	86.9%	91.7%	93.9%	85.9%			
NEL	Non-elective spells	94.2%	96.1%	97.6%	93.6%	98.6%	97.1%	103.7%	103.5%	105.3%	96.6%	96.1%	94.9%	98.0%	<=100% of 19/20	(0 LoS adjusted baseline for SDEC)	
NEL	Non-elective spells with a length of stay of zero days	99.4%	105.0%	103.8%	101.6%	103.1%	101.0%	102.6%	104.6%	110.2%	94.4%	90.4%	88.0%	100.0%			
NEL	Non-elective spells with a length of stay of 1 or more days	89.6%	88.7%	92.2%	86.9%	94.6%	93.5%	104.8%	102.5%	101.4%	98.6%	101.6%	102.1%	96.3%			

Summary – LNWHHT 2

LNWHHT - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source
POD	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
RTT	Number of 52+ week RTT waits	5,600	5,211	4,823	4,429	4,141	3,813	3,433	3,053	2,653	2,253	1,873	1,493	1,493	50% reduction by Mar-24 (Baseline = Apr-22)	NWL
RTT	Number of 65+ week RTT waits	1,300	1,210	1,068	978	892	793	651	509	419	329	187	-	-	Zero by Mar-24	National
RTT	RTT waiting list	79,000	79,500	80,000	80,500	80,000	80,000	79,000	78,000	77,000	76,000	75,000	74,000	74,000		
RTT	RTT completed admitted pathways	97.9%	86.8%	75.2%	70.9%	61.7%	96.5%	95.1%	92.3%	100.0%	83.2%	96.3%	104.0%	87.4%	> 22/23	NWL
RTT	RTT completed non-admitted pathways	108.7%	94.5%	86.3%	92.2%	68.0%	74.9%	115.3%	114.1%	104.3%	106.6%	126.8%	134.1%	101.7%		
RTT	New RTT pathways (clock starts)	113.3%	102.2%	97.2%	104.5%	116.4%	112.3%	114.7%	120.1%	126.6%	113.2%	113.0%	116.6%	112.0%		
Diagnostics	Diagnostic Tests - Magnetic Resonance Imaging	130.0%	118.2%	112.8%	122.5%	111.8%	109.0%	118.1%	105.5%	110.4%	113.2%	135.8%	159.3%	120.2%	Activity at 120% of 19/20	NWL
Diagnostics	Diagnostic Tests - Computed Tomography	116.8%	110.2%	105.1%	117.0%	115.3%	113.9%	122.3%	111.6%	127.4%	132.3%	137.7%	136.5%	120.3%		
Diagnostics	Diagnostic Tests - Non-Obstetric Ultrasound	130.3%	108.4%	103.1%	114.3%	125.9%	121.5%	119.3%	101.4%	106.2%	111.5%	146.6%	169.0%	120.3%		
Diagnostics	Diagnostic Tests - Colonoscopy	102.2%	106.1%	92.2%	109.2%	87.6%	83.3%	98.3%	111.6%	119.8%	94.1%	104.5%	103.3%	100.2%		
Diagnostics	Diagnostic Tests - Flexi Sigmoidoscopy	82.2%	129.5%	67.3%	99.5%	94.6%	88.4%	100.0%	122.2%	104.3%	131.1%	127.7%	96.3%	100.0%		
Diagnostics	Diagnostic Tests - Gastroscopy	96.7%	99.3%	91.6%	100.4%	79.3%	89.5%	105.7%	110.9%	106.5%	123.1%	104.5%	102.8%	100.2%		
Diagnostics	Diagnostic Tests - Cardiology - Echocardiography	114.7%	104.5%	106.1%	114.6%	82.5%	88.3%	128.5%	134.2%	170.0%	140.3%	146.6%	145.5%	120.4%		
ACC	Adult Critical Care Bed occupancy %	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	88.9%	>= Mar-23	NWL
G&A	Average number of overnight G&A beds occupied - Total	1,001	976	912	911	904	904	904	991	996	1,028	1,028	1,023	1,023	<=92% occupancy rate	National
G&A	Average number of overnight G&A beds available - Total	1,015	1,015	929	930	930	930	939	1,047	1,053	1,077	1,080	1,077	1,077		
G&A	Average number of overnight G&A beds occupancy - Total	98.6%	96.2%	98.2%	98.0%	97.2%	97.2%	96.3%	94.7%	94.6%	95.5%	95.2%	95.0%	95.0%		
G&A	Average number of overnight G&A beds occupied - adult	976	951	887	886	879	879	966	971	1,003	1,003	1,003	998	998		
G&A	Average number of overnight G&A beds available - adult	988	988	902	903	903	903	912	1,020	1,026	1,050	1,053	1,050	1,050		
G&A	Average number of overnight G&A beds occupancy - adult	98.8%	96.3%	98.3%	98.1%	97.3%	97.3%	96.4%	94.7%	94.6%	95.5%	95.3%	95.0%	95.0%		
G&A	Average number of overnight G&A beds occupied - paediatric	25	25	25	25	25	25	25	25	25	25	25	25	25		
G&A	Average number of overnight G&A beds available - paediatric	27	27	27	27	27	27	27	27	27	27	27	27	27		
G&A	Average number of overnight G&A beds occupancy - paediatric	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%	92.6%		
G&A	Average number of overnight G&A beds occupied - adult elective	69	68	64	64	64	64	71	71	73	73	73	73	73		
G&A	Average number of overnight G&A beds occupied - paediatric elective	1	1	1	1	1	1	1	1	1	1	1	1	1		
G&A	Average number of overnight G&A beds occupied - adult non-elective	907	883	823	822	815	815	815	895	900	930	930	925	925		
G&A	Average number of overnight G&A beds occupied - paediatric non-elective	24	24	24	24	24	24	24	24	24	24	24	24	24		
LoS	LoS - reducing 21 days LoS and over	220	219	218	217	216	215	214	213	212	211	210	209	209	5% reduction in YoY position	NWL
Discharges	% beds occupied by patients not meeting criteria to reside	9.2%	9.5%	10.0%	10.0%	10.0%	10.0%	9.9%	9.0%	8.9%	8.6%	8.5%	8.5%	8.5%	5% reduction in YoY position	NWL
Cancer	Cancer 63+ days wait	150	150	150	150	150	150	150	150	150	150	150	150	150	Nationally Set	NWL
Cancer	People referred onto a non-specific symptoms pathway	45	55	55	60	50	60	65	60	50	65	65	70	700		
Cancer	Cancer 28 day waits (faster diagnosis standard)	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	FDD standard of 75% by Mar-24	National

Summary – THH 1

THH - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source
POD	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
OP	Total OP - 1st	104.5%	104.5%	104.5%	104.5%	104.5%	104.5%	104.5%	65.3%	94.1%	104.5%	104.5%	104.5%	100.2%	104.5% of 19/20	National
OP	Total OP - FU	93.1%	93.1%	93.1%	93.1%	93.1%	93.1%	93.1%	58.2%	83.8%	93.1%	93.1%	93.1%	89.3%	<=75% of 19/20 by Mar-24	National
OP	Total OP	97.0%	97.2%	97.3%	97.2%	97.0%	97.3%	97.1%	60.7%	87.3%	97.1%	97.0%	97.0%	93.1%		
PIFU	OP Transformation	416	506	590	592	606	667	707	481	585	823	782	772	7,527		
OP	Consultant-led 1st OP	110.2%	110.2%	110.2%	110.2%	110.2%	110.2%	110.2%	68.9%	99.2%	110.2%	110.2%	110.2%	105.6%	104.5% of 19/20	National
OP	Consultant-led 1st OP with proc	98.9%	98.9%	98.9%	98.9%	98.9%	98.8%	98.9%	61.8%	89.0%	98.9%	98.9%	99.0%	94.5%		
OP	Consultant-led FU OP	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	58.1%	83.7%	93.0%	93.0%	93.0%	89.0%	<=75% of 19/20 by Mar-24	National
OP	Consultant-led FU OP with proc	101.0%	101.0%	101.0%	101.0%	101.0%	101.0%	101.0%	63.2%	90.9%	101.0%	101.0%	101.1%	96.7%	104.5% of 19/20	National
OP	OPFU without procedure	92.7%	92.7%	92.7%	92.7%	92.7%	92.7%	92.7%	57.9%	83.4%	92.7%	92.7%	92.7%	88.8%		
Elective	Total elective spells	104.4%	104.4%	104.4%	104.3%	104.4%	104.3%	104.3%	65.2%	94.0%	104.3%	104.4%	104.3%	100.3%	104.5% of 19/20 baseline (113% exit run rate)	National
Elective	Elective day case spells	104.1%	104.1%	104.1%	104.1%	104.1%	104.1%	104.1%	65.1%	93.7%	104.1%	104.1%	104.1%	100.1%		
Elective	Elective ordinary spells	106.8%	106.6%	106.7%	106.6%	106.7%	106.5%	106.6%	66.7%	95.8%	106.6%	106.9%	106.4%	102.2%		
Elective	Elective day case spells - Children under 18 years of age	84.7%	84.3%	84.4%	84.4%	85.0%	84.5%	84.9%	52.8%	77.2%	84.8%	84.9%	85.1%	81.4%		
Elective	Elective ordinary spells - Children under 18 years of age	133.3%	120.0%	150.0%	150.0%	125.0%	133.3%	133.3%	100.0%	116.7%	120.0%	133.3%	126.3%			
Total Electives (incl. A&G):		Q1 23/24			Q2 23/24			Q3 23/24			Q4 23/24					
		113.8%			113.9%			97.0%			114.5%					
Total Electives (incl. A&G) cumulative:		Q1 23/24			Q1-Q2 23/24			Q1-Q3 23/24			Q1-Q4 23/24					
		113.8%			113.9%			108.3%			109.8%					
A&E	AE All Type <4hr performance	78.7%	79.6%	78.7%	78.8%	81.5%	81.6%	80.1%	77.7%	74.9%	78.7%	79.7%	79.6%	79.1%	>=76% performance	National
A&E	AE Type 1 <4hr performance	53.9%	54.9%	55.0%	55.0%	60.0%	60.0%	60.0%	55.9%	50.9%	56.0%	53.9%	53.9%	55.7%		
A&E	AE Type 2&3 <4hr performance	99.2%	99.2%	97.5%	97.5%	99.0%	99.0%	97.5%	98.1%	97.7%	99.2%	99.2%	99.2%	98.5%		
NEL	Non-elective spells	87.8%	88.1%	87.9%	87.7%	87.5%	87.8%	87.9%	87.8%	87.8%	87.8%	88.0%	88.1%	87.8%	<=100% of 19/20	NWL (0 LoS adjusted baseline for SDEC)
NEL	Non-elective spells with a length of stay of zero days	91.8%	91.9%	91.9%	91.9%	91.9%	91.9%	91.9%	91.8%	91.8%	91.8%	91.9%	91.8%	91.8%		
NEL	Non-elective spells with a length of stay of 1 or more days	85.7%	85.7%	85.7%	85.7%	85.7%	85.7%	85.7%	85.6%	85.7%	85.7%	85.7%	85.7%	85.7%		

Summary – THH 2

THH - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source
POD	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
RTT	Number of 52+ week RTT waits	2,532	2,392	2,256	2,123	1,993	1,866	1,742	1,702	1,663	1,543	1,426	1,308	1,308	50% reduction by Mar-24 (Baseline = Apr-22)	NWL
RTT	Number of 65+ week RTT waits	742	660	578	496	414	332	250	250	250	168	86	-	-	Zero by Mar-24	National
RTT	RTT waiting list	32,359	32,716	32,973	32,879	32,894	32,773	32,806	33,151	33,151	33,056	32,268	31,576	31,576		
RTT	RTT completed admitted pathways	110.2%	110.1%	110.1%	110.1%	110.1%	110.2%	110.2%	68.8%	99.2%	110.1%	110.1%	110.1%	105.5%	> 22/23	NWL
RTT	RTT completed non-admitted pathways	111.0%	111.0%	111.0%	111.0%	111.0%	111.0%	111.0%	69.4%	99.9%	111.0%	111.0%	111.4%	105.5%		
RTT	New RTT pathways (clock starts)	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	54.4%	78.3%	87.0%	87.0%	86.7%	82.7%		
Diagnos	Diagnostic Tests - Magnetic Resonance Imaging	102.2%	102.2%	102.1%	102.1%	102.2%	99.8%	99.8%	94.8%	94.8%	99.8%	99.8%	99.6%	100.0%	Activity at 120% of 19/20	NWL
Diagnos	Diagnostic Tests - Computed Tomography	108.5%	107.8%	102.2%	110.5%	111.7%	105.4%	156.9%	148.1%	146.9%	154.8%	159.8%	154.7%	126.5%		
Diagnos	Diagnostic Tests - Non-Obstetric Ultrasound	102.2%	102.2%	102.2%	102.2%	102.2%	102.2%	102.2%	97.1%	97.1%	102.2%	102.2%	102.0%	101.3%		
Diagnos	Diagnostic Tests - Colonoscopy	63.2%	63.8%	64.5%	65.4%	65.9%	66.9%	67.6%	42.6%	62.3%	69.6%	70.3%	71.3%	64.5%		
Diagnos	Diagnostic Tests - Flexi Sigmoidoscopy	75.0%	75.9%	77.8%	78.7%	79.2%	80.0%	80.7%	50.6%	73.3%	81.8%	82.5%	83.6%	76.0%		
Diagnos	Diagnostic Tests - Gastroscopy	82.5%	82.9%	83.9%	84.6%	85.1%	86.1%	86.7%	54.6%	79.3%	88.7%	89.7%	90.5%	82.6%		
Diagnos	Diagnostic Tests - Cardiology - Echocardiography	107.9%	107.9%	107.9%	107.9%	107.8%	107.8%	107.8%	67.4%	97.1%	107.8%	107.8%	107.9%	103.5%		
ACC	Adult Critical Care Bed occupancy %	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	>= Mar-23	NWL
G&A	Average number of overnight G&A beds occupied - Total	335	334	303	301	297	302	313	333	331	329	329	329	329	<=92% occupancy rate	National
G&A	Average number of overnight G&A beds available - Total	370	370	328	328	328	328	328	358	358	358	358	358	358		
G&A	Average number of overnight G&A beds occupancy - Total	90.5%	90.3%	92.4%	91.8%	90.5%	92.1%	95.4%	93.0%	92.5%	91.9%	91.9%	91.9%	91.9%		
G&A	Average number of overnight G&A beds occupied - adult	319	313	283	283	279	282	291	311	311	310	310	310	310		
G&A	Average number of overnight G&A beds available - adult	346	346	304	304	304	304	304	334	334	334	334	334	334		
G&A	Average number of overnight G&A beds occupancy - adult	92.2%	90.5%	93.1%	93.1%	91.8%	92.8%	95.7%	93.1%	93.1%	92.8%	92.8%	92.8%	92.8%		
G&A	Average number of overnight G&A beds occupied - paediatric	16	21	20	18	18	20	22	22	20	19	19	19	19		
G&A	Average number of overnight G&A beds available - paediatric	24	24	24	24	24	24	24	24	24	24	24	24	24		
G&A	Average number of overnight G&A beds occupancy - paediatric	66.7%	87.5%	83.3%	75.0%	75.0%	83.3%	91.7%	91.7%	83.3%	79.2%	79.2%	79.2%	79.2%		
G&A	Average number of overnight G&A beds occupied - adult elective	39	38	34	34	34	34	35	39	39	38	38	38	38		
G&A	Average number of overnight G&A beds occupied - paediatric elective	1	1	1	1	1	1	1	1	1	1	1	1	1		
G&A	Average number of overnight G&A beds occupied - adult non-elective	280	275	249	249	245	248	256	272	272	272	272	272	272		
G&A	Average number of overnight G&A beds occupied - paediatric non-elective	15	20	19	17	17	19	21	21	19	18	18	18	18		
LoS	LoS - reducing 21 days LoS and over	54	54	54	54	54	54	54	54	54	54	54	54	54	5% reduction in YoY position	NWL
Discharges	% beds occupied by patients not meeting criteria to reside	20.7%	21.1%	23.3%	23.3%	23.7%	23.4%	22.7%	21.2%	21.2%	21.3%	21.3%	21.3%	21.3%	5% reduction in YoY position	NWL
Cancer	Cancer 63+ days wait	60	60	60	60	60	60	60	60	60	60	60	60	60	Nationally Set	NWL
Cancer	People referred onto a non-specific symptoms pathway	-	-	-	-	-	-	-	-	-	-	-	-	-		
Cancer	Cancer 28 day waits (faster diagnosis standard)	72.1%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	FDD standard of 75% by Mar-24	National

Summary – CWFT 1

ChelWest - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source	
POD	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
OP	Total OP - 1st	109.1%	112.0%	94.5%	100.9%	105.1%	105.4%	99.8%	113.4%	107.1%	97.6%	101.0%	113.4%	104.6%	112.7% of 19/20	National	
OP	Total OP - FU	108.1%	107.1%	91.9%	99.1%	102.4%	101.9%	96.8%	106.8%	101.2%	93.3%	97.0%	100.1%	100.3%	<=75% of 19/20 by Mar-24	National	
OP	Total OP	108.4%	108.7%	92.8%	99.7%	103.3%	103.0%	97.8%	108.9%	103.1%	94.7%	98.3%	104.2%	101.7%			
PIFU	OP Transformation	2,991	3,346	3,111	3,148	3,173	3,195	3,184	3,353	2,784	3,129	3,072	3,042	37,528			
OP	Consultant-led 1st OP	107.3%	110.4%	92.5%	95.8%	102.8%	100.3%	92.4%	110.9%	103.7%	93.6%	96.4%	106.5%	100.6%	112.7% of 19/20	National	
OP	Consultant-led 1st OP with proc	118.1%	121.2%	91.0%	111.9%	114.3%	108.3%	123.0%	176.3%	175.3%	133.7%	141.8%	190.1%	127.0%			
OP	Consultant-led FU OP	103.7%	106.4%	88.7%	95.5%	98.5%	95.3%	86.0%	111.9%	108.2%	98.4%	101.6%	103.4%	99.3%	<=75% of 19/20 by Mar-24	National	
OP	Consultant-led FU OP with proc	122.7%	116.1%	98.5%	106.7%	115.2%	112.4%	119.1%	156.2%	166.5%	117.1%	125.8%	114.2%	120.2%	112.7% of 19/20	National	
OP	OPFU without procedure	116.0%	115.4%	96.8%	103.8%	108.9%	107.6%	100.5%	111.5%	103.2%	94.9%	96.9%	100.6%	104.3%			
Elective	Total elective spells	119.0%	121.3%	103.2%	112.4%	115.5%	123.3%	111.4%	173.4%	160.7%	146.0%	135.6%	128.3%	126.5%	112.7% of 19/20 baseline (113% exit run rate)	National	
Elective	Elective day case spells	120.8%	125.0%	106.3%	115.7%	117.9%	125.9%	114.4%	178.1%	163.1%	154.0%	141.8%	132.6%	130.1%			
Elective	Elective ordinary spells	105.5%	98.8%	83.4%	91.1%	101.1%	106.8%	93.5%	145.1%	146.1%	103.2%	101.2%	102.8%	104.6%			
Elective	Elective day case spells - Children under 18 years of age	8.2%	6.9%	4.7%	4.7%	6.9%	5.7%	5.6%	7.2%	7.2%	5.1%	6.4%	6.0%	6.1%			
Elective	Elective ordinary spells - Children under 18 years of age	5.6%	8.2%	0.8%	6.7%	6.0%	1.0%	0.9%	7.0%	7.9%	2.7%	2.5%	2.5%	4.1%			
Total Electives (incl. A&G):		Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24									
		114.0%		114.2%		124.8%		119.2%									
Total Electives (incl. A&G) cumulative:		Q1 23/24		Q1-Q2 23/24		Q1-Q3 23/24		Q1-Q4 23/24									
		114.0%		114.1%		117.5%		117.9%									
A&E	AE All Type <4hr performance	80.6%	82.5%	82.0%	82.0%	82.0%	80.0%	80.0%	80.8%	80.8%	80.8%	80.9%	80.9%	81.1%	>=76% performance	National	
A&E	AE Type 1 <4hr performance	75.6%	78.5%	78.0%	78.1%	78.1%	75.2%	75.1%	75.9%	75.8%	75.8%	76.0%	75.9%	76.5%			
A&E	AE Type 2&3 <4hr performance	90.7%	90.6%	90.0%	90.0%	90.0%	90.0%	90.0%	90.9%	90.9%	90.9%	91.0%	91.0%	90.5%			
NEL	Non-elective spells	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	<=100% of 19/20	NWL (0 LoS adjusted baseline for SDEC)	
NEL	Non-elective spells with a length of stay of zero days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
NEL	Non-elective spells with a length of stay of 1 or more days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			

Summary – CWFT 2

ChelWest - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source
POD	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
RTT	Number of 52+ week RTT waits	1,250	1,236	1,194	1,019	933	874	821	764	721	643	599	500	500	50% reduction by Mar-24 (Baseline = Apr-22)	NWL
RTT	Number of 65+ week RTT waits	360	301	276	195	147	135	112	89	65	52	23	-	-	Zero by Mar-24	National
RTT	RTT waiting list	54,255	54,211	54,145	54,001	53,986	53,855	53,791	53,753	53,722	53,644	53,599	53,513	53,513		
RTT	RTT completed admitted pathways	109.6%	110.5%	103.6%	104.0%	139.9%	113.9%	111.4%	117.4%	107.0%	93.5%	97.7%	113.5%	109.7%	> 22/23	NWL
RTT	RTT completed non-admitted pathways	112.7%	112.0%	83.3%	97.5%	91.5%	102.3%	95.3%	113.4%	109.5%	101.4%	86.4%	113.6%	100.8%		
RTT	New RTT pathways (clock starts)	108.3%	106.9%	86.0%	93.4%	95.3%	83.9%	130.8%	125.5%	123.5%	114.2%	88.2%	132.1%	106.5%		
Diagnos	Diagnostic Tests - Magnetic Resonance Imaging	120.0%	119.9%	120.0%	120.0%	120.1%	120.0%	120.1%	120.0%	119.9%	120.0%	120.0%	117.3%	119.8%	Activity at 120% of 19/20	NWL
Diagnos	Diagnostic Tests - Computed Tomography	120.0%	120.0%	120.0%	120.0%	120.1%	120.0%	120.1%	120.1%	120.0%	120.0%	120.0%	118.1%	119.9%		
Diagnos	Diagnostic Tests - Non-Obstetric Ultrasound	120.0%	119.9%	120.0%	120.0%	120.1%	120.0%	120.1%	120.1%	120.0%	120.0%	120.0%	118.9%	119.9%		
Diagnos	Diagnostic Tests - Colonoscopy	120.1%	120.1%	120.1%	120.0%	120.0%	120.0%	120.2%	119.9%	120.3%	120.1%	120.1%	118.5%	120.0%		
Diagnos	Diagnostic Tests - Flexi Sigmoidoscopy	120.6%	119.9%	119.1%	120.3%	119.5%	120.3%	120.2%	120.6%	119.6%	120.3%	120.5%	117.9%	119.9%		
Diagnos	Diagnostic Tests - Gastroscopy	120.2%	120.1%	120.0%	120.0%	120.0%	120.0%	120.0%	119.9%	119.9%	119.9%	119.9%	119.7%	120.0%		
Diagnos	Diagnostic Tests - Cardiology - Echocardiography	120.0%	119.8%	120.1%	120.1%	120.1%	120.0%	120.1%	120.1%	120.0%	120.0%	120.0%	118.4%	119.9%		
ACC	Adult Critical Care Bed occupancy %	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	>= Mar-23	NWL
G&A	Average number of overnight G&A beds occupied - Total	668	668	646	652	652	672	684	716	716	716	716	716	716	<=92% occupancy rate	National
G&A	Average number of overnight G&A beds available - Total	723	723	688	688	688	688	688	731	731	731	731	731	731		
G&A	Average number of overnight G&A beds occupancy - Total	92.4%	92.4%	93.9%	94.8%	94.8%	97.7%	99.4%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%		
G&A	Average number of overnight G&A beds occupied - adult	615	615	594	600	600	620	632	664	664	664	664	664	664		
G&A	Average number of overnight G&A beds available - adult	667	667	632	632	632	632	632	675	675	675	675	675	675		
G&A	Average number of overnight G&A beds occupancy - adult	92.2%	92.2%	94.0%	94.9%	94.9%	98.1%	100.0%	98.4%	98.4%	98.4%	98.4%	98.4%	98.4%		
G&A	Average number of overnight G&A beds occupied - paediatric	53	53	52	52	52	52	52	52	52	52	52	52	52		
G&A	Average number of overnight G&A beds available - paediatric	56	56	56	56	56	56	56	56	56	56	56	56	56		
G&A	Average number of overnight G&A beds occupancy - paediatric	94.6%	94.6%	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%		
G&A	Average number of overnight G&A beds occupied - adult elective	40	40	39	39	39	41	41	43	44	44	44	43	43		
G&A	Average number of overnight G&A beds occupied - paediatric elective	2	3	3	3	4	3	3	3	3	3	3	3	3		
G&A	Average number of overnight G&A beds occupied - adult non-elective	575	575	555	561	561	579	591	621	620	620	620	621	621		
G&A	Average number of overnight G&A beds occupied - paediatric non-elective	51	50	49	49	48	49	49	49	49	49	49	49	49		
LoS	LoS - reducing 21 days LoS and over	129	122	116	125	141	154	146	145	136	136	136	136	136	5% reduction in YoY position	NWL
Discharges	% beds occupied by patients not meeting criteria to reside	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5% reduction in YoY position	NWL
Cancer	Cancer 63+ days wait	100	100	100	100	100	100	100	100	100	100	100	100	100	Nationally Set	NWL
Cancer	People referred onto a non-specific symptoms pathway	100	120	110	120	90	120	110	120	80	120	110	120	1,320		
Cancer	Cancer 28 day waits (faster diagnosis standard)	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	FDD standard of 75% by Mar-24	National

Summary – ICHT 1

ICHT - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source	
POD	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				
OP	Total OP - 1st	129.9%	126.2%	124.9%	130.2%	142.1%	114.1%	114.0%	106.7%	124.0%	110.1%	109.9%	116.2%	119.7%	104.3% of 19/20	National	
OP	Total OP - FU	107.1%	108.6%	106.9%	110.3%	116.7%	106.6%	107.3%	104.4%	114.1%	99.6%	104.3%	104.1%	107.3%	<=75% of 19/20 by Mar-24	National	
OP	Total OP	113.0%	113.3%	111.7%	115.6%	123.2%	108.8%	109.2%	105.1%	116.9%	102.5%	105.9%	107.4%	110.7%			
PIFU	OP Transformation	200	200	200	200	200	200	200	200	200	200	200	200	2,400			
OP	Consultant-led 1st OP	131.2%	128.3%	125.6%	130.3%	146.4%	110.2%	116.4%	107.8%	128.0%	111.1%	124.5%	131.7%	123.1%	104.3% of 19/20	National	
OP	Consultant-led 1st OP with proc	112.7%	100.0%	89.0%	92.1%	105.1%	98.5%	96.6%	85.4%	103.3%	87.5%	104.4%	104.8%	97.3%			
OP	Consultant-led FU OP	107.7%	110.0%	106.6%	110.3%	118.9%	105.8%	108.1%	104.9%	118.0%	101.7%	105.9%	105.6%	108.3%	<=75% of 19/20 by Mar-24	National	
OP	Consultant-led FU OP with proc	104.1%	107.6%	98.3%	97.7%	102.5%	103.7%	105.4%	94.5%	110.5%	89.4%	92.6%	93.7%	99.4%	104.3% of 19/20	National	
OP	OPFU without procedure	109.3%	111.0%	109.0%	113.6%	122.2%	108.0%	109.4%	107.8%	120.2%	105.7%	111.5%	111.7%	111.4%			
Elective	Total elective spells	110.2%	109.6%	105.1%	108.1%	110.5%	108.1%	104.8%	102.0%	113.8%	103.8%	101.3%	101.3%	106.3%	104.3% of 19/20 baseline (113% exit run rate)	National	
Elective	Elective day case spells	112.1%	112.3%	106.9%	108.3%	111.6%	109.5%	105.6%	103.0%	115.1%	103.4%	102.5%	103.3%	107.5%			
Elective	Elective ordinary spells	98.8%	93.3%	94.2%	106.4%	102.9%	99.5%	99.6%	95.4%	105.6%	106.1%	93.9%	89.6%	98.5%			
Elective	Elective day case spells - Children under 18 years of age	94.5%	103.2%	97.9%	112.2%	106.9%	102.1%	96.2%	105.6%	99.4%	97.4%	109.2%	110.8%	102.7%			
Elective	Elective ordinary spells - Children under 18 years of age	82.2%	93.9%	87.2%	84.3%	124.4%	99.0%	108.5%	91.9%	101.1%	89.5%	111.5%	108.2%	97.2%			
Total Electives (incl. A&G):		Q1 23/24		Q2 23/24		Q3 23/24		Q4 23/24									
		122.4%		122.8%		114.8%		110.8%									
Total Electives (incl. A&G) cumulative:		Q1 23/24		Q1-Q2 23/24		Q1-Q3 23/24		Q1-Q4 23/24									
		122.4%		122.6%		119.8%		117.4%									
A&E	AE All Type <4hr performance	68.0%	69.6%	70.9%	71.5%	72.8%	73.5%	74.1%	73.8%	73.4%	75.1%	75.7%	76.4%	72.9%	>=76% performance	National	
A&E	AE Type 1 <4hr performance	56.7%	58.1%	59.9%	61.4%	69.9%	64.8%	65.6%	63.9%	63.5%	66.6%	67.4%	68.3%	68.3%			
A&E	AE Type 2&3 <4hr performance	94.7%	95.5%	96.6%	94.5%	88.7%	93.8%	93.9%	96.7%	97.1%	96.2%	96.3%	96.5%	95.4%			
NEL	Non-elective spells	97.7%	97.9%	97.9%	97.8%	97.9%	98.0%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%	97.9%	<=100% of 19/20	(0 LoS adjusted baseline for SDEC)	NWL
NEL	Non-elective spells with a length of stay of zero days	97.7%	97.8%	97.9%	97.8%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%	97.9%			
NEL	Non-elective spells with a length of stay of 1 or more days	97.7%	97.9%	97.9%	97.8%	97.9%	98.0%	97.9%	97.9%	97.9%	97.9%	97.9%	97.8%	97.9%			

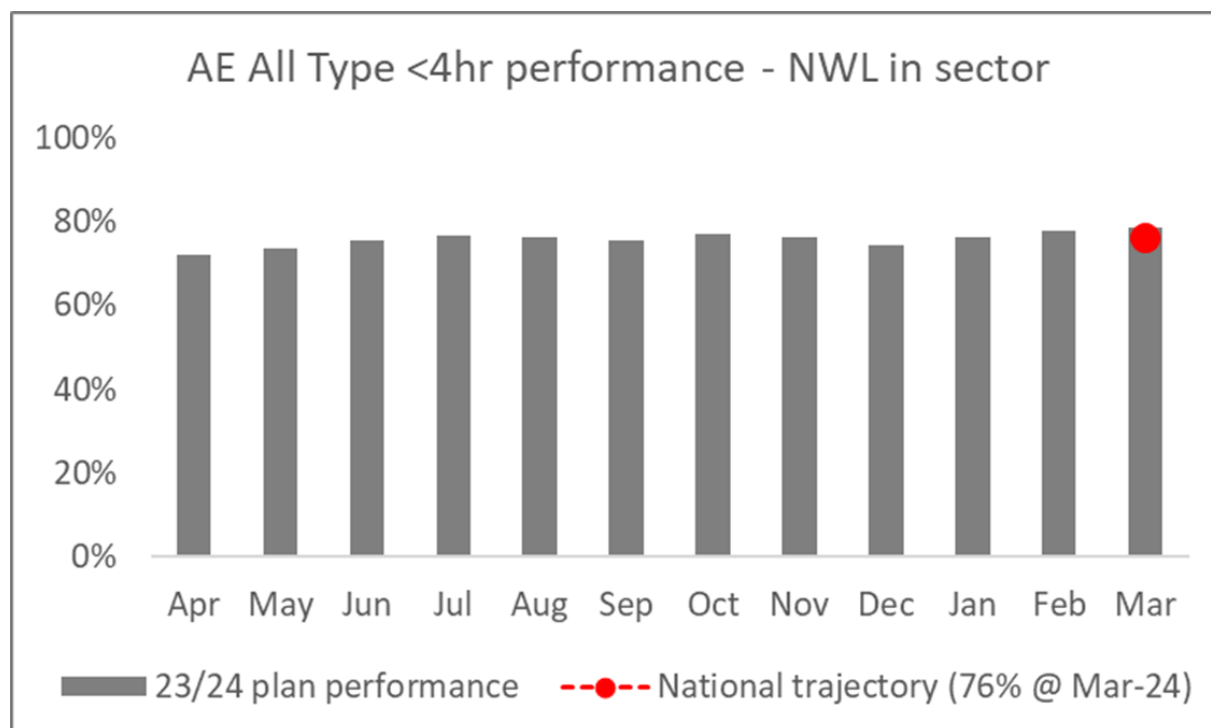
Summary – ICHT 2

ICHT - Planned activity / performance as % of 2019-20 baseline		2023-24												Year Total	Ambition	Ambition Source
POD	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
RTT	Number of 52+ week RTT waits	3,118	3,026	2,932	2,884	2,835	2,822	2,784	2,653	2,666	2,632	2,574	2,511	2,511	50% reduction by Mar-24 (Baseline = Apr-22)	NWL
RTT	Number of 65+ week RTT waits	917	815	755	677	620	531	459	370	322	213	96	-	-	Zero by Mar-24	National
RTT	RTT waiting list	98,008	97,998	97,948	97,898	97,848	97,748	97,628	97,508	97,448	97,348	97,228	97,078	97,078		
RTT	RTT completed admitted pathways	169.8%	164.2%	138.3%	162.8%	175.4%	160.8%	156.1%	156.8%	149.9%	146.3%	138.1%	172.1%	157.0%	> 22/23	NWL
RTT	RTT completed non-admitted pathways	123.0%	127.2%	100.8%	109.1%	115.1%	118.2%	118.5%	123.6%	135.3%	100.7%	109.4%	123.9%	116.4%		
RTT	New RTT pathways (clock starts)	111.9%	105.8%	100.4%	102.9%	111.1%	110.8%	143.4%	114.8%	122.0%	105.5%	104.6%	122.8%	112.1%		
Diagnostics	Diagnostic Tests - Magnetic Resonance Imaging	130.2%	125.2%	112.3%	133.3%	130.6%	129.8%	131.7%	123.7%	131.6%	129.9%	123.6%	122.6%	126.7%	Activity at 120% of 19/20	NWL
Diagnostics	Diagnostic Tests - Computed Tomography	148.2%	143.8%	124.2%	147.4%	126.9%	131.5%	139.2%	127.6%	131.1%	120.9%	124.1%	133.8%	132.9%		
Diagnostics	Diagnostic Tests - Non-Obstetric Ultrasound	139.0%	126.9%	108.1%	121.4%	117.4%	143.2%	130.4%	131.5%	128.8%	131.0%	120.4%	117.4%	126.1%		
Diagnostics	Diagnostic Tests - Colonoscopy	139.2%	132.4%	111.7%	124.5%	118.2%	126.1%	113.3%	101.1%	131.8%	115.6%	91.3%	90.1%	113.8%		
Diagnostics	Diagnostic Tests - Flexi Sigmoidoscopy	89.3%	89.7%	70.4%	121.4%	119.2%	105.4%	134.9%	73.0%	91.8%	78.1%	65.1%	69.1%	87.4%		
Diagnostics	Diagnostic Tests - Gastroscopy	105.0%	111.1%	106.2%	117.3%	120.3%	114.0%	99.8%	94.9%	108.7%	95.7%	87.9%	86.6%	102.8%		
Diagnostics	Diagnostic Tests - Cardiology - Echocardiography	82.0%	78.0%	65.7%	77.0%	79.3%	80.7%	82.1%	78.9%	80.5%	128.9%	69.5%	69.0%	79.0%		
ACC	Adult Critical Care Bed occupancy %	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	>= Mar-23	NWL
G&A	Average number of overnight G&A beds occupied - Total	978	978	978	978	978	978	978	989	989	989	989	989	989	<=92% occupancy rate	National
G&A	Average number of overnight G&A beds available - Total	1,064	1,064	1,056	1,056	1,056	1,056	1,056	1,071	1,071	1,071	1,071	1,071	1,071		
G&A	Average number of overnight G&A beds occupancy - Total	91.9%	91.9%	92.6%	92.6%	92.6%	92.6%	92.6%	92.3%	92.3%	92.3%	92.3%	92.3%	92.3%		
G&A	Average number of overnight G&A beds occupied - adult	947	947	947	947	947	947	947	958	958	958	958	958	958		
G&A	Average number of overnight G&A beds available - adult	1,024	1,024	1,016	1,016	1,016	1,016	1,016	1,031	1,031	1,031	1,031	1,031	1,031		
G&A	Average number of overnight G&A beds occupancy - adult	92.5%	92.5%	93.2%	93.2%	93.2%	93.2%	93.2%	92.9%	92.9%	92.9%	92.9%	92.9%	92.9%		
G&A	Average number of overnight G&A beds occupied - paediatric	31	31	31	31	31	31	31	31	31	31	31	31	31		
G&A	Average number of overnight G&A beds available - paediatric	40	40	40	40	40	40	40	40	40	40	40	40	40		
G&A	Average number of overnight G&A beds occupancy - paediatric	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%	77.5%		
G&A	Average number of overnight G&A beds occupied - adult elective	142	142	142	142	142	142	142	144	144	144	144	144	144		
G&A	Average number of overnight G&A beds occupied - paediatric elective	4	4	4	4	4	4	4	4	4	4	4	4	4		
G&A	Average number of overnight G&A beds occupied - adult non-elective	805	805	805	805	805	805	805	814	814	814	814	814	814		
G&A	Average number of overnight G&A beds occupied - paediatric non-elective	27	27	27	27	27	27	27	27	27	27	27	27	27		
LoS	LoS - reducing 21 days LoS and over	280	276	269	262	258	258	255	251	251	251	244	240	240	5% reduction in YoY position	NWL
Discharges	% beds occupied by patients not meeting criteria to reside	20.8%	20.0%	19.2%	18.4%	17.6%	17.6%	18.1%	18.2%	18.6%	18.9%	19.3%	19.3%	19.3%	5% reduction in YoY position	NWL
Cancer	Cancer 63+ days wait	150	150	150	150	150	150	150	150	150	150	150	150	150	Nationally Set	NWL
Cancer	People referred onto a non-specific symptoms pathway	40	45	45	50	45	55	55	60	45	60	55	65	620		
Cancer	Cancer 28 day waits (faster diagnosis standard)	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	FDD standard of 75% by Mar-24	National

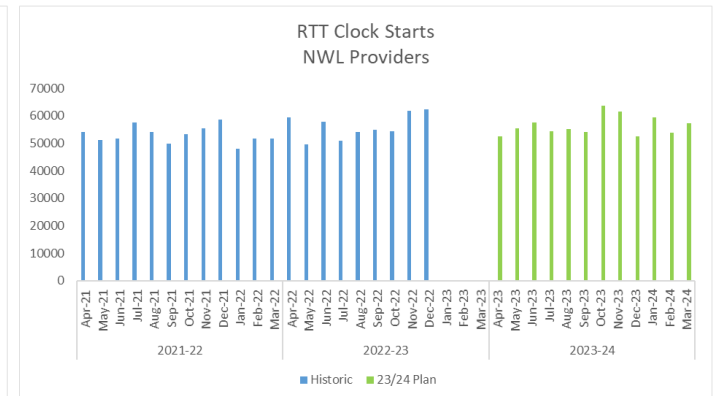
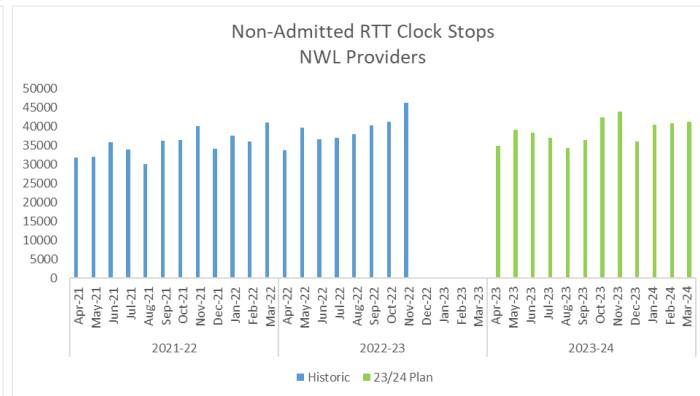
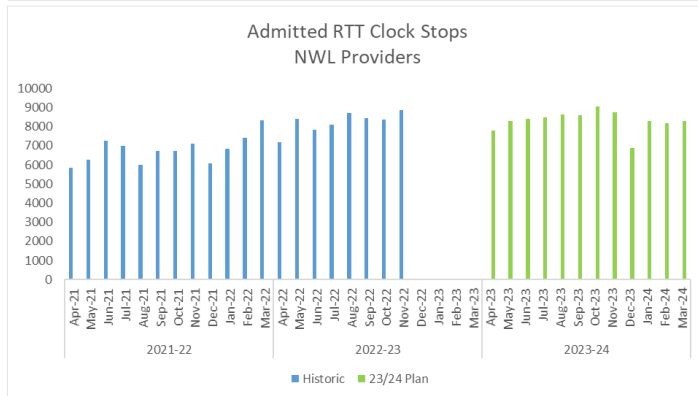
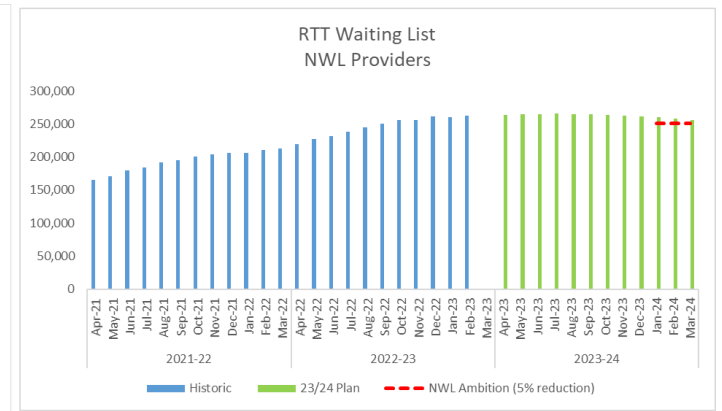
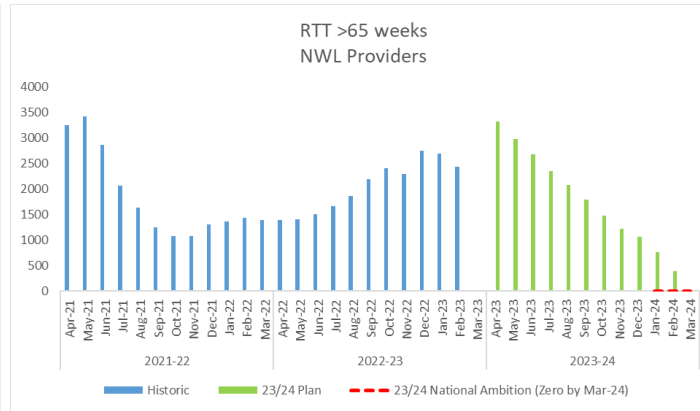
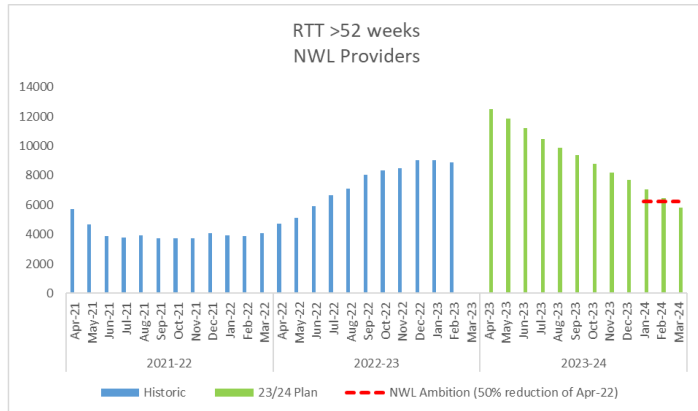
NWL Advice and Guidance (A&G)

			Pre/Post Ratio Actuals	Pre/Post Ratio Desired	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
LNW	E.M.33	Number of requests for specialist advice, including advice and guidance (A&G) or equivalent via other triage			2,484	2,760	3,036	2,898	2,898	2,898	3,036	3,036	2,484	3,036	2,898	2,760
	E.M.33a	Number of pathways avoided through pre-referral specialist advice			1,093	1,214	1,336	1,275	1,275	1,275	1,336	1,336	1,093	1,336	1,275	1,214
	E.M.33a	Number of requests for pre referral specialist advice (including Advice & Guidance models)	40%	30%	1,987	2,208	2,429	2,318	2,318	2,318	2,429	2,429	1,987	2,429	2,318	2,208
	E.M.33a	Pre referral diversion rate			55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%
	E.M.33b	Number of pathways avoided through post-referral specialist advice			273	304	334	319	319	319	334	334	273	334	319	304
	E.M.33b	Number of requests for post referral specialist advice (including referral triage models)	60%	70%	497	552	607	580	580	580	607	607	497	607	580	552
E.M.33b	Post referral diversion rate			55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	55%	
THH	E.M.33	Number of requests for specialist advice, including advice and guidance (A&G) or equivalent via other triage			6,034	6,706	7,376	7,040	7,376	7,040	7,376	7,376	6,370	7,376	7,040	6,706
	E.M.33a	Number of pathways avoided through pre-referral specialist advice			1,116	1,241	1,365	1,302	1,365	1,302	1,365	1,365	1,178	1,365	1,302	1,241
	E.M.33a	Number of requests for pre referral specialist advice (including Advice & Guidance models)	47%	50%	3,017	3,353	3,688	3,520	3,688	3,520	3,688	3,688	3,185	3,688	3,520	3,353
	E.M.33a	Pre referral diversion rate			37%	37%	37%	37%	37%	37%	37%	37%	37%	37%	37%	37%
	E.M.33b	Number of pathways avoided through post-referral specialist advice			513	570	627	598	627	598	627	627	541	627	598	570
	E.M.33b	Number of requests for post referral specialist advice (including referral triage models)	53%	50%	3,017	3,353	3,688	3,520	3,688	3,520	3,688	3,688	3,185	3,688	3,520	3,353
E.M.33b	Post referral diversion rate			17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	
	E.M.33	Number of requests for specialist advice, including advice and guidance (A&G) or equivalent via other triage			7,132	7,925	8,717	8,320	8,717	8,320	8,717	8,717	7,528	8,717	8,320	7,925
	E.M.33a	Number of pathways avoided through pre-referral specialist advice			514	571	628	599	628	599	628	628	542	628	599	571
	E.M.33a	Number of requests for pre referral specialist advice (including Advice & Guidance models)	9%	15%	1,070	1,189	1,308	1,248	1,308	1,248	1,308	1,308	1,129	1,308	1,248	1,189
	E.M.33a	Pre referral diversion rate			48%	48%	48%	48%	48%	48%	48%	48%	48%	48%	48%	48%
	E.M.33b	Number of pathways avoided through post-referral specialist advice			1,273	1,415	1,556	1,485	1,556	1,485	1,556	1,556	1,344	1,556	1,485	1,415
	E.M.33b	Number of requests for post referral specialist advice (including referral triage models)	91%	85%	6,062	6,736	7,409	7,072	7,409	7,072	7,409	7,409	6,399	7,409	7,072	6,736
E.M.33b	Post referral diversion rate			21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	
ICHT	E.M.33	Number of requests for specialist advice, including advice and guidance (A&G) or equivalent via other triage			9,589	10,655	11,720	11,188	11,720	11,188	11,720	11,720	10,122	11,720	11,188	10,655
	E.M.33a	Number of pathways avoided through pre-referral specialist advice			715	795	874	835	874	835	874	874	755	874	835	795
	E.M.33a	Number of requests for pre referral specialist advice (including Advice & Guidance models)	9%	15%	1,438	1,598	1,758	1,678	1,758	1,678	1,758	1,758	1,518	1,758	1,678	1,598
	E.M.33a	Pre referral diversion rate			50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	E.M.33b	Number of pathways avoided through post-referral specialist advice			1,399	1,555	1,710	1,632	1,710	1,632	1,710	1,710	1,477	1,710	1,632	1,555
	E.M.33b	Number of requests for post referral specialist advice (including referral triage models)	91%	85%	8,151	9,057	9,962	9,509	9,962	9,509	9,962	9,962	8,604	9,962	9,509	9,057
E.M.33b	Post referral diversion rate			17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	

A&E – NWL Provider charts

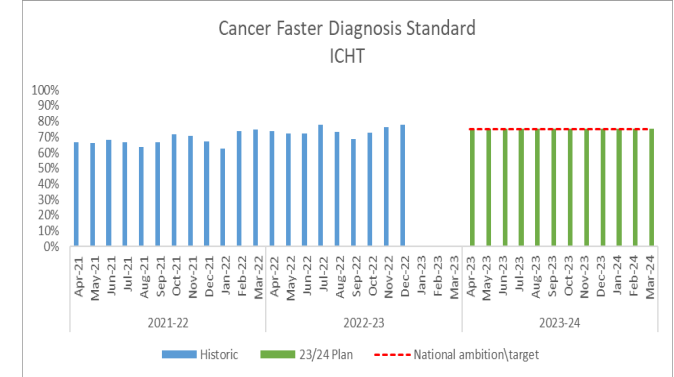
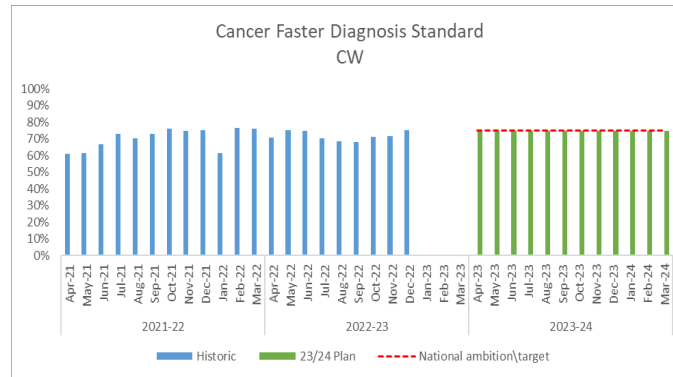
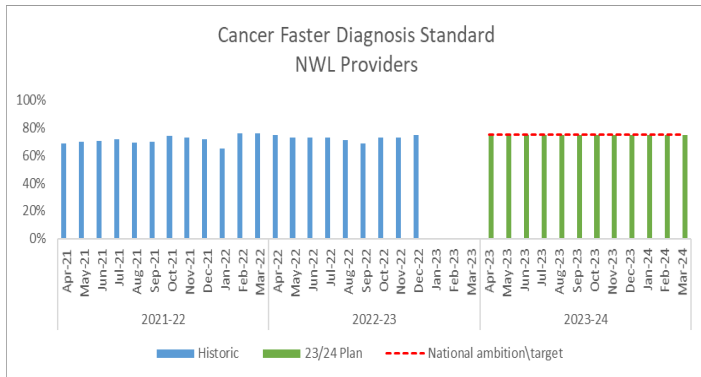


RTT – NWL Provider Summary



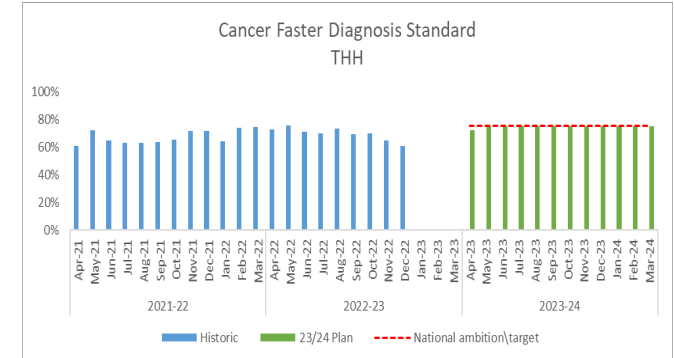
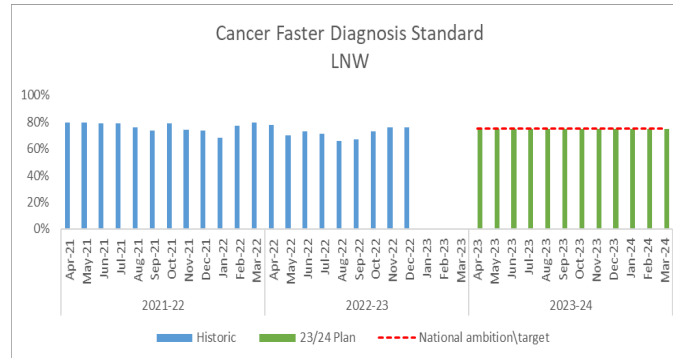
Cancer – Faster Diagnosis (FDS)

Target Performance – The national ambition is to meet the cancer FDS standard of 75% by march 2024



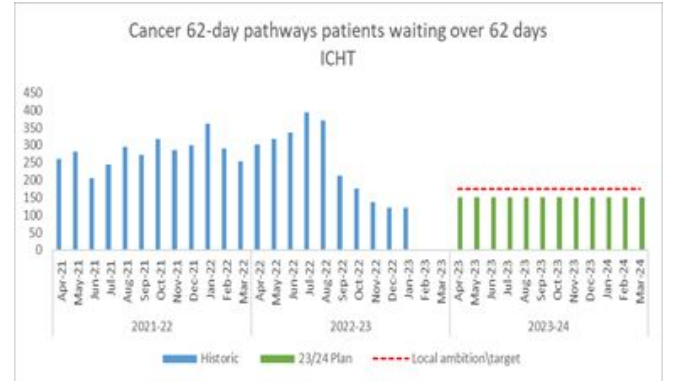
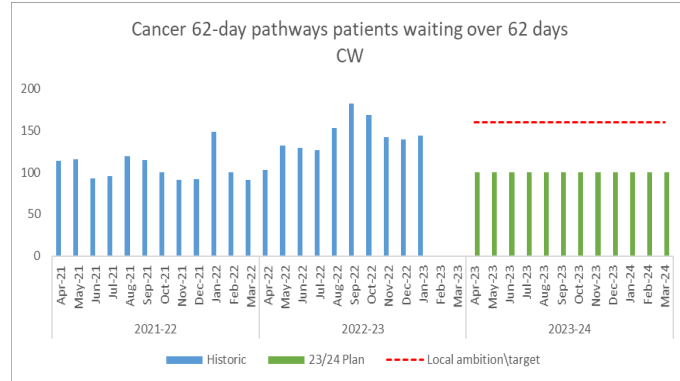
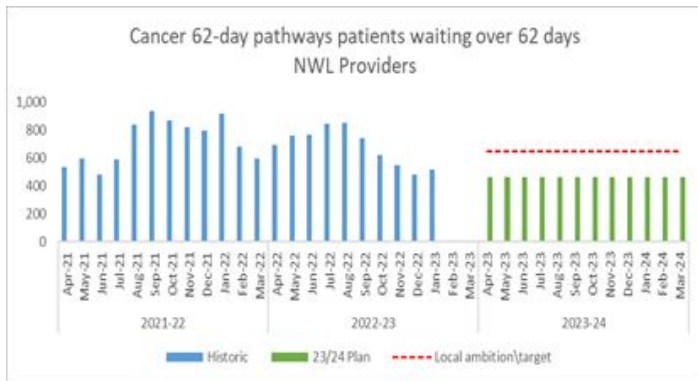
Summary

All NWL providers plan to meet the national ambition of 75% through 2023/24

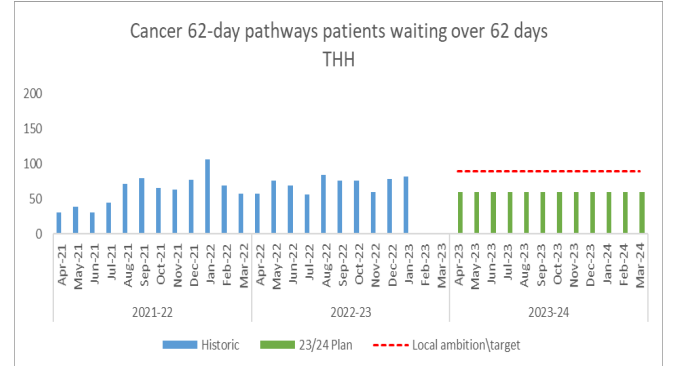
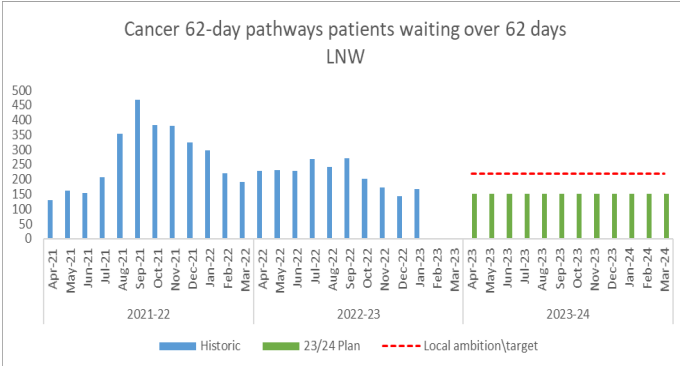


Cancer – Patients waiting over 62 days

Target Performance – The national ambition is to continue to reduce the backlog. The local ambition is 5% reduction in backlog size

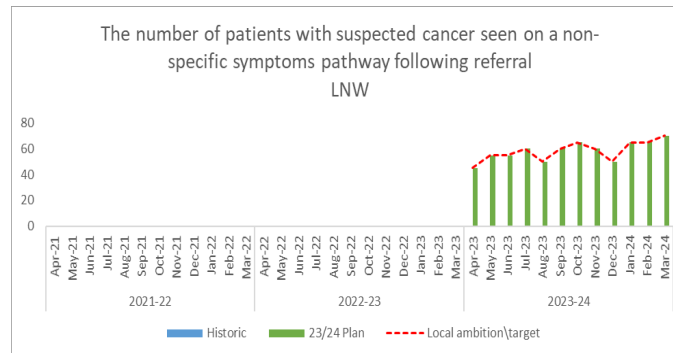
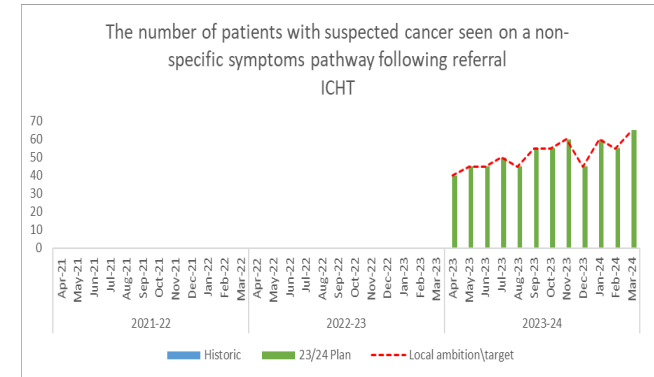
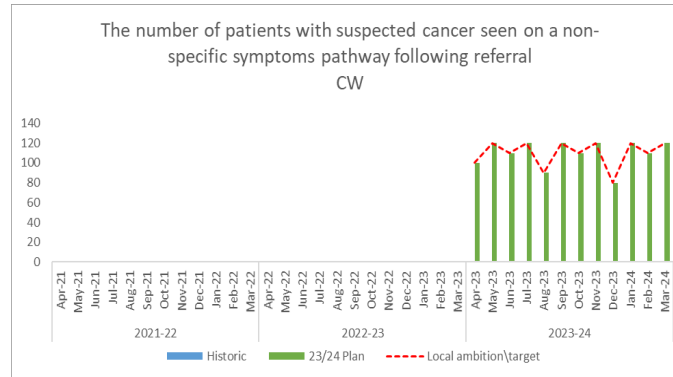
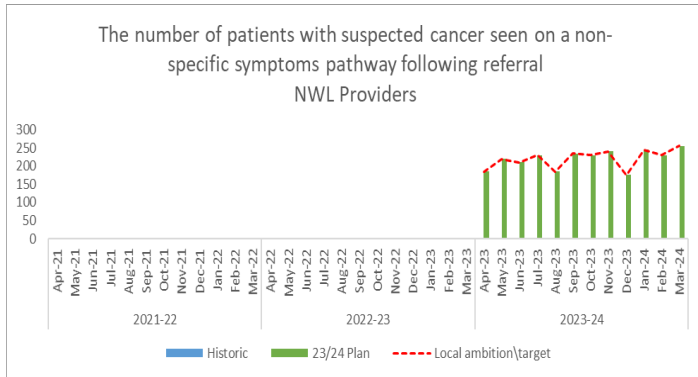


Summary
The NWL planned backlog size at April 2023 is 485, this improves to 460 by March 2024, achieving the ambition to reduce backlog size



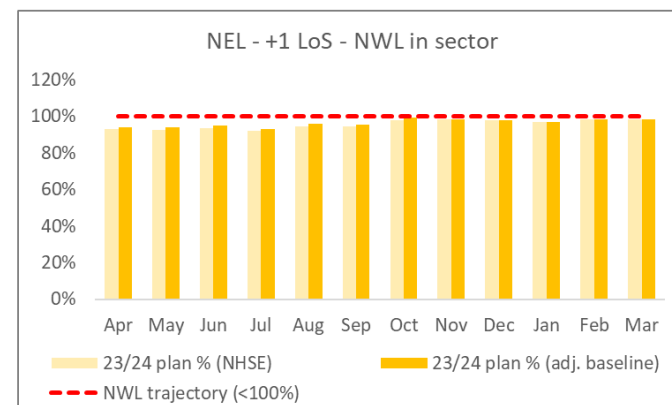
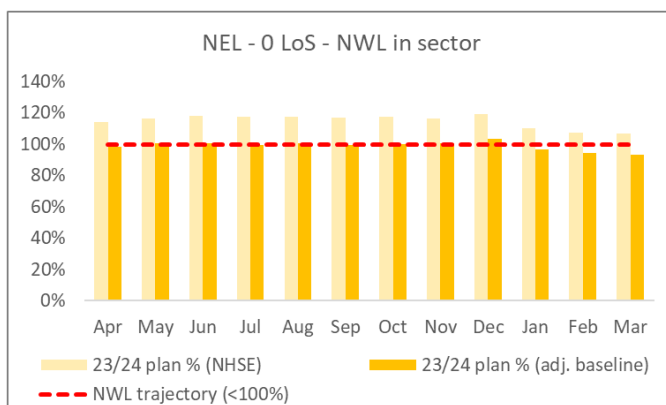
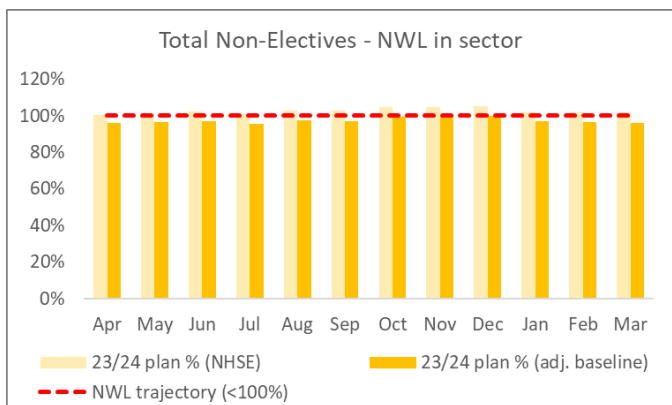
Cancer – Number of suspected cancer seen on a non-symptom specific pathway

Target Performance – Local ambition is 5% of all two week wait (2WW) referrals

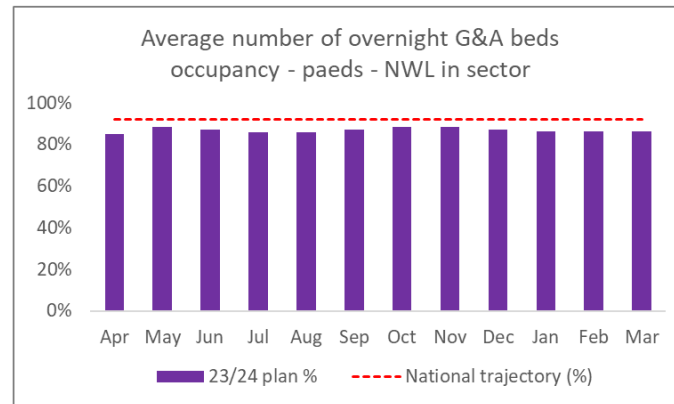
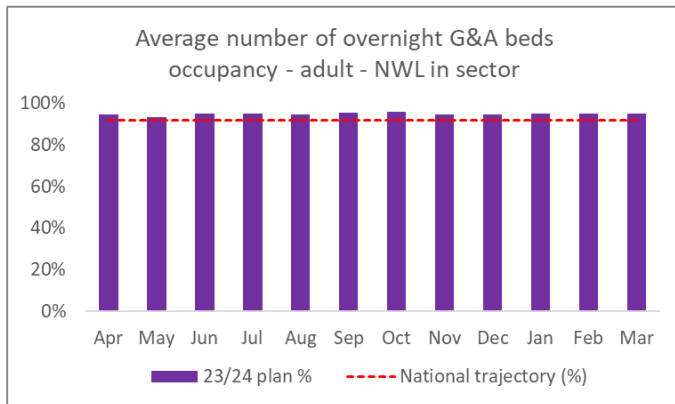
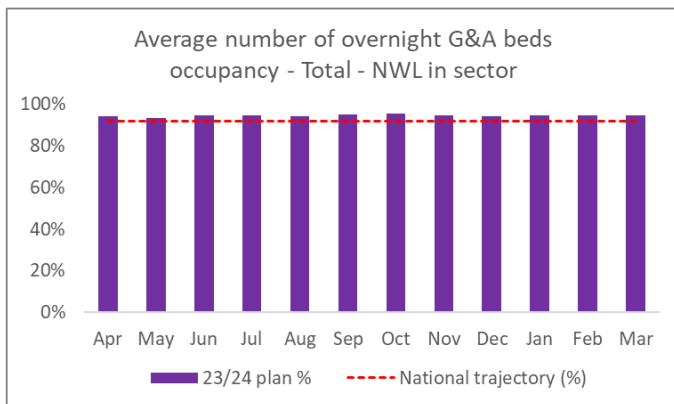
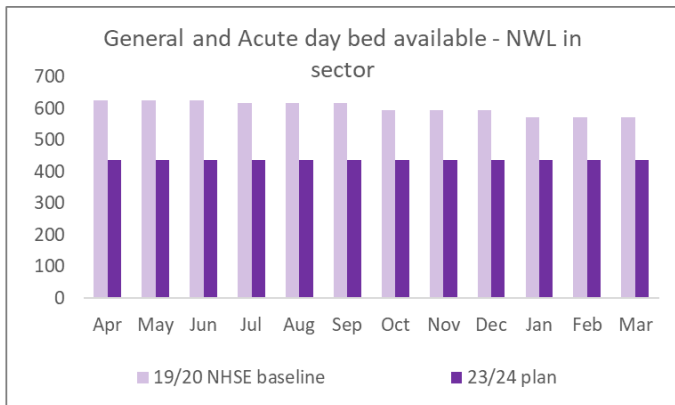
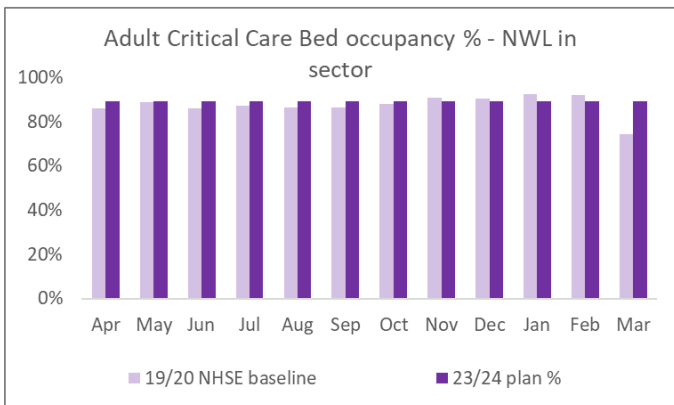


Summary
 There is no NSS in THH. THH are not running this service but CW are providing this for Hillingdon borough residents.
 2,640 patients to be seen on NSS are planned for NWL for 2023/2024.
 This is a continuing growing service and that there is no expectation that this trajectory will be met in 2023/24.

Non-Electives – NWL Provider charts

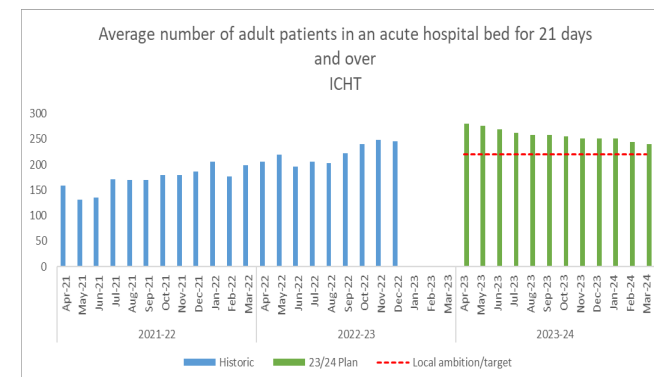
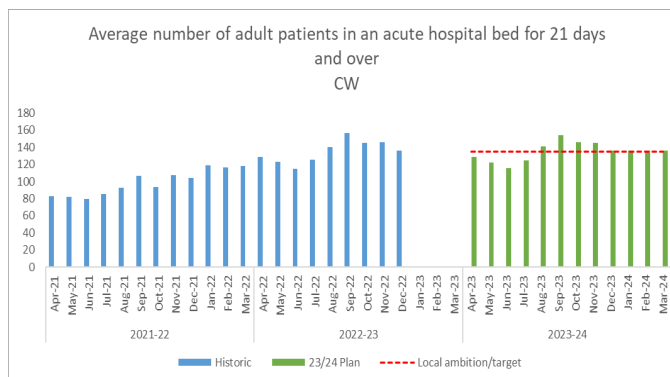
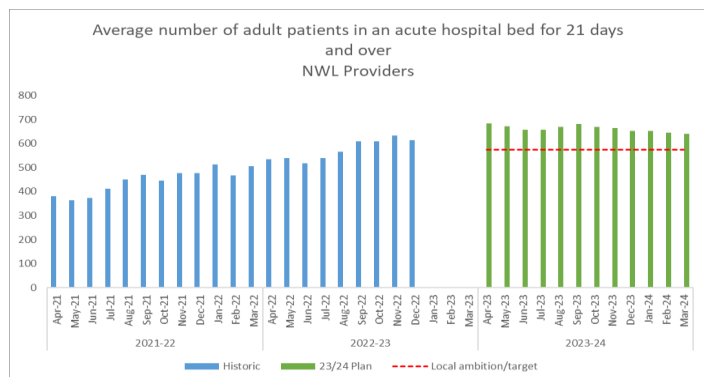


Beds – NWL Provider charts

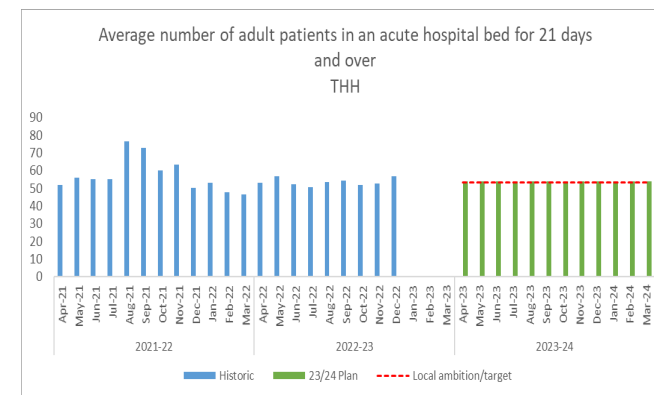
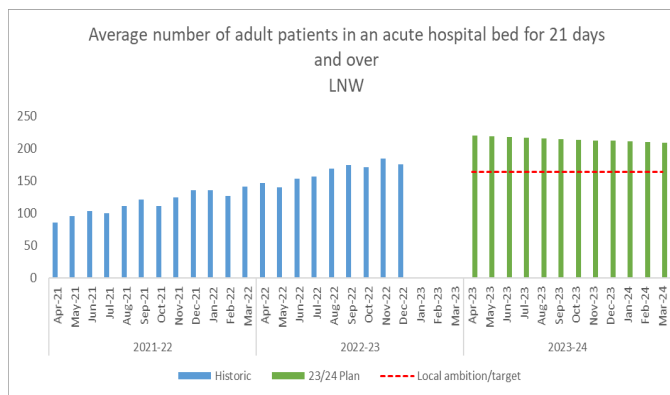


UEC – 21 days length of stay

Target Performance – The local ambition is a 5% reduction year on year.



Summary
 The ambition for 5% reduction will not be achieved. Average monthly NWL is 573 April to Dec 2022. The ambition for 5% reduction is not achieved in 2023/24 with plan set at with plan set at 661.





TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors Meeting, 19 April 2023
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AGENDA ITEM NO.	3.1
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TITLE OF REPORT	Report from the Chair
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AUTHOR NAME AND ROLE	Alexia Pipe, Chief of Staff
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ACCOUNTABLE NON EXECUTIVE DIRECTOR	Matthew Swindells, Chair
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THE PURPOSE OF THE REPORT	To provide assurance to the Council of Governors on key strategic activities across Chelwest and the North West London Acute Provider Collaborative.									
	<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>	Decision/Approval		Assurance	X	Info Only		Advice		
Decision/Approval										
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Advice										
Please tick below and then describe the requirement in the opposite column										

REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome
	North West London Acute Provider Collaborative Board in Common	18.04.23	Noted

SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> Thanks are extended to all staff, governors and stakeholders for their support in the development of the Collaborative over the past year and associated deliverables The Report highlights achievements to date, key matters of interest and strategic developments
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KEY RISKS ARISING FROM THIS REPORT	
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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:					
<table border="1"> <tr> <td>Equality And Diversity</td> <td>Y</td> </tr> <tr> <td>Quality</td> <td></td> </tr> </table>	Equality And Diversity	Y	Quality		
Equality And Diversity	Y				
Quality					

People (Workforce or Patients/ Families/Carers)	Y	
Operational Performance		
Finance		
Public Consultation		
Council of Governors		
<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	NA
Patient Confidentiality	NA
Staff Confidentiality	NA
Other Exceptional Circumstances (please describe)	NA

North West London Acute Trusts – Chair's Report to the Board in Common, Tuesday 18 April

1. The Acute Collaborative

2. As I end my first year as Chair of the acute collaborative and we move into a new financial year, I would like to extend my thanks to my NED and Executive colleagues who have engaged in such a positive way in creating a new approach to delivering acute services to the people of north west London, and particularly to the four Vice Chairs and four Chief Executives who have made the vision a reality with determination and purpose.
3. The benefits of working together in the collaborative whilst maintaining the local leadership and individual personalities of our four Trusts can be seen in the performance of our organisations who have collectively delivered their financial plans for the past year, a historic rarity in north west London. Indeed at this month's NHS England briefing for Chairs on the NHS's financial position, north west London was held up as an example for the rest of the country to learn from.
4. We have grown our elective activity compared to pre-COVID levels faster than any other sector in London; improved our A&E performance across the board and in some Trusts delivered amongst the best performance in London; and we continue to provide the safest acute hospital care, as measured by Summary Hospital-level Mortality Indicator, of any ICS in England. The Trusts have increasingly supported each other to optimise acute care across north west London, and worked together to spread best practice.
5. Our capital planning is being coordinated in order to make the best use of the facilities at our disposal, as evidenced by the development of the EOC at the Central Middlesex and the CDC at Ealing Hospital both shared facilities for all the residents of north west London. We expect to enhance this joint planning in the coming years.
6. Our clinicians are increasingly working together under the guidance of the collaborative quality committee to support the spread of best practice, with shared analysis of data and joint service reviews, such as the peer review of all our A&E services by our senior clinicians. This will develop into one of the primary ways in which we ensure that we deliver our ambition of equity of access to top quality care across north west London.
7. The Board in Common held its second development session in February to discuss the Collaborative priorities, which has been used to input into the work for the 2023/24 operational, financial and business plans which has been developed over the last quarter. We have had a third round of Collaborative Committees which are part of the infrastructure we have developed to drive the priorities and monitor the 2023/24 plans.
8. With three of our NEDs having either reached the end of their term of office or approaching the end, we are currently in the process of recruiting to replace them. This affects all four of the Trusts in the acute collaborative. We have had a great response to the advert and were able to put together a diverse shortlist of people with strong links to North West London who are passionate about improving our organisations and patient outcomes.

Each of the shortlisted candidates participated in a stakeholder engagement session and a full interview yesterday (17 April). The interview panel included both external advisors and the lead governors from our

two Foundation Trusts. The panel recommendations now need to be approved by London Region for the two acute Trusts and the Councils of Governors for the two FTs before we can make an announcement, which will hopefully be soon.

9. Industrial action

10. In March and last week Junior Doctors across the four Trusts took part in a three day and four day strike, I know that the decision to take action would not have been taken lightly by any healthcare staff and it is important that we respect one another's decisions and views. As with other Trusts across the country, we had to reschedule a high number of planned appointments so that urgent and emergency treatment was prioritised but we did manage to keep a significant proportion of our elective activity going.
11. The level of commitment and teamwork shown in the lead up and during the strike by our medical leaders, nursing and other clinical staff and operational managers demonstrates the exemplar leadership of our entire workforce. Not only did this support our junior doctor colleagues who were taking strike action, but also served to protect our patients and ensured safe staffing for essential services across north west London. I want to thank all staff on the efforts during the strike.

12. Meeting Staff

13. I have been on a number of visits across the four Trusts, below is round up of some of the visits I have been on.
14. At **Hillingdon** I have met with the Diversity and Inclusions leads where I heard the tremendous amount of work which is taking place across the Trust to engage staff in the different staff networks we have across Hillingdon. I met with a large group from our Estates and Facilities team who gave me an overview of the work that the teams are involved in across the Trust. I also had a session with two trainers from the Clinical Education team where I heard what training happens for nurses across the Trust. I recently also did a question and answer session with Consultants across the Trust with Gubby Ayida, Chief Medical Officer.
15. At **West Middlesex**, I went on the Kew ward which houses the specialist stroke team led by Ravneeta Singh, Care of the Elderly and Stroke Consultant and Brian Drumm, Stroke Consultant, I talked through with the team their multi-disciplinary approach to working with long term stroke patients. I also had a tour of the Acute Medicine Unit with Gwen Whatley, Head Physiotherapist.
16. At **St Mary's** I had a tour of the emergency theatres and obstetrics across the whole site by Sarah McNeilly, Head of Specialty, Theatres and Anaesthetics and Consultant in Anaesthesia and Intensive Care Medicine at Imperial. It was interesting to see these areas through the lens of anaesthetics and how integral the equipment and estate is in providing the best care for our patients.
17. At **Northwick Park** Pippa and I met with Patrick Flaherty, Chief Executive and Senel Arkut, Corporate Director for People's services from Harrow Council. We had a tour of the Accident and Emergency department and the Maternity Unit together.

18. Elective Orthopaedic Centre (EOC)

19. Our Acute Provider Collaborative's proposal to bring together most routine inpatient orthopaedic surgery in north west London in a new 'elective orthopaedic centre' at Central Middlesex Hospital was approved by our Integrated Care Board last month. The proposal incorporates feedback from a 13-week public consultation that closed earlier this year involving almost 2,000 people.
20. Drawing on evidence from similar centres in other areas, the expectation is that this new approach will improve quality and reduce long waiting times. The plan is to open the centre later this year, with the project expected to pass additional gateways over the coming months, including approval of a full business case and implementation plan.

21. End-to-end care for patients who have their operation at the new centre will continue to be the responsibility of the surgical team at their 'home orthopaedic hospital', with outpatient care provided locally or online. For our Trust, that means at Hillingdon Patients' 'home orthopaedic hospital' surgeons will carry out the operation at the elective orthopaedic centre with the support of a permanent, specialist team. Care pathways for orthopaedic patients with complex health needs and day-case patients are unchanged and surgery will be provided, as now, at a range of North West London hospitals, including Hillingdon and Mount Vernon. Detailed workforce plans will now be developed with staff.

22. Community Diagnostic Centres (CDCs)

23. New NHS Community Diagnostic Centres are a national initiative to build additional diagnostic capacity for planned care, based in the community and separated from urgent and emergency pathways. This 'one stop' approach for checks, scans and tests will be more convenient for patients and help to improve outcomes for patients with cancer and other serious conditions.

24. We are creating three new CDCs on existing NHS sites situated in two areas of north west London where there are significant clusters of deprivation, the area of Hanwell, Southall and Greenford; and the area of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen's Park and Church Street in North Westminster. An additional 300,000 diagnostic tests per year will be provided across the three new Community Diagnostic Centres by 2024/25.

25. Future Capital Plans

26. Proposals for the new **Hillingdon Hospital** got a significant boost at the Hillingdon Council's Major Applications Planning Committee on 18 January 2023, when they resolved to grant approval for the plans. Following the Council's decision to grant resolution for approval, the planning application is now being prepared for referral to the Mayor of London for final sign-off, which is standard practice for a project of this size. Most of all, we are also waiting for confirmation of funding for the plans and permissions to move developing the full business case from central government. This has been "any day now" for several months. As I have said previously, I am confident that our team has done a brilliant job drawing up the plans and engaging with the national "New Hospitals Programme" to ensure that our proposal both meets the needs of local people and what the government is looking for, but in the end this is a ministerial decision and we can only wait.

27. Intensive planning is in train at **Central Middlesex Hospital** to support the planned Endoscopy Unit and the Elective Orthopaedic Centre which have required significant enabling works relocating some existing services in advance of the building works which are on-going. At **Ealing Hospital**, work continues on the Community Diagnostic Centre which will open near the end of this year, as well as ongoing repairs and improvements to the core infrastructure on the site. Our teams at Ealing have also been working with architects and healthcare planners to start the Ealing Hospital Site Development Control Plan – and we will be working with key local stakeholders to shape and refine the medium-term plans for the site over the next few months.

28. At **Northwick Park Hospital**, the new Energy Centre 'officially' launched on 1 April with practical completion and handover of the project to the Trust team. This starts a long period of guaranteed financial savings for the Trust at a time of rising energy costs, but perhaps more importantly it also marks a significant milestone in our plans for carbon reduction, and in moving towards greater resilience and stability in energy supply. The major works around the hospital to build the new road and access points, being undertaken by the local authority as part of the One Public Estate initiative are moving along, and these are anticipated to be completed later in the autumn. Looking forward to later in the year, our teams at Northwick are planning for a modern 'modular' bedded extension to the emergency department – subject to finalising the funding – to support patient flow and increases in capacity during the winter months. This marks phase 1 of our plans to increase capacity by around 60 beds on the site – and work continues on our business case for the new Critical Care unit which will enable phase 2 of the plan, and which will over time create the capacity needed to meet the growing demands on the urgent and emergency care service at Northwick.

29. **Imperial College Healthcare NHS Trust** continues to progress its redevelopment plans across all its sites, which are all in Cohort 4 of the New Hospital Programme. At **St Mary's Hospital** the first-stage business case for a full redevelopment of the site was submitted in September 2021 and the case for change has been accepted by the government. We set out the need for a new, 840-bed, research-led, major trauma, and acute teaching hospital which would release around five acres of surplus land for wider site regeneration. Our vision puts life sciences at the heart of the mixed-use masterplan to boost the health, wealth and wellbeing of our local communities, as well as creating a new community-led neighbourhood and vastly improved public spaces. Following feedback from the New Hospital Programme, we have worked on phasing the scheme to speed up delivery, spread the costs and be ready to start building work in 2025. And we are continuing to explore options for maximising the benefits of this once-in-a-generation opportunity. We are planning to step up community engagement too, especially for the more advanced St Mary's scheme.
30. **Charing Cross and Hammersmith hospitals** are planning significant refurbishment and some new buildings at both sites. We are currently working on first stage business cases for both sites and hope to submit them later this year. We need an indication from the New Hospital Programme on the funding envelopes for both schemes to help ensure our plans are deliverable.
31. Your support over the coming months will be so important in helping us progress our much-needed redevelopments.



TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors Meeting, 19 April 2023										
AGENDA ITEM NO.	3.2										
TITLE OF REPORT	Chief Executive's Report										
AUTHOR NAME AND ROLE	Emer Delaney, Director of Communications										
ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts, Chief Executive Officer										
THE PURPOSE OF THE REPORT <table border="1" style="width: 100%;"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">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		This report provides Governors with assurance on key operational and strategic issues pertinent to Chelsea and Westminster Hospital NHS Foundation Trust		
Decision/Approval											
Assurance	X										
Info Only											
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	North West London Acute Provider Collaborative Board in Common	18.03.23	Noted								
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> • Management of operational pressures during the recent 2 periods of Junior Doctors Industrial Action • Completion of a CQC inspection of Maternity Services at Chelsea and West Middlesex – report awaited • Planning approval has been granted for a brand new Ambulatory Diagnostic Centre (ADC) at the West Middlesex University Hospital site 										
KEY RISKS ARISING FROM THIS REPORT											
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		
<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	NA
Patient Confidentiality	NA
Staff Confidentiality	NA
Other Exceptional Circumstances (please describe)	NA

Chief Executive Officer's Report – Chelsea and Westminster Hospital NHS Foundation Trust

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1. Council of Governors

1.1. Welcome to our first Council of Governors meeting of 2023/24. Elections for seats on our Council of Governors completed in January 2023 and I am delighted to welcome:-

- Caroline Boulliat Moulle, Patient Governor – Patient Constituency;
- Nigel Clarke, Public Governor – London Borough of Hammersmith and Fulham;
- Dr Nara Daubeney, Public Governor - London Borough of Wandsworth;
- Nina Littler, Public Governor – Royal Borough of Kensington and Chelsea;
- Ras. I Martin, Public Governor – Rest of England; and
- Joanne (Jo) Winterbottom, Public Governor - the City of Westminster.

Cass J Cass-Horne was re-elected for a second term as Public Governor for the City of Westminster.

2. Key Messages

2.1. **Industrial Action Disruption-** Winter coinciding with a period of service disruption has placed increased demand on our services locally, across the wider North West London Integrated Care System (NWL ICS) and the NHS over the last couple of months. This level of disruption has required a stepped up approach to managing our services. I am incredibly grateful to all my colleagues for their commitment and support during this difficult period.

2.2. **Emergency services supporting patient flow**

Despite the challenges managing through winter and service disruption, I am proud of the proactive work of our Emergency Department to supporting our patients and communities.

Our team piloted interventions Fit to Sit, Navigation at Triage and Emergency Department led Same Day Emergency Care (SDEC) service. This was part of our wider work aligned with the national Delivery Plan for Recovering Urgent and Emergency Care Services, which set out a number of schemes that our Trust are adopting to improve patient flow and patient experience. The SDEC and other pilots have demonstrated several benefits to our staff and the patients already. The ultimate goal at our Trust was to run a hybrid model where there is joint working between Emergency Medicine and Acute medicine—together they will deliver same day emergency care to our patients.

3. Quality and Safety

3.1. CQC inspection. The Trust underwent a short noticed risk based inspection as part of the national maternity inspection programme. We received notification of the intention to inspect both our sites on Monday 30 January 2023. The onsite inspection took place on Wednesday 1 February and Thursday 2 February, with supplementary interviews on Friday and Monday 6 February 2023. The inspection only focused on the safe and well led domains.

In addition to observing clinical interactions and care across the patient pathway, notes reviews were completed in addition to extensive interviews with staff, across a range of specialist areas.

The inspection team provided initial feedback commented that staff were highly engaged, with evidence of multi-professional working and good visible leadership at all levels. The Trust had a good developed relationship with the MVP, and the team witnessed evidence of changes in practice as a result, and feedback was really valued by the service, with a strong focus on equality diversity and inclusion, and commitment to reducing inequalities for the communities we serve.

The written report is expected imminently.

3.2. Maternity oversight and Maternity Incentive Scheme - year 4 (CNST)

The Trust provides oversight of quality assurance within the maternity service via a Maternity quality oversight assurance report to each Quality Committee meeting. This is also summarised in the quality function report to the Acute Provider Collaborative Quality Committee. Following review at the Board in Common in January 2023, and sign off through the agreed internal process, we submitted our declaration of compliance with the 10 requirements of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme year 4 by the deadline of 2 February 2023. We declared full compliance following completion of a comprehensive action plan. The focus will now be on embedding the progress made to ensure the improvements are sustained.

3.3 Quality Priorities

Our proposed quality priorities for 2023/24 are currently being consulted on, and in addition to the priorities of the Trust, reflect collaboration across the collaborative. These will be discussed in further detail at the Governor away day on 19 April 2023.

Following approval these will be published within the Trusts Quality Account alongside the Governors statement which the Quality Sub Group of the Council of Governors are developing. Our priorities have been developed following review of quality insight data, including incidents, complaints, patient feedback, claims and inquests, audit, mortality data including structured judgement reviews (SJRs), outcomes from the ward accreditation programme, risks and emerging issues, as well as national, acute collaborative, local priorities and planned improvement work. They include a continued focus on improving the care for patients at the end of their life, improving the discharge processes and use of digital technology, improving the care for the frail patient and preventing deterioration; and implementation of the new patient safety incident response framework.

4. Operational performance

- 4.1. January elective activity levels recovered from planned seasonal reductions and remained resilient in the face of non-elective winter pressures and industrial action. The Trust retained strong performance positions across Urgent and Emergency Care, Cancer and Diagnostic pathways, benchmarking well nationally against the Cancer Faster Diagnosis Standard (FDS), 2-Week Wait and 31-Day targets.
- 4.2. Our total Referral to Treatment Patient Tracking List (RTT PTL), reduced in month by -2% to c. 55,000 referrals. We reduced the number of patients waiting more than 52 weeks to be seen by 190, resulting in 1,432 patients waiting more than 52 weeks at the end of January 2023. This level of performance compares strongly with the relative position across London.
- 4.3. At the end of January, we had circa 400 patients on our referral list who will have been waiting more than 78 weeks to be seen by the end of March. This position has improved but remains challenged. Operational, Performance and Clinical teams have developed targeted interventions and retain absolute operational grip through daily and weekly assurance and oversight meetings. Vascular, General Surgery, Urology, Colorectal, and Plastic services remain at risk.
- 4.4. A&E. A&E 4-hr performance improved in January to 78%, driven by an improvement in performance in paediatric ED and the Urgent Treatment Centre at West Middlesex. Focus remains on improving Type 1 performance across both departments, including increased utilisation of Same Day Emergency Care.

5. Finance performance

- 5.1. We are reporting a breakeven position for the year to date as at the end of February 2023 and are forecasting to deliver our breakeven plan for the financial year 2022/23 (April 2022 - March 2023). The expenditure position includes the reversal of impairments of £7.3m arising from the annual valuation exercise of the Trust's estate that was undertaken at the end of December 2022. Although the impairment movement has a favourable effect on the gross expenditure variance, it does not impact the adjusted total.
- 5.2. As at the end of February 2023, the year to date capital expenditure is £23.9m, which is £0.7m lower than the year to date plan due to timing differences on the programme. The forecast capital spend for 2022/23 is £35.4m and is on track to be delivered. The Trust had a higher than planned cash balance of £179.6m at the end of February 2023 (£26.7m above planned levels).
- 5.3. The Trust will be submitting a breakeven plan for 2023/24, which includes an efficiency programme of £23.5m and achievement of elective recovery funding (ERF) for meeting 112% of 2019/20 activity on a value weighted basis.

6. People

- 6.1. Laura Bewick, the current DDO for Emergency and Integrated Care, has been appointed as the Hospital Director/Deputy COO for the Chelsea hospital site. Sheena Basnayake, the current DDO for Women, Neonatal, HIV/GUM and Dermatology, has accepted a one year secondment to the role of Hospital Director/Deputy COO for the West Middlesex hospital site.

6.2. Both will be responsible for managing the Trust's relationship day-to-day with our partners across the North West London (NWL) Integrated Care System (ICS) and local borough partnerships for commissioned services delivered from their site and the surrounding community

6.3. Governors heard from Laura and Sheena at the recent Governor Briefing Session where they shared their priorities for their first year in post alongside details of some exciting strategic capital developments at both of our sites.

7. Equality, Diversity and Inclusion (EDI) update

7.1. We are proud to have recognised Trans Day of Visibility and the contribution of our trans and non-binary staff with an event on Friday 31 March as part of a wider programme of trans awareness training. Members of our staff shared stories and experiences from their lives, their experience of transition, and of their time in the Trust.

7.2. Maternity Cultural Safety Champions- This group of staff all have anti-racism training, LGBTQ+ birthing training. We have in place a Maternity Cultural Safety lead midwife that provides training to all maternity staff in cultural safety. This service is for staff, patients and partners who can contact a Maternity Cultural Safety champion. They have become the first Trust to apply for the Capital Midwives Anti-Racism Bronze award.

7.3. Commencing an Accessible Working Group in April to review Trust premises for all groups, (patients and staff) in terms of physical access, hearing and visual support and review recommendations and a way forward.

8. Trust highlights

8.1. State of the art diagnostic centre approved for West Middlesex University Hospital. We are pleased to announce that planning approval has been granted for a brand new Ambulatory Diagnostic Centre (ADC) at the West Middlesex University Hospital site. This marks a major step forward for the development of patient care in our local community

8.2. Chelsea at 30. We are fast approaching the 30th birthday of Chelsea and Westminster Hospital, which opened in May 1993. On 3 May we will be marking our 30 years at the Chelsea Hospital site to celebrate our achievements and say thank you to the staff, volunteers, governors, patients and communities that have supported us over the past three decades. On the day, our Charity CW+ we will be launching a major 30 million fundraiser campaign with a series of events and fundraising activities over the next year.

8.3. French Deputy Health Secretary visit. In February we welcomed the French deputy health secretary who visited our Chelsea site. Colleagues discussed our innovations in palliative and end of life care and the continual improvements we are making as a trust.

9. Research and innovation

9.1. Newborn Genomes Programme

In February we were announced as one of the first Trusts in the UK, further to approval from Genomics England and NHS England to be in wave one of opening the Newborn Genomes programme. The Programme will co-design and run an ethics approved research pilot embedded in the NHS to explore the benefits, challenges, and practicalities of offering whole genome sequencing (WGS) to all newborns to accelerate diagnosis and access to treatments for rare genetic conditions.

9.2. Our health researchers at West Middlesex are leading on clinical trials with the University of Edinburgh to develop the first non-hormonal, non-surgical treatment for endometriosis, which affects roughly one in 10 women of reproductive age. If successful, it will be the first new class of drug for the condition in 40 years. Along with our gynaecology surgeons on surgical treatment and innovation in this area, I'm delighted that our trust is making such significant advancements in supporting women.

9.3. Engaging our workforce - Innovation for everyone

This year we launched a series of staff focused CW Innovation events which aims to support staff with innovative ideas through our CW Innovation programme. We are encouraging staff to come forward with ideas, no matter how big or small, that support better patient care and outcomes. On the day, staff attend drop-in sessions on funding, business support and proven 'test and scale' environments to get their ideas off the ground quickly.

10. Stakeholder engagement

10.1. Below is a summary of significant meetings and communications with key stakeholders:

- Integrated Care Partnership Strategy Forum – Ealing Town Hall 20 January
- Winter improvement UEC Community Forum NHS event
- RBKC Adult Social Care and Health Committee- 27 February
- Greg Hands MP visit to Trust – 10 March

11. Recognition and celebrating success

11.1. Kamila Soltysik, staff nurse in the plastics dressing clinic, who led on national research published in a dermatological journal. Kamila's work covers the importance of dermatology professionals being increasingly aware of differences in the anatomy of ethnic skin, manifestation of symptoms and cultural practices in skin care.

11.2. Our 'one stop obstetric ambulatory service' has been shortlisted as a best-practice case study for the forthcoming National Maternity and Neonatal Delivery Plan. The team identified common themes in complaints which they felt could improve the triage, experience, and care of pregnant women through a truly multidisciplinary approach.

11.3. Our volunteering services have been working with HR and clinical colleagues to pilot a new 'Volunteer to Career' programme - supporting our volunteers into paid employment at the trust.



TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors Meeting, 19 April, 2023
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AGENDA ITEM NO.	3.3								
TITLE OF REPORT	Integrated Quality and Performance Report – February 2023								
AUTHOR NAME AND ROLE	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer								
ACCOUNTABLE EXECUTIVE DIRECTOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer								
<p>THE PURPOSE OF THE REPORT</p> <table border="1"> <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> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	√	Info Only		Advice		To report the combined Trust’s performance for February 2023 , highlighting risks to achievement, issues and identifying key actions going forward.
Decision/Approval									
Assurance	√								
Info Only									
Advice									
REPORT HISTORY (Committees/Meetings where this item has been considered)	Executive Management Board, April 2023								
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>Performance Summary</p> <p>February elective activity levels remained strong despite non-elective winter pressures. Elective backlogs showed further reductions but the 78week wait position remains challenged. Diagnostics and Cancer services were resilient through the month, with Cancer metrics benchmarking well nationally against the Cancer Faster Diagnosis Standard, 2-Week Wait and 31-Day targets.</p> <p>The Trust total Referral to Treatment Patient Tracking List (RTT PTL) was stable in month slightly increasing by 1% to c. 55,000. The Trust saw continued reductions in 52ww, removing 105 pathways and ending February at 1,202. The Trust’s RTT backlog reductions were strong relative to London’s regional position which saw a slight increase in 52ww.</p> <p>At the end of February, the Trust had 169 patients in the 78ww Breach Cohort pathway (those that would breach 78ww by the end of March with no intervention). Although this is a reduction of</p>								

	<p>c. 250 pathways in month, the position remains challenged. Daily operational meetings and weekly assurance meetings in place to manage backlogs and delivery of targeted interventions. Vascular, General Surgery, Colorectal and Plastics remain at risk.</p> <p>A&E Emergency Department (ED) Performance across both sites has improved slightly to 78.35%. Flow has remained challenging on both sites however overall performance at West Mid has increased to 81.6%, with improved staffing levels within the Urgent Treatment Centre (UTC). Performance in the UTC at Chelsea has been challenging, particularly during the evening and nights and an improvement plan is in progress.</p> <p>RTT 18 Week Incomplete The Trust incomplete position remains similar to the previous months, however there are no reported 104wk waiting patients and we have seen a significant reduction in the over 52 and 78wk cohorts. Recent industrial action is projected to adversely impact on the incomplete position for March through the cancellation of outpatient and inpatient activity, however specialties are looking to replace lost activity with additional clinics and theatre lists.</p> <p>Cancer (Final Previous Month, Unvalidated Current month) 31-Day Diagnosis (First Treatment) The 31-day target was non-compliant in January 2023, with a performance of 93.48%. The target has improved for February 2023, with current performance showing at 94.59%.</p> <p>62-Day (GP Referral): The 62-day target was non-compliant in January 2023, with a performance of 71.51%. The non-compliance has been largely driven by delays to first appointment, delays for diagnostics and patient choice to first diagnostics. Histology delays, although improving, continue to impact some of our pathways. Focused work is continuing on further reduction of the backlog with an aim to return to compliance over the coming months.</p> <p>62-Day (NHS Screening): The 62-day screening target was compliant for January 2023, with a performance of 100%.</p> <p>28-Day FDS: The FDS target is non-compliant for January 2023, with a performance of 71.01%. The target is projected to return to compliance in February 2023, with a validated position of 78.07%. This follows dedicated work on the FDS target, particularly around Urology and Colorectal diagnostics, and the impact of the CCS digital cancer PTL, which is now well embedded.</p> <p>Diagnostic Waits <6 weeks The Trust achieved both the national DM01 measure (95%) and the local (99%) standard with a performance position of 99.13%, even with the internal target of all 2WW diagnostic tests being delivered within 5 days. Work continues to maintain this position over the coming months.</p>
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KEY RISKS ARISING FROM THIS REPORT	A&E performance, RTT backlogs (52w and 78w), and cancer services although position improving.
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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	Y
People (Workforce or Patients/ Families/Carers)	Y
Operational Performance	Y
Finance	
Public Consultation	
Council of Governors	

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

- Excel in providing high quality, efficient clinical services
- Improve population health outcomes and integrated care
- Deliver financial sustainability

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 2023



NHSI Reporting															
NHSI Dashboard		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				Trust data 13 months	
Domain	Indicator	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	74.27%	78.21%	73.98%	77.14%	68.71%	77.88%	81.75%	77.31%	71.07%	78.03%	78.35%	78.18%	77.24%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	59.44%	60.93%	62.51%	64.44%	55.04%	56.95%	57.50%	55.98%	57.21%	58.84%	59.81%	59.33%	60.38%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Feb-23) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.18%	97.95%	97.13%	94.66%	98.83%	97.00%	96.41%	96.39%	98.15%	97.39%	96.70%	97.39%	95.66%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	99.00%	100%	99.53%	100%	99.00%	100%	99.00%	99.53%	
	31 days diagnosis to first treatment (Target: >96%)	97.83%	93.48%	94.59%	92.49%	n/a	n/a	92.50%	93.89%	97.83%	93.48%	93.16%	93.48%	93.02%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	n/a	n/a	100%	100%	n/a	n/a	100%	n/a	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	66.67%	n/a	n/a	n/a	87.50%	n/a	n/a	n/a	n/a	78.57%	
	62 days GP referral to first treatment (Target: >85%)	69.09%	87.50%	67.92%	73.32%	77.78%	62.04%	58.93%	71.51%	74.26%	71.51%	61.82%	71.51%	72.16%	
Cancer - FDS	62 days NHS screening service referral to first treatment (Target: >90%)	80.00%	n/a	n/a	75.00%	73.33%	100%	80.00%	67.50%	75.00%	100%	80.00%	81.82%	68.18%	
Patient Safety	Faster Diagnosis Standard (Target: >= 75%)	80.05%	79.09%	83.96%	78.66%	72.46%	65.16%	74.42%	68.39%	75.45%	70.87%	78.07%	74.46%	72.56%	
	Clostridium difficile infections (Year End Target: 26)	0	1	0	11	0	0	2	13	0	1	2	3	24	

Please note the following three items

- n/a Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
- RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators
- Either Site or Trust overall performance red in each of the past three months
- Note that all Cancer indicators show interim, unvalidated positions for the latest month (Feb-23) and are not included in quarterly or yearly totals

A&E Waiting Times ED Performance across both sites has improved slightly to 78.35%. Flow has remained challenging on both sites however overall performance at West Mid has increased to 81.6%, with improved staffing levels within the UTC. Performance in the UTC at Chelsea has been challenging, particularly during the evening and nights and an improvement plan is in progress.

18 Weeks RTT (Incomplete Pathway) The Trust incomplete position remains similar to the previous months, however there are no reported 104wk waiting patients and we have seen a significant reduction in the over 52 and 78wk cohorts. Recent industrial action is projected to adversely impact on the incomplete position for March through the cancellation of outpatient and inpatient activity, however specialities are looking to replace lost activity with additional clinics and theatre lists.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day Diagnosis (First Treatment) The 31-day target was non-compliant in January 2023, with a performance of 93.48%. The target has improved for February 2023, with current performance showing at 94.59%.

62-Day (GP Referral): The 62-day target was non-compliant in January 2023, with a performance of 71.51%. The non-compliance has been largely driven by delays to first appointment, delays for diagnostics and patient choice to first diagnostics. Histology delays, although improving, continue to impact some of our pathways. Focused work is continuing on further reduction of the backlog with an aim to return to compliance over the coming months.

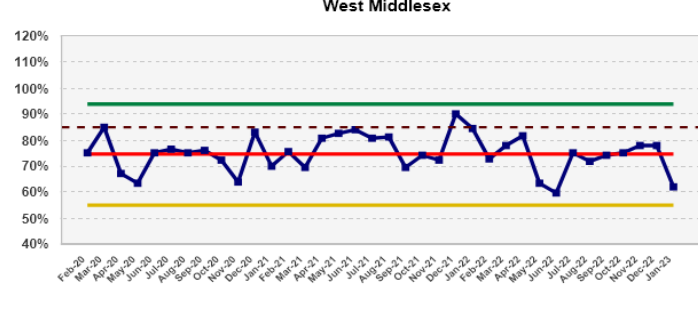
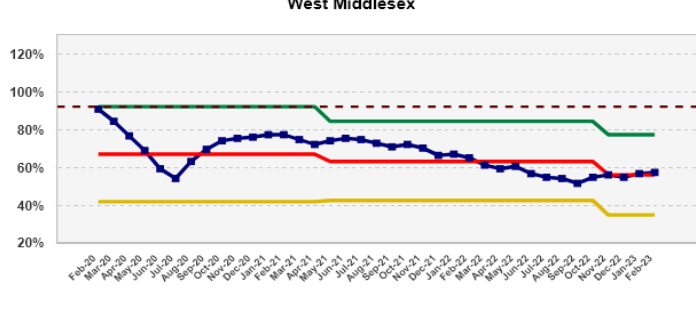
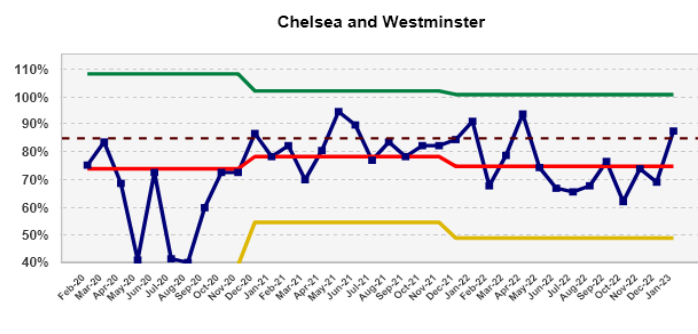
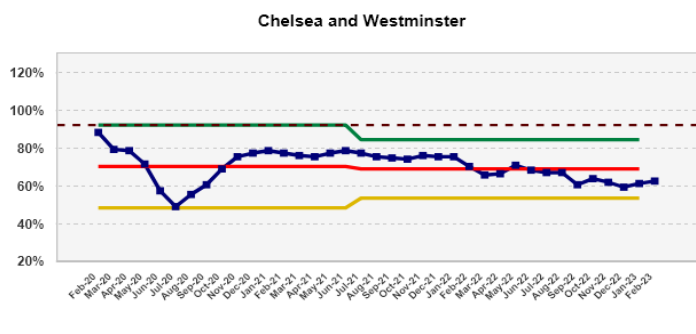
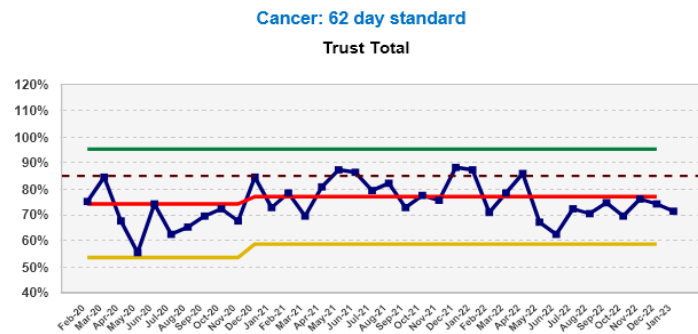
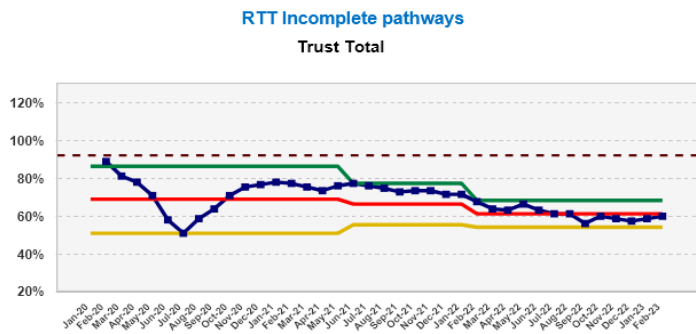
62-Day (NHS Screening): The 62-day screening target was compliant for January 2023, with a performance of 100%.

28-Day FDS: The FDS target is non-compliant for January 2023, with a performance of 71.01%. The target is projected to return to compliance in February 2023, with a validated position of 78.07%. This follows dedicated work on the FDS target, particularly around Urology and Colorectal diagnostics, and the impact of the CCS digital cancer PTL, which is now well embedded.

Clostridium Difficile Two cases of C.difficile occurred on Marble Hill 2 ward at WestMid over February 2023. The root cause analysis meetings have been requested and all learning will be shared with the clinical division following the meeting. Ribotyping has also been requested to exclude Jan cross-transmission.



SELECTED BOARD REPORT NHSI INDICATORS



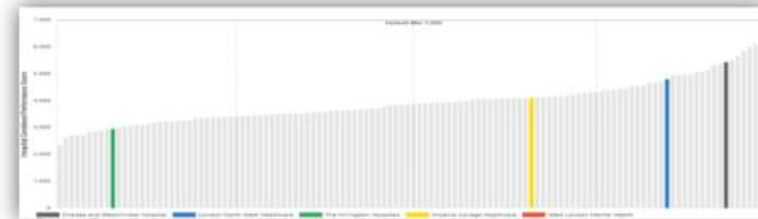


National Benchmarking Against Select Indicators

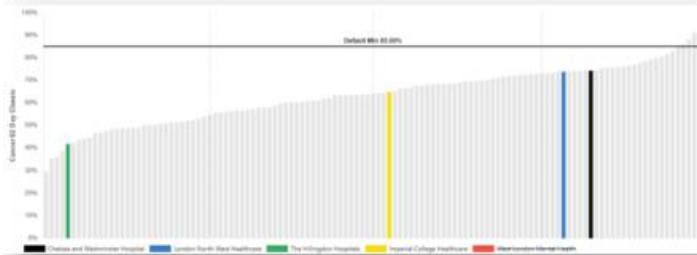
The below has been sourced from PublicView and represents the Trust Performance for January 22. The ranking is based on peers in the same group as the Trust.

The Trust ranked 8th nationally on the HCS in Feb 2023, similar position to the previous month.

Hospital Combined Score -9th Nationally

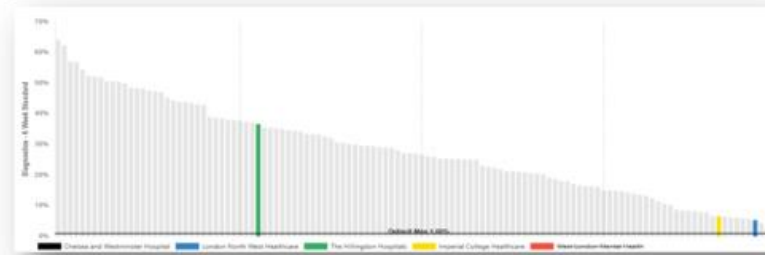


Cancer 62 Days 14th OF 121



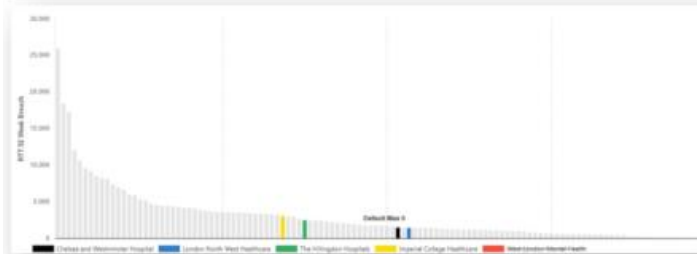
62 Day Cancer Standard: The Trust is currently ranked 14th out of 121 Trusts, and improved in ranking when compared to the previous month from 21st.

6 -wk. Diagnostic – 2nd OF 119



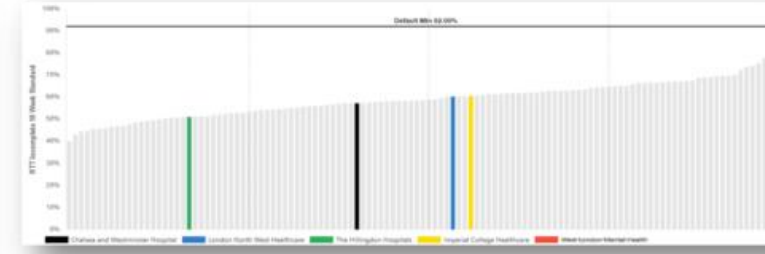
6 Week Diagnostic Standard: The Trust is second position in the league table nationally for diagnostic waits.

RTT 52 wks- 52nd OF 120



RTT 52 Week Breaches: The Trust is currently ranked 52nd of 119 Trusts, an improvement in ranking when compared to the previous month.

RTT 18-wk Incomplete Pathway 66th OF 120



RTT 18 Week Standard: This position is showing a 20-point movement since Sept 22 and an improvement in ranking when compared to the previous month.



Safety

Safety Dashboard		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	1	0	3	0	0	0	4	0	1	0	1	7	
	Hand hygiene compliance (Target: >90%)	99.0%	95.8%	95.7%	94.9%	96.4%	96.8%	97.8%	95.4%	97.5%	96.2%	96.6%	96.4%	95.1%	
Incidents	Number of serious incidents	3	1	2	23	7	3	2	41	10	4	4	8	64	
	Incident reporting rate per 100 admissions (Target: >8.5)	8.2	9.3	9.0	8.7	10.8	10.7	9.2	9.9	9.5	10.0	9.1	9.5	9.3	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.03	0.00	0.02	0.03	0.02	0.02	0.03	0.02	0.02	0.01	0.02	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.01	4.03	4.29	4.80	2.96	2.91	3.57	3.14	3.47	3.47	3.91	3.67	3.94	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%	
Harm	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	1	0	2	0	1	0	1	2	
	Safeguarding adults - number of referrals	34	32	24	277	26	32	32	368	60	64	56	120	645	
Mortality	Safeguarding children - number of referrals	16	17	13	210	60	114	75	941	76	131	88	219	1151	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	69	69	68	68	74	72	73	73	72	71	71	71	71	
	Number of hospital deaths - Adult	47	52	38	487	102	88	60	755	149	140	98	238	1242	
	Number of hospital deaths - Paediatric	0	1	1	7	0	0	0	0	0	1	1	2	7	
	Number of hospital deaths - Neonatal	1	2	2	17	1	0	0	7	2	2	2	4	24	
	Number of deaths in A&E - Adult	0	0	0	0	5	4	3	50	5	4	3	7	50	
Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1		
Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0		

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 four External SIs reported in February 2023; Two patient falls, one incident of suboptimal care of the deteriorating patient and one treatment delay . The investigations into these events will seek to identify any care or service delivery challenges that impacted the outcome and establish actions to reduce the risk or consequence of the event reoccurring. During the target month (February 2023) the target for the number of patient safety incident per 100 admissions (>8.5) was exceeded by both sites. It is anticipated that reporting rates will increase following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE); staff training will be an integral part of the roll out.

Medication Related Safety Incidents

135 incidents were reported in February, less than in January. The target has been met at CW site only, although an improvement has been seen in the reporting rate for WM site, in comparison to last month. Feedback from focal teaching sessions on improving the reporting of medication-related incidents, is that there is an unawareness amongst staff as to what type of medication –related errors should be included for reporting. This will be explored by the MSG to raise awareness Trustwide, in a bid to encourage the reporting of medication-related incidents of all degrees of harm (including of near miss errors).

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

There were two incidents of moderate harm reported in February at CW site, which are pending investigation. This is within the Trust target of ≤2%.

Safeguarding

Safeguarding adult referrals remain fairly static with an even split between sites. These continue to be complex cases supported by the multi-disciplinary safeguarding team. Children’s referrals are steady at Chelsea site & have settled at West Middlesex site following a peak in January. The variation in numbers between sites is due to the requirements of local boroughs in how referrals are recorded, we continue to work with them to try to align this. As with adult cases the children’s referrals are often very complex involving mental health and other services working in conjunction with the safeguarding children’s team.



Patient Experience

Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	88.6%	92.3%	95.0%	94.0%	97.5%	98.7%	96.6%	96.6%	93.5%	95.9%	96.0%	95.9%	95.6%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	3.0%	2.1%	3.2%	2.4%	0.6%	0.2%	1.1%	1.1%	1.7%	1.0%	1.9%	1.5%	1.6%		-
	FFT: Inpatient response rate (Target: >30%)	20.8%	28.2%	26.3%	24.3%	40.2%	45.8%	45.6%	48.5%	28.3%	35.8%	35.2%	35.5%	34.9%		!
	FFT: A&E satisfaction % (Target: >90%)	77.9%	86.9%	80.5%	80.9%	69.3%	80.9%	79.1%	76.0%	75.1%	85.2%	80.1%	82.6%	79.4%		!
	FFT: A&E not satisfaction % (Target: <10%)	15.4%	8.5%	12.3%	12.9%	23.4%	14.1%	14.8%	16.9%	18.0%	10.1%	13.0%	11.6%	14.0%		!
	FFT: A&E response rate (Target: >30%)	19.1%	22.5%	25.8%	20.9%	18.4%	20.0%	23.2%	19.9%	18.9%	21.7%	25.0%	23.2%	20.6%		!
	FFT: Maternity satisfaction % (Target: >90%)	89.1%	89.0%	91.4%	87.9%	88.6%	88.0%	94.8%	91.5%	88.9%	88.6%	92.4%	90.6%	88.5%		-
	FFT: Maternity not satisfaction % (Target: <10%)	6.8%	8.7%	3.5%	8.5%	10.2%	7.2%	2.6%	5.7%	8.1%	8.2%	3.3%	5.7%	8.0%		-
Experience	FFT: Maternity response rate (Target: >30%)	27.1%	32.4%	42.6%	29.5%	19.3%	17.5%	25.5%	21.9%	23.5%	25.4%	35.9%	29.9%	27.9%		!
Complaints	Breach of same sex accommodation (Target: 0)	0	0	0	0	12	8	13	144	12	8	13	21	144		!
	Complaints (informal) through PALS	10	15	22	492	10	31	35	371	20	46	57	103	863		-
	Complaints formal: No of complaints due for response	32	18	19	275	14	6	17	150	46	24	36	60	425		-
	Complaints formal: Number responded to < 25 days	24	18	9	240	11	3	14	128	35	21	23	44	368		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	1	1	0	0	0	0	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

Regarding Friends and Family Tests: These metrics are currently suspended and will be re-instated in this report when brought back on line

MSA (Mixed Sex Accommodation)

The "Guidelines for the Provision of Intensive Care Services" require "discharge from critical care to a general ward must occur within four hours of the decision" and where this does not occur and the patient remains in a shared bay or room, this would be classified as a mixed sex breach. West Middlesex has unfortunately seen 13 breaches in February. This is due to an increase in delayed discharges to the wards and a high occupancy in the AICU. We had been making significant improvement in tackling mixed-sex accommodation in Q3 but have since faced operational challenges and high acuity. Whilst from a quality perspective, we have ensured that our patients are cared for well and their dignity maintained. Every unjustified breach is one too many and continue to work with the site operations team to decrease the number of occurrences of unjustified mixed sex accommodation.

Complaints

67% of complaints were responded to within the 25 day KPI (target 95%) during February. Eleven complaints were not responded to within the timeframe (3 for PC, 6 for EIC and 2 for WCH Division) due to availability of Divisional staff to complete investigations and unplanned leave and vacancies within the PALS and Complaints team. We are expecting recovery in March. Compliance with responding to PALS concerns within 5 working days was 98% (KPI 90%).

Friends and Family Test

February has seen improvements in a number of areas for FFT, most notably the positive score and response rate for Maternity; this is attributed to the continued presence of patient experience in the unit and engagement from the maternity teams in promoting feedback. Nudge messaging has resulted in a 3% increase in response rates for A&E in Feb vs Jan. The main area to focus on continues to be Chelsea's inpatient response rate, which has scored below 30% continuously for 3 months. Patient experience team will continue to support ward teams in promoting feedback and inputting this where possible. Themes for positive and negative comments remain similar to that of previous months for all areas.



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-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4		2022-2023
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.11	1.66	2.23	2.05	2.15	1.49	1.54	2.27	2.12	1.62	2.03	1.82	2.10	Trend charts
	Average length of stay - non-elective (Target: <3.95)	4.06	4.70	3.85	3.92	4.41	4.34	3.70	3.94	4.25	4.51	3.77	4.15	3.93	
	Emergency care pathway - average LoS (Target: <4.5)	4.57	5.47	4.26	4.42	5.23	5.26	4.20	4.61	4.95	5.35	4.22	4.79	4.53	
	Emergency care pathway - discharges	273	255	250	2938	374	348	352	4056	647	603	602	1206	6994	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.84%	5.26%	4.86%	5.47%	6.91%	6.68%	6.29%	6.80%	6.38%	5.97%	5.58%	5.78%	6.12%	
Theatres	Non-elective long-stayers	462	476	233	4329	433	409	281	4240	895	885	514	1399	8569	
	Daycase rate (basket of 25 procedures) (Target: >85%)	77.6%	86.8%	87.9%	84.5%	85.2%	76.6%	87.7%	81.3%	80.1%	84.2%	87.9%	85.9%	83.6%	
	Operations cancelled on the day for non-clinical reasons: actuals	5	33	16	92	47	62	17	284	52	95	33	128	376	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.18%	0.99%	0.52%	0.26%	2.11%	2.61%	0.70%	1.16%	1.03%	1.67%	0.60%	1.15%	0.63%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	4	22	3	32	7	7	0	51	11	29	3	32	83	
Outpatients	Theatre Utilisation Model Hospital (Target > 85%)	75.6%	78.7%	80%	78.1%	87.0%	87.4%	88.6%	87.6%	79.4%	81.4%	82.6%	82.0%	81.2%	
	First to follow-up ratio (Target: <1.5)	2.31	2.23	2.13	2.21	1.88	1.76	1.68	1.74	2.12	2.03	1.94	1.99	2.00	
	Average wait to first outpatient attendance (Target: <6 wks)	9.9	12.6	12.0	10.4	11.6	12.7	13.7	11.5	10.7	12.7	12.7	12.7	10.9	
	DNA rate: first appointment	12.5%	11.4%	10.8%	11.3%	11.0%	10.1%	8.5%	10.2%	11.8%	10.8%	9.8%	10.3%	10.8%	
	DNA rate: follow-up appointment	11.2%	9.9%	9.1%	10.0%	9.4%	9.1%	8.5%	8.7%	10.5%	9.6%	8.9%	9.3%	9.5%	

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Day case Rate

There was an improvement in February on both sites with an overall trust performance of 87.9%. The improvement on the Chelsea site was driven by an increased number of daycases conducted – 44 more day cases undertaken than in January. The improvement on the West Middlesex site was driven by a reduction in the number of failed daycases.

Cancelled Operations

Cancelled Operations on the day decreased significantly on both sites in February. On the West Middlesex site issues with lack of available beds and capacity in the Day Surgery Unit eased in February thus reducing the number of cancellations for this reason. The cancellations on the West Middlesex site were due to surgeon sickness for a high-volume low-complexity list and case over-runs, lack of available beds only accounted for three cancellations. On the Chelsea site staffing issues were the predominant reasons for cancellations in February.

Theatre Utilisation

Utilisation increased on both sites from 81.4% in January 2023 to 82.6% in February. The number of inpatients on the Day Surgery Unit on the West Middlesex site decreased in February, thus addressing the impact on start times and inter-case downtime / turnover that was seen in January. On the Chelsea site the improvement in performance was driven primarily by an increase in utilisation in the Main Theatres complex. Work has commenced to improve theatre utilisation in the Treatment Centre and Paediatric Theatres – if successful this will raise overall Trust performance on Theatre Utilisation.

Outpatients

First to follow up ratio improved slightly at both sites but despite progress there remains work to do to meet this KPI. The Cerner PIFU go live for remaining specialities should finally go live this month, which is expected to have a positive impact on this KPI. The **DNA rate** improved again for both new and follow up patients on both sites, which is a real positive. OP Board will be focussing this year on speciality variation in DNA to look to improve productivity. The **average wait to first attendance** is static overall but CW improvement masks another drop at WMUH where we have a greater capacity challenge for new patients.



Clinical Effectiveness																
Clinical Effectiveness Dashboard																
Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				Trust data 13 months		
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4		2022-2023	
Best Practice	Dementia screening case finding (Target: >90%)	97.7%	96.2%	94.8%	96.0%	91.5%	93.8%	91.9%	93.6%	94.4%	94.9%	93.3%	94.1%	94.7%		
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	71.4%	52.9%	57.1%	67.6%	83.3%	76.0%	76.9%	81.4%	78.1%	66.7%	66.7%	66.7%	74.9%		
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	87.5%	66.7%	71.4%	86.2%	90.9%	90.0%	100.0%	92.0%	90.0%	84.6%	86.2%	85.5%	89.7%		
VTE	VTE: Hospital acquired	0	0	1	7	5	6	6	47	5	6	7	13	54		
	VTE risk assessment (Target: >95%)	89.9%	89.5%	92.0%	90.0%	94.8%	94.7%	96.4%	95.7%	92.3%	91.9%	94.2%	93.0%	92.8%		
TB Care	TB: Number of active cases identified and notified	3	1	3	42	6	4	6	91	9	5	9	14	133		
Sepsis	ED % Periods Screened (Target >90%)	94.2%	91.8%	93.2%	92.5%	80.8%	85.3%	87.3%	78.4%	89.2%	89.1%	90.9%	90.0%	86.9%		
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	76.8%	83.5%	81.4%	78.5%	83.3%	88.8%	89.3%	84.1%	78.7%	85.6%	84.2%	84.9%	80.3%		
	Ward % Periods Screened (Target >90%)	87.4%	85.2%	87.3%	87.8%	93.8%	94.5%	94.2%	94.2%	90.7%	89.6%	90.5%	90.0%	90.8%		
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	95.3%	96.6%	96.1%	95.0%	96.7%	95.6%	98.5%	95.8%	96.1%	96.1%	97.3%	96.7%	95.5%		
Improving outcomes for Inpatient diabetes patients	% of patients identified and triaged as having diabetes															
	Number of inpatient nurses/HcAs that have received 10-point training	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Length of stay for elective (surgical specialties only) patients with recorded diabetes	5.5	3.5	5.1	4.7	7.8	3.0	4.4	4.2	6.3	3.3	4.8	4.1	4.5		
Improving clinical handover	Junior Doctors Trained on the principle of safe and effective handover (Target >=50%)	32.7%	32.7%	63.0%	33.4%	25.7%	31.1%	31.1%	18.6%	29.2%	31.9%	41.6%	36.1%	25.7%		
	Attendance at downstream ward (Target >=95%)	90.5%	87.0%	-	89.5%	66.7%	-	0.0%	36.6%	89.4%	87.0%	0.0%	54.3%	83.0%		

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VTE Risk

WMUH site has met the ≥ 95% target (96.4% achieved). VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning. There has been a step improvement in VTE on the Chelsea site, with a mid-month improvement in Planned care, though still non-compliant. VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning.

Sepsis (Deteriorating Patient)

Four metrics have now been agreed for reporting and included in the Integrated Board Report. Following a significant focus at both site, performance on the wards meets current targets. The volume of patients on both sites remains a challenge to completing key tasks, however even though screening processes are not consistently being completed at the WMUH site, patient continue to have a timely clinical review.

#NoF (Time to Theatre -Neck of Femur)

WM site operated 9 of the 12 medically fit patients within 36 hours with 3 reported breaches, with the longest wait reported as 52 hours for surgery. All 3 cases were not completed due to overrunning of the cases before and this resulted in delays in surgery. CW site operated on 8 of 14 patients within 36 hours and the remaining 6 were operated on outside the threshold target with the longest waiting for 51 hours. A mixture of lack of capacity and overrunning patients contributed to this cohort of patients with the majority of the delays occurring midweek. All except one of the patients who were operated on outside of the 36 hours were escalated to operational teams to assist addressing capacity constraints. All patients on both hospital sites achieved the remaining seven best practice tariff indicators.

Clinical Handover

Significant improvement in Junior doctors trained on the Chelsea site to a compliant position. On the Chelsea site there was also compliance with the handover to downstream ward metric. On the West Mid site there is still a challenge with the handover to downstream ward metric and work is on-going to improve this. Junior doctor and all clinical staff training in handover principles has been moved to the e-learning portal going forward and compliance with agreed metrics is expected.



Access

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	449	441	503	503	1074	876	699	699	1523	1317	1202	1202	1202		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	97.11%	98.88%	99.53%	98.39%	99.05%	99.04%	98.77%	99.22%	98.11%	98.97%	99.13%	99.05%	98.83%		!
	Diagnostic waiting times >6 weeks: breach actuals	128	47	21	711	45	45	59	398	173	92	80	172	1109		!
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.7%	9.1%	8.6%	9.1%	7.6%	8.9%	8.8%	8.5%	8.9%	9.1%	8.7%	8.9%	8.9%		!
	A&E time to treatment - Median (Target: <60')	00:30	00:23	00:30	00:28	01:12	01:03	01:04	01:04	00:44	00:37	00:42	00:40	00:42		!
	London Ambulance Service - patient handover 30' breaches	61	35	25	416	315	220	82	1680	376	255	107	362	2096		!
	London Ambulance Service - patient handover 60' breaches	12	3	2	34	81	27	16	192	93	30	18	48	226		!

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
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RTT Incomplete Pathway (52week Waits)

The Trust incomplete position remains similar to the previous months, however there are no reported 104wk waiting patients and we have seen a significant reduction in the over 52 and 78wk cohorts. Recent industrial action is projected to adversely impact on the incomplete position for March through the cancellation of outpatient and inpatient activity, however specialties are looking to replace lost activity with additional clinics and theatre lists.

Diagnostic 6-Week Waits

The Trust achieved both the national DM01 measure (95%) and the local (99%) standard with a performance position of 99.13%, even with the internal target of all 2WW diagnostic tests being delivered within 5 days. Work continues to maintain this position over the coming months.

A&E Unplanned re-attendances

Re-attendances to A&E overall stable at Trust-level with a decrease observed at both the Chelsea and West Middlesex sites. This continues to be reviewed by the teams and work continues to ensure patients are redirected to more appropriate pathways such as community services or ambulatory care.

Ambulance Handover

The Emergency Departments saw a reduction in ambulance handover breaches in the month and we remain a top performer on this metric as we continue to work towards eliminating all 60 minute breaches.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Dec-22	Jan-23	Feb-23	Dec-22	Jan-23	Feb-23	Dec-22	Jan-23	Feb-23
RTT waiting list positions	Total RTT waiting list	26852	25826	25382	27506	28665	29814	54358	54491	55196
	Total Non-Admitted waiting list	22757	21604	21069	25692	26874	27983	48449	48478	49052
	Non-Admitted with a date	6244	9009	11359	7825	11584	13229	14069	20593	24588
	Non-Admitted without a date	16513	12595	9710	17867	15290	14754	34380	27885	24464
	Total Admitted waiting list	4095	4222	4313	1814	1791	1831	5909	6013	6144
	Admitted with a date	634	915	1288	348	508	740	982	1423	2028
	Admitted without a date	3461	3307	3025	1466	1283	1091	4927	4590	4116
	Patients waiting >78 weeks	17	36	35	47	58	28	64	94	63
Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0	

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Dec-22	Jan-23	Feb-23	Dec-22	Jan-23	Feb-23	Dec-22	Jan-23	Feb-23
Total	449	441	503	1074	876	699	1523	1317	1202
Colorectal Surgery	8	10	11	129	148	148	137	158	159
Dermatology	111	61	61	81	25	14	192	86	75
ENT				25	40	52	25	40	52
Gastroenterology				1			1		
General Surgery	34	29	39	109	100	87	143	129	126
Gynaecology	14	13	30	4		23	18	13	53
Not Stated				2	1	2	2	1	2
Ophthalmology	6	3	5				6	3	5
Oral Surgery				51	39	45	51	39	45
Orthodontics	1	2					1	2	
Paediatric Clinical Haematology				1	2	2	1	2	2
Paediatric Clinical Immunology	5	8	7		1	1	5	9	8
Paediatric Dentistry	36	22	16				36	22	16
Paediatric Dermatology	4	1	2				40	14	18
Paediatric Ear Nose and Throat	1	4	6	36	13	16	57	54	40
Paediatric Endocrinology				4	1	1	4	1	1
Paediatric Gastroenterology	2	2	1	1	2	4	3	4	5
Paediatric Maxillo-Facial Surg		1	1					1	1
Paediatric Plastic Surgery	7	12	11				7	12	11
Paediatric Surgery	1			1			2		
Paediatric Trauma and Orthopaed	1		4	1	3	7	2	3	11
Paediatric Urology		2	1	2	1	1	2	3	2
Paediatrics	5	2	2		1		5	3	2
Pain Management	2		1				2		1
Plastic Surgery	59	60	60	58	63	69	117	123	129
Trauma & Orthopaedics	54	54	66	35	45	70	89	99	136
Urology	34	46	81	140	94	53	174	140	134
Vascular Surgery	64	109	98	337	247	70	401	356	168



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023	Dec-22	Jan-23	Feb-23	2022-2023 Q4	2022-2023	Trend charts	
Workforce	Midwife to birth ratio (Target: 1:30)	1.29	1.29	1.29	1.27	1.31	1.31	1.31	1.28	1.30	1.30	1.30	1.30.00	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	1.89.41		-
Birth indicators	Total number of NHS births	452	428	166	4638	368	390	151	3905	820	818	317	1135	8543		-
	Total number of bookings	464	445	489	5807	425	554	325	4995	889	999	814	1813	10802		-
	Maternity 1:1 care in established labour (Target: >95%)	98.4%	97.5%	98.9%	98.4%	98.5%	98.2%	95.3%	97.6%	98.5%	97.9%	97.0%	97.6%	98.0%		-
Safety	Admissions >37/40 to NICU/SCBU	7	5	2	121	n/a	n/a	n/a	n/a	7	5	2	7	121		-
	Number of reported Serious Incidents	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	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	10.1%	9.9%	7.7%	7.7%	9.9%	7.6%	5.9%	7.9%	10.0%	8.8%	6.8%	8.2%	7.8%		-
	Number of stillbirths	3	0	1	11	1	1	1	14	4	1	2	3	25		-
	Number of Infant deaths	1	1	0	8	1	0	1	9	2	1	1	2	17		-
	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%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	n/a	0.0%	0.0%		-
	Spontaneous unassisted vaginal births	23.2%	25.2%	21.0%	24.5%	32.5%	33.6%	31.9%	31.7%	27.4%	29.3%	26.3%	28.5%	27.8%		-
	Vaginal Births - spontaneous & induced	58.3%	53.1%	57.3%	57.5%	59.6%	57.1%	64.4%	58.1%	58.9%	55.1%	60.8%	56.6%	57.8%		-
	Instrumental deliveries	16.5%	12.6%	12.6%	16.0%	13.0%	12.3%	15.6%	12.8%	14.9%	12.5%	14.0%	12.9%	14.5%		-
	Pre-labour elective caesarean sections	71	64	27	710	30	40	13	451	101	104	40	144	1161		-
	Emergency caesarean sections in labour	51	53	20	584	68	77	22	731	119	130	42	172	1315		-

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The above dashboard metrics covers: workforce, birth indicators, safety and clinical outcomes. A full quarterly maternity safer staffing report and quality and safety report is now being produced and presented from quarter 3 of 2022.

Workforce

The current midwifery ratios on each site for the month of February are 1:29 at Chelsea and 1:31 at West Middlesex based on our average ratio's, the Trust went live with phase1 K2 Digital Maternity System implementation on 14th February and there is reconciliation of the clinical dashboards as a result of this. The recommended birth rate plus ratios are 1:24.9 Chelsea and 1:21.7 West Middlesex and the birth rate plus business case was successfully approved in December 22. On-going recruitment is taking place to reduce the ratio's to those recommended. Both sites continue to be compliant for the 98 hours dedicated consultant labour ward presence and twice a day ward rounds. The MIS year 4, safety action 4 indicates that we have to demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. The data for the Trust for February will be presented next month as we are in Phase 1 of the K2 end to end transformation. The obstetric workforce job planning is currently in progress.

Safety

(1) PMRT (Cross site): For February 2023 there were 3 stillbirths 2 late fetal losses and one neonatal death across the Trust (2 cases between 22 and 23 weeks, 2 cases between 24-27 weeks and one case 32-36 weeks and 1 case 37-41 weeks. The causes identified to date were (i) congenital anomaly for the neonatal death (ii) one fetal cause (iii) 3 cases cause currently being reviewed.

2 cases were closed in the recent March Perinatal Mortality Meeting and the following contributory factors and actions identified:

- Hypercoiled umbilical cord resulting in placental insufficiency with a Small for Gestational Age baby.
- There was a delay in the Registry Office receiving the Stillbirth certificate and they couldn't register the stillbirth when they had planned to. Action: The delay in the registry office receiving the documentation will be looked in to to ensure that other families do not have a similar experience.
- It was not possible to tell from the notes if the parents were told where their baby was being taken to and why when he was taken to the mortuary – Action: The Bereavement Care Pathway is being updated to enhance documentation related to this element of care.
- Mother was not offered a Kleihauer test and lack of one to one care may have been contributory. Action: Adequate staffing levels to ensure provision of one to one care on Bereavement suite.
- Incidental finding of partograms not being completed. Action: Review of maternity handheld notes to identify ways in which staff are reminded to complete the partogram in bereavement care.

(2) ATAIN:

WHUH site: A total of 19 admissions adjusted admissions was 17. Of these 1 was avoidable (admitted for Jaundice) as case was admitted to the unit as no beds available elsewhere in the hospital. The cases are being reviewed in detail and learning will be reported in March report. In January there was an increased rate of 4.9% (20 admissions) noted and a review is being completed.

(3) SIs:

WHUH site: 3 ongoing HSIB cases, 2 external Level 3 (1 was submitted this week and the other 1 now ready for sign off). 5 internal L2 ongoing (1 almost ready for sign off, 2 have had a panel and 2 awaiting a panel, now delayed due to Drs strike0. Learning around (i) management of reduced FMs - need for clearer pathway/guideline and (ii) recognition of active labour.

CWH site:

- (i) Internal SIs – there were 11 level 2 investigations (ii) Two level 3 External SIs and (iii) 1 HSIB investigation. . There are 14 open serious incidents. In addition, 3 reports (2 internal and 1 external) are with executive team for final approval.
- (ii) Private Maternity Care (Ken Wing) - 2 internal and 1 external
- (iii) Learning around swab counting, management of wound infection, communication between ED department and Maternity.

HSIB February cross site report: We have referred a total of 74 cases to date, 28 cases rejected, 40 completed investigations. There are currently 6 active cases. Recommendations (i) Management of antenatal care due to previous SGA (ii) Induction of labour – decision to induce, delay of IOL, monitoring and assessments, 1:1 care and (iii) antenatal and intrapartum management of GDM - Decision and planning for mode of baby births during second stage of labour and CTG management in labour.

Audits

Documentation audit: Daily documentation spot checks are being undertaken to ensure (i) the digital workflows are working in real time (ii) embedding of education on the shop flow of data entry and accurate documentation. Audit tools are being designed in K2 to allow rapid reporting to support safety actions for MIS, Ockenden and national audits.

Preterm birth:

The national target is to reduce the PTB rate to 6% by 2025 and Ockenden SA9.

- **WMUH:** For January 2023 there was a total of 26 live singleton preterm births (<37/40). The Singleton PTB rate was 6.8% and of these 4.4% was spontaneous and 2.3% iatrogenic. 6 babies born < 34+0 wks. 3 of these babies were < 30+0 wks and all 3 received MgSO4 and GBS prophylaxis but only single dose of steroids as all 3 delivered <6hrs from arrival. 3 of these >30+0 weeks - 2 received MgSO4 and single dose of steroids, 1 did not receive either due to cat 1 CS having presented with pathological CTG.
- **CWH:** There were 19 singleton preterm births (**TBC**), 8 were spontaneous and 10 iatrogenic. There were 6 sets of twins. 4 inutero transfers accepted gave birth prematurely at CWH and these births accounted for all the premature births below 28 weeks gestation within the month. There was 100% compliance with magnesium sulphate. 11 babies met the criteria for steroids, and of these 4 received a full course. 6 cases received a partial course of steroids due to imminent birth occurring before the second dose could be administered.

SBLCBv2 update:

- Element 1 (CO screening) – we are continuing regular meetings and action plan has been implemented. Delay in pulling this month's compliance due to K2. Next meeting on Monday 13th to review compliance
- Element 3 (RFM) – compliant with last audit. When new Band 7 appointed in Maternity triage this audit will be handed over and continued.
- Element 5 (PTB) - we are not at 85% for administration of steroids within 7 days of birth. An action plan has been submitted as part of the compliance for MIS to achieve 85%. A cross site PTB MDT will commence next month to review all PTB cases. This will formalise the current audit process and use this to share learning and themes including trying to improve steroid timing within 7 days of birth.



Perinatal Quality Surveillance Model Board Reporting

CQC Metric Ratings- Jan 2020	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
	WM	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	CW	Good	Improvement	Good	Good	Outstanding	Good

Maternity Safety Support Programme in place No

Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training)	90% + requirement	65.90%	67.90%	73.00%	71%	69%	76%	67%	81%	91%	92%	92%
Service User Feedback FFT	feedback Received- yes/no (add narrative each month)	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes
Staff Feedback from board safety champion	feedback received- yes/no (add narrative each month)	Yes	Yes	Yes	Yes	Yes	yes	Yes	Yes	Yes	Yes	Yes
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust		0	1	0	1	0	0	0	0	0	0	0
Coroner Reg 28 made directly to Trust		0	0	0	0	0	0	0	0	0	0	0
Progress in achievements of NHSR MIS year 4 (10 safety actions)	No of actions green	Paused	2	2	2	2	3	3	6	6	10	10
	No of actions amber	Paused	6	6	6	6	5	5	3	3	0	0
	No of actions red	Paused	2	2	2	2	2	2	1	1	0	0
Ockenden compliance against 7 IEA's (49 compliance questions)	Total of 49 being 100%	93%	93%	93%	100%	100%	96%	96%	100%	100%	100%	100%
Annual Reports												
Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following: A) would recommend their trust as a place to work B) Receive treatment from the Trust (Reported Annually)	A) (Trust average 72%) Midwives 80% cross-site B) (Trust average 79%) Midwives 80% cross-site April 2021											
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported Annually)	A) (Trust average 72%) Obstetricians 71% cross-site B) (Trust average 79%) Obstetricians 91% cross-site April 2021											
Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (Reported Annually)	2021 Cross-site 89.3% of trainees reported excellent or good											

Perinatal Quality Surveillance Model

Chelsea and West Middlesex are not on the national maternity safety support programme as there are no concerns regarding the quality and safety of the maternity service.

Mandatory training: Currently multi-disciplinary training compliance over a 12 month period stands at 92% combined for all members of the multidisciplinary team with a target of above 90% this is significant improvement from last year and the target has been achieved for year 4 of the maternity incentive scheme.

Service user feedback: The service receives monthly friends and family test feedback and for February was 94.87% for WM and 90.24% for CW which has seen continued improvement, the Chelsea site has increased their response rate to 44% and learning is shared across both sites. These scores are impacted by feedback related to delays in induction, cancellations in caesarean sections at Chelsea which has now been added to the divisional risk register and is being monitored closely by the leadership team. The teams work effectively across the sites to manage the flow and activity and communicate 7 days a week via the structured Trust processes. The recent CQC national survey published in May identified 5 questions where CW/WM are in the 5 top performing Trust in London. The areas for improvement from the survey are listening, feeding support and postnatal care and the service has a full action plan in place to address these areas. The service has also undertaken two local surveys to understand the experiences of services users: Health watch Richmond Survey of service user experiences during Covid (October 2020) and experiences of women from Black, Asian and minority ethnic background. Both surveys have associated action plans and updates are provided to the Trust Quality Committee on a quarter basis. All individual actions plans are being merged together into one overall action plan

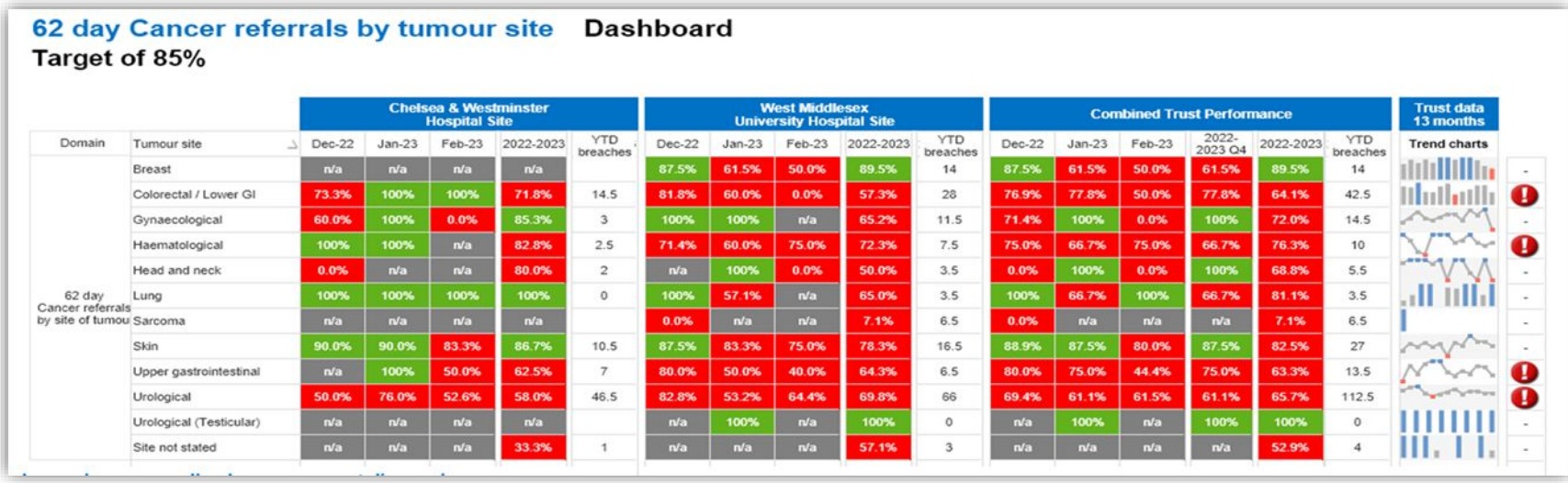
Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. Feedback in the last month has been very positive with staff feeling supported and well informed. The trust has received 3 early notifications of concern from HSIB for action in the last 9 months, the last one was in July. All early notifications detailed actions plans that are monitored on a monthly basis by the Director of Midwifery and Clinical Director.

Maternity incentive Scheme year 4: The service successfully achieved the 10 safety actions in year 4 of MIS (10% reduction in CNST premium) which was presented to the executive board in February 2023. 2 action plans were submitted 1:1 care in labour at WM and Neonatal Nurse Staffing at CW all other safety actions were fully met.

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020 and the service has been working to achieve full compliance with the report. We are now fully compliant and will continue the audits to ensure the IEAs are embedded. CQC Inspection (February 2023): The maternity service had their Care Quality Commission inspection on 1&2 February 2023 and are awaiting the draft report. The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. Feedback in the last month has been very positive with staff feeling supported and well informed. The trust has received 3 early notifications of concern from HSIB for action in the last 9 months, the last one was in July. All early notifications detailed actions plans that are monitored on a monthly basis by the Director of Midwifery and Clinical Director.



Cancer Update



Trust Commentary

The 62-day target was non-compliant in January 2023, with a performance of 71.51%. The non-compliance has been largely driven by delays to first appointment, delays for diagnostics and patient choice to first diagnostics. Histology delays, although improving, continue to impact some of our pathways. Focused work is continuing on further reduction of the backlog with an aim to return to compliance over the coming months.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			2.5	6.5
Gynaecology		2.5	0	2
Haematology		1	2	5
Head and Neck			0	0.5
Colorectal		4	2	5
Lung		1	1.5	3.5
Skin	1	10	1	6
Testicular			0	1
Upper GI		1	0.5	1
Urology	3	12.5	11	23.5
Total:	4	32	20.5	54



Safer Staffing

Chelsea and Westminster Site

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	97%	83%	100%	105%	8.4	3.1	11.5	13	7.75%	13.47%	20.33%		3							86.8%
Annie Zunz	133%	100%	100%	116%	8.2	3.5	11.7	8	9.79%	9.12%	0%		11							95.0%
Apollo	101%	-	95%	-	15.7	0	15.7	N/A												75.0%
Mercury	100%	-	102%	-	7.1	0	7.1	9.4					1							92.0%
Neptune	108%	-	114%	-	9.4	0	9.4	11.1					4							91.9%
NICU	94%	-	94%	-	17	0	17	26	8.52%	8.91%	0%									100.0%
AAU	102%	75%	99%	113%	6.7	1.6	8.4	7.7	7.92%	10.70%	42.97%		5	68			1			100.0%
Nell Gwynne	105%	65%	131%	78%	5.1	3.5	8.7	6.9	-10.82%	15.76%	30.89%		2	59						94.7%
David Erskine	98%	80%	100%	131%	3.9	3.1	7.3	6.6	0.60%	9.52%	11.69%									93.8%
Edgar Horne	95%	71%	102%	123%	3.2	2.9	6	6.4	4.33%	16.67%	31.57%		3	51						
Lord Wigram	79%	82%	93%	111%	3.7	3	7	7.5	9.85%	10.62%	4.54%		2	22			2		1	96.4%
St Mary Abbots	98%	101%	103%	101%	3.9	2.7	6.7	7.2	21.89%	11.82%	9.03%		2	24			1		1	100.0%
David Evans	74%	117%	133%	296%	4.9	3.8	9	7.2	-6.50%	8.37%	26.09%		11			1		1		100.0%
Chelsea Wing	116%	112%	102%	96%	9.4	5.9	15.3	7.2	31.99%	7.14%	0.00%		1	10						
Burns Unit	90%	114%	114%	193%	12.4	3.8	17.1	N/A	18.10%	10.66%	0%			14						100.0%
Ron Johnson	97%	187%	108%	194%	4.8	4.8	9.5	7.6	18.23%	19.12%	35.29%		2	51						100.0%
ICU	99%	96%	103%	96%	26.2	2.3	28.6	26	14.38%	12.59%	0%			3					1	
Rainsford Mowlem	117%	82%	132%	110%	4.3	3.2	7.9	6.9	3.96%	18.32%	23.50%		2	49			1		1	78.5%
Nightingale	89%	72%	99%	118%	3.7	3.4	7.2	7.4		0.00%	14.55%		7	38			1			

West Middlesex Site

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	112%	90%	101%	83%	3.3	3.5	6.8	6.8	1.91%	5.15%	5.19%		3	41						96.77%
Richmond	96%	1.01	148%	388%	4.3	3.8	8.2	7.2	4.71%	11%	0.00%		3	33			1		1	
Syon 1 cardiology	96%	111%	96%	167%	3.8	2.5	6.3	8.8	11.66%	3.86%	9.16%		4	29			2			99%
Syon 2	121%	86%	97%	106%	3.9	3.1	7.5	6.6	7.97%	12.90%	12.26%		6	32	1	1				97.78%
Starlight	113%	-	106%	-	10.3	0	10.3	11.5					2							100.00%
Kew	107%	128%	101%	149%	3.5	4.3	7.9	6.9	10.28%	15.38%	30.16%		5	42			1			100.00%
Crane	118%	125%	124%	163%	3.6	3.8	7.5	6.9	9.31%	28%	17.61%		6	48			2			100.00%
Osterley 1	81%	113%	102%	157%	3	3.1	6.2	7.5	0.73%	7.90%	1.92%		3	50			1		1	97.44%
Osterley 2	91%	80%	96%	138%	3.3	2.9	6.4	7.2	3.28%	6.51%	0.00%		5	36						100.00%
MAU	92%	84%	105%	106%	5.9	2.4	8.3	7.7	10.66%	6.48%	8.13%		10	105						97%
Maternity	105%	69%	103%	92%	6.1	1.7	7.7	13	5.97%	14.39%	12.83%		2							97.28%
Special Care Baby Unit	95%	100%	99%	100%	8.7	2.2	10.9	11.1	11.03%	11.77%	0.00%									100%
Marble Hill 1	116%	115%	110%	213%	3.7	3.4	7.2	6.4	14.54%	0.00%	0.00%		7	81			1		1	82.76%
Marble Hill 2	117%	102%	111%	208%	3.6	3.5	7.2	6.5	4.60%	12.31%	27%		3	53						100.00%
ICU	108%	0.54	111%	0.61	26.3	1.3	27.6	26	13.93%	10%	0%		1							



Staffing & Patient Quality Indicator Report

February 2023

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) and NICE red flag categories with a review of trends in the previous six months. This is then benchmarked against the national benchmarks 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. Twice daily nurse staffing meetings continue to deploy staff as required in order to maintain patient safety.

West Middlesex site:

There were high fill rates on Kew, Crane, Marble Hill 1 and Marble Hill 2. Extra HCAs were booked at night for patients requiring one to one for various reasons including mental health issues, high risk of falls, COVID19 isolation and confused wandering patients. Syon 1, had additional HCA requirements due to the escalation area being open for part of the month. Syon 2 had additional RN fill rate due to two new starters being supernumerary.

Osterley 1 had additional HCA requirements day and night due to the opening of the annex area. Osterley 2 had additional HCA requirements at night required for patients who required close observation. Day surgery was used for overnight patients due to bed capacity and HCAs were booked to cover this area from the Richmond roster with RN's and HCA's shared between both areas to ensure patient safety. The management team have increased their clinical time to maintain safe staffing and theatre staff support. ICU low fill rate of HCAs reflects staff redeployed to cover escalation areas. CHPPD was not compromised.

Starlight had high fill rates for RNs due partial opening of beds over the winter period. Fill rates for MSWs in Maternity was due to low temporary staffing fill rate for staffing absence. Specialist midwifery teams assisted as required.

Chelsea and Westminster site:

The high RN and HCA fill at night on David Evans reflects increased elective patients and staff supporting the trauma bays, escalation and step downs from ICU. Low fill rate during the day reflects a high sick rate with low fill by temporary staffing. Ward manager and Matron supported to mitigate risk. The high fill rate on Lord Wigram on nights reflected the additional HCA requirements due to the high risk of falls, and confused wandering patients. Burns staffing fill rates increased at night for RMNs and HCAs to ensure close observation of patients with mental health concerns. The low fill rate for day HCA on Lord Wigram and SMA was due to staff sickness which were not filled by bank or agency staff. The ward manager supported in order to maintain patient safety. On Ron Johnson two patients on the ward required close observation by HCAs on both days and nights. High fill rate on Annie Zunz was due to staffing of their Elective Admissions Lounge (based on Nightingale ward). On AAU, Nell Gwynne, Edgar Horne and Nightingale there were low HCA fill rate due to vacancies and sickness and being unable to cover day HCA shift with bank or agency. David Erskine and Edgar Horne required additional HCA support at night for frail confused patients at high risk of falls. HCA recruitment continues at pace with 66 HCA staff in the recruitment pipeline. Nell Gwynne ward required additional RN cover over night to support the patients with tracheostomies.

In maternity CW the low fill rate for day HCA was due to staff sickness which were not filled by bank or agency staff. MSW interviews took place in February. 13 International midwives have arrived to date.

Incidents:

In terms of incidents with harm there was a patient who fell on Syon 2 sustaining a fractured femur and requiring surgery. There were no incidents involving pressure damage identified this month. There were no medication errors involving moderate harm reported. Friends and Family test showed that 6 wards at CW and 6 wards at WM scored 100%.

Please note all incident figures are correct at time of extraction from DATIX. There were 19 red flags raised in February, decreased from January. 12 were for CW & 7 for West Mid, mainly related to staffing shortfalls and agency staffing levels. The Vacancy rate and Turnover are from February.



Finance M11 (February 2023) 2022/2023

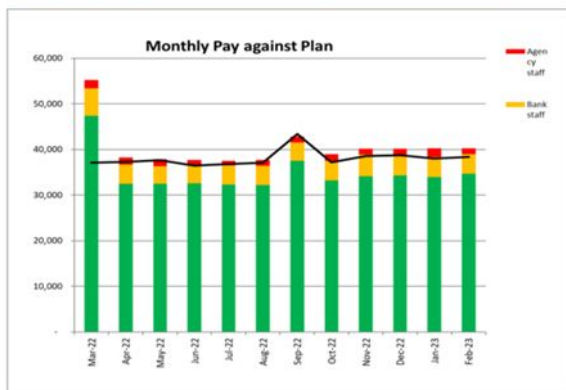
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	733,932	757,948	24,016
Expenditure			
Pay	(415,862)	(431,708)	(15,846)
Non-Pay	(277,310)	(286,177)	(8,867)
EBITDA	40,760	40,063	(697)
EBITDA %	5.55%	5.29%	-0.3%
Depreciation	(27,225)	(26,686)	539
Non-Operational Exp-inc	(14,524)	(4,882)	9,642
Surplus/Deficit	(989)	8,495	9,484
Control total Adj - Donated asset, Impairment & Other	922	(8,534)	(9,456)
	0		
Adjusted Surplus/Deficit	(67)	(39)	28

The adjusted financial position at month 11 is a £0.27m deficit, which is £0.11m against the YTD adjusted plan.

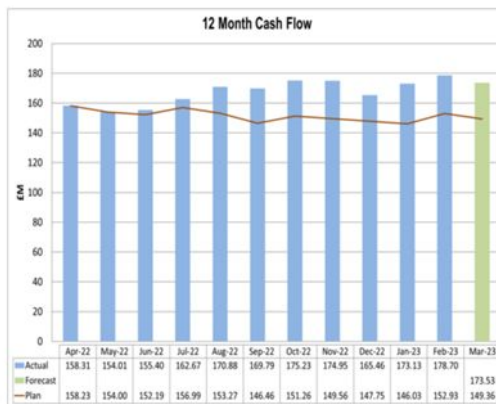
Pay: £15.85m adverse against plan at month 11. YTD material variances include CIP slippage £12.51 and premium cover for sickness, vacancies and other staff absences.

Non-Pay - The expenditure position includes the reversal of impairments of £7.33m arising from the annual valuation exercise of the Trusts estate (based on industry standard indices). Although the impairment movement has a favourable effect on the gross expenditure variance, it does not impact the adjusted total which the Trust is measured against.

Income: NHS Clinical income from ICBs and NHS England have continued on block payment for 22/23 with adjustments for inflation, growth and the Elective Recovery Fund (ERF). There was a slight adjustment for the reduction in National insurance in Month 8 block income. M1-11 ICBs ERF achievement has been recognised in the position but NHSE's ERF is included at the minimum level of 25% as in prior months. ERF performance has been devolved out to clinical divisions since M8, but no penalty applied to divisions that are not achieving the target. Sexual Health service is paid on an activity basis and the trust is over performing YTD. Income is billed in line with agreed baselines with quarterly reconciliations for over/under performance and marginal rate adjustment



Comment: The exceptional March 2022 payroll figures include the 6.3% Pension contribution (£16.1m - a notional figure). The pay figure in September includes the YTD pay-awards uplift for AFC staff and consultants.



Comment: The favourable cash variance to plan in M11 of £26.7m is favourable cash variance b/fwd from M10 of £27.44m, Higher receipts to plan of £3.5m (CCG £0.42m Lower, Local Authority £0.41m Lower, Donations -£0.03m Lower, NHS England £4.1m Higher, AR £0.02m Lower, PP income £1m Higher, FT's £1m Lower, Interest income £0.44m Higher, Other income £0.01m Lower, Health Education -£1.77m Lower) plus Higher cash outflows to plan £4.23m (Higher Creditor payments)



Comment: The Trust has spent £9.46m in M11 2022/23 compared to the original budget of £3.93m resulting in an over spend of £5.53m. The over spend makes up for large elements of the capital under spends in previous months. The spend year to date is £23.91m compared to the planned position of £24.59m, resulting in an under spend of £0.67m. The under spend mainly relates to Estates projects which have now been phased to be spent in the last month of the financial year (£8.4m). There are also timing differences between the phasing of the planned spend and the period when the actual spend will be incurred. The year to date spend accounts for 68% of the capital programme and in the original plan £5.8m was phased to be spent in March 2023 but now the requirement is £11.5m. The updated capital forecast for the year is £35.41m and the forecast is apportioned between the areas as follows; Estates £20.75m; Medical Equipment £6.73m; IT £9.78m; Non-Medical Equipment £1.98m; and overprogramming of £3.82. Regular meetings are being held with the budget managers and it is anticipated that the final spend for the year will be on budget

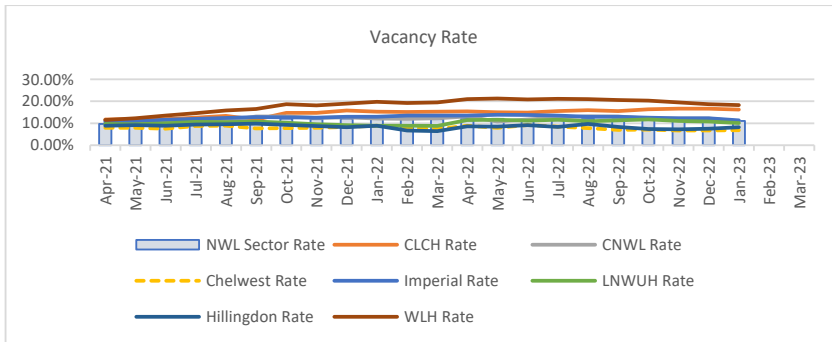


TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors Meeting, 19 April 2023										
AGENDA ITEM NO.	3.4										
TITLE OF REPORT	People Performance Report (Month 11, February2023)										
AUTHOR NAME AND ROLE	Onai Muchemwa, Deputy Chief People Officer (Interim)										
ACCOUNTABLE EXECUTIVE DIRECTOR	Lindsey Stafford-Scott – Chief People Officer (Interim) Ajay Mehta, Non-executive Director Chair of the People Committee										
THE PURPOSE OF THE REPORT	This highlight report updates Governors on key workforce performance metrics by exception, associated risks, challenges and plans in place to address them.										
<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				
Decision/Approval											
Assurance	X										
Info Only											
Advice											
REPORT HISTORY 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>Executive Management Board</td> <td>29.03.23</td> <td>Noted</td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Executive Management Board	29.03.23	Noted				
Name of Committee	Date of Meeting	Outcome									
Executive Management Board	29.03.23	Noted									
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> • Our vacancy rates and sickness absence rates are within expected statistical variances and are the lowest across the NWL Acute Provider Collaborative • Further improvement is required in appraisal rates and mandatory training rates • Our temporary staffing fill rates have typically been in the high 80% region 										
KEY RISKS ARISING FROM THIS REPORT	Risk are as set out within the report. Key escalations by theme are: <ul style="list-style-type: none"> • Turnover • Agency • PDR / Appraisal • EDI 										
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											

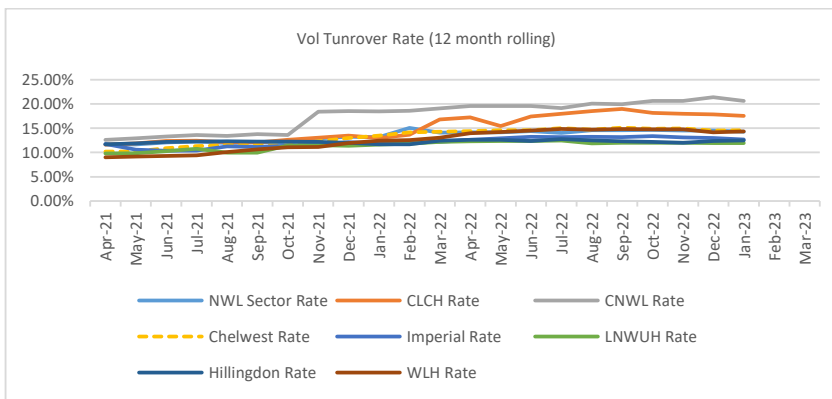
IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:		
Equality And Diversity	Y	
Quality		
People (Workforce or Patients/ Families/Carers)	Y	
Operational Performance		
Finance		
Public Consultation		
Council of Governors		
<p>please mark Y/N – where Y is indicated please explain the implications in the opposite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

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

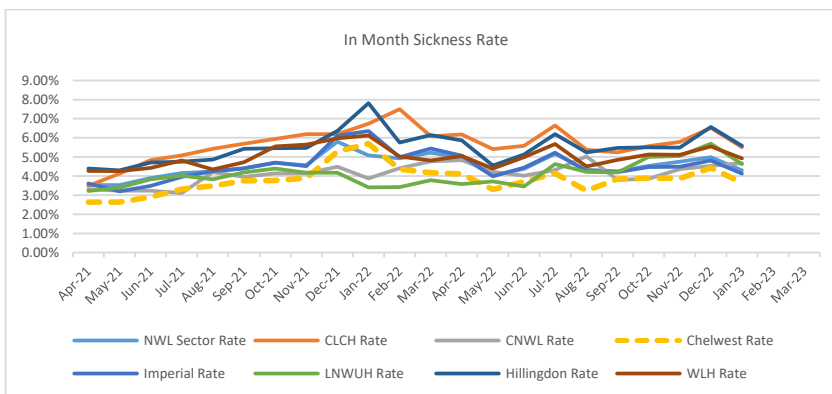
PEOPLE PERFORMANCE REPORT – KEY PERFORMANCE INDICATORS END FEBRUARY 2023



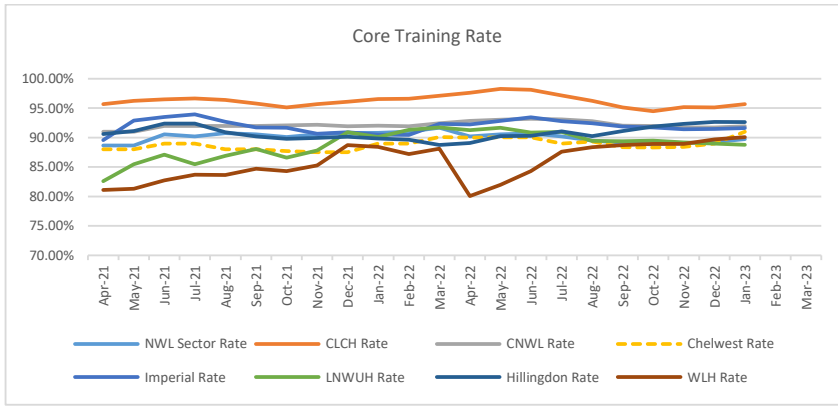
Vacancy rate is 6.89%, the lowest across the acute collaborative. The Trust vacancy rates remain within expected statistical variances, and are stable within the targeted rates.



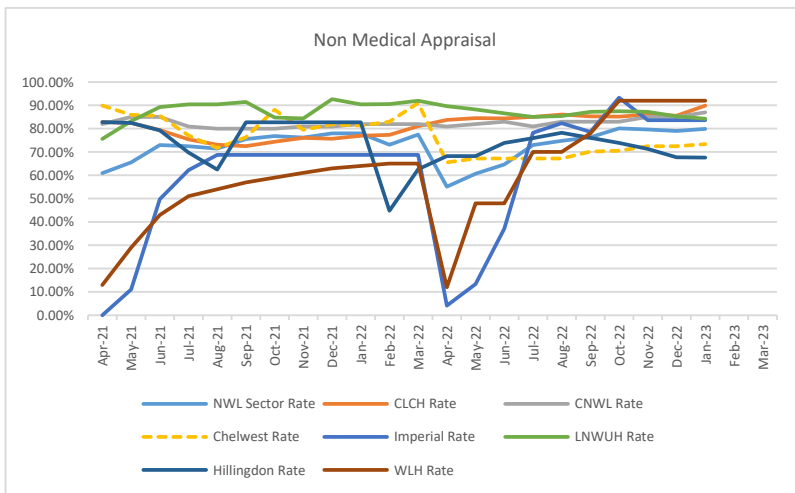
Voluntary turnover is 14.22% and is second highest among the acute collaborative. Divisional improvement programmes focused on retention are a focus for business planning while the Trust continues to invest in health and wellbeing programmes. Relocation remains the most significant known reason for leaving, an issue which may be further compounded by cost of living. Retention is a key focus area that is underpinned by all activity in our refreshed people strategy.



Sickness absence at 3.47%, remains within expected statistical variances and is the lowest among our acute collaborative. In terms of FTE lost, anxiety/stress/depression/other psychiatric illnesses remains the highest cause stressing the importance of our psychological service offer and other wellbeing support and initiatives.



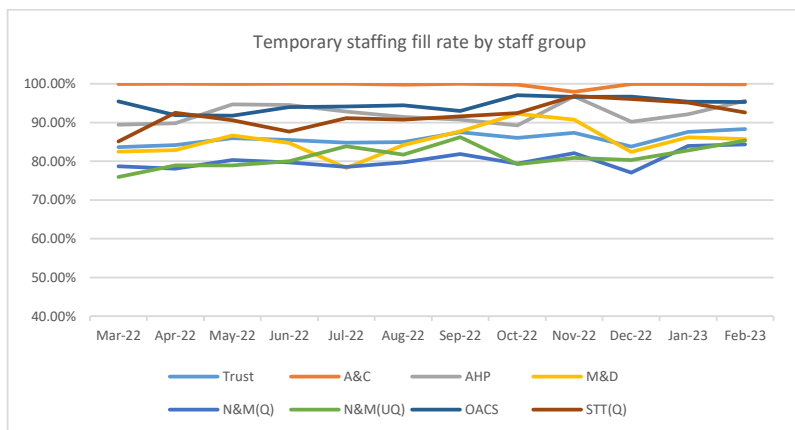
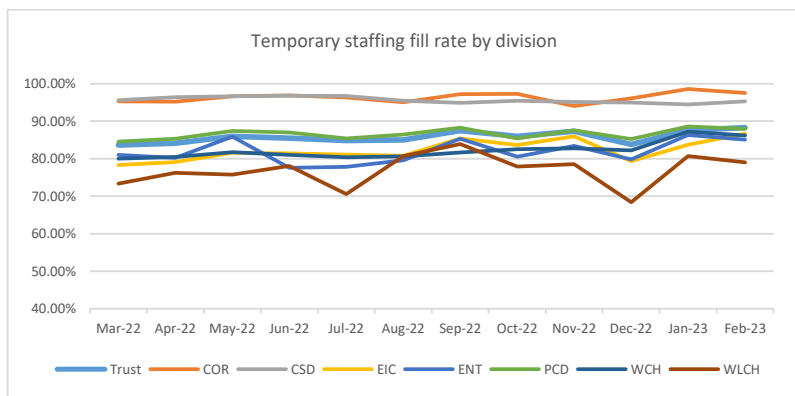
Core skills - overall compliance is on target at **91%**. HRBPs are driving divisional core training recovery plans. All study leave approval is now subject to mandatory training compliance.



PDR / appraisal compliance is **76.84%** and although shows continued improvement, the rate is not progressing as expected with the in-month movement varying by Division. It is also the second lowest in the acute collaborative.

Monthly management information reports are circulated by the 6th working day of each month to help managers monitor movement and identify priority areas. Divisional HRBPs are driving PDR improvement action. The new PDR policy, form and managers guidance are in place to support a more conversation based approach to PDRs and we will use feedback from the staff survey to evaluate impact.

For medical staff, the overall Trust appraisal rates dropped slightly in month to **85.12%**, below the 90% target range. Overdue appraisals are followed up by the Medical Workforce Team in line with Trust processes.



Temporary staffing

The Trust fill rate for February is 88.3%, a slight increase from the previous month with all divisions achieving above 85%, except WLCH.

Fill rates by staff groups are all above 85% except for Nursing & Midwifery (Q) which is just below at 84.34%.

Total staff utilisation is slightly above Trust establishment with Medical and Dental the outlier with 1,434.97FTE utilisation compared with 1290.86 establishment.

Off-framework agency usage for N&M is still present within EIC, WCH and PSD but has reduced from January 804 to February 723 shifts. The top 3 wards are – Labour (71) – ICU CW (69) – Adult CW ED (58).

Divisional plans to remove this usage by 31st March are being finalised, unless safe staffing extends this deadline.

	2021/2022 Target	2021/2022 Actual	2022/2023 Target	2022/2023 Actual	Difference
Band 8a	86	86	90	90	0
Band 8b	31	31	33	31	-2
Band 8c	13	17	14	18	4
Band 8d	7	4	8	4	-4
Band 9	3	4	3	4	+1
VSM	8	4	8	4	-4

EDI: Model Employer Goals (MEG) Targets

As a result of staff turnover, we are no longer meeting our target in Band 8b and therefore, are achieving on 2 out of 6 of our MEG targets.

Our focus now continues on improving our talent development and recruitment approaches to achieve our target across the other 4 bands.

A revised recruitment training programme has been designed and due to be launched.

We will continue to progress work through the EDI pillar of our refreshed people strategy, informed by the latest staff survey results.



TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors Meeting, 19 April 2023										
AGENDA ITEM NO.	3.5										
TITLE OF REPORT	AccessAble Report Update										
AUTHOR NAME AND ROLE	Mark Greene, Associate Director of Estates & Facilities and Andy Denton, Capital Project Manager										
ACCOUNTABLE NON-EXECUTIVE DIRECTOR	Steve Gill, Vice Chair										
THE PURPOSE OF THE REPORT <table border="1" style="width: 100%;"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">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 assure the Council of Governors on the progress of AccessAble and their audits of the Trust as previously reported.		
Decision/Approval											
Assurance	X										
Info Only											
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> • AccessAble audits have been completed at the Chelsea site and the West Mid Site • Findings have been received and reviewed • A new working group is being established to develop and govern the implementation of resultant actions 										
KEY RISKS ARISING FROM THIS REPORT											
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	Y	
Quality		
People (Workforce or Patients/ Families/Carers)	Y	
Operational Performance		
Finance		
Public Consultation		
Council of Governors		
<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	NA
Patient Confidentiality	NA
Staff Confidentiality	NA
Other Exceptional Circumstances (please describe)	NA

REPORT TO THE COUNCIL OF GOVERNORS, 19 APRIL 2023

Accessibility Audit of the Physical Environment Briefing Paper / Update April 2023.

Background

An accessibility audit was previously carried out on the Chelsea site by AccessAble and a report produced to outlining the status in regards to accessing the main hospital and services. An initial brief update was received on the 29th August 2022 which outlined the areas visited.

In conjunction with the re-audit of the Chelsea site, West Middlesex site was also audited and detailed reports were received on the 22nd December 2022. In addition, the Trust's satellite sites (10 Hammersmith Broadway, 56 Dean Street and Dean Street Express) are also in the process of being audited and should be completed by March 2023. The Trust is currently waiting on the West Middlesex summary and the detailed audits for the satellite sites are expected by the end of April 2023.

As part of this project AccessAble produce "Access Guides" which are on-line virtual guides outlining what to expect when visiting the Trust from a physical environment perspective, which will be launched when all audits have been successfully completed.

Update

AccessAble were instructed to review the information / data submitted and the issues highlighted in this paper for the Chelsea site and provide a clear updated report outlining specific non-compliances in order for the Trust to develop appropriate and targeted action plans. These also include identifying areas where there are multiple issues / concerns that could potentially be addressed collectively and possibly form part of a capital project if appropriate.

The Trust has automated 24 sets of entrance doors to the main wards on the Chelsea site which have been well received by staff, visitors and patients.

A new Working Group has been formed and first meeting is being held on the 20th April. This group as (as leads for Patient Experience & Corporate Nursing) will look to address/action the immediate recommendations provided and outlined in the last update to the Board in January. Appropriate funding streams will need to be identified in this process and form part of any recommendations. An update on the initial report is outlined below;

Entrances

Look to improve colour contrast around doors at; [these costs are estimated at circa £5,000.](#)

- Main hospital entrance
- ED entrance

General Circulation

- Look to use mat finish cleaning products on floors to minimize shine and potential glare. [Working with ISS, the Trust's cleaning contractor, to ensure this is addressed operationally.](#)
- Avoid patterned flooring when replacing. [This has been noted and will be reflected in all refurbishments.](#)

Review wayfinding signage to;

- Inpatient pharmacy
- Mars Ward
- Macmillan Information and Support Centre
- The Tent

Wayfinding Project is addressing these items (including the above) as part of the overall Hospital wide project which will be approved by the Executive Board.

Some people may not want to use lifts. Clearly sign stairs and develop processes to escort people via stairs if staff only access. [Signage for the stairs is included in the wayfinding project.](#)

[A full survey of the following is required and the cost impact will be updated for next meeting.](#)

- Stairs 1 - nosing needs to be face on as well as on tread. Handrails should extend horizontally beyond first and last step.
- Stairs 2 - nosing needs to be face on as well as on tread.
- Stairs 6 - nosing needs to be face on as well as on tread.

Check contrast markings on escalator steps and improve contrast to foot and head of escalators. [We can report these works have been completed.](#)

For departments and wards with a 50m + journey look at how resting points can be provided; [It can be reported that in line with the recommendations, there is seating available at specified intervals in the atrium to and from the following wards/departments.](#)

- Blood Tests – Phlebotomy
- Cashier
- Children's Burns Unit / Mars Ward
- Friends Patient & Staff Library
- Apollo Ward

Reception areas

Look to provide hearing assistance systems at as many reception points as possible. AccessAble found that receptions at 30 departments did not have hearing assistance systems.

In addition, check the hearing assistance systems that did not work when tested by AccessAble; [It was noted that 34 departments were identified and the cost impact is circa £20k to install / replace and will be reviewed by the Working Group.](#)

Provide a mixture of seating with and without armrests in reception areas. [Survey is currently in progress to ascertain the exact requirements / costs for each area and an update will provided for next meeting.](#)

Departments/wards for suggested review;

- Adult Trauma Orthopaedic Outpatients & Fracture Clinic – [Completed and appropriate seating in place.](#)
- Bereavement Services
- Burns Outpatients
- Centre for Clinical Practice – currently only with armrests. [Completed and appropriate seating in place.](#)
- Children's Dental
- Children's Outpatients
- Children's Surgical Pre-Assessment and Admissions
- Dermatology, Plastic Surgery and Hand Management Outpatients
- ED Imaging Department
- Eye Clinic
- Gate 1 and 2
- Gate 3 and 4
- George Watts Day Care
- Gynaecology
- Maternity Assessment Suite
- Obstetrics Ultrasound and Foetal Medicine Unit

- Paediatric Ambulatory Care Clinic
- St. Stephen's Centre - John Hunter Clinic
- Therapy Services - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy
- Westminster Wing and Assisted Conception Unit

(Suggested that wards/departments with highest footfall or highest proportion of people with mobility difficulties, or those over 65+ are prioritised).

Changing Places

- Provide privacy screen - [completed](#)
- Provide wide tear off paper – [on order](#)
- Install spatula or automatic flush if possible - [contractor replacing with spatula](#)
- Ideally provide a full length or lowered mirror - [will be completed as part of mirror replacements/installation programme.](#)
- Provide a towel dispenser as well as hand dryer - [completed](#)

Washrooms/Bathrooms

Fit emergency alarm cords [at circa £5,000 each](#)

- Mercury Ward - Washroom Wheel-in Shower.
- Therapy Services ([pending due to treatment centre plans and reviewed by Working Group](#)) - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy

Some washrooms do not have a transfer space on to the toilet; many wheelchair users will not be able to use these toilets. They should be flagged as ambulant rather than accessible facilities. Others are missing a drop-down rail on the transfer side and one or more wall mounted grab rails.

[The Trust has defined all accessible facilities are identified. The following are to be surveyed and costed – update to be provided for the next meeting.](#)

- Acute Assessment Unit
- Ann Stewart Ward
- Annie Zunz Ward David Evans Ward - Male Shower & Female Shower
- Edgar Horne Ward - drop down rail by toilet on wrong side, missing wall mounted grab rails. Emergency alarm too short.
- Emergency Department – (Emergency Obs Unit – Bay).
- Intensive Care Unit (ICU)
- Josephine Barnes Ward
- Lord Wigram Ward.
- Mercury Ward – wheel-in shower
- Nightingale Ward
- Rainsford Mowlem Ward – wheel-in shower
- St Mary Abbots Ward – wheel-in shower

Move toilet roll closer to the toilet in the washrooms in Neptune and Jupiter Wards and Mercury Ward.

[There were also 14 areas identified which need to be looked at in regards to the feasibility of moving sinks in reach of toilet in washrooms. Wheelchair users should be able to wash and dry hands before transferring. This is not as straight forward, as there is a potentially £10 to £20k per area – all facilities need to be re-visited and prioritised by Working Group.](#)

[It was noted that 36 facilities had obstructed transfer space, we are working with the wards, departments and housekeeping to ensure these are no obstructions.](#)

The following departments / wards accessible toilets are not able to provide a transfer space – suggest label as ambulant;

- Ann Stewart Ward
- Josephine Barnes Ward

The following departments and wards have accessible toilets with alarm cords that are too short; [these need to be double checked and costed](#).

- Acute Assessment Unit
- Ann Stewart Ward
- Apollo Ward
- CAMHS, Perinatal & Parent Infant Mental Health Service and Paediatric Psychology
- Chelsea Community Hospital School
- Children's Burns Unit
- Children's Dental Health
- Children's Emergency Department
- Children's Outpatients
- Children's Surgical Pre-Assessment and Admissions
- CW+ MediCinema
- David Evans Ward
- Dermatology, Plastic Surgery and Hand Management Outpatients
- Diagnostics Centre
- Edgar Horne Ward
- Emergency Department
- Eye Clinic
- Gates 1 and 2
- Gates 3 and 4
- Gazzard Day Unit
- Gynaecology
- Imaging - X-Ray, CT Scanning, MRI, Bone Density, Ultrasound and Nuclear Medicine
- Lord Wigram Ward
- Mercury Ward
- Nell Gwynne Ward
- Neonatal Intensive Care Unit (NICU)
- Nightingale Ward
- Obstetrics Ultrasound and Foetal Medicine Unit
- Rainsford Mowlem Ward
- Saturn Ward
- Treatment Centre - Day Case Surgery & Procedures
- Westminster Wing and Assisted Conception Unit

It was suggested that the Trust look at the feasibility of improving accessible toilets in key areas that are central / of high footfall – ie to meet BS8300:2018 and Stoma Friendly criteria. [It was agreed that this would be an action for the Working Group to ascertain priority](#).

Accessible Toilet(s) (Lower Ground Floor - Male - Right Hand Transfer). [These costs are estimated at circa £20k](#).

This accessible toilet is located on the Lower Ground Floor, to the left of Lift D, along the main corridor.

- Add horizontal grab rail to door
- Add a dropdown rail is on the transfer side
- Add a vertical wall-mounted grab rail on the transfer side
- Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space
- Fit an emergency alarm – [noted it will also need to be linked to security](#)

- Place mirror within advised height
- Add wall mounted grab rails at sink
- Place a shelf at recommended height
- Consider moving basin in reach of toilet in future
- Provide a towel dispenser as an alternative to hand dryer

Accessible Toilet(s) (Lower Ground Floor - Female - Left Hand Transfer) these costs are estimated at circa £20k.

This accessible toilet is located on the Lower Ground Floor to the left of Lift D, along the main corridor.

- Add horizontal grab rail to door
- Add a dropdown rail is on the transfer side
- Add a vertical wall-mounted grab rail on the transfer side
- Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space
- Fit an emergency alarm - noted it will also need to be linked to security
- Place mirror within advised height
- Add wall mounted grab rails at sink
- Place a shelf at recommended height
- Consider moving basin in reach of toilet in future
- Provide a towel dispenser as an alternative to hand dryer

Accessible Toilet(s) (Ground Floor - Left Hand Transfer) these costs are estimated at circa £10k

This accessible toilet is located on the Ground Floor, along the main corridor.

- Replace alarm cord so it is in height - in addition it will need to link to security
- Place mirror within advised height
- Place a shelf at recommended height
- Provide a towel dispenser as an alternative to hand dryer – being actioned at the time of this update.

Next Steps / Recommendations

The actions noted above will be reviewed and prioritised by the new Working Group – the date of the first meeting is scheduled for 20th April. As outlined at the beginning of this update, this group shall consider / facilitate the prioritisation of the initial recommendations above.

In addition they will review the full audits and make recommendations, some /all of which may need to be addressed / factored into any potential future ward refurbishments.

Patient Led Assessment of the Care Environment Group (PLACE) will also be consulted and included in actions going forward. Part of the PLACE assessment is to ensure the environment is safe.

Similar analysis will need to be undertaken on the West Middlesex Hospital and Satellite Sites once the detailed recommendations have been received from AccessAble, which should be expected by the end of April 2023.



Council of Governors Forward Plan 2023

	19 th April 2023 Council of Governors Awayday 10:00 to 16.30hrs	19 th April 2023 Council of Governors Meeting 12:00 – 13:00hrs	8 th June 2023 Council of Governors Briefing Session 16:00 – 17:00 hours
Statutory/Mandatory Business	<ul style="list-style-type: none"> Welcome and Networking/Introductions Announcement of Election results Governwell Training Programme for 2023-24 Introducing our Governor Sub Committees and refreshing membership Maximising our Effectiveness Introducing our Governor Guide for 2023-24 	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Strategy: NWL Integrated Care System (ICS) developments – update Quality: CoG Quality Sub-Committee Report Council of Governors Nomination and Remuneration Committee Report Finance & Performance Report to the Council of Governors (ND) Audit & Risk Committee Report to the Council of Governors (AD) Quality Priorities 2023-24 Business Planning 2023-24 Update CoG Terms of Reference and Sub Committee Terms of Reference Approval CoG Code of Conduct Refresh 	TBC
Papers for Information		<ul style="list-style-type: none"> Chairman’s Report Chief Executive Officer’s Report Performance & Quality Report; Workforce Performance Report Accessibility work update 	
Other Business		<ul style="list-style-type: none"> Questions from the governors and the public Forward plan Schedule of meetings Governor attendance register Any other business 	

	20 th July 2023 Council of Governors Meeting 10:00 – 11:00	29 th September 2023 Council of Governors Briefing Session 17:00-18:00hrs	19 th October 2023 Council of Governors Meeting 16:00 – 18:00hrs
Statutory/Mandatory Business	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Strategy: NWL Integrated Care System (ICS) developments – update COG Sub-Committees: Quality Sub-Committee Report; Membership Sub-Committee Report Feedback from Governors Conference on 23rd May 2023 	<ul style="list-style-type: none"> Governor Quality Statement for 2022-23 – and briefing on performance against 2022-23 quality priorities 	<ul style="list-style-type: none"> Minutes of Previous Meeting, including Action Log Strategy: NWL Integrated Care System (ICS) developments – update COG Sub-Committees: Quality Sub-Committee Report; Membership Sub-Committee Report
Papers for Information	<ul style="list-style-type: none"> Chairman’s Report Chief Executive Officer’s Report Performance & Quality Report; Workforce Performance Report Accessibility work update 		<ul style="list-style-type: none"> Chairman’s Report Chief Executive Officer’s Report Performance & Quality Report; Workforce Performance Report Accessibility work update

Other Business	<ul style="list-style-type: none"> • Questions from the governors and the public • Forward plan • Schedule of meetings • Governor attendance register • Any other business 		<ul style="list-style-type: none"> • Questions from the governors and the public • Forward plan • Schedule of meetings • Governor attendance register • Any other business
	7th December 2023 Council of Governors Briefing Session 16:00 – 17:00hrs	21st January 2024 Council of Governors Meeting 16:00 – 18:00hrs	21st March 2024 Council of Governors Briefing Session 16:00 – 17:00hrs
Statutory/Mandatory Business	TBC	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Strategy: NWL Integrated Care System (ICS) developments – update • Quality: Quality Committee Report to Council of Governors • COG sub-committees: Membership & Engagement Sub-Committee Report; Quality Sub-Committee Report; 	TBC
Papers for Information		<ul style="list-style-type: none"> • Chairman’s Report • Chief Executive Officer’s Report • Governors Elections 2023 – update • Performance & Quality Report, including Winter Preparedness; Workforce Performance Report • Accessibility work update 	
Other Business		<ul style="list-style-type: none"> • Questions from the governors and the public • Governors Away Day (Jan or Apr) 2024 – plan • Forward plan • Schedule of meetings • Governor attendance register • Any other business 	



Council of Governors – Attendance Record 2023/2024

Governor	Category	Constituency	19.04.2023	19.04.2023 Awayday	20.07.2023	19.10.2023	01.08.22	25.01.2024	TOTAL	TOTAL %
Lisa Addison	Patient	Patient Constituency								
Richard Ballerand	Public	Royal Borough of Kensington and Chelsea								
Jeremy Booth	Patient	Patient Constituency								
Caroline Boulliat-Moulle	Patient	Patient Constituency								
Julie Carter	Public	London Borough of Ealing								
Cass J. Cass-Horne	Public	City of Westminster								
Nigel Clarke	Public	London Borough of Hammersmith and Fulham								
Dr Nara Daubeney	Public	London Borough of Wandsworth								
Christopher Digby-Bell	Patient	Patient Constituency								

Simon Dyer	Patient/Lead Governor	Patient Constituency								
Stuart Fleming	Public	London Borough of Wandsworth								
Parvinder Singh Garcha	Public	London Borough of Hounslow								
Minna Korjonen	Patient	Patient Constituency								
Rose Levy	Public	London Borough of Hammersmith and Fulham								
Nina Littler	Public	Royal Borough of Kensington and Chelsea								
Stella Macaskill	Patient	Patient Constituency								
Ras. I Martin	Public	Rest of England								
Mark Nelson	Staff	Staff Constituency (Medical and Dental)								
Clr Will Pascal	Appointed	Royal Borough of Kensington and Chelsea)								
David Phillips	Patient	Patient Constituency								

Catherine Sands	Staff	Staff Constituency (Management)								
Dr Desmond Walsh	Appointed	University Governor (Imperial College)								
Laura-Jane Wareing	Public	London Borough of Hounslow								
Jo Winterbottom	Public	City of Westminster								
VACANT	Staff	Contracted								
VACANT	Staff	Allied Health Professionals, Scientific and Technical								
VACANT	Staff	Support, Administrative and Clerical								
VACANT	Staff	Nursing and Midwifery								
VACANT	Public	London Borough of Richmond Upon Thames								
VACANT	Public	London Borough of Richmond Upon Thames								

VACANT	Appointed	Local Authority								
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Patient Governors – 8; Public Governors – 14; Staff Governors – 6; Appointed Governors – 3.