

# Chelsea & Westminster Hospital NHS Foundation Trust

## Council of Governors








Zoom Conference <https://chelwest-nhs-uk.zoom.us/j/7812894174> OR Dial in: +441314601196; Meeting ID:  
781 289 4174# United Kingdom




27 January 2022 16:00 - 27 January 2022 18:00



# AGENDA

#	Description	Owner	Time
1	<b>STATUTORY/MANDATORY BUSINESS</b>  1.0 COG Agenda 27.01.22.doc 7		
1.1	<b>Welcome &amp; Apologies for Absence</b> Verbal	Chair (Interim)	
1.2	<b>Declarations of Interest</b> Verbal	Chair (Interim)	
1.3	<b>Minutes of previous meeting held on 21 October 2021</b> Paper  1.3 COG minutes 21.10.21.doc 9	Chair (Interim)	
1.3.1	<b>1.3.1 Action Log</b> Paper  1.3.1 COG Action Log.doc 17	Chair (Interim)	
1.4	<b>NWL Integrated Care System (ICS) developments – update</b> Verbal	Chief Executive Officer	
1.5	<b>North West London Chair in Common Recruitment Update</b> Verbal	Interim Director of HR and OD	
1.6	<b>Governors Nomination and Remuneration Committee Update</b> Verbal	Chair (Interim)	
2	<b>QUALITY</b>		
2.1	<b>Board People and Organisational Development (POD) Committee Report to Council of Governors</b> Paper  2.1 Board POD Report to CoG.pptx 19	Ajay Mehta, Chair of the POD Committee	

#	Description	Owner	Time
2.2	<p><b>Governors Membership and Communications Sub-Committee Report</b></p> <p>Paper</p> <p> 2.2 Governors Membership and Comms Sub Com... 37</p>	David Phillips, Chair of Governors Membership and Communications Sub-Committee	
3	<b>FOR INFORMATION</b>		
3.1	<p><b>Interim Chair's Report inc Election Results</b></p> <p>Paper</p> <p> 3.1 Interim Chairs Report.docx 41</p>	Chair (Interim)	
3.2	<p><b>Chief Executive Officer's Report</b></p> <p>Paper</p> <p> 3.2 Chief Executive's Report.docx 47</p>	Chief Executive Officer	
3.3	<p><b>Performance &amp; Quality Report,</b></p> <p>Paper</p> <p> 3.3 Performance and Quality Report Covernote.docx 53</p> <p> 3.3a Performance and Quality Report.docx 57</p>	Chief Executive Officer	
3.4	<p><b>People and Organisational Development Workforce Report</b></p> <p>Paper</p> <p> 3.4 People and OD Workforce Report.docx 75</p> <p> 3.4a People and OD KPI's Nov 2021 (003).pptx 77</p>	Chief Executive Officer	
3.5	<p><b>Accessibility work update</b></p> <p>Verbal</p>	Chair (Interim)	
4	<b>OTHER BUSINESS</b>		
4.1	<p><b>Questions from the governors and the public</b></p> <p>Verbal</p>	Chair (Interim) / Chief Executive Officer	
4.2	<p><b>Governors Away Day April 2022 - plan</b></p> <p>Verbal</p>	Chair (Interim) / Chief Executive Officer	
4.3	<b>Any other business, including:</b>		

#	Description	Owner	Time
4.3.1	<p>Forward plan</p> <p>Paper</p> <p> 4.3.1 COG Forward Plan 2022.doc 85</p>	Chair (Interim)	
4.3.2	<p>Schedule of meetings 2022/23</p> <p>Paper</p> <p> 4.3.2 Schedule of Council of Governors Meeting Da... 89</p>	Chair (Interim)	
4.3.3	<p>Governor attendance register</p> <p> 4.3.3 CoG Attendance Record 2022.doc 91</p>	Chair (Interim)	
4.4	Date of next meeting: XXXXXXXXXXXXX, 16:00 – 18:00   Part of Away Day		

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## Council of Governors Meeting

**Date:** 27 January 2022

**Time:** 16:00- 18:00

**Location:** Zoom Conference <https://chelwest-nhs-uk.zoom.us/j/7812894174>

OR

Dial in: +441314601196; Meeting ID: 781 289 4174# United Kingdom

## Agenda

	<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>			
1600	1.1	Welcome & Apologies for Absence	Verbal		Chair (Interim)
1601	1.2	Declarations of Interest	Verbal		Chair (Interim)
1602	1.3	Minutes of previous meeting held on 21 October 2021 1.3.1 Action Log	Paper Paper	For Approval For Information	Chair (Interim)
1605	1.4	NWL Integrated Care System (ICS) developments – update	Verbal	For Information	Chief Executive Officer
1615	1.5	North West London Chair in Common Recruitment Update	Verbal	For Noting	Interim Director of HR and OD
1625	1.6	Governors Nomination and Remuneration Committee Update	Verbal	For Noting	Chair (interim)
	<b>2.0</b>	<b>QUALITY</b>			
1630	2.1	Board People and Organisational Development (POD) Committee Report to Council of Governors	Paper	For Information	Ajay Mehta, Chair of the POD Committee
1700	2.2	Governors Membership and Communications Sub-Committee Report	Paper	For Information	David Phillips, Chair of Governors Membership and Communications Sub-Committee
	<b>3.0</b>	<b>FOR INFORMATION</b>			
1705	3.1	Interim Chair's Report including Election Results	Paper	For Information	Chair (Interim)
1715	3.2	Chief Executive Officer's Report	Paper	For Information	Chief Executive Officer
1725	3.3	Performance & Quality Report,	Paper	For Information	Chief Executive Officer
1735	3.4	People and Organisational Development Workforce Report	Paper	For Information	Chief Executive Officer
1745	3.5	Accessibility work update	Verbal	For Information	Chair (Interim)
	<b>4.0</b>	<b>OTHER BUSINESS</b>			
1750	4.1	Questions from the governors and the public	Verbal	For Information	Chair (Interim) / Chief Executive Officer
	4.2	Governors Away Day April 2022 - plan	Verbal	For Information	Chair (Interim) / Chief Executive Officer
1757		Any other business, including: *4.3.1 Forward plan *4.3.2 Schedule of Council of Governor meetings 2022/23 *4.3.3 Governor attendance register	Paper Paper Paper	For Information For Information For Information	Chair (Interim)
1800	4.4	Date of next meeting: 21 April 2022 1400 to 1600hours   Part of Away Day			

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







**MINUTES OF COUNCIL OF GOVERNORS (COG)**  
**21 October 2021, 16.00-18.00**  
**Zoom Conference**

<b>Present:</b>	Stephen Gill	Chair (Interim)	(SG)
	Richard Ballerand	Public Governor	(RB)
	Juliet Bauer	Patient Governor	(JBa)
	Caroline Boulliat	Public Governor	(CB)
	Cass J. Cass-Horne	Public Governor	(CJCH)
	Tom Church	Patient Governor	(TC)
	Nigel Davies	Public Governor	(NDa)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr Simon Dyer	Lead Governor/Patient Governor	(SD)
	Richard Jackson	Staff Governor	(RJ)
	Paul Kitchener	Public Governor	(PK)
	Minna Korjonen	Patient Governor	(MK)
	Anthony Levy	Public Governor	(AL)
	Johanna Mayerhofer	Public Governor	(JM)
	Professor Mark Nelson	Staff Governor	(MN)
	Fiona O'Farrell	Public Governor	(FOF)
	David Phillips	Patient Governor	(DP)
	Catherine Sands	Staff Governor	(CS)
	Jacquei Scott	Staff Governor	(JS)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Laura Wareing	Public Governor	(LJW)
<b>In attendance:</b>	Lesley Watts	Chief Executive Officer	(LW)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EHe)
	Ajay Mehta	Non-Executive Director	(AM)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Rob Hodgkiss (in part)	Deputy Chief Executive/Chief Operating Officer	(RH)
	Dawn Clift	Interim Director of Corporate Governance and Compliance	(DC)
	Sue Smith (in part)	Interim Director of Human Resources and Organisational Development	(SSm)
<b>Apologies:</b>	Nowell Anderson	Public Governor	(NA)
	Jeremy Booth	Patient Governor	(JBo)
	Aman Dalvi	Non-Executive Director	(AD)
	Elaine Hutton	Public Governor	(EHu)
	Tewodros Leka	Staff Governor	(TL)
	Rose Levy	Public Governor	(RL)
	Nicole Nunes	Staff Governor	(NN)

Trusha Yardley  
Vida Djelic  
Serena Stirling

Public Governor (TY)  
Board Governance Manager (VD)  
Director of Corporate Governance (SS)  
& Compliance

## **1.0 STATUTORY/MANDATORY BUSINESS**

### **1.1 Welcome and apologies for absence**

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

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

SG opened the meeting by announcing the sad passing of Governor Nowell Anderson (NA) which had occurred unexpectedly some 48 hours before the meeting. NA had been a much valued Governor who had been actively engaged in representing his constituents in the Borough of Hounslow to influence decision making at the Trust. NA had been a much loved member of the COG and a number of members reflected on their memories of NA and the level of active participation that he played in the Trust, as well as supporting fellow governors. Sincere condolences were expressed to the Anderson family stating that NA will be very much missed.

### **1.2 Declarations of interest**

Governors were appraised of a new interest from Non-executive Director Nilkunj Dodhia having assumed the position of General Manager (London) for Cerner Limited with effect from 27 September 2021.

### **1.3 Minutes of previous meeting held on 22 July 2021**

Minutes of previous meeting were approved as a true and accurate record of the meeting with the following update - SG advised the COG that Councillor Flight would no longer be joining the COG and that the City of Westminster would be advising of an alternative nominated stakeholder governor.

#### **1.3.1 Action Log**

The response to the action on Spyware surveillance was noted in the COG papers. LW updated the COG that Stonewall membership continued to be in place at Chelwest. With regard to the impact of ICS status on NHS Foundation Trusts SG clarified that there were no changes to current legislation around the statutory role and responsibilities of Foundation Trusts and COGs. All three actions were agreed as 'Closed'.

### **1.4 Chief Executive Officer's Report and North West London (NWL) ICS Developments**

*Lesley Watts, Chief Executive Officer*

LW presented the report and welcomed all governors and members of the public to the meeting, reminding everyone to keep themselves safe and to access the covid booster

vaccination and the flu vaccination as soon as they are eligible.

It was noted that staff continued to work hard to deliver care to patients across the Trust and the wider NWL system and that whilst there were still some opportunities to improve productivity even further, the majority of services at the Trust were operating above levels experienced pre-covid. This was also noted to be the case in primary care with NWL GPs typically running at 120% pre covid appointment levels, whilst also supporting the vaccination programme. Mutual aid was noted to be increasing between the 4 Acute Provider Trusts in NWL to enable a greater balance of equity of access to services and to reduce inequalities in population health. This also expanded into collaborative working around a Winter Resilience Plan for the system, ensuring that the NHS can manage the demands that Winter poses amidst the background of Covid 19.

LW advised Governors of the absolute commitment to staff health and wellbeing during this period and appraised the COG of a number of wellbeing initiatives that have been established to help support staff both in terms of their physical health and mental wellbeing. CW+ Charity were thanked for their positive and helpful contribution to maintain staff wellbeing. It was noted that staff had seen an increase in the number of incidents of aggressive behaviour towards them from patients and visitors and a reminder to be kind to staff was made to the public. In addition, a new policy on acceptable behaviours was in the process of finalisation and a staff safety working group had been established.

LW appraised the COG that work was underway to explore an increased range of opportunities for volunteers in the Trust, recognising the difference that such support can make to patients, staff and individuals.

RB thanked LW for her report and questioned how we are coordinating digital innovations with other London Acute Trusts as these seemed to be moving at speed. LW confirmed that outside the immediate NWL collaboration, the Regional Team undertake a coordination and sharing role relating to innovations of this nature.

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

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

SSm joined the meeting for this item and confirmed that Saxton Bampfylde had been appointed by the Stakeholder Panel as the Headhunters for the above appointment. She thanked LJW and AM for their participation in the selection process representing the COG and the Trust Board respectively. Thanks were also given to SD in his role as Lead Governor for his level of engagement in contributing to the candidate brief. It was noted that recruitment was expected to start week commencing 25 October 2021.

Resolution: The COG resolved to note the appointment of Saxton Bampfylde and the imminent commencement of recruitment.

#### **1.6 Council of Governors Elections Update**

DC presented the report and it was noted that following the nomination process, seats for the Public Borough of Richmond upon Thames and the Public Borough of Ealing were uncontested.

Contested seats subject to voting were noted as follows:-

- 10 nominations had been received for the 5 seats available in the Patient Constituency
- 4 nominations had been received for the 2 seats available in the Public Borough of Hounslow
- 2 nominations had been received for the 1 seat available for the Public Borough of Wandsworth
- 2 nominations had been received for the 1 seat available for the Staffing Constituency of Nursing and Midwifery

DC confirmed that the notice of poll would be issued on 29 October 2021 with voting packs dispatched to members on 1 November 2021. The poll would close at 5pm on 24 November with results being announced on 25 November 2021.

Resolution: The COG noted the content of the report, outcome of nominations and next steps.

## **2.0 QUALITY**

### **2.1 Board Quality Committee Report to COG**

*Eliza Herman, Chair of the Board Quality Committee*

EH presented the report and assured Governors of the business conducted by the Board Quality Committee in governing safe, high quality and clinically effective care. It was noted that the Committee was exceedingly active with good levels of attendance and grip. EH advised that whilst some aspects of performance were below those typically experienced pre covid, Chelwest continued to benchmark well in terms of its outcomes when compared to counterpart Trusts.

EH highlighted the quality governance architecture in the organisation to demonstrate how quality is considered, discussed and developed from frontline levels up to the Board. She also referenced the range of activity and initiatives in place in support of Quality Strategic Priorities at Trust wide levels and at local team level, demonstrating good engagement and ownership of safety, patient experience and clinical effectiveness.

Lead Governor SD commended the extent of Research, Innovation and Quality Improvement work underway across the Trust and asked what level of staff engagement there was in such initiatives given that the range was so wide. EH advised that a large number of the initiatives had been developed by local teams who had identified quality improvement opportunities and who were now using QI methodology to test out new ways of working. Staff Governor MN supported this comment stating that this level of empowerment mobilised the workforce to a continuous culture of improvement that could be delivered through a range of mechanisms, which if successful could be scaled up to widespread approaches.

There were no further questions. EH encouraged Governors to make contact with her at any time should any questions around quality of care arise.

Resolution:- The COG were assured of the ongoing governance of quality, safety and effectiveness of care through the delegated responsibilities of the Board Quality Committee

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

LJW presented the minutes from the COG Quality Sub-Committee meeting held on 24 September 2021.

SD requested clarity on the work of the PPI/E Group. RJ confirmed that this group was now well established and that current work included the development of the Patient Involvement Portal which would be explored further at the December 21 meeting of the group. DP commented that Patient Governors may find this an interesting and helpful forum.

Resolution:- The COG resolved to:-

- Receive the minutes of the Governor's Quality Sub Committee meeting held on 24 September 2021
- Receive information outside the formal COG on opportunities arising from the work of the PPI/E Group via LJW

LJW

### **3.0 FOR INFORMATION**

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

*Stephen Gill, Chair (Interim)*

The report was taken as read and no questions were raised regarding content. SG highlighted that Councillor Atterton had been nominated by to represent the Local Authority of the Borough of Hounslow and would be joining the COG as a stakeholder governor once all necessary checks and paperwork had been completed.

Resolution:- The COG noted the content of the report.

#### **3.2 Performance Reports: Performance and Quality Report and Winter Planning**

LW presented the above report highlighting that Chelwest performance was amongst the best in the Country. She commended the continued hard work, commitment and diligence of all staff in delivering this outcome in what are very challenging times.

RH joined the meeting for this item, he reiterated the message from LW and stated that the pressure and challenge continues to ensure that we are able to treat patients as quickly and safely as possible. He also referenced the need to maintain the health and wellbeing of staff during this particularly difficult period.

AL stated that he found the honesty around the clinical priorities detailed in the report to be a very true reflection of the situation we find ourselves in and supported the direction of travel set out by RH. AL questioned what was happening nationally about the approach to judging performance in the NHS. LW advised that patients absolutely continue to be at the forefront of everything that we do and that quite rightly oversight and challenge to improve further will not go away. She stated that the approach to oversight is yet to be aligned and that it is the responsibility of the Executive Team to filter the pressure to protect staff health and wellbeing, whilst also being as productive as possible. The COG agreed that we have to do both of these things to the best of our ability. RH advised that with regard to emergency care, we have chosen to continue to monitor the 4 hour waiting time standard internally as it is a helpful indicator of quality of care and of flow. He appraised the COG of the new cancer standard 'FDS' which came into operation on 1 October 2021. He gave assurance of the reduction being made to the backlog of patients with cancer, stating that this had reduced from 700 to 95.

LW commended the work led by RH and Chief Operating Officer's across the system in the

development of the Winter Resilience Plan which was aimed to mobilise system working to ensure equity of access to services for patients during this period of seasonal pressure.

Resolution: The COG were assured of the standard of performance of the Trust, its benchmarked position and its plans for improvement.

### 3.3 Accessibility work update

SG advised that the Best Practice Guides and Recommended Matrix associated with the physical environment would be with the Trust within the next week and the Estates Team would make recommendations on next steps.

With regard to the Trust's website [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk) an accessibility audit was carried out in late August 2021 by charity AbilityNet evaluating a cross section of 10 highly accessed pages, including:

- Homepage
- Contact
- Services
- Work with us
- Sexual health clinics
- Maternity
- Antenatal self-referral form
- A typical news story
- A typical service page (cardiology)

The report highlighted three high importance items as follows:

- The *Work with us* page has three videos and the *Maternity* page has one video which do not have captions (subtitles), limiting use by those with hearing issues.

**Recommendation:** Remove the videos from the *Work with us* page as they are out of date (from 2015), and leave the video on the *Maternity* page as-is, as the information discussed is also located in the copy on the page.

- The carousel controls on the *Homepage* are not accessible via a keyboard.

**Recommendation:** There is no straightforward fix for this, however the carousel rotates from one image to the next automatically and therefore the issue is of negligible consequence to users. Additionally, the carousel simply provides a shortcut to pages which

can be accessed via the website's menu system.

- The ReciteMe accessibility service button on all pages is not accessible via a keyboard.

**Recommendation:** The coding for the ReciteMe button is provided by ReciteMe and cannot be altered on our end. Ironically, this button enables a suite of features to increase accessibility to the website (although the functionality mirrors the accessibility features built into users' devices). Recommend that ReciteMe be notified so they can alter their code.

The accessibility audit highlighted a number of points, many of which were already known and/or minor points related to the functionality of the website platform. A number of issues related to content controlled by third party platforms, including the Trac recruitment system, Google, Vimeo and, ironically, ReciteMe, an accessibility company themselves.

Many of the items related to decorative elements—those which are present for aesthetic reasons (such as photographs) but which are not essential to the user.

None of the issues raised cause considerable burden on website users with accessibility needs or prevent these users from accessing key information on the Trust website.

Resolution:- the Council of Governors noted the content of the update.

## **4.0 OTHER BUSINESS**

### **4.1 Questions from the governors and the public**

RB questioned the extent to which we are collaborating with Councils with regard to shared learning from the Covid pandemic. LW responded that the drive of the Integrated Care System (ICS) had resulted in some really impressive work with the Local Authorities including increased volunteering opportunities, the development of the Apprenticeship Academy and the expansion of 'Project Search' from West Middlesex Hospital to Chelsea. LW also referred to the improvements in collaborative working with the Mental Health Trusts and the third sector which was all adding to the focus to improve population health. It was noted that monthly Chief Executive Officer briefings across all sectors provide an opportunity for shared learning around inequalities and opportunities for greater collaboration and improvement.

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

SG confirmed that the current Council of Governors Away Day was scheduled to take place on 27 January 2022. Due to current safety precautions relating to Covid 19 and also seasonal influenza, it was recognised that it was likely we would still be meeting in a virtual environment at this stage. Governors were therefore requested to share their views with SG as Chair, as to whether they would prefer for the away day to be rescheduled to later in the year when it was possible that a face to face meeting could take place. MK advised of the need to ensure that appropriate adaptations were made to Governor induction as a result of remote working and that this should continue to offer an opportunity for new Governors to meet existing Governors on the Council.

Resolution:- Governors resolved to:-

- Advise SG of their preference around the scheduling of the Council of Governor's Away Day All
- Request adaptations to be made to Governor Induction in the light of remote working, including opportunities for the development of Governor relationships DC/SD

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

It was agreed that DC would develop the forward plan of business for the cycle of Council of Governor meetings and sub groups for 2022/23. DC

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

The attendance register was reviewed. It was agreed that DC would add additional columns to demonstrated the additional engagement that Governors make through sub committees to the Council. DC

#### **4.5 Any Other Business**

LW advised of a briefing that she had given to all NWL MP's and Chief Executive Officers in response to their question 'what can we do to help', whereby she had highlighted the need for kindness and respect to staff within the NHS who were working incredibly hard to overcome the impact of the Covid pandemic. This was noted and supported by the COG.

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

27 January 2022, 16:00 – 18:00 hours.

Meeting closed at 1730 hours.





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

Meeting Date	Minute number	Subject	Action	Current status	Lead
Oct 21		Governors Away Day	Governors to advise SG if they would prefer for the away day to be rescheduled from 27 January to the 21 April 2022 with the aim of a face to face meeting	Complete-Governors have expressed a preference to reschedule to 21 April 2022. The session will take place 10am to 4pm including the main council of governors meeting during the last 2 hours	DC
		Governor Induction	Request adaptations to be made to Governor Induction in the light of remote working, including opportunities for the development of Governor relationships	Remote induction package established with supplementary hard copy induction folder for all new governors. The April away day will enable in person relationships to develop subject to the removal of Covid restrictions.	DC/SD
		Forward Plan of Business	Develop the forward plan of business for the cycle of Council of Governor meetings and sub groups for April 2022/23	Forward Plan complete for the Council of Governors. Sub Group forward plans under development	DC
		Attendance Register	Add additional columns to demonstrate the additional engagement that Governors make through sub committees to the Council.	Complete -The format of the attendance register for 2022 has been modified to incorporate Governor briefing sessions. Separate attendance registers for each sub committee will be developed and presented as a standing item at the sub committee meetings and appended to the sub committee reports to the main CoG.	DC



# Council of Governors

## Our People

### January 2022



# Contents

- 1 Strategic Priorities – Trust's agreed People Strategy
- 2 Our People
- 3 Impact of COVID
- 4 Staff survey and feedback about working at the Trust
- 5 Priority areas of focus
- 6 Key successes
- 7 Volunteering
- 8 The year ahead



# Journey to develop our Trust People Strategy

The Trust has now agreed its 3 year People Strategy



- Focus Groups and key stakeholder meetings to define our priorities
- NHS People Plan, NWL People Plan, Staff Survey Results



Key Priority Areas of Focus

Baseline position identified

Performance Measures of success agreed

One document, easy to read for all staff to understand our journey and how to get involved



# Our People Strategy

## How we will measure our success

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



# Our People

We are an organisation that employs 6,500 staff based over 2 main hospital sites. We are a very diverse organisation and we continually aim to represent the communities we serve.



100 Nationalities

100 nationalities

3% of staff declare they are bisexual, gay or lesbian



3% of staff declare they are bisexual, gay or lesbian

2% ▲

Trust workforce



BAME staff now represent 46%

46% BAME staff

75% female staff



16% work part-time

2% declare a disability



2%  
declare a disability

11.5% confidentially  
declared disability



# COVID and impact on the wellbeing of our people

## Impact on our people

Personal wellbeing both physical and mental wellbeing affected, loss of friends and family

High sickness absence, staffing challenges and additional work pressures

Turnover starting to increase following a period of stability

Ongoing challenges with Vaccination as a condition of deployment

Increased Freedom to Speak Up concerns often related to behaviour

## Take Up

183 staff have accessed our EAP service

343 individual psychology support appointments and 692 staff attended group interventions

72 staff who confirmed they worked at the Trust have accessed the NWL Keeping Well Service

170 staff have accessed financial wellbeing support

100 places on the pilot Reset health programme

79 staff have accessed our pilot menopause app

426 staff signed up for the VP Go steps challenge, Julys challenge staff did 40.5 million steps

400 staff used the bike doctors days

655 days of emergency back up care used by staff in Year 1

## Response

3 year Health and Wellbeing business case supported focused on Healthy Body, Healthy Mind, Healthy Living and Feeling Safe with a wide range of programmes in place

64 Wellbeing Champions in place and 79 Mental Health First Aiders to provide local support

Infrastructure support in place such as new shower facilities to support running and cycling to work and investment agreed for bike sheds

Freedom to Speak Up Champions in place

## Impact of interventions

Positive feedback from staff when using interventions

Prior to wave 4 the Trust's sickness rate was favourable across the sector for Acute Trusts

A number of services i.e. NWL Keeping Well and psychology service have good outcomes in terms of recovery rates >65%

Turnover whilst increasing following stability during the pandemic has reduced year on year

Improved health and wellbeing scores in the staff survey





# What difference is our health and wellbeing and support making?

"I felt valued by my organisation, they care about me and my family well-being "

"I used Dr. Bike outside the education centre at West Middlesex Hospital yesterday and he did the most fantastic job on my bike. The gears had previously been slipping, but after the mechanic had serviced my bicycle it was like new. I cycle 22 miles a day to and from work and I think this initiative and service is absolutely fantastic. It is normally so difficult for me to reach a bicycle shop as I work full-time and long hours'.

"I was overwhelmed mentally and exhausted physically with the amount of COVID patient we were looking after in ICU during the 1st wave of Pandemic. The ICU capacity had increased to three times and I was feeling guilty every shift that I was unable to provide the quality care that I was used to giving in ICU. Seeing the patients come in very sick, go on ventilator and die despite all the treatment was making me like a failure. There were shifts where I had to deal with two deaths and receive a very sick patient and intubate and ventilate them. I was beginning to question my ability to care for the patient and was blaming myself for not being able to make the patients better. As it was new virus, there were lots of unknown and I was also worried about passing on to my children and my husband. I could not sleep at night and would wake up with horrible nightmares about not being able to resuscitate someone or something about work. I was not able to detach myself from work environment even on my day off. I spoke to my Matron about it and she referred me to the helpline number. I used the number twice and found them very helpful. They listened to my issues and made me feel that it was not my fault that the patients were getting sicker and that I was doing my best and the feelings I had were valid. Having conversation with them made me feel much better and I started feeling less guilty and less anxious. I even signposted my colleagues to use the helpline number."

"I am a single mum of two children and have to go to work. Having emergency childcare support in place has been a great relief. I thank my Trust for rolling this out. Really appreciated."

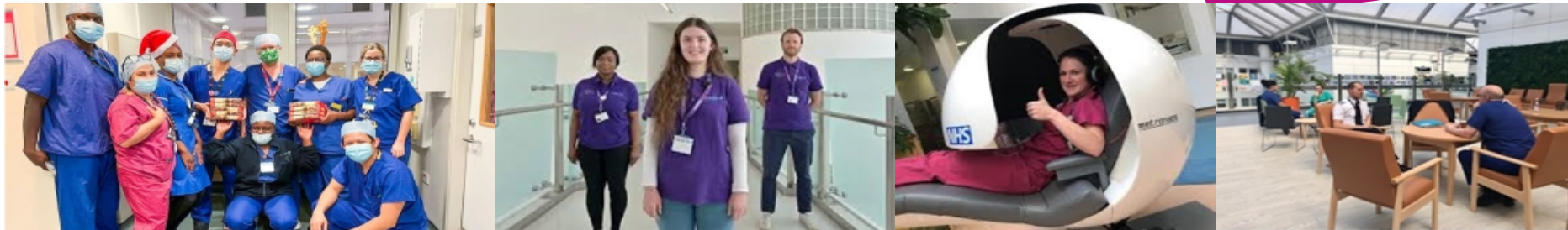


# Covid-19 and our increased focus on Health and Wellbeing

PROUD to care for you—our health and wellbeing programme ([vimeo.com](https://vimeo.com))

*"I have found the PTS service invaluable during the COVID crisis. As a Nurse Manager supporting and dealing with the well-being and mental health of staff, I have utilised the PTS service for a large volume of colleagues and quite frankly I am not sure what I would have done without it. The service has not only reacted quickly in the assessment and support of staff, it has in a lot of cases kept staff at work or got staff back to work quicker. I know from feedback from staff who have used the PTS service that they rate the support highly and I do hope the PTS service*

*"I must write you to let you know how happy and impressed I am the Peppy App, so much useful information is available. I was amazed when I asked for information and asked a question about a certain topic, the reply was immediate and I get weekly updates and new information. Someone checks in with me and asking if I need any help or information. Someone is available to talk to too! Well worth it!"*  
Thank you Peppy for being there 😊



# Our Staff Feedback- 2020 Staff Survey

59% response rate

## Above average:

- Immediate managers
- Quality of care
- Safety culture
- Staff engagement
- Team working

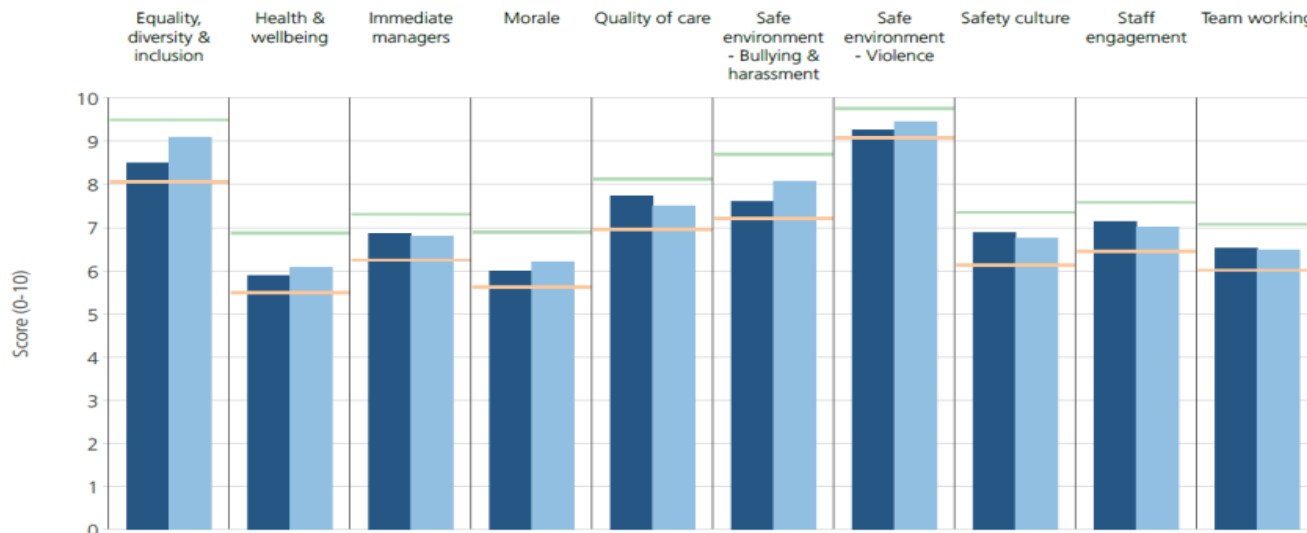
## Below average:

- EDI
- H&W
- Morale
- Safe environment

Survey  
Coordination  
Centre

2020 NHS Staff Survey Results > Theme results > Overview

NHS  
England



Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	8.5	5.9	6.9	6.0	7.7	7.6	9.3	6.9	7.1	6.5
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	3,553	3,582	3,587	3,539	3,399	3,468	3,573	3,562	3,615	3,558





# Staff Survey Response

- Across the Trust teams reflected on their departmental staff survey feedback and designed pledges together to improve staff experience at work at a local level.
- There was huge engagement from all areas across the Trust with **59** team pledges developed
- Divisional Panels reviewed departmental pledges and announced winners from each Division. The Mortuary Team across both sites (Clinical Support Division), the Workforce Directorate (Corporate Division), St Mary Abbotts, CWH (Planned Care Division) and the Acute Medical Unit, WMH (Emergency and Integrated Care Division) who all won 'best pledge of commitment' prizes for their work.
- Areas presented to Divisional panels progress on their pledges and a winner for each are was selected and awarded a prize.



## Hearing from staff regularly

- The Trust launched from April 2021 the monthly People Pulse to increase regular engagement and seek views from staff
- The response rates have been less than 5% each month which is similar to other Trusts
- Joiners and Leavers surveys have re-started and achieved 18% response rate for new starters, 92% of responses positive, top 5 scores proud to work at Trust, people behave in accordance with Trust values, the ward/team made me feel welcome, the Trust valued diversity, with the most improved scores being that the Trust cares about them as a person and the Trust has the right health and wellbeing options in place.
- Leavers surveys our response rate has improved to 27% and overall 76% positive, top scores relating to patient care being a top priority, proud to work for the Trust and managers made clear their expectations, and the most improved score was managers treated staff with respect.

### Make joiners' experience better by...

7 comments

"Early knowledge re cycle to work schemes etc before starting"

"An induction for all trainees joining at the same level (e.g IMTs/CSTs etc)"

"Introducing a local departmental induction, that covers the West Middlesex Hospital site as well."

"Test that logins work before joining rather than on the day. Still not working 3 days in"

### Make the Trust a better employer...

46 comments

"Improve culture and work life balance"

"More diversity in management roles"

"Consider the experience of the employers and give them rewards (Band) that deserve"

"To allow employees to have flexible working patterns without compromising their jobs hence allowing them to hold a job and also be able to care for their families."



# Our Trust wide Key Priority areas of Focus

## EDI

- 3 year plan – Year 2 actions focused on embedding managers commitment to EDI, developing influential staff networks with a voice, fairness and disciplinary, grievance, performance management processes, fairness of recruitment and progression opportunities, addressing the negative experiences of staff from under presented groups of B&H, embedding a culture of compassion and inclusion.

## Health & Well-being

- 3 year business case – Year 1 focused on practical wellbeing offers and now rest and recovery and establishing new programmes and evaluating uptake and feedback to plan year 2.

## Safe Environment

- Safety Group re-focused and led by DDN Planned Care and newly published Violence Standards for all Trusts to embed.
- Bullying & Harassment actions featured across EDI and leadership development plans focused on behavioural framework, just culture and civility and respect.

## Morale

- Staff thank-you event in response to Covid and Christmas thank you voucher and events to thank staff
- Current reward and recognition schemes, Monthly PROUD Awards, Long Service Awards, staff thank-you cards, annual awards ceremonies, external awards and recognition, to be bought together under one programme, listening to what staff value



# Our Volunteers

Satisfaction score with volunteers experience 4.5 out of 5

160 young volunteers participated in youth pathway

791 volunteers deployed since June 2019

## Service Vision

**WHAT:**  
Develop 6 key volunteer programmes as a structure:

- To present a clear offer and set of parameters for our volunteers
- To make the service clear and relatable to Trust colleagues
- To give focus to the work of the volunteer services

**HOW:**  
Establish a core operating model through:

- Standard Operating Procedures (SOPs) for each of the 6 programmes
- Identify leads and supporting resources for each of the cohorts
- Clear role descriptions
- Clear competencies and training

**WHY:**  
To support Trust Strategic Objectives and to bring benefits to the patients & population we serve.  
  
Volunteers will augment and not replace the current workforce and will enhance the care and experience of our patients

Adult Inpatients ward helper: HOME  
All inpatient wards by 2021

Specialised volunteers  
Roles developed in all non-adult clinical areas by 2022

Responsive volunteer support: Bleep volunteers  
Embedded service cross site by 2020 & 7 day service by 2022

Youth volunteering and engagement  
Embedded cross site & linked to work experience by 2020

Our partners  
Development of formal forum for engagement & collaborative working

Corporate Social Responsibility & professional skills

Education, Training and Development

Recruitment, Retention & Recognition

Workforce Development

Preparing departments to be 'volunteer ready'

Volunteer recruitment time from 90 to 35 days

Delivered 32,365 hours in 2021

102 volunteers deployed to support vaccination campaign



# Key Successes

90% of our staff fully vaccinated

Maintained low vacancy rates

New Acceptable Behaviour Policy and introduced staff safety champions to support increasing violence and aggression

33% of staff on our new MBA and 45% on the new Msc are from a BAME background, both in Leadership and 2 staff seconded as part of the NWL Leadership Ladder

Maintained high engagement scores in our staff survey and delivery of 59 staff departmental pledges in response to staff survey results

Maintained our Disability Confident Status Level 2 and working towards Level 3.

Continued weekly clinical reference group to ensure we review updated and new staff individual risk assessments to ensure the physical and psychological safety of our people in response to COVID-19.

Launched our new Disability Staff Network and continued development of our 3 other staff networks, Women's, LGBTQ+ and BAME

79 MHFA's and Representation from diverse backgrounds as health and wellbeing champions and mental health first aiders.





# Key Successes

Talent Management & Succession Planning strategy drafted, Get In, Get on, Go Further

Continued uptake and knowledge of health and wellbeing offers with positive feedback

200+ apprentices employed and 60% of levy utilised and employer provider status achieved

Development of the collaborative bank helping to support staffing challenges

Improved our Gender Pay Gap

Implementation new ways of working, 80% of staff on e-rostering and commenced roll out of e-job planning

NWL collaboration to improve core services to support our staff such as Occupational Health and Payroll

1473 staff on-boarded and deployed as the Lead Employer for the mass vaccination centres

Reduced the number of formal disciplinary processes



# Key Successes

Focused on a Flexible and Agile Working Plan and achieved Timewise Accreditation

Embraced new roles, Nursing Associate and Physicians Associates

Active RIQI team, supporting Horizon fellows and virtual reality training for our EDI work

Leadership Framework from management fundamentals to MBA to support leadership development

Recognised externally by being shortlisted for a HSJ Partnership Award for our innovative back up care service as part of our health and wellbeing offer to staff

Successful delivery of our first reciprocal mentoring programme

Retention of the NWL Mass vaccination workforce, most of whom were recruited locally. 171 retained into roles within the ICS

Reset and Recovery programme in place supporting annual leave take up and additional rest and recovery days for staff

213 volunteers across both sites, who contributed 2691 hours of volunteering.



# The Year Ahead.....

- The year ahead will be focused on the delivery of the 4 key elements of our People Strategy
  - 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
- We will be focused on delivering our People Promise and making all of our staffs experience of working with us a great one.

## The Chelsea and Westminster People Promise

What's in it for you?

What we expect from you



We are **compassionate** and **inclusive**

Staff networks • We are open and honest • Compassionate and supportive leaders  
Part of a diverse workforce

You will uphold the values of the Trust in everything you do



We are **recognised** and **rewarded**

Staff recognition awards • Valued and appreciated

You will always work in the best interests of the patients and staff



We each have **a voice that counts**

Staff partnership • We have a Voice that Counts Freedom to Speak Up Champions

You will raise any concerns you may have in the right way



We are **safe** and **healthy**

Access to a suite of health and wellbeing benefits via the Vivup app Supportive healthy and safe environment

You will access the range of health and wellbeing offers available and act safely at all times



We are **always learning**

Support for developing your career

You will keep up to date with all your required training



We work **flexibly**

Working towards Timewise accreditation • Agile working

You will embrace new ways of working



We are **a team**

Empowered and accountable teams working for a world class NHS Trust in the heart of London

You will work in a collaborative way with your colleagues







## CONFIDENTIAL

<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)		<i>Council of Governors, 27 January 2022</i>											
<b>AGENDA ITEM NO.</b>		2.2											
<b>TITLE OF REPORT</b>		<b>Report from the Council of Governors Membership and Communications Sub Committee</b>											
<b>AUTHOR NAME AND ROLE</b>		Dawn Clift, Interim Director of Corporate Governance and Compliance											
<b>ACCOUNTABLE EXECUTIVE DIRECTOR GOVERNOR</b>		David Phillips, Governor and Chair of the Membership and Communications Sub Committee											
<b>THE PURPOSE OF THE REPORT</b>		To provide an update to the Council of Governors of the business conducted by the Membership and Communications Sub Committee at its meeting in November 2021											
<table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td>X</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>		Decision/Approval		Assurance		Info Only	X	Advice					
Decision/Approval													
Assurance													
Info Only	X												
Advice													
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)		<table border="1"> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> <tr> <td>Nil</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Name of Committee	Date of Meeting	Outcome	Nil							
Name of Committee	Date of Meeting	Outcome											
Nil													
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>		<p>The Committee agreed that the approach around membership should now be to improve representation and to make membership more meaningful, rather than just to grow membership</p> <p>The Committee agreed a number of actions to start to address this in conjunction with the comms team including:-</p> <ul style="list-style-type: none"> <li>• Review of membership development and communications strategy</li> <li>• Exploration of membership benefits scheme</li> <li>• Review of membership materials including leaflets, posters and website</li> <li>• Development of focussed sessions for under-represented groups</li> </ul> <p>The Committee approved the Winter edition of the membership newsletter for publication</p>											
<b>KEY RISKS ARISING FROM THIS REPORT</b>													
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>													
Deliver high quality patient centred care		Y											

Be the employer of Choice	Y
Deliver better care at lower cost	

<p><b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b></p> <table border="1"> <tr><td>Equality And Diversity</td><td></td></tr> <tr><td>Quality</td><td></td></tr> <tr><td>People (Workforce or Patients/ Families/Carers)</td><td></td></tr> <tr><td>Operational Performance</td><td></td></tr> <tr><td>Finance</td><td></td></tr> <tr><td>Public Consultation</td><td></td></tr> <tr><td>Council of Governors</td><td>Y</td></tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality		People (Workforce or Patients/ Families/Carers)		Operational Performance		Finance		Public Consultation		Council of Governors	Y	<p>Council of Governors have a responsibility for membership engagement and development. This sub committee holds delegated responsibility for the system to deliver these responsibilities.</p>
Equality And Diversity															
Quality															
People (Workforce or Patients/ Families/Carers)															
Operational Performance															
Finance															
Public Consultation															
Council of Governors	Y														

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)	

## **Membership Levels and Future Strategy**

Since our last report in the Summer of 2021 overall membership numbers have very slightly declined in volume. We are currently holding 18,405 members on our database compared with 18,464 six months ago. The reductions can be seen in the public constituency which had reduced by 21 with 7,043 members and the patient constituency which has reduced by 39 members with 5,530 members. Staffing constituency numbers have remained static, however a staffing data refresh is now being commissioned to ensure current numbers are reflective of current staff employed in the organisation.

A discussion took place on whether the priority was to 'grow membership' or develop more meaningful, representative and engaging membership. The Sub Committee unanimously agreed the latter and as such the following actions were agreed:-

- Review of the Membership Development and Communications Strategy
- Development of focussed membership recruitment events for under-represented groups (virtual and non-virtual opportunities)
- Review of membership recruitment materials which were noted to be somewhat dated in their approach and content
- Exploration of membership benefits scheme with the local community
- Review of the Membership section of the Trust Website
- Increased utilisation of social media platforms to promote membership

It was noted that Staff Governors were keen to promote awareness of their role in the Trust and that the Corporate Governance Team would be assisting them in this regard. This work would commence once cleansing of the staff membership database was complete.

## **Membership Newsletter**

The Sub Committee approved the membership newsletter for publication, which included the following items:-

- Covid precautionary measures when visiting hospital and community healthcare sites
- Visiting arrangements during Covid
- Governor elections
- Remembering Nowell Anderson, Public Governor for the Borough of Hounslow
- Launch of the kindness campaign and measures to reduce incidents of violence and aggression
- The Armed Forces Network and Veterans Covenant
- Innovation within the Trust
- West Middlesex Hospital Centenary Event
- 'Proud to be' staff stories to celebrate Black History Month
- Chief People Officer for the NHS Visit







<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)		<i>Council of Governors Meeting, 27 January 2022</i>											
<b>AGENDA ITEM NO.</b>		3.1											
<b>TITLE OF REPORT</b>		<b>Interim Chair's Report</b>											
<b>AUTHOR NAME AND ROLE</b>		Steve Gill, Interim Chair											
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>		Steve Gill, Interim Chair											
<b>THE PURPOSE OF THE REPORT</b>  <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td>X</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>		Decision/Approval		Assurance		Info Only	X	Advice		To provide an update to the Council of Governors on key high level activities impacting on the Trust.			
Decision/Approval													
Assurance													
Info Only	X												
Advice													
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)		<table border="1"> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> <tr> <td>Nil</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Name of Committee	Date of Meeting	Outcome	Nil							
Name of Committee	Date of Meeting	Outcome											
Nil													
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>		<ul style="list-style-type: none"> <li>• Council of Governor elections closed during the last quarter and the induction process for new Governors commences on 20 January 2022</li> <li>• Gratitude given to staff for their hard work and resilience through the pandemic to maintain high levels of care and achievement against the NHS Performance Metrics</li> <li>• The recruitment process for the North West London Chair in Common position is in the final stages and recommendations will be made to the Council of Governors Nomination and Remuneration Committee regarding appointment</li> <li>• The NHS London Regional Chairs meetings and North West London Integrated Care System Chief Executive and Chair meetings have continued to take place on a monthly basis</li> <li>• NHS England/Improvement have published guidance on a new approach to Non-executive Director Champion roles and Chelwest are compliant with all required roles.</li> </ul>											
<b>KEY RISKS ARISING FROM THIS REPORT</b>													
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>													
<table border="1"> <tr> <td>Deliver high quality patient centred care</td> <td>Y</td> </tr> </table>		Deliver high quality patient centred care	Y										
Deliver high quality patient centred care	Y												

Be the employer of Choice	Y
Deliver better care at lower cost	Y

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

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

## **Interim Chair's Report – 27<sup>th</sup> January 2022 Council of Governors (COG) Meeting.**

### **(1)-COG Elections – September-November 2021 / New Governor Induction - January 2022.**

The COG is a highly valued and important part of our Trust.

The Trust COG comprises 30 seats - 8 Patient Governors; 13 Public Governors; 6 Staff Governors; plus 3 Appointed Governors.

The 3 Appointed Governors are:

- 1 from Imperial College London;
- 1 from the Royal Borough of Kensington & Chelsea, or the Borough of Hammersmith & Fulham, or Westminster City Council, on a rotational basis;
- 1 from the Borough of Hounslow, or the Borough of Richmond upon Thames, or the Borough of Wandsworth, on a rotational basis.

The COG election nomination process opened in September; voting closed in late November 2021.

The following 12 seats were eligible for election in November 2021:

- 5 Patient seats; 7 Public seats; 1 Staff seat (Nursing & Midwifery).
- The 7 Public seats were: 2 representing Hounslow; 1 representing Wandsworth; 1 representing Ealing; 2 representing Richmond upon Thames.

The Election results are as follows: 6 New Governors, 5 re-elected Governors and 1 uncontested Public Governor vacancy (Richmond upon Thames).

I would like to welcome the following 6 new Governors:

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

The 2 Local Authority Appointed Governors also changed in late 2021:

Councillor Atterton has been nominated as the Local Authority Governor representing Hounslow.

We are currently liaising with Westminster City Council re the nomination of their appointed Local Authority Governor.

The induction programme for new Governors is scheduled on 20<sup>th</sup> January 2022 (on Zoom).

The following 5 Governors were re-elected:

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

- 1 Staff Governor (Nursing & Midwifery): Jacquei Scott.

Information on all the members of the COG is available on the Trust website.

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

The Quarterly COG meeting dates for 2022 are:

27<sup>th</sup> January

21<sup>st</sup> April

21<sup>st</sup> July

26<sup>th</sup> October

The Annual COG 'Away Day' scheduled for 27<sup>th</sup> January 2022 has been postponed until 21<sup>st</sup> April to allow for the opportunity to hold an 'in person' meeting.

The Annual Members Meeting is scheduled on 21<sup>st</sup> July.

Future COG meeting dates, Zoom connection details and minutes of prior COG meetings from November 2006 to October 2021 are available on the Trust website.

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

Periodically we provide briefing sessions for Governors on key areas of interest.

The 4 COG Briefing sessions for 2022 are scheduled in March, May, September and December.

The COG briefing session on 9<sup>th</sup> December 2021 was an update on IT and Digital, presented by Kevin Jarrold (Trust CIO), supported by Nilkunj Dodhia (Trust Non-Executive lead for IT).

The next COG briefing session is scheduled for 24<sup>th</sup> March, topic TBC.

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

The current NHS focus areas are:

(A)-The accelerated Covid Booster Programme.

(B)-Maintaining the Elective Recovery Programme particularly re the most clinically urgent and the 'very long wait' patients.

(C)-Managing the impact of the Omicron variant of COVID-19 in terms of increased patient numbers and additional staff infection.

(D)-Supporting the workforce through the period of intense pressure operating at or above capacity.

As has been well documented in the media Urgent & Emergency care and Ambulance services remain under severe operational pressure.

On behalf of the Trust Board and the Council of Governors (COG), I want to express our gratitude to the Trust staff and Executive Team for their hard work and resilience throughout the pandemic to maintain a high standard of GRIP and achievement against the NHS performance metrics. In recognition of the extraordinary work during this period the Board has agreed the award of a £45 voucher for all staff, this was announced by the Trust CEO on 21<sup>st</sup> December.

The entire organisation has now been operating at or above capacity for over two years since the start of the winter pressures in October 2019 and is facing major ongoing challenges dealing with the Omicron variant wave.

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

#### **(5)-North West London Integrated Care System (NWL ICS) / Chair in Common – NWL Acute Provider Trusts:**

Chelsea & Westminster Hospital Foundation Trust (CWFT) will be part of the NWL Acute Provider collaborative together with Imperial College Healthcare Trust; London North West University Healthcare Trust; and The Hillingdon Hospital Foundation Trust.

The four NWL Acute Trusts will continue to be accountable for quality, safety, use of resources and compliance with standards, as well as the delivery of services and functions delegated to them by the ICS NHS body. Executives of Trusts will remain accountable to their Boards for the performance of services and functions for which their organisation is responsible.

The Chairs and CEOs of the four NWL Acute Trusts are working with the NHS London Region and the NWL ICS to develop the NWL Acute Provider collaborative agreement, to agree the proposed collaborative model and the related governance arrangements.

The Executive Search firm - Saxton Bampfylde, were appointed in October 2021 to lead the recruitment of a 'Chair in Common' for the four NWL Acute Trusts. Candidate applications closed on 24<sup>th</sup> December 2021. Saxton Bampfylde proposed short-listed candidates in mid-January. Stakeholder Events are scheduled on Friday 21<sup>st</sup> January with Selection Panel interviews on Monday 24<sup>th</sup> January 2022.

#### **(6)-Chair Meetings:**

The NHS London Region Chairs meetings and NWL ICS Chairs / CEOs meetings during November, December and January discussed the following topics:

COVID-19 and the emergence of the significantly more transmissible Omicron variant; The accelerated Booster Vaccination programme; The ongoing Elective Recovery programme; the NWL ICS Development plan and 'road map'; NHS England/Improvement (NHSE/I) guidance on Provider collaboratives and Non-Executive Director Champion roles (see point 7 below).

As part of the work on the NWL Acute Provider collaborative, I have continued to have weekly meetings with Bob Alexander (Interim Chair of Imperial College Healthcare Trust) and Lord Morse (Chair of Hillingdon Hospital Foundation Trust & London North West University Healthcare Trust). These weekly NWL Acute Provider Chairs meetings will continue throughout February and March 2022 pending the appointment of the Chair in Common.

#### **(7)-NHSE/I Guidance - Enhancing board oversight - A new approach to Non-Executive Director (NED) Champion roles:**

In December NHSE/I published updated guidance on NED Champion roles.

The 5 NED Champion roles specified in the updated guidance are (Note: The Security Management role does not apply as CWFT is a Foundation Trust):

- Maternity board safety champion (applies to all Trusts providing Maternity services).
- Wellbeing guardian (all Trusts).
- Freedom to speak up guardian (all Trusts).
- Doctors disciplinary (all Trusts, but advisory only for Foundation Trusts).

-Security management (all Non-Foundation Trusts).

The Trust has NED Champions for the 3 applicable roles listed above, this is documented in the NED Champions Register, is mapped against the relevant Board sub-Committee Terms of Reference (ToR) to ensure delegated areas are clearly documented as relevant sub-Committee responsibilities and included in the sub-Committee forward plans.

Stephen Gill.

Interim Chair – 18<sup>th</sup> January 2022.



<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Public Meeting of the Council of Governors, 27 January 2022											
<b>AGENDA ITEM NO.</b>	3.2											
<b>TITLE OF REPORT</b>	Chief Executive's Report											
<b>AUTHOR NAME AND ROLE</b>	Dawn Clift, Interim Director of Corporate Governance and Compliance											
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Lesley Watts, Chief Executive Officer											
<b>THE PURPOSE OF THE REPORT</b> <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		To provide assurance to the Governors of the key high level affairs of the Trust during December 2021			
Decision/Approval												
Assurance	X											
Info Only												
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1"> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> <tr> <td>Trust Board</td> <td>6.1.22</td> <td>Noted</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Name of Committee	Date of Meeting	Outcome	Trust Board	6.1.22	Noted					
Name of Committee	Date of Meeting	Outcome										
Trust Board	6.1.22	Noted										
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<ul style="list-style-type: none"> <li>Sincere and genuine thanks to each and every member of staff for their contribution to the delivery of care during a very challenging year</li> <li>Continued commitment to the Covid Vaccination Programme from Chelwest both internally and at system level</li> <li>Despite the challenges of Covid and of Winter, our Winter plan and the continued dedication of staff enabled us to safely operate throughout the Christmas and New Year period</li> <li>Appointment of Rob Hurd as Chief Executive Officer of the North London Integrated Care System</li> </ul>											
<b>KEY RISKS ARISING FROM THIS REPORT</b>	The omicron impact on staffing absence and delivery of care.											
<b>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</b>												
<table border="1"> <tr> <td>Deliver high quality patient centred care</td> <td>X</td> </tr> <tr> <td>Be the employer of Choice</td> <td>X</td> </tr> </table>	Deliver high quality patient centred care	X	Be the employer of Choice	X								
Deliver high quality patient centred care	X											
Be the employer of Choice	X											



Deliver better care at lower cost	X

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

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)	





## Chief Executive's Report to the Council of Governors, 27 January 2022

### 1. Thank You

As we enter 2022 and we begin to reflect on our achievements over the last 12 months, I want to say an enormous thank you to each and every member of staff here at Chelwest. We have a lot to be proud of. The news of the Omicron variant rapidly spreading in our capital pushed us to new limits in December, luckily we have started to see the position stabilise in January 2022. I have been astounded by the perseverance and resilience of everyone, committed to doing what is right for our patients and each other when faced with what can feel like a relentless challenge. During December our teams across North West London delivered more than 180,000 vaccines, an amazing achievement. Events at Chelsea Football Club and Wembley Stadium saw us deliver nearly 10,000 of these in a turbo sprint. To be part of the vaccination programme at this point felt like a defining moment. The vaccination and booster vaccines remain the best countermeasure to tackling the Omicron variant.

Visits from the Mayor of London Sadiq Khan and Secretary of State for Health Sajid Javid, along with the support of our system partners helped to promote the vaccination campaign.

To everyone who volunteered their time to make these events happen, I am incredibly grateful.

### 2. Keeping Each Other Safe – Infection Control and Vaccination Update.

Currently, stringent infection control measures remain in place across our sites to ensure we are protecting everyone as much as possible. These include the continued mandate of wearing facemasks at all times (unless a valid exemption applies) and the use of hand sanitiser. This applies to all patients, visitors and staff including those visiting our Emergency Departments.

I am grateful to Governors for adapting to the ways of remote working that we have developed over the past 20 months. I know that we are all very much looking forward to face to face engagement with members, patients, staff and each other and we do hope this will be possible at some point this year. In the meantime, latest guidance from NHS England clearly states the need for virtual meetings to continue to take place whilst we attempt to manage the impact of Covid across our communities and our hospitals.

In line with the increase in the Omicron variant, we have increased our communication with frontline staff to ensure that they are briefed of latest developments and protective measures. This has included increasing the frequency of our 'All Staff Webinars' and despite the pressures everyone is facing, I was delighted to see over 500 staff attend the webinar on the week before Christmas.

We know that Winter can be one of the most challenging times for the NHS and this year it has once again been compounded by Covid19. I would like to express my sincere and genuine thanks and admiration to all staff in ensuring that we have been adequately prepared for the long bank holiday periods over Christmas and the New Year, particularly given the Omicron associated levels of staff absence. I was delighted to see that as we moved into the bank holiday period we had almost 250 beds available for admissions that could present over the Christmas period. This was only possible due to the excellent commitment to patient care that our teams display and an extraordinary organisational effort to do our very best to meet the needs of our patients.



### **3. Performance and Elective Recovery**

Despite the challenges referred to above whereby the NHS started and ended the year in National Escalation, 2021 has been a largely positive year for Chelwest. During the course of the year, we have worked hard to deliver our elective recovery programme and we have consistently delivered performance in excess of levels seen pre-covid. In addition, we have continued to reduce our cancer backlog from a peak of 700 cases at the end of Covid wave 1 to 89 cases. We have also opened new facilities such as our Intensive Care Unit and Neonatal Intensive Care Unit, opened a new Ward (David Erskine) and have worked hard with system partners to provide mutual aid to enable greater equity of care across North West London. We have seen over 30,000 admissions during the year and a corresponding number of discharges and at its peak in January 2021 we had 63 patients in our Intensive Care Unit. This is a three-fold increase of our usual intensive care bed base. The care given to our patients and the extraordinary team effort to ensure that care is safe, is high quality, is clinically effective and is delivered in a safe clean environment is due to the dedication of our clinical staff, our housekeepers, porters, drivers, administrative and managerial staff and our amazing volunteers.

In addition, we have made huge strides in IT and Digital Innovation to support safe patient care, we have remained within our financial plan and we have not lost sight of the future, with the Board approving a number of strategies including our People Strategy, our Sustainability Strategy and endorsing the creation of the Enterprise Division.

### **4. Christmas decoration competition winners**

I was so pleased to see so many of our wards and departments get involved in our Christmas decoration competition. Syon 1 won the grand prize of £150. The ward was imaginatively decorated, with a strong sustainability focus—well done team! Neptune Ward came in second and the Chelsea Imaging Department came in third place.

### **5. System Wide Working**

Since my last report to the Council of Governors in November 2021, I am delighted to confirm that Rob Hurd has been appointed as the Chief Executive Officer of the North West London Integrated Care System.

Currently on secondment from his Chief Executive post at the Royal National Orthopaedic Hospital NHS Trust (RNOH), Rob has been helping to jointly lead the North Central London (NCL) ICS response to the COVID-19 pandemic.

Rob will take up his new role in January 2022 and will be accountable for delivering improvements in the quality of patient care, patient safety, health inequalities, and the health and well-being of staff, as well as being focused on financial health and new ways of working across North West London.

As outgoing interim ICS Chief Executive, I will be working closely with Rob over the forthcoming months to ensure strong and safe transitional arrangements into his role.

Speaking of his appointment, Rob said: “I am delighted to be joining the North West London health and care leadership community for the next critical stage of this partnership journey, to improve quality of life and reduce the inequalities facing our residents, service users, patients and staff. I look



forward to working with NHS and local authority colleagues and our local residents to build on what has been achieved to date and address these critical challenges.”

Chelwest continues to be part of national, regional and sector discussions and the NWL Integrated care system continues to operate as one system whilst legislative changes continue to be progressed.

Meetings continue to be held with:

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

## **6. Concluding Remarks**

In conclusion, we have had another extraordinary year under prolonged intense pressure, yet once again I am extremely proud of everything that our staff, governors and volunteers continue to do day in and day out to keep our patients safe.

END





<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Public Meeting of the Council of Governors, 27 January 2022
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<b>AGENDA ITEM NO.</b>	3.3								
<b>TITLE OF REPORT</b>	<b>Integrated Performance and Quality Report – November 2021</b>								
<b>AUTHOR NAME AND ROLE</b>	Rob Hodgkiss Deputy Chief Executive Officer and Chief Operating Officer								
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Rob Hodgkiss Deputy Chief Executive Officer and Chief Operating Officer								
<b>THE PURPOSE OF THE REPORT</b> <table border="1"> <tr> <td>Decision/Approval</td><td></td></tr> <tr> <td>Assurance</td><td>x</td></tr> <tr> <td>Info Only</td><td></td></tr> <tr> <td>Advice</td><td></td></tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	x	Info Only		Advice		To provide assurance on the combined Trust's performance for November 2021 for the Trust, highlighting risk issues and identifying key actions going forward.
Decision/Approval									
Assurance	x								
Info Only									
Advice									
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	Executive Management Board, December 2021 Trust Board, 6 January 2022								
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<p>November continued to be a challenging month with various struggles across both inpatient and outpatient areas especially with staff sickness and absence. This affected service delivery in various areas of the trust, specifically from a non-elective position.</p> <p>Despite local pressures (echoed nationally and across the ICS) the Trust has continued to exceed OP activity plans, seen a reduction in total PTLs, a reduction in 104w+ and the second month of compliance with DM01 targets. The Trust also remains one of the best performing trust nationally.</p> <p><b>A&amp;E 4 Hour Standard</b> Trust level performance has remained stable between October and November 2021. Performance for the month of November was 81.48%. A&amp;E attends have levelled-out to parity with Nov 2019. There were 29,103 UEC Attends reported in the month of November; a reduction from 31,371 the month before. This performance would have seen the trust ranked 10<sup>th</sup> Nationally.</p> <p><b>Cancer</b> 31 Days Diagnosis to First Treatment: Performance against this metric has improved on the previous month from 90.71% to 91.41% for November 2021. The non-compliance with this target is driven by the 200% increase in suspected skin cancer GP referrals but there have been improvements to the booking process, which are supporting a gradual improvement against this target. 62 Days GP Referral to First Treatment: Performance has remained stable in the month of November, with performance of 75.7% (un-validated). The non-compliant performance continued to be predominantly driven by</p>								

	<p>patient initiated delays to diagnostics, and delays in NWLP histology turnaround for the Gynaecology and Urology pathways.</p> <p>62 Days NHS Screening Service Referral to First Treatment: There has been a decrease in performance for 62 day screening to 25% for the month of November.</p> <p>FDS: Performance is just shy of the 75% target, sitting at 74.32% for November at present. However, on-going validations and backdated clock stops will see this improve over the coming weeks. Otherwise, performance was challenged due to an increase in referrals to the gynaecology and colorectal services service and delays receiving histology.</p> <p><b>RTT</b></p> <p>For the month of November there has been an improvement in performance from 73.19% in October to 73.62% in November. The overall trust PTL has remained stable over the last three months at approximately 46 thousand patients. Work continues to manage patient's needs with the support of external providers and closely managed PTLs</p> <p><b>RTT 52 Week waits</b></p> <p>There are presently 485 patients who are waiting over 52 weeks for treatment. This is an increase from 469 the previous month. The majority of these are on a Non-Admitted pathway within Planned Care division. Capacity has been impacted with long periods of staff shortages. These are being managed with recruitment plans as well as engagement with external providers</p> <p><b>Diagnostic wait times &lt;6weeks</b></p> <p>For the second consistent month the trust has met the 99% target for November 2021 with a validated position of 99.17%. This is also an improved position from 99.02% the previous month.</p>
<b>KEY RISKS ARISING FROM THIS REPORT</b>	Key areas of concern continue to be: RTT, Cancer Services, A&E

**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

<p><b>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</b></p> <table border="1"> <tr> <td>Equality And Diversity</td><td></td></tr> <tr> <td>Quality</td><td></td></tr> </table>	Equality And Diversity		Quality		<ul style="list-style-type: none"> <li>- Excel in providing high quality, efficient clinical services</li> <li>- Improve population health outcomes and integrated care</li> <li>- Deliver financial sustainability</li> </ul>
Equality And Diversity					
Quality					

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		

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)	









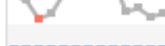








# TRUST PERFORMANCE & QUALITY REPORT

## November 2021



## NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	80.97%	80.72%	80.15%	85.65%	83.56%	83.36%	82.47%	86.82%	82.44%	82.23%	81.48%	81.87%	86.31%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	74.76%	74.19%	75.94%	75.96%	70.68%	71.86%	70.46%	72.73%	73.06%	73.19%	73.62%	73.40%	74.62%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Nov-21) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	91.45%	89.90%	95.78%	92.76%	97.48%	95.82%	95.84%	96.36%	94.88%	93.32%	95.82%	93.32%	94.83%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	97.90%	99.16%	100%	100%	97.90%	100%	99.16%	
	31 days diagnosis to first treatment (Target: >96%)	88.24%	89.47%	90.20%	92.78%	96.30%	91.57%	92.21%	95.83%	92.62%	90.71%	91.41%	90.71%	94.53%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	50.00%	n/a	n/a	80.00%	100%	n/a	n/a	100%	75.00%	n/a	n/a	n/a	92.31%	
	62 days GP referral to first treatment (Target: >85%)	78.08%	82.26%	77.19%	83.45%	69.30%	74.19%	73.64%	78.57%	72.73%	77.42%	74.85%	77.42%	80.42%	
	62 days NHS screening service referral to first treatment (Target: >90%)	66.67%	0.00%	0.00%	37.50%	0.00%	93.33%	28.57%	65.52%	33.33%	82.35%	25.00%	64.00%	62.12%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	82.27%	83.69%	82.58%	79.29%	68.26%	72.34%	69.27%	65.55%	73.87%	77.02%	74.32%	75.66%	70.98%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	0	3	3	11	1	0	0	11	1	3	3	6	22	

Please note the following three items

n/a Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.

RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators

Note that all Cancer indicators show interim, unvalidated positions for the latest month (Nov-21) and are not included in quarterly or yearly totals

### A&E Waiting Times

Trust level performance has remained stable between October and November 2021. Performance for the month of November was 81.48%. A&E attends have levelled-out to parity with Nov 2019. There were 29,103 UEC Attends reported in the month of November; a reduction from 31,371 the month before. This performance would have seen the trust ranked 10<sup>th</sup> Nationally.

### RTT 18 Weeks – Incomplete

For the month of November there has been an improvement in performance from 73.19% in October to 73.62% in November. The overall trust PTL has remained stable over the last three months at approximately 46,000 patients. Work continues to manage patient's needs with the support of external providers and closely managed PTLs.

### Cancer

31 Days Diagnosis to First Treatment: Performance against this metric has improved on the previous month from 90.71% to 91.41% for November 2021. The non-compliance with this target is driven by the 200% increase in suspected skin cancer GP referrals but there have been improvements to the booking process, which are supporting a gradual improvement against this target.

62 Days GP Referral to First Treatment: Performance has remained stable in the month of November, with performance of 74.85% (un-validated). The non-compliant performance continued to be predominantly driven by patient initiated delays to diagnostics, and delays in NWLP histology turnaround for the Gynaecology and Urology pathways.

62 Days NHS Screening Service Referral to First Treatment: There has been a decrease in performance for 62 day screening to 25% for the month of November.

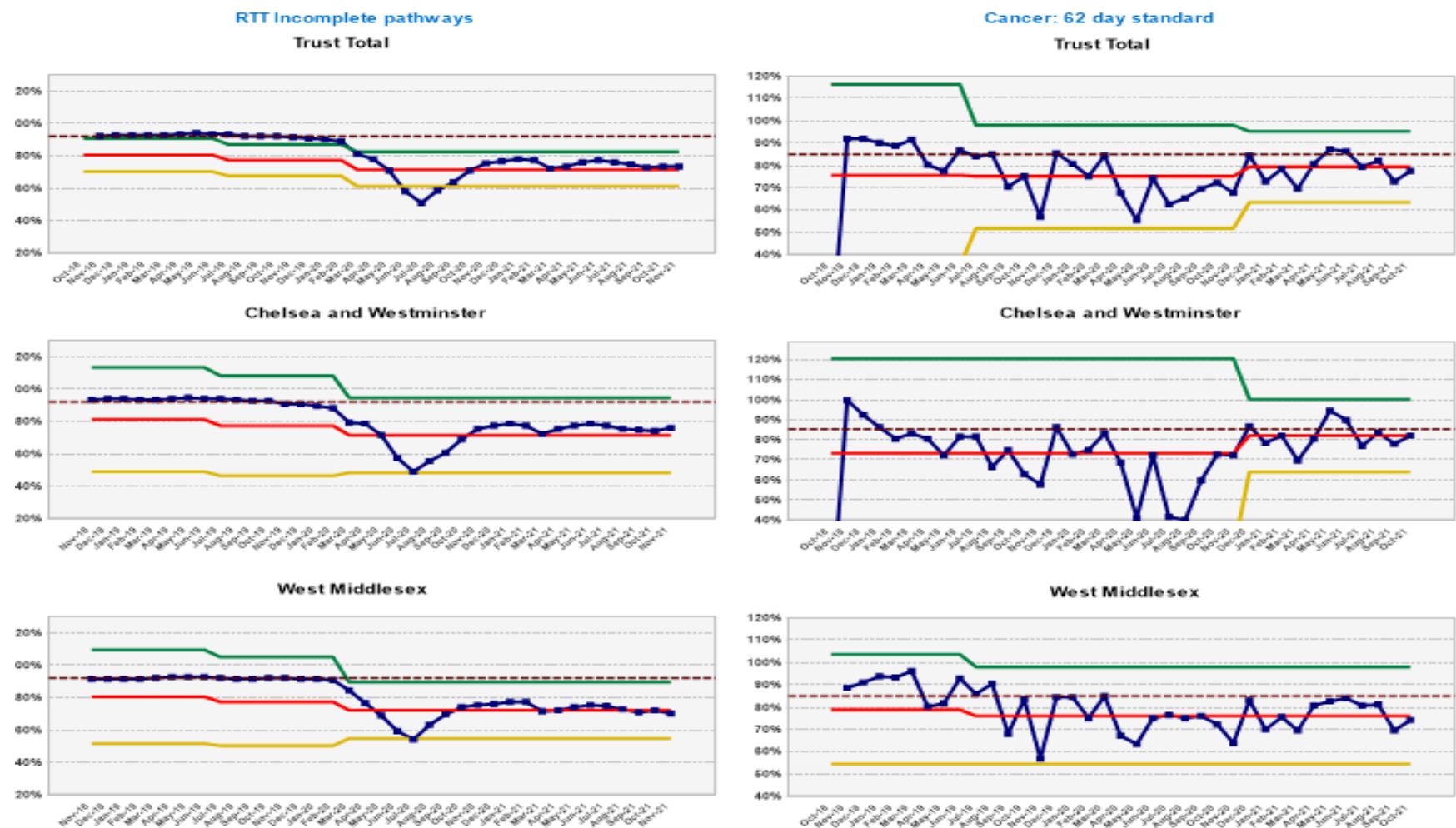
FDS: Performance is just shy of the 75% target, sitting at 74.32% for November at present. However, on-going validations and backdated clock stops will see this improve over the coming weeks. Otherwise, performance was challenged due to an increase in referrals to the gynaecology and colorectal services service and delays receiving histology.

### C-Diff

There were three infections reported in the month of November 2021. These were all reported at the Chelsea and Westminster Hospital site. This bring the trust total for the year to 22 with a year end target of 26. RCA's have been held for 2 cases and one is pending. No lapses in care that contributed to the development of CDI have been noted during case reviews however issues with appropriate testing and stool chart completion were noted. Actions include added the Clostridium difficile checklist to Cerner to facilitate appropriate testing and requested that stool charts are made more accessible on Cerner to enable staff to complete appropriately



SELECTED BOARD REPORT NHSI INDICATORS



Statistical Process Control Charts for the last 37 months Sep 2018 to Nov 2021

HOSPITAL COMBINED PERFORMANCE SCORE – NOVEMBER 2021

**Hospital Combines Performance Score**

For the month of November 2021 the Trust is ranked in 6<sup>th</sup> position. This is consistent with our position on October 2021. This positions the Trust as one of the best performing Trusts in the country.

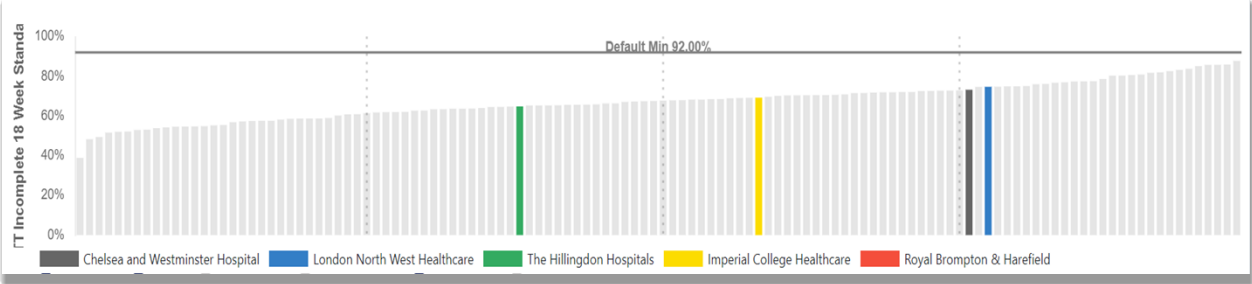
are Royal Brompton & Harefield

**Hospital Combines Performance Score**

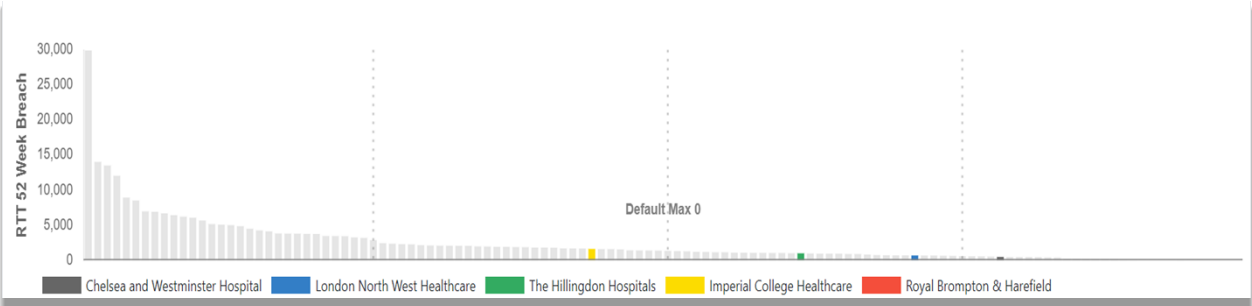
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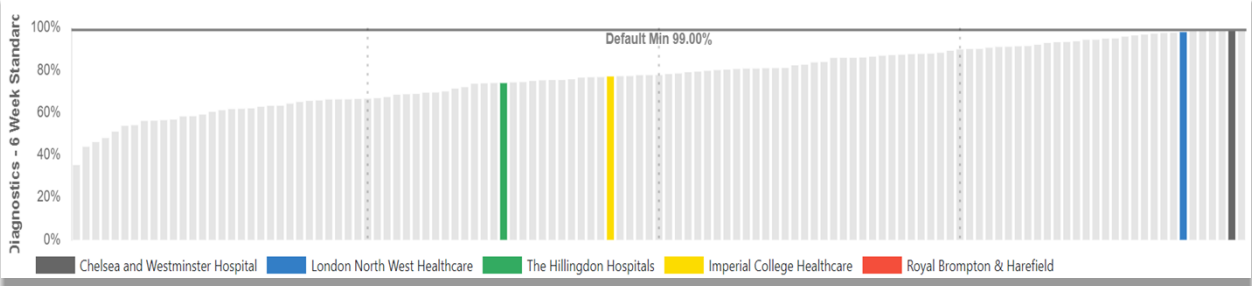
The below has been sourced from Public View and represents the Trust Performance for October 2021 (November data not yet available)



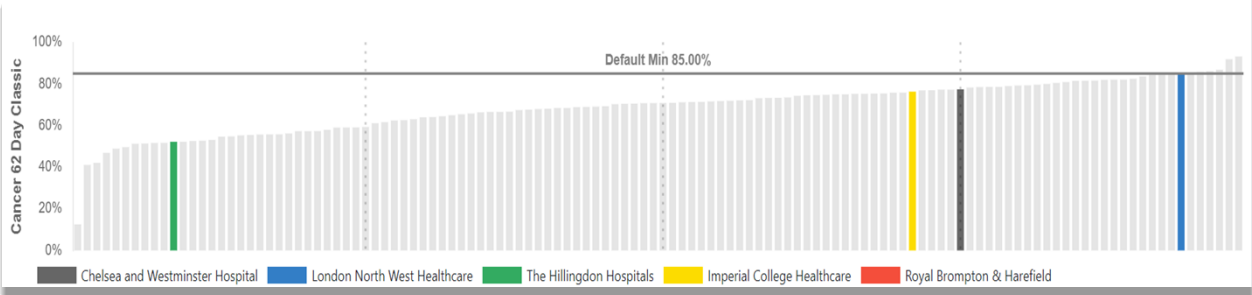
**RTT 18 Week Standard:** The chart above shows the relative ranking against the RTT 18 Week Standard. The Trust has improved in position from 37<sup>th</sup> position in September to 29<sup>th</sup> of 122 Trusts nationally.



**RTT 52 Week Breaches:** The chart above shows the relative ranking against the RTT 52ww standard. The Trust is currently ranked 26<sup>st</sup> of 122 Trusts which is a decline from 21<sup>st</sup> position in September.



**6 Week Diagnostic Standard:** The chart above shows the relative ranking against the 6 Week Diagnostic Standard. The Trust is currently ranked 2<sup>nd</sup> out of 121 trusts nationally.



**62 Day Cancer Standard:** The chart above shows the relative ranking against the 62 Day Cancer Standard. The Trust is currently ranked 30<sup>th</sup> out of 123 trusts. This is an improvement from 50<sup>th</sup> for the month of September.



## Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	1	1	0	3	1	1	0	1	4	
	Hand hygiene compliance (Target: >90%)	93.6%	96.2%	89.4%	91.2%	98.2%	91.6%	96.6%	91.9%	95.6%	93.5%	92.2%	92.8%	91.5%	
Incidents	Number of serious incidents	3	3	2	24	8	2	5	30	11	5	7	12	54	
	Incident reporting rate per 100 admissions (Target: >8.5)	8.6	8.7	7.2	8.4	10.6	10.6	10.2	10.2	9.5	9.6	8.5	9.1	9.2	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.05	0.00	0.02	0.03	0.00	0.04	0.01	0.02	0.02	0.02	0.02	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.35	4.55	4.21	4.82	2.83	2.02	2.53	3.27	4.03	3.22	3.33	3.28	4.02	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	2.8%	0.6%	0.0%	0.0%	1.1%	0.6%	0.6%	
Harm	Never Events (Target: 0)	0	0	0	1	1	0	0	1	1	0	0	0	2	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	1	2	0	0	0	2	0	1	1	2	4	
	Safeguarding adults - number of referrals	20	19	21	159	31	30	0	258	51	49	21	70	417	
	Safeguarding children - number of referrals	19	28	22	208	92	82	84	877	111	110	106	216	1085	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	
	Number of hospital deaths - Adult	42	45	47	289	61	74	58	448	103	119	105	224	737	
	Number of hospital deaths - Paediatric	0	0	3	3	0	0	0	0	0	0	3	3	3	
	Number of hospital deaths - Neonatal	1	0	0	6	2	0	2	7	3	0	2	2	13	
	Number of deaths in A&E - Adult	0	0	0	0	2	4	4	21	2	4	4	8	21	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	

Please note the following

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An empty cell denotes those indicators currently under development



Either Site or Trust overall performance red in each of the past three months

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

#### Incidents – Medication Related Safety Incidents

A total of 124 medication-related incidents were reported in November 2021. CW site reported 75 incidents, WM site reported 46 incidents and there were 3 incidents reported in community. The number of incidents reported in November has increased across the Trust since October (100).

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

The Trust position of medication-related incidents involving patients (NRLS reportable) for November 2021 was 2.92 per 1,000 FCE bed days which is below the Trust target of 4.2 per 1,000 FCE bed days. This has decreased from October, and the MSG will be exploring incident reporting trends at the next meeting.

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

The Trust had 1.1% of medication-related safety incidents with moderate harm and above in November 2021, which is within the Trust target of ≤2%. This accounts for 1 moderate harm incident at WM site which is pending investigation.



## Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	Trend charts
Complaints	FFT: Inpatient satisfaction % (Target: >90%)	95.1%	95.7%	94.9%	94.9%	97.8%	97.6%	97.2%	95.5%	96.8%	96.8%	96.1%	96.4%	95.2%	
	FFT: Inpatient not satisfaction % (Target: <10%)	1.7%	1.4%	1.8%	2.3%	0.6%	0.4%	0.5%	1.9%	1.0%	0.9%	1.1%	1.0%	2.1%	
	FFT: Inpatient response rate (Target: >30%)	100.0%	85.0%	27.4%	53.8%	100.0%	100.0%	45.1%	72.2%	100.0%	92.8%	34.9%	47.2%	63.2%	
	FFT: A&E satisfaction % (Target: >90%)	82.6%	78.1%	79.3%	83.1%	26.3%	55.6%	77.0%	83.7%	57.1%	77.1%	78.7%	78.4%	83.2%	
	FFT: A&E not satisfaction % (Target: <10%)	13.0%	15.5%	14.2%	10.8%	47.4%	37.0%	16.4%	10.7%	28.6%	16.4%	14.7%	15.0%	10.8%	
	FFT: A&E response rate (Target: >30%)	100.0%	18.4%	22.1%	21.3%	100.0%	100.0%	20.1%	24.7%	100.0%	19.1%	21.6%	21.1%	22.2%	
	FFT: Maternity satisfaction % (Target: >90%)	80.0%	81.3%	91.3%	87.0%	85.7%	83.3%	100.0%	93.7%	83.3%	81.8%	91.8%	90.5%	87.6%	
	FFT: Maternity not satisfaction % (Target: <10%)	20.0%	12.5%	8.7%	10.1%	14.3%	16.7%	0.0%	4.8%	16.7%	13.6%	8.2%	8.9%	9.6%	
	FFT: Maternity response rate (Target: >30%)	100.0%	100.0%	26.1%	27.4%	100.0%	100.0%	40.0%	48.1%	100.0%	100.0%	26.6%	29.4%	28.4%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints	Complaints (informal) through PALS	94	95	103	685	27	34	45	263	121	129	148	277	948	
	Complaints formal: Number of complaints received	26	24	34	189	28	19	17	131	54	43	51	94	320	
	Complaints formal: Number responded to < 25 days	17	16	7	104	17	13	4	66	34	29	11	40	170	
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	1	0	0	0	0	1	
	Complaints upheld by the Ombudsman (Target: 0)	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				
Regarding Friends and Family Tests:		These metrics are currently suspended and will be re-instated if this report when brought back on line													

### PALS & Complaints

The number of complaints received and investigated has increased to 42 in November from 40 the previous month. Our performance with responding to complaints within the 25 day KPI (95%) fell just below the target at 93%. The number of PALS concerns logged and resolved during November has increased to 146 (from 129 in October) and our performance with responding to the 5-day KPI (90%) during November was 84% - just below the target, in part due to the complexity of some of the concerns raised. We aim to resolve as many concerns instantly and for November 2021 this was 67% (304) of the 451 concerns received in total for that month. We have two open complaints for investigation with the PHSO - one each for CSS and EIC Division.

Inpatient wards on both sites sustained above 90% satisfaction rates and below 10% unsatisfied, Inpatient wards on both sites sustained above 90% satisfaction rates and below 10% unsatisfied, with response rates above 30%. Areas for improvement are for ED- not satisfied rate is above 10%. The themes have been identified and ongoing work with Service Managers and Director of Patient safety for ED are in place and we should hopefully see improvements in the New Year. Maternity numbers may not be a true reflection as we have had issues with SMS not being sent out to patients however this has been checked the SMS output for December and this is now on track.





## Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.07	2.27	2.57	2.33	2.08	2.11	2.50	2.14	2.07	2.23	2.55	2.39	2.28	
	Average length of stay - non-elective (Target: <3.95)	3.43	3.37	3.65	3.42	3.30	3.51	3.47	3.12	3.36	3.45	3.55	3.50	3.25	
	Emergency care pathway - average LoS (Target: <4.5)	3.53	3.80	4.13	3.63	3.66	4.07	3.91	3.49	3.61	3.96	4.00	3.98	3.55	
	Emergency care pathway - discharges	267	265	264	2038	394	386	365	3140	661	651	630	1281	5179	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.99%	6.08%	5.54%	6.16%	10.76%	10.71%	9.12%	10.28%	8.28%	8.23%	7.15%	7.69%	8.17%	
	Non-elective long-stayers	399	412	320	2966	382	397	293	2790	781	809	613	1422	5756	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	83.6%	86.5%	88.5%	82.7%	82.1%	76.1%	84.8%	84.9%	83.2%	83.6%	87.5%	85.8%	83.4%	
	Operations canc on the day for non-clinical reasons: actuals	0	3	11	15	0	0	0	2	0	3	11	14	17	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.11%	0.39%	0.07%	0.00%	0.00%	0.00%	0.02%	0.00%	0.08%	0.27%	0.17%	0.05%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	3	0	4	0	0	0	2	0	3	0	3	6	
	Theatre Utilisation Model Hospital (Target > 85%)										79.0%	82.0%	84.3%		
Outpatients	First to follow-up ratio (Target: <1.5)	2.54	2.40	2.46	2.54	1.90	1.87	1.81	1.93	2.24	2.17	2.16	2.16	2.26	
	Average wait to first outpatient attendance (Target: <6 wks)	7.4	7.4	8.2	7.2	7.7	7.5	8.4	7.5	7.5	7.4	8.3	7.9	7.3	
	DNA rate: first appointment	10.0%	10.6%	11.0%	10.1%	9.2%	9.1%	9.6%	9.0%	9.6%	9.9%	10.3%	10.1%	9.6%	
	DNA rate: follow-up appointment	9.3%	9.6%	9.5%	9.1%	7.8%	7.4%	7.8%	7.6%	8.7%	8.7%	8.9%	8.8%	8.5%	
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				

### Out Patients

First to Follow up ratios has remained stable over the last three months. November's performance was consistent with October's at 2.17. There has been an increase in the weeks wait to first Outpatient Attendance. Between the divisions and patient access much work is being done to ensure the right level of capacity is made available for the demand on the services. DNAs for both first and follow up appointments have also increased in month which will have had an impact on the wait to first attendance. Divisions continue to encourage patients to attend their appointments.

### Theatres

Theatre utilisation continues to improve across both sites. Continuous data improvements and updates are being actioned on CERNER and the theatre dashboard, ensuring our theatre dataset is as accurate as possible. All anomalies are investigated, highlighting areas of improvement. We continue to work on increasing ACPs in line with GIRFT standards which will further increase our overall productivity.



## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	94.0%	94.2%	96.0%	93.3%	93.1%	97.4%	92.9%	95.0%	93.5%	95.9%	94.1%	95.0%	94.3%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	83.3%	66.7%		84.4%	92.9%	87.5%		86.7%	87.5%	77.4%		77.4%	85.7%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	110.0%	100.0%	98.0%	90.0%	90.9%	90.5%	93.2%	93.5%	96.9%	93.8%	95.3%	95.0%	
VTE	VTE: Hospital acquired	1	0	1	2	3	0	2	6	4	0	3	3	8	
	VTE risk assessment (Target: >95%)	87.6%	89.6%	90.4%	89.7%	96.0%	96.5%	96.9%	96.0%	92.1%	93.1%	93.7%	93.4%	93.1%	
TB Care	TB: Number of active cases identified and notified	1	3	3	23	4	6	5	43	5	9	8	17	66	
Sepsis	ED % of patients with high NEWS score screened for Sepsis	94.3%	92.4%	93.7%	92.5%	81.6%	83.2%	78.4%	85.2%	89.2%	89.1%	87.6%	88.4%	89.4%	
	ED % of patients at risk of developing sepsis receiving antibiotics	47.1%	41.9%	50.2%	54.7%	87.1%	84.1%	84.4%	84.5%	66.1%	59.8%	66.8%	63.1%	70.2%	
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	21.7%	18.4%	20.4%	26.2%	55.7%	54.6%	55.0%	58.0%	37.9%	33.7%	37.2%	35.3%	42.8%	
	A&U/AMU % of patients with high NEWS score screened for Sepsis	74.5%	84.4%	89.9%	83.4%	93.6%	91.1%	91.1%	92.7%	83.8%	87.3%	90.6%	89.0%	87.8%	
	A&U/AMU % of patients at risk of developing sepsis receiving antibiotics	96.3%	93.4%	97.2%	93.7%	98.0%	98.9%	97.3%	96.7%	97.4%	96.5%	97.3%	96.9%	95.6%	
	Inpatient Wards % of patients with high NEWS score screened for Sepsis	80.6%	84.0%	86.1%	84.4%	91.4%	92.4%	92.6%	92.0%	85.7%	88.0%	89.4%	88.7%	88.1%	
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	7	9	0	36	4	8	0	26	11	17	0	17	62	
	Length of stay for elective (surgical specialties only) patients with recorded diabetes	3.0	4.2	7.2	4.0	2.4	3.6	3.3	3.4	2.7	4.0	5.4	4.7	3.7	
Improving clinical handover	% staff trained on the principles of safe and effective handover (Target >=50%)														
	% of handover meetings-medical downstream ward (Target >=95%)														

Please note the following

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An empty cell denotes those indicators currently under development



Either Site or Trust overall performance red in each of the past three months

### Dementia screening

Chelsea and Westminster hospital achieved 96% compliance for November and West Middlesex hospital achieved 92.9% compliance. Both exceeding the target of 90%.

### #NoF Time to Theatre

West Middlesex : 21 of the 26 medically fit patients had surgery within 36 hours of admission > 21/26 = 81%. 5 out of the 26 medically fit patients ( 19 %) did not have surgery within 36 hours as a result of: No Sunday list 3/5 = 60%, No capacity 2/5 = 40 %

Chelsea Hospital: 15 out of 29 patients (52%) achieved their surgery within 36 hours. 14 out 29 patients (48%) did not achieve surgery within 36hours. 6 out of 29 cases (21%) related to medically unfit or other reasons. 8 out of 29 cases (28%) cases were medically fit and delays related to non-medical /other reasons. 6 of these medically fit patients were delayed for surgery due to theatre space/capacity and 2 patients required complex surgical procedures with specialist consultant for surgery.

### VTE Risk Assessments

Performance has seen an improvement against the 95% target at 93.7% for the month of November 2021.

### Improving Clinical Handover

Staff Trained , Handover meetings and Patients identified and triaged as having Diabetes are being managed through the Trust Improvement Programme. Tools and training are being developed for accurate reporting of clinical handovers.





## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	Trend charts
RTT waits	RTT Incomplete 52 week Patients at month end	198	238	232	2630	202	231	253	1940	400	469	485	954	4570	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	97.82%	99.30%	99.47%	96.91%	98.31%	98.75%	98.88%	97.42%	98.08%	99.02%	99.17%	99.10%	97.19%	
	Diagnostic waiting times >6 weeks: breach actuals	65	20	17	760	57	39	38	775	122	59	55	114	1535	-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.0%	8.8%	8.2%	8.6%	8.3%	9.2%	8.4%	8.3%	8.7%	8.9%	8.3%	8.6%	8.5%	
	A&E time to treatment - Median (Target: <60')	00:29	00:30	00:30	00:29	01:11	01:07	01:04	01:03	00:49	00:47	00:47	00:47	00:46	
	London Ambulance Service - patient handover 30' breaches	22	22	32	217	94	83	103	687	116	105	135	240	904	-
	London Ambulance Service - patient handover 60' breaches	1	5	1	12	4	6	2	24	5	11	3	14	36	
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

### RTT Incomplete – 52 Weeks

There are presently 485 patients who are waiting over 52 weeks for treatment. This is an increase from 469 the previous month. The majority of these are on a Non-Admitted pathway within Planned Care Divisions. Capacity has been impacted with long periods of staff shortages. These are being managed with recruitment plans as well as engagement with external providers.

### Diagnostic Waiting Times

For the second consistent month the trust has met the 99% target for November 2021 with a validated position of 99.17%. This is also an improved position from 99.02% the previous month.

### A&E and LAS

Unplanned re-attendances has remained stable over the last three months with a slight reduction from 8.9% in October to 8.3% in November. LAS hand over 60 min breaches reduced from 11 in October to 3 in November.



## RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Sep-21	Oct-21	Nov-21	Sep-21	Oct-21	Nov-21	Sep-21	Oct-21	Nov-21
RTT waiting list positions	Total RTT waiting list	26868	26617	26489	19131	20032	19487	45999	46649	45976
	Total Non-Admitted waiting list	22219	22237	22472	16720	17853	17641	38939	40090	40113
	Non-Admitted with a date	6885	10446	13685	6455	9371	11677	13340	19817	25362
	Non-Admitted without a date	15334	11791	8787	10265	8482	5964	25599	20273	14751
	Total Admitted waiting list	4649	4380	4017	2411	2179	1846	7060	6559	5863
	Admitted with a date	665	817	1033	462	557	675	1127	1374	1708
	Admitted without a date	3984	3563	2984	1949	1622	1171	5933	5185	4155
	Patients waiting >78 weeks	50	35	21	51	31	22	101	66	43
	Patients waiting >104 weeks	0	4	1	4	2	2	4	2	2

## RTT 52 week waiters Specialty Dashboard

Local Specialty	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Sep-21	Oct-21	Nov-21	Sep-21	Oct-21	Nov-21	Sep-21	Oct-21	Nov-21
<b>Total</b>	<b>198</b>	<b>238</b>	<b>232</b>	<b>202</b>	<b>231</b>	<b>253</b>	<b>400</b>	<b>469</b>	<b>485</b>
Burns Care		2	2		1			1	
Colorectal Surgery	3	3	3					2	2
ENT		2	1	6	6	17	9	9	20
General Surgery	21	21	19	14	26	29	14	28	30
Gynaecology	1	13	8	24	21	32	45	42	51
Ophthalmology	16	14	12		2	1	1	15	9
Orthodontics			1				16	14	12
Paediatric Clinical Immunology	6	4	5	13	6	2	13	6	2
Paediatric Dentistry	18	60	60						1
Paediatric Ear Nose and Throat	11	9	10				6	4	5
Paediatric Maxillo-Facial Surg	1						18	60	60
Paediatric Plastic Surgery	9	9	9		1		11	10	10
Paediatric Surgery	1	7	1				1		
Paediatric Urology	4	1					9	9	9
Paediatrics	1		1	1	1	1	2	8	2
Plastic Surgery	40	34	37				4	1	
Trauma & Orthopaedics	19	17	21				1		1
Urology	31	28	28	38	41	44	78	75	81
Vascular Surgery	16	14	14	3	5	2	3	5	2
				15	10	10	34	27	31
				8	23	25	39	51	53
				80	88	90	96	102	104



## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:27	1:27	1:27	1:27	1:28	1:28	1:29	1:28	1:27.5	1:27.5	1:28	1:27.75	1:27.5	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:77	1:77	1:77	1:77	1:98	1:98	1:98	1:98	1:87.5	1:87.5	1:87.5	1:87.50	1:87.50	-
Birth indicators	Total number of NHS births	456	522	470	3832	384	422	353	3169	840	944	823	1767	7001	-
	Total number of bookings	601	608	603	4634	432	450	407	3436	1033	1058	1010	2068	8070	-
	Maternity 1:1 care in established labour (Target: >95%)	98.8%	96.6%	97.9%	98.1%	96.3%	98.2%	96.0%	96.8%	97.6%	97.4%	97.0%	97.2%	97.4%	-
Safety	Admissions >37/40 to NICU/SCBU	17	19	15	128	n/a	n/a	n/a	n/a	17	19	15	34	128	-
	Number of reported Serious Incidents	1	1	1	6	3	1	2	14	4	2	3	5	20	-
	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	8.3%	5.7%	7.0%	7.1%	6.7%	5.7%	8.5%	6.3%	7.5%	5.7%	7.6%	6.6%	6.8%	-
	Number of stillbirths	3	1	1	11	1	2	2	12	4	3	3	6	23	-
	Number of Infant deaths	0	1	0	8	2	1	2	8	2	2	2	4	16	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	0.0%	0.0%	0.0%	17.0%	0.0%	0.0%	0.0%	9.5%	n/a	n/a	n/a	0.0%	13.3%	-
	Spontaneous unassisted vaginal births	34.4%	31.5%	24.5%	29.6%	33.2%	38.7%	36.4%	36.2%	33.8%	34.7%	29.6%	32.4%	32.6%	-
	Vaginal Births - spontaneous & induced	61.8%	60.4%	59.6%	60.5%	61.0%	68.0%	67.2%	64.4%	61.4%	63.8%	62.8%	63.4%	62.3%	-
	Instrumental deliveries	17.2%	14.2%	16.6%	15.1%	13.6%	15.3%	15.2%	13.3%	15.6%	14.7%	16.0%	15.3%	14.3%	-
	Pre-labour elective caesarean sections	69	81	79	605	37	48	41	379	106	129	120	249	984	-
	Emergency caesarean sections in labour	59	72	53	463	72	66	49	490	131	138	102	240	953	-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

The above dashboard metrics covers: workforce, birth indicators, safety and clinical outcomes.

### Workforce

The current midwifery ratios on each site in the month of November are 1:28 at Chelsea and 1:29 at West Middlesex. A business case is being developed to support us achieving the outcome of a recently commissioned birth rate plus analysis of the midwifery workforce and the recommended ratios are 1:26 Chelsea and 1:22 West Middlesex. The metric for hours dedicated consultant presence is achieved at West Middlesex is 98hrs but this has been achieved successfully with locum cover. At the Chelsea site it is currently 77 hours dedicated presence. We have received funding from the Trust and the maternity investment fund to increase the consultant presence on the labour ward at both sites and have appointed three new consultants (2 at Chelsea site and 1 West Mid site) and a third locum is in place at the Chelsea site. We aim to be compliant with 98hrs at the Chelsea site January 2022. These jobs will also support expansion of our obstetric medicine service in keeping with the recommendations of Ockenden and increase the obstetric continuity of care antenatally for women with complex pregnancies in line with the midwifery CoC model and strengthen MDT working together to deliver high quality women centred care.

### Birth indicators

Our attrition rate is still fluctuating widely due to the pandemic. The staff is currently recovering from very high activity in October and various wellbeing opportunities are being offered. November there was 470 births at the Chelsea site and 422 at the West Mid site, acuity and complexity of the women continue to be high. Demand/capacity planning strategy in place to ensure our activity does not vary widely compared to plan.

### Safety

Our safety outcomes remain stable and we are not an outlier for stillbirth or infant deaths across the sector. All of our SI reports now have exec oversight before final sign off to ensure that there are SMART action plans and the SIs and the 72 hr reports are discussed regionally. We monitor our stillbirth and HIE rates locally via our MQAS teams and regionally via the safer care workstream of the LMNS. In the West Mid site in October there was 1 external SI (woman admitted in labour who was booked for elective caesarean and a delay in delivery led to baby born in poor condition following ruptured uterus and required cooling, 72 hr report identified key areas for learning and will be disseminated to the clinical team to mitigate against recurrence. This case has been referred to HSIB. At the Chelsea site there were 3 SIs (unexpected admission to NICU with meconium aspiration and seizures, return to theatre and admission to ITU and term antenatal stillbirth). The MQAS team have identified contributory factors ( patient and clinical care) and areas for improved care in two of the cases and will be disseminating learning to reduce risk of recurrence.



*Avoidable term admissions to NICU:* here were 16 term admissions to NICU at the West Mid site for November and five admissions were potentially avoidable (5 for respiratory, 3 hypoglycaemia, 3 jaundice, 1 HIE and 3 other causes). At the CWH site there were 13 ATAIN cases (9 respiratory, 2 hypoglycaemia, 1 jaundice and 1 following traumatic birth), 7 of these were reviewed as avoidable and learning around perinatal management, hypothermia and hypoglycaemia is being disseminated to reduce recurrence.

*Stillbirths and neonatal deaths:* are reviewed and discussed in the Perinatal Mortality MDT team and reported via the PMRT tool. At the Chelsea site there were 3 pregnancy losses at gestations 20 (miscarriage), 23 (following medical termination) and 39 weeks (stillbirth). At the West Mid site there were 12 women with pregnancy losses (29 weeks antenatal stillbirth due to very growth restricted baby, 5 terminations 21-25 weeks for fetal abnormalities, 6 second trimester miscarriages 14-19 weeks. All cases are reviewed to identify any failing in care and learning,

**Outcomes**

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



## 62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
		Sep-21	Oct-21	Nov-21	2021-2022	YTD breaches	Sep-21	Oct-21	Nov-21	2021-2022	YTD breaches	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		72.7%	100%	88.2%	93.5%	6	72.7%	100%	88.2%	100%	93.5%	6	
	Colorectal / Lower GI	61.5%	83.3%	76.9%	78.6%	10.5	50.0%	62.5%	33.3%	65.7%	18	56.5%	71.4%	51.6%	71.4%	72.7%	28.5	
	Gynaecological	n/a	60.0%	100%	68.2%	3.5	62.5%	100%	42.9%	75.0%	5	62.5%	66.7%	55.6%	66.7%	71.7%	8.5	
	Haematological	80.0%	33.3%	100%	72.2%	2.5	75.0%	n/a	33.3%	88.0%	2.5	77.8%	33.3%	50.0%	33.3%	81.4%	5	
	Head and neck	n/a	n/a	n/a	100%	0	n/a	100%	0.0%	83.3%	1.5	n/a	100%	0.0%	100%	88.9%	1.5	
	Lung	75.0%	100%	n/a	80.0%	2	75.0%	100%	100%	82.4%	1.5	75.0%	100%	100%	100%	81.1%	3.5	
	Sarcoma	n/a	n/a	n/a	n/a		66.7%	0.0%	n/a	57.1%	1.5	66.7%	0.0%	n/a	0.0%	57.1%	1.5	
	Skin	82.9%	91.7%	100%	92.6%	5	86.7%	100%	100%	88.6%	5	84.0%	95.2%	100%	95.2%	91.0%	10	
	Upper gastrointestinal	100%	50.0%	n/a	95.5%	0.5	44.4%	100%	100%	65.4%	4.5	66.7%	75.0%	100%	75.0%	79.2%	5	
	Urological	70.0%	76.2%	67.7%	75.2%	17.5	70.3%	60.5%	81.0%	70.7%	38	70.2%	65.6%	75.3%	65.6%	72.1%	55.5	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0	
	Site not stated	n/a	n/a	n/a	n/a		100%	n/a	n/a	66.7%	2	100%	n/a	n/a	n/a	66.7%	2	

### Improving personalised cancer care at diagnosis

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

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

### Trust commentary

#### Cancer

31 Days Diagnosis to First Treatment: Performance against this metric has improved on the previous month from 90.71% to 91.41% for November 2021. The non-compliance with this target is driven by the 200% increase in suspected skin cancer GP referrals but there have been improvements to the booking process, which are supporting a gradual improvement against this target.

62 Days GP Referral to First Treatment: Performance has remained stable in the month of November, with performance of 74.85% (un-validated). The non-compliant performance continued to be predominantly driven by patient initiated delays to diagnostics, and delays in NWLP histology turnaround for the Gynaecology and Urology pathways.

62 Days NHS Screening Service Referral to First Treatment: There has been a decrease in performance for 62 day screening to 25% for the month of November.

FDS: Performance is just shy of the 75% target, sitting at 74.32% for November at present. However, on-going validations and backdated clock stops will see this improve over the coming weeks. Otherwise, performance was challenged due to an increase in referrals to the gynaecology and colorectal services service and delays receiving histology.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast				6
Gynaecology	1	1.5		0.5
Haematology		0.5	1	0
Head and Neck				3
Colorectal	0.5	2.5	1.5	2.5
Lung		0.5		0.5
Paediatric				
Other				
Sarcoma			1	
Skin	1	11		9
Testicular				
Upper GI	0.5	0.5		1
Urology	2.5	8	8.5	13
Brain				
<b>Total</b>	<b>5.5</b>	<b>25.5</b>	<b>12</b>	<b>34.5</b>



### Safe Staffing & Patient Quality Indicator Report – Chelsea Site

#### November 2021

Month	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmar k		November 21 Vacancy	November 21 Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3.4.unstageable		Medication incidents		FFT December 2020/21
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total				Qualified	Un-	Moderate	Severe							
												qualified									
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Maternity	104%	77%	100%	95%	7.6	2.6	10.3	0		10%	10.28%	23.07%								2	92.18%
Annie Zunz	141%	71%	100%	127%	6.5	2.5	8.9	9.4		3.45%	20.08%	0%	1	5							100%
Apollo	79%	-	78%	-	16	0	16	10.9		13.52%	28.52%	42%		1							100%
Mercury	98%	-	104%	-	7.8	0	7.9	11		12.36%	21.93%	100%									95.45%
Neptune	110%	-	120%	-	9.9	0	10.1	15		-0.14%	20.98%	0%		4							100%
NICU	90%	-	92%	-	12.7	0	12.8	26.7		6.78%	17.50%	0.00%									100%
AAU	95%	58%	100%	92%	7.4	1.9	9.4	9.4		17.14%	10.97%	56.85%	6	58		1					100%
Nell Gwynne	89%	69%	130%	118%	4.2	4.1	8.4	7.9		13%	10.57%	24.36%	6	36							100%
David Erskine	101%	60%	111%	102%	5.2	3.1	8.5	8.6		20.18%	50%	16.42%									96.43%
Edgar Horne	103%	42%	112%	87%	3.5	1.7	5.6	6.9		17.39%	0.00%	34.96%	3	15							94.51%
Lord Wigram	95%	90%	99%	107%	4	2.7	6.8	8.2		-1.25%	8.44%	4.18%	1	33							96.43%
St Mary Abbots	94%	76%	123%	89%	3.7	2.3	6.2	8.3		18.28%	14.28%	0.00%	1	20							91.03%
David Evans	81%	91%	95%	186%	6.4	3.3	9.8	8.3		-3.43%	5.17%	12%	1	13							87.50%
Chelsea Wing	72%	58%	50%	85%	8.2	4.9	13.1	8.3		30%	30.77%	31.71%		8							
Burns Unit	85%	73%	114%	127%	13.5	2.8	16.3	N/A		4%	10.22%	0.00%	1	7							
ICU	112%	-	125%	-	32.3	0	32.3	27.7		4.95%	11.34%	0.00%									
Rainsford Mowlem	67%	44%	76%	69%	4.4	3	7.6	7.3		13.54%	16.78%	15.27%	4	34	1	1					100%





### Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

November 2021

Month	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		November 21 Vacancy	November Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3.4.unstable		Medication incidents		FFT December 2020/21
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe							
												Month	YTD	Month	YTD	Month	YTD	Month	YTD		
Lampton	99%	131%	103%	168%	3.4	4.6	8	7.7		4%	4.59%	12.36%	2	25						93.33%	
Richmond	50%	10%	83%	77%	5.7	1.1	6.9	7.2		15.72%	0.00%	29%	3	5						98.25%	
Syon 1 cardiology	94%	93%	88%	125%	4	2.2	6.2	8.8		13.51%	3.94%	29%	3	35						92.86%	
Syon 2	94%	83%	95%	92%	3.4	2.7	6.2	8.6		18.38%	23.07%	0%	8	37		1				94.23%	
Starlight	77%	63%	92%	38%	8.3	0.6	9.1	15		22.91%	14.41%	0%		1						100%	
Kew	97%	110%	100%	143%	3.3	3.9	7.2	7.9		8.70%	5.00%	21.42%	6	71					1	100%	
Crane	78%	45%	94%	99%	3.8	2.5	6.7	7.7		7.18%	0.00%	5.95%	2	22						100%	
Osterley 1	97%	98%	99%	112%	3.4	2.7	6.2	7		8%	16.18%	20.11%	2	39						96.55%	
Osterley 2	104%	86%	99%	140%	4	2.7	6.7	7.2		-1.10%	4%	7.94%	1	28		1				100%	
MAU	85%	89%	99%	101%	5.8	2.5	8.4	9.4		17.58%	16.55%	17.54%	6	43		1		1	1	100%	
Maternity	96%	74%	97%	94%	8.2	2.4	10.5	0		6.64%	6.34%	8.67%								90.62%	
Special Care Baby Unit	93%	105%	96%	133%	8.5	1.2	9.7	15		1.73%	3.99%	11.05%								0	
Marble Hill 1	101%	124%	91%	198%	3.6	3.8	7.5	6.9		8.95%	10.32%	7%	8	65		1				69.43%	
Marble Hill 2	88%	106%	91%	193%	3.2	3.7	7.1	6.8		6%	29.69%	7.46%	2	35		1				100%	
ITU	119%	-	127%	-	31.2	0	31.2	26		13%	4.50%	0.00%		1						0	



## Safe Staffing & Patient Quality Indicator Report

### November 2021

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

AAU, David Erskine and Edgar Horne has a number of HCAs vacancies which are currently being recruited to and were not filled by bank, hence the low fill rate. David Erskine also opened escalation beds, Nell Gwynne also had an increase in tracheostomy patients requiring additional RNs and an increase in patients with a high risk of falls with HCA shifts not filled by bank.

Annie Zunz had high day fill rate for RNs due to the requirement of an extra RN to cover patients admitted through the Surgical Admissions Lounge. On David Evans the high HCA fill rate at night was due to high patient dependency. SMA and Burns were unable to fill HCA shifts during the day owing to poor bank fill rates and vacancies with Burns requiring extra RN fill at night due to activity and acuity. The low HCA rates were risk mitigated and reviewed at daily staffing calls.

Ron Johnson is currently hosted on Rainsford Mowlem therefore staff fill rates are included in Rainsford Mowlem figures which had low fill rates due to bed closures.

Chelsea wing is currently staffed with 3 RNs during the day instead of the usual 4 and with a high vacancy rate the night RN shifts are partly filled by temporary staff but CHPPD was not compromised.

The high RN fill rate on ICU at both sites was due to increased activity.

Being the COVID ward at West Mid, Crane was only partially open during November with staffing adjusted accordingly to match acuity and dependency. Kew, Lampton Marble Hill 1 and 2 high HCA fill rates were due to a requirement for enhanced monitoring for confused wandering and risk of falls patients. Syon 1 had high night HCA rates as RN shifts could not be filled. The low fill rates on Richmond was due to the ward not being full to capacity and lower acuity levels. Osterley 2 higher HCA cover at night was due to increased requirement for 1:1 specials. Maternity on both sites had low HCA day fill rates due to vacancies and poor bank fill rates. Recent recruitment has fully established the WM site with a number of candidates in the recruitment process. On Starlight the low RN and HCA was due to sicknesses and vacancies. Staff in supernumerary managerial roles were pulled in to help, so that patient care was not compromised. The SCBU high HCA night fill rate was due to an increase in transitional care beds. Apollo had low RN fill rates in November as bed were closed and a number of patients did not require 1:1 care.

Interviews for RN and HCA posts have occurred throughout November to address vacancy levels as well as specific measures being taken to increase members of staff working bank shifts.

During November the Friends and Family test showed 8 wards at CW and 6 at WM scored 100%, one ward, Marble Hill 1 (69.43%) scored less than 85%. One medication error with moderate harm occurred in November on MAU as the required prescription was not dispensed upon discharge. One fall with moderate harm occurred on Rainsford Mowlem with a 1:1 RMN in place. Please note all incident figures are correct at time of extraction from Datix.

Red flags are now being reported and for November 34 flags were raised of which 28 were related to a shortfall in RN time, twice daily staffing meetings continue to mitigate the risk.





## Finance Dashboard M7 2021/22

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	504,778	518,617	13,839
Expenditure			
Pay	(285,429)	(292,017)	(6,588)
Non-Pay	(191,233)	(197,519)	(6,286)
EBITDA	28,116	29,080	965
EBITDA %	5.57%	5.61%	0.0%
Depreciation	(15,273)	(15,829)	(555)
Non-Operational Exp-Inc	(11,541)	(12,773)	(1,231)
Surplus/Deficit	1,301	479	(822)
Control total Adj - Donated asset, Impairment & Other	(169)	(140)	29
Disposal of Asset	0	1,033	1,033
Adjusted Surplus/Deficit	1,132	1,372	240



**Comment:** The exceptional March 2021 payroll figures include additional spend items for 6.3% Pension contribution (£15.16m a notional figure) and £4.8m movement in holiday accruals (including additional two day accrual for staff R&R/Birthday); these are both matched with equivalent income. September 2021 payroll figures include YTD backdated pay awards for AFC staff, Consultants and Career grade doctors.

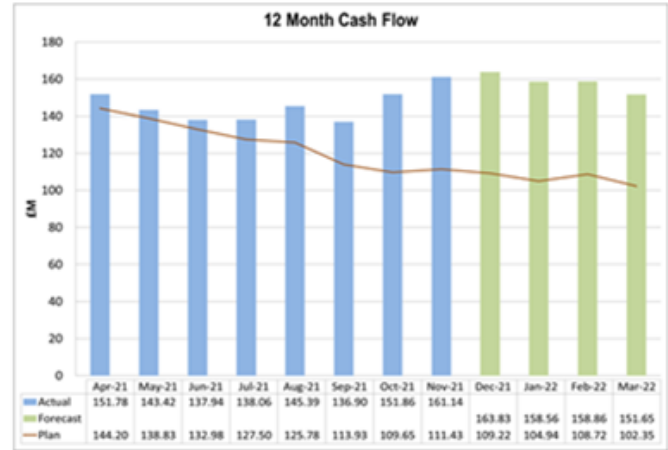
## Finance Dashboard M8 2021/22

At month 8 the Trust is reporting a YTD surplus of £1.37m, when adjusted for the financial impact of donated assets and disposal of asset. This is a £0.24m favourable variance against the YTD plan.

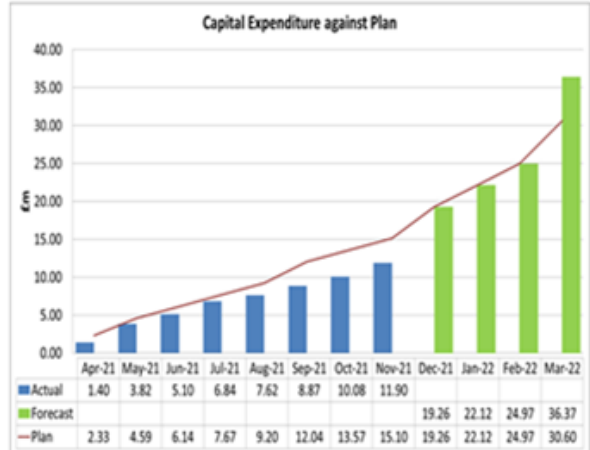
Pay: Pay is overspend by £6.59m YTD. The position includes £4.36m unidentified, red or amber CIP schemes.

Non-Pay; Excluding passthrough drugs, non-pay is £6.29m adverse YTD. The position in month includes overspends against CSS, PC and Corporate division; plus costs to support elective recovery.

Income: Contractual income from CCG and NHS England continues on blocks at the same level as 2020/21 for H2. Sexual Health contracted activity is back to cost and volume in 21/22 and PrEP has been included in the baseline. The Elective Recovery Framework (ERF) performance for H1 was £7.2m driven by Quarter 1 over performance. ERF for H2 has not been calculated yet and no income has been accrued.



**Comment:** The favourable cash variance to plan in M8 of £49.7m is comprised of favourable cash variance b/fwd from M7 of £42.21m, higher receipts to plan of £10.64m, partly offset by higher cash outflows to plan £3.15m (mainly payroll).



**Comment:** The favourable cash variance to plan in M8 of £49.7m is comprised of favourable cash variance b/fwd from M7 of £42.21m, higher receipts to plan of £10.64m, partly offset by higher cash outflows to plan £3.15m (mainly payroll).

## CQUIN Dashboard

### 2021/22 CQUIN Schemes

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





<b>TITLE AND DATE</b> (of meeting at which the report is to be presented)	Pubic Council of Governors Meeting, 27 January 2022											
<b>AGENDA ITEM NO.</b>	3.4											
<b>TITLE OF REPORT</b>	People and Organisational Development Workforce Report											
<b>AUTHOR NAME AND ROLE</b>	Karen Adewoyin- Deputy Director of People and OD											
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Sue Smith- Interim Director of HR											
<b>THE PURPOSE OF THE REPORT</b> <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		<p>The People and Organisational Development Key Performance Indicator (KPI) Dashboard highlight's current KPIs and trends in workforce related metrics at the Trust and provides assurance of current performance.</p>			
Decision/Approval												
Assurance	X											
Info Only												
Advice												
<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered)	<table border="1"> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> <tr> <td>Trust Board</td> <td>6 January 2022</td> <td>Noted</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Name of Committee	Date of Meeting	Outcome	Trust Board	6 January 2022	Noted					
Name of Committee	Date of Meeting	Outcome										
Trust Board	6 January 2022	Noted										
<b>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</b>	<p>The dashboard is to provide assurance of workforce activity across eight key performance indicator domains;</p> <ul style="list-style-type: none"> <li>• Workforce information – establishment and staff numbers</li> <li>• HR Indicators – Sickness and turnover</li> <li>• Employee relations – levels of employee relations activity</li> <li>• Temporary staffing usage – number of bank and agency shifts filled</li> <li>• Vacancy – number of vacant post and use of budgeted WTE</li> <li>• Recruitment Activity – volume of activity, statutory checks and time taken</li> <li>• PDRs – appraisals completed</li> <li>• Core Training Compliance</li> <li>• Volunteering</li> </ul> <p>It also includes an update on the key work streams for Workforce and progress made during the month.</p> <p>Employee Relations data is excluded in this report due to a planned data quality review process and revision of KPI definitions.</p>											
<b>KEY RISKS ARISING FROM THIS REPORT</b>	<p>Vacancy levels remain within target but sickness levels are beginning to rise with subsequent demand for temporary staffing impacting on shift fill rates. Overall training compliance is improving and whilst PDR (appraisal) compliance is still below target, following the change to reporting, when</p>											

	<p>looking at the agreed 'shadow' rate that will apply from the next financial year, the rate is 58.54% (up from 57.30% in October) which demonstrates the continued focus on this from Divisions.</p> <p>Vaccination as a Condition of deployment (VCOD) is a key focus for all teams with a multi-disciplinary working group in situ to take forward implementation.</p>
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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	X
People (Workforce or Patients/Families/Carers)	X
Operational Performance	X
Finance	X
Public Consultation	
Council of Governors	

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

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

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

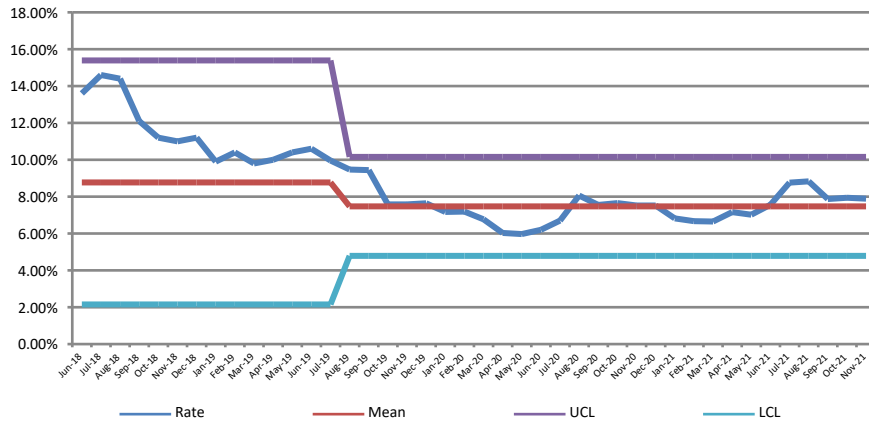


# Workforce Performance Report to the Council of Governors

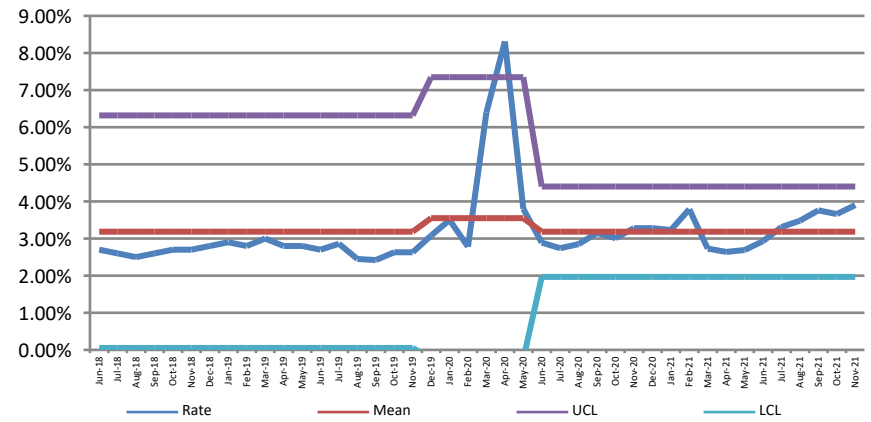
**Month 08 – Nov 2021**

# Statistical Process Control

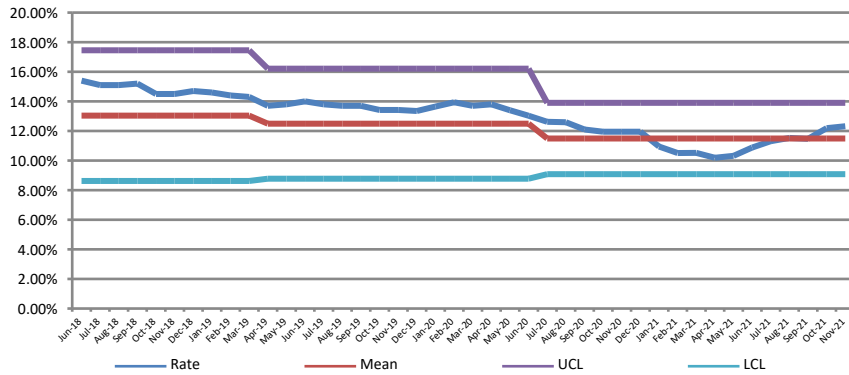
**Vacancy Rate SPC**



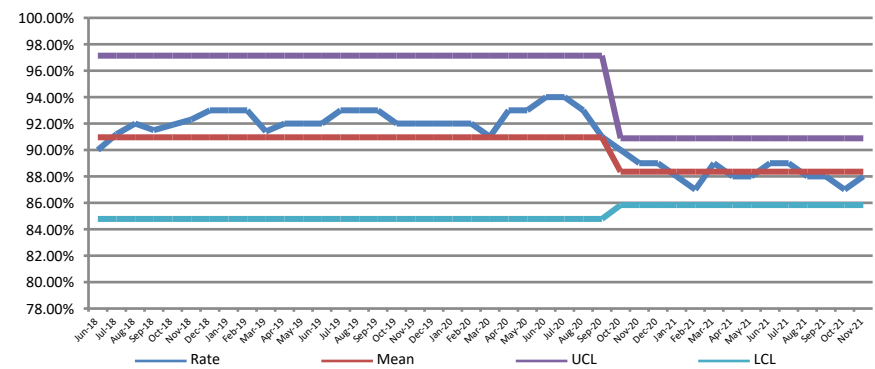
**Monthly Sickness SPC**



**Rolling 12 month Vol Turnover (FTE) SPC**



**Core 10 Training SPC**



# People and Organisational Development Workforce Performance Report nov 2021



Chelsea and Westminster Hospital NHS Foundation Trust

## Key Performance Indicators

Item	Units	This Month Last Year	Last Month	This Month	Target/Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	WTE	6391.12	6545.85	6592.90					↑
1.2 Whole Time Equivalent	WTE	5910.61	6026.05	6072.66					↑
1.3 Headcount	No.	6394	6489	6536					↑
1.4 Overpayment Costs (arrears)	No.	115602.2	79228.72	97453.34					↑
1.5 Overpayment (no) (arrears)	£	46	28	26					↓
2. HR Indicators									
2.4 Gross Turnover	%	18.00%	15.59%	15.74%	17.00%			green	↑
2.5 Voluntary Turnover (12 month rolling on WTE)*	%	11.35%	12.19%	12.32%	13.00%			green	↑
3. Employee Relations									
3.1 Live Employment Relations Cases	No.	114	77	-					↑
3.2 Formal Warnings	No.	1	0	-					↑
3.3 Dismissals	No.	0	2	-					↑
4. Temporary Staffing Usage									
4.1 Total Temporary Staffing Shifts Filled	No.	14778	14328	14579					↑
4.2 Bank Shifts Filled	No.	13483	12386	12645					↑
4.3 Agency Shifts Filled	No.	1295	1942	1934					↑
5. Vacancy									
5.1 Trust Vacancy Rate	%	7.52%	7.94%	7.89%	10.00%			green	↓
5.2 Corporate	%	0.94%	3.46%	2.47%	10.00%			green	↓
5.3 Clinical support Service	%	11.02%	11.47%	11.35%	10.00%	red		green	↓
5.4 Emergency & Integrated Care	%	8.19%	10.24%	8.84%	10.00%			green	↓
5.5 Planned Care	%	6.67%	2.13%	5.90%	10.00%			green	↓
5.6 Woman's, Children and Sexual Health	%	7.40%	8.00%	7.68%	10.00%			green	↓
5.7 Enterprise	%		12.85%	10.25%	10.00%		amber		↓
6. Recruitment (non-medical)									
6.1 Offer Made	No.	-	141	173					↑
6.2 Pre-employment check (days)	No.	-	19.1	20.1	20.00		amber		↑
6.3 Time to recruitment (weeks)	No.	-	8.76	8.24	9.00			green	↓
7. PDRs Undertaken (Afc Staff)*									
7.1 Trust PDR Rate	%	90.32%	88.12%	79.49%	90.00%	red			↓
7.2 Corporate	%	85.74%	85.23%	74.32%	90.00%	red			↓
7.3 Clinical support Service	%	91.05%	87.07%	78.52%	90.00%	red			↓
7.4 Emergency & Integrated Care	%	93.30%	89.19%	81.35%	90.00%		amber		↓
7.5 Planned Care	%	92.03%	92.45%	85.98%	90.00%		amber		↓
7.6 Woman's, Children and Sexual Health	%	87.99%	86.66%	77.13%	90.00%	red			↓
7.7 Enterprise	%		86.88%	74.85%	90.00%	red			↓

\*The methodologies used for these KPIs is not in line with Sector/National definitions so cannot be used for comparative analysis

\*\*Temp Staffing Excludes the Mass Vaccination and PCN Sites

Nov-21	Vacancy/ Bank and Agency Ration on "Fill Rate"							
Division	Budget ed WTE	Staff In Post WTE	Vacancy (WTE)	Bank Usage WTE*	Agency Usage	Total WTE Used	Budget Less WTE	Rag Status
Corporate	587.04	572.53	14.51	60.30	4.79	637.62	-50.58	red
Clinical Support	1097	972.49	124.49	112.05	0.00	1084.54	12.44	green
Emergency & Integrated Care	1784.9	1627.1	157.83	208.99	66.31	1902.38	-117.47	red
Planned Care	1212.5	1140.9	71.56	128.88	36.98	1306.75	-94.30	red
Women's, Childrens and Sexual health	1713.6	1582.1	131.54	128.16	16.04	1726.27	-12.66	red
Trust	6592.9	6072.7	520.24	659.38	128.22	6860.26	-267.36	red

\*Usage for Mass Vax Sites not included

Nov-21	Core Training			
Course	Last Month	This Month	Target	Trend
Core Training Rate	87%	88%	90%	↑
Theory Adult BLS	73%	74%	90%	↑
Practical Adult BLS	75%	75%	90%	→
Conflict Resolution - Level 1	94%	94%	90%	→
Equality & Diversity	91%	91%	90%	→
Fire	84%	87%	90%	↑
Health & Safety	92%	93%	90%	↑
Infection Control (Hand Hygiene)	91%	92%	90%	↑
Infection Control - Level 2	89%	89%	90%	→
Information Governance	89%	89%	95%	→
Moving & Handling - Level 1	89%	89%	90%	→
Moving & Handling - Level 2 Theory	87%	88%	90%	↑
Moving & Handling - Level 2 Patient	81%	83%	90%	↑
Safeguarding Adults Level 1	89%	89%	90%	→
Safeguarding Adults Level 2	86%	87%	90%	↑
Safeguarding Adults Level 3	84%	82%	90%	↓
Safeguarding Children Level 1	91%	91%	90%	→
Safeguarding Children Level 2	89%	89%	90%	→
Safeguarding Children Level 3	77%	74%	90%	↓



## Volunteer Staff Activity Profile – Nov 2021



# People and Organisation Development Workforce Performance Report

## November 2021

### Establishment, Staff in Post and Vacancies:

The vacancy rate for November has reduced from last month at 7.89% against the Trust target of 10%. SPC analysis shows that this is within expected levels of variance within historic performance. The Enterprise Division rate has fallen to the amber range at 10.25% and the new highest rate is CSD at 11.35% (down 0.12% drop October).

### Temporary Staffing:

Temporary staffing demand remains high, which has impacted on fill rates. 17806 shifts were requested for the month and the Trust achieved a fill rate of 81.88% (71.02% bank and 10.86% agency). The outlier Divisions with fill rates below 80% were EIC (75.99%) and WCH (72.77%). The outlier staff group rates below 80% fill were Nursing Qualified (74.16%) and Nursing Unqualified (72.92%).

### Core Training Compliance:

Overall compliance has increased back to 88% from 87% in October. The outlier courses outside acceptable tolerances have either held steady (Practical Adult BSL at 75%) or improved Theory Adult BLS up 1% and Moving & Handling Level 2 Patients up 2%).

### NWL Collaborative Working

Phase 3 continues at pace with a significant push from the Government to deliver large scale mass vaccination events. There is an increasing demand for staffing from PCN's and the team have worked with national colleagues to support redeployment from CCG's, Local Authority, the Military and NHS trusts to support the increase in activity. Retention work continues although plans have been affected by the need to increase vaccination provision. Work is underway to implement Vaccination as a condition of deployment (VCOD) for all healthcare workers with a working group set up involving key stakeholders. The focus is on developing a consistent approach across NWL.

### Sickness Absence:

The Trust's sickness rate is currently 3.90% in month which is outside the target rate of 3.30% and 3.35% 12 months rolling, which is also outside at the sickness target. The rate is still within SPC statistical natural variance. Long-term and short-term sickness rates are 1.80% and 2.10% respectively.

The three most common reasons for sickness were Cold/Cough/Flu, Gastrointestinal problems and Chest & Respiratory Issues. In terms of impact and FTE days lost, the most common causes are Anxiety/Stress/Depression and other psychiatric illnesses, Cold/Cough/Flu and Chest & respiratory Problems.

### Staff Turnover Rate: Voluntary:

12 month rolling Voluntary Turnover (on FTE) has increased in November by 0.13% to 12.32%. EIC and ENT are the operating divisions outside of the 13% target rate. In both cases the rate has reduced (but 0.48% and 0.03% respectively).

### PDRs:

Non medical PDR rates currently stand at 79.49% which is outside of targeted tolerances. Planned Care and EIC are in the amber ranges. On the agreed 'shadow' rate that will apply from the next financial year, the rate is 58.54% (up from 57.30% in October) and Divisions continue to undertake appraisals in a controlled monthly measure balancing reaching the target rate at the close of the financial year against ensuring an effective annual spread of appraisals.

The medical appraisal rate remains at 98.20% No Divisions rate is the only outside the amber range.

# People and Organisation Development Workforce Performance Report

## November 2021

### Leadership and Development:

Leadership development programmes have continued via on line learning. Dates for management fundamentals and established leaders are now available to the end of 2022.

### Volunteers:

Volunteer numbers have seen a decline with staff returning to work but further recruitment has continued and a new project with a local college commenced in November 2021. Students undertaking a BTec in Health and Social Care came in for an initial two week block of volunteering and will now be volunteering one day a week in the new year. November also saw the start of a new initiative of supporting discharged patients over the age of 70 on pathway 0. This project in partnership with Helpforce has seen two volunteers each morning phone these patients and where needed escalating issues to a senior nurse who has been supporting the project. Plans to incorporate into the patient experience work in the New year are underway to look at how this work can help inform the experiences of patients. Volunteers have enjoyed this new role and patients have found the calls supportive.

### Apprenticeships:

We continue to have just over 200 apprentices in the Trust on a variety of programmes. Two new practice development nurses supported by funding from HEE are in post for one year to work with the new HCSW to help reduce the attrition rate of HCSW. In November over 60% of the levy was utilised however this rise is due to one university failing to claim for two months the average remains at approximately 40% utilisation.

### Health and Wellbeing:

The NHS Staff Survey has closed and we will receive the full report early in the New Year. In the meantime the H&WB team have been promoting staff welfare and support for staff in the run up to Christmas.

### Organisational Development

There have been requests from some specific areas to look to undertake some OD interventions with teams in difficulty or undergoing change this work is ongoing and will continue in the New Year

### Employee Relations

There is a planned review of ER data KPI definitions and reporting so data is not reported for November.

The MHPS review continues working closely with LNC Colleagues. Significant improvements have been made with regards reporting and monitoring of MHPS cases with HR and Divisional Medical Colleagues working closely to address matters in a consistent and timely manner.

Vaccination as Condition of deployment (VCOD) is priority with significant work underway to develop the approach to implementation and mitigate risk.





Council of Governors Forward Plan 2022

	27 January 2022 Council of Governors (Mandated) 1600 to 1800 hours	24 March 2022 Governor Briefing Session (Voluntary)	21 April 2022 Governor Away Day 1000 to 1400 hours
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Minutes of Previous Meeting, including Action Log</li> <li>Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>Quality: People &amp; OD Committee Report to the Council of Governors (SG)</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> </ul>	<ul style="list-style-type: none"> <li>Understanding the Strategic Landscape and System Developments including Integrated Care Systems and Acute Provider Collaborative Models</li> </ul>	<ul style="list-style-type: none"> <li>Welcome and Networking/Introductions</li> <li>Introducing the Chair in Common to the Council of Governors</li> <li>North West London Acute Provider Collaborative Statement of Intent</li> <li>A Governor 'in person' – the transition out of the Virtual World</li> <li>CoG Effectiveness Evaluation</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Performance &amp; Quality Report; Workforce Performance Report</li> <li>Accessibility work update</li> </ul>		
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>		

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

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





### **Council of Governors Meeting Dates 2022/23**

The Council of Governors meetings take place in public every three months. All Governors are required to attend this meeting which will be chaired by the Interim Chair of the Council of Governors Steve Gill. Papers will be issued for this meeting approximately 1 week in advance.

<b>Dates</b>	<b>Location</b>	<b>Time</b>
27 <sup>th</sup> January 2022	Virtual	16.00-18.00
21 <sup>st</sup> April 2022	Away Day	10.00-1600
21 <sup>st</sup> July 2022	Virtual	10.00-11.00
20 <sup>th</sup> October 2022		16.00-18.00
26 <sup>th</sup> January 2023		16.00-18.00

### **Lead Governor & Council of Governors Informal Meeting Dates 2022/23**

The purpose of this meeting is to provide a voluntary opportunity for Governors to meet with the Lead Governor Simon Dyer. These meetings have been scheduled to take place following your receipt of the main Council of Governor meeting papers (see above) so that you can discuss content, queries etc.

<b>Dates</b>	<b>Location</b>	<b>Time</b>
24 <sup>th</sup> January 2022	Virtual	16.15-17.00
Date to be confirmed for April 2022		
18 <sup>th</sup> July 2022		
17 <sup>th</sup> October 2022		
23 <sup>rd</sup> January 2023		

### **Non-Executive Director (NEDs) & Council of Governors Informal Meeting Dates 2022**

The purpose of this meeting is to provide a **voluntary** opportunity for Governors to meet with the Non-executive Directors in a non-public setting. The meetings are scheduled twice a year immediately following the main Council of Governors meeting.

<b>Dates</b>	<b>Location</b>	<b>Time</b>
21 <sup>st</sup> April 2022	Virtual	18.00-19.00
20 <sup>th</sup> October 2022		

### **Council of Governor Briefing Session 2022**

The Governor briefing sessions provide a voluntary opportunity for Governors to hear from a subject matter expert about a particular aspect of the work of the Trust.

<b>Dates</b>	<b>Location</b>	<b>Time</b>
24 March 2022	Virtual	1600-1700
19 May 2022		
29 September 2022		
8 December 2022		

### **Corporate Governance Contact Detail**

#### **Interim Director of Corporate Governance and Compliance**

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#### **Corporate Governance Office**

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**Council of Governors – Attendance Record 2022**

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

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

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