






Chelsea & Westminster Hospital NHS Foundation Trust











Council of Governors Meeting




Team Meeting

21 July 2022 10:00 - 21 July 2022 11:00

AGENDA

#	Description	Owner	Time
1	GENERAL BUSINESS  1.0 COG Agenda 21.07.22 V0.1.doc 7		
1.1	Welcome & Apologies for Absence Verbal	Chair	10.00
1.2	Declarations of Interest Verbal	Chair	10.01
1.3	Minutes of previous meeting held on 21 April 2022 Action Log Paper  1.3 Cog Mins 21.4.22.doc 9  1.3.1 COG Action Log_July to be updated.doc 17	Chair	10.02
1.4	Chair's Report Paper  1.4 CoG - Chairs Report.docx 19	Chair	10.05
1.5	Chief Executive Officer's Report -Covid vaccination plans -Monkeypox  1.5 CEO Report Covid 19 Monkey Pox.docx 25		10.10
2	FOR INFORMATION		
2.1	NWL Collaborative Verbal	Chair / Chief Executive Officer	10.15
3	FOR NOTING		

#	Description	Owner	Time
3.1	<p>Board Committees: -Finance & Investment Committee Report to Council of Governors; including Month 12 Financial Position -Audit and Risk Committee Report to Council of Governors</p> <p>Paper</p> <p> 3.1a FIC Report to Council of Governors 21.07.22_... 29</p> <p> 3.1b Audit and Risk Committee Report to Council of... 35</p>	<p>Nilkunj Dodhia, NED / Virginia Massaro, CFO Nick Gash, NED</p>	10.20
3.2	<p>Performance Reports: -Performance and Quality Report -People Performance Report</p> <p>Paper</p> <p> 3.2a Performance Report Cover.docx 41</p> <p> 3.2ai Quality and Performance Report.docx 45</p> <p> 3.2b Workforce Performance report Cover May 20... 61</p> <p> 3.2bi People Performance Report May FINAL.pptx 65</p>	<p>Chief Executive Officer</p>	10.40
3.3	<p>COG Sub-Committees: -Quality Sub-Committee Report -Membership & Engagement Sub-Committee Report</p> <p>Paper</p> <p> 3.3a COG Quality Sub-Committee minutes 01.07.2... 87</p> <p> 3.3b Membership and Engagement Sub Comm Re... 93</p>	<p>Laura Wareing, Chair of QSC David, Phillips, Chair of MESC</p>	10.50
3.4	<p>*Accessibility Work Update</p> <p>Paper</p> <p> 3.4 Accessibility.docx 97</p>	<p>Vice Chair</p>	
4	OTHER BUSINESS		10.55
4.1	<p>Questions from the governors and the public</p> <p>Verbal</p>	<p>Chair / Chief Executive Officer</p>	
4.2	Any other business, including:		
4.2.1	<p>*4.2.1 Forward plan</p> <p>Paper</p> <p> 4.2.1 COG Forward Plan 2022.doc 101</p>	<p>Chair</p>	

#	Description	Owner	Time
4.2.2	<p>*4.2.2 Schedule of meetings 2022/23</p> <p>Paper</p> <p> 4.2.2 Schedule of Council of Governors Meeting Da... 105</p>	Chair	
4.2.3	<p>*4.2.3 Governor attendance register</p> <p>Paper</p> <p> 4.2.3 CoG Attendance Record 2022.doc 107</p>	Chair	
4.3	Date of next meeting: 20 October 2022, 16:00 – 18:00		
4.4	<p>NHS Acronyms</p> <p> NHS Acronyms.docx 111</p>		
4.5	*Items that have been starred will not be discussed, however, questions may be asked.		

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Council of Governors Meeting

Date: 21 July 2022
Time: 10.00am – 11.00am
Location: MST – Virtual

Agenda

	1.0	GENERAL BUSINESS			
10.00	1.1	Welcome & Apologies for Absence	Verbal		Chair
10.01	1.2	Declarations of Interest	Verbal		Chair
10.02	1.3	Minutes of previous meeting held on 21 April 2022 Action Log	Paper Paper	For Approval For Information	Chair
10.05	1.4	Chair's Report	Paper	For Information	Chair
10.10	1.5	Chief Executive Officer's Report - Covid vaccination plans - Monkeypox	Paper	For Information	Chief Executive Officer
	2.0	FOR INFORMATION			
10.15	2.1	NWL Collaborative	Verbal	For Information	Chair / Chief Executive Officer
	3.0	FOR NOTING			
10.20	3.1	Board Committees: - Finance & Investment Committee Report to Council of Governors; including Month 12 Financial Position - Audit and Risk Committee Report to Council of Governors	Papers	For Information	Nilkunj Dodhia, NED / Virginia Massaro, CFO Nick Gash, NED
10.40	3.2	Performance Reports: - Performance and Quality Report - People Performance Report	Papers	For Information	Chief Executive Officer
10.50	3.3	COG Sub-Committees: - Quality Sub-Committee Report - Membership & Engagement Sub-Committee Report	Paper Paper	For Information For Information	Laura Wareing, Chair of QSC David, Phillips, Chair of MESC
	3.4	*Accessibility Work Update	Paper	For Information	Vice Chair
10.55	4.0	OTHER BUSINESS			
	4.1	Questions from the governors and the public	Verbal	For Information	Chair / Chief Executive Officer
	4.2	Any other business, including: *4.2.1 Forward plan *4.2.2 Schedule of meetings 2022/23 *4.2.3 Governor attendance register	Paper Paper Paper	For Information For Information For Information	Chair
11.00	4.3	Date of next meeting: 20 October 2022, 16:00 – 18:00			

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



DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)
21 April 2022 16.15-18.00
Zoom Conference

Present:	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Lisa Addison	Patient Governor	(LA)
	Richard Ballerand	Public Governor	(RB)
	Caroline Boulliat	Public Governor	(CB)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr. Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Dr Paul Kitchener	Public Governor	(PK)
	Rose Levy	Public Governor	(RL)
	Minna Korjonen	Patient Governor	(MK)
	Anthony Levy	Public Governor	(AL)
	Stella McCaskill	Patient Governor	(SM)
	Prof. Mark Nelson	Staff Governor	(MN)
	David Phillips	Patient Governor	(DP)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Laura Wareing	Public Governor	(LJW)
In attendance:	Lesley Watts	Chief Executive Officer	(LW)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Eliza Hermann	Non-Executive Director	(EH)
	Dawn Clift	Interim Director of Corporate Governance and Compliance	(DC)
	Vanessa Sloane	Deputy Director of Nursing	(VS)
	Victoria Cochrane	Director of Midwifery and Gynaecology	(VC)
Apologies:	Matthew Swindells	North West London (NWL) Chair in Common	(MS)
	Jeremy Booth	Patient Governor	(JB)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Julie Carter	Public Governor	(JC)
	Thewdros Leka	Staff Governor	(TL)
	Nicole Nunes	Staff Governor	(NN)
	Catherine Sands	Staff Governor	(CS)
	Jacquei Scott	Staff Governor	(JS)
	Trusha Yardley	Public Governor	(TY)
	Des Walsh	Appointed Governor	(DW)

1.0 STATUTORY/MANDATORY BUSINESS

1.1 Welcome and apologies for absence

SG was Chair of the COG meeting in the absence of MS.

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

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

1.2 Declarations of interest

RB confirmed that he had a new interest to declare which did not pose a conflict to his role as a Governor. He agreed to write to DC confirming this interest so that it could be published on the Council of Governors Register of Interests on the website.

RB

1.3 Minutes of previous meeting held on 27 January 2022

The minutes of the previous meeting were approved as a true and accurate record of the meeting held on 27 January 2022.

1.3.1 Action Log

The action log was reviewed and noted as complete. Item 3.1 – North West London (NWL) Acute Provider Collaborative Briefing was noted to have taken place on 7 April 2022 during an introductory meeting of the Governors with the new NWL Chair in Common (MS). In addition, the draft Statement of Intent for the NWL Acute Collaborative was appended to the Chair's report on the agenda. Action closed.

1.4 Governors Nomination and Remuneration Committee Update

SG gave a verbal update on the business of the Governors Nomination and Remuneration Committee meeting held on 19 April 2022. It was noted that the following substantive matters had been discussed:-

- 1) Arrangements for the succession planning for Non-executive Director (NED) appointments following the expiry of the Term of Office of Eliza Hermann on 30 June 2022. The Committee agreed that recruitment would not take place immediately to fill this vacancy on the basis that the Trust remains compliant with our constitution and board composition with this vacancy in place. NED succession planning will be reviewed later in 2022. SG commended and thanked EH for her 8 years in post as a NED of the Board. SD echoed the thanks and appreciation of the Governors and wished EH the very best for the future. LW commended EH for her keeping the safety and experience of our patients at the centre of her focus during her time on the Board of Chelwest. She stated that EH was a challenging yet supportive and caring individual who had made a significant difference during her time in office. She noted that EH will be sorely missed.

EH expressed her thanks to the Governors for their kind words, support and guidance to her whilst she had been in post.

- 2) Approval of the adjustment of NED Remuneration with effect from 1 April 2022 to reflect the removal of interim additional responsibilities held by some NEDs following the appointment of MS as NWL Chair in Common – notably:-
 - S Gill – revert to a salary of £13K per annum plus £1K additional responsibility payment for holding the role of Senior Independent Director and £1K for holding the role of Vice Chair
 - E Hermann – revert to a salary of £13K per annum plus £1K additional responsibility payment as Chair of the Quality Committee
 - N Gash – revert to a salary of £13K per annum plus £1K additional responsibility payment as Chair of the Audit and Risk Committee
- 3) Approval to the Remuneration and Terms of Office for the NWL Chair in Common most notably with a term of office of 4 years from 1 April 2022 with an annual salary of £85K split equally (£21.25k each) between the 4 Acute provider Trusts within the NWL Collaborative. SG advised that the Nomination and Remuneration Committee had asked for clarity of the rationale for the salary level recommended for the role. It was noted that this reflected the size and complexity of the NWL Acute collaborative, including two NHS Foundation Trusts and two NHS non-Foundation Trusts. The NWL Acute provider collaborative was also noted to be one of the largest in the Country. SG confirmed that the salary had been approved by NHSE/I on behalf of the two NHS non-Foundation Trusts as being an appropriate level and was benchmarked with the recent appointment of the Chair in Common salary for Bart's. In addition, SG advised that the £85K presented a significant net saving against the former combined salaries awarded to the Interim Chairs and Chairs of each of the four NWL Acute provider Trusts.

AL (member of the Governor Nomination and Remuneration Committee) supported the saving realised by this combined role. He cautioned that there may be more infrastructure costs to address in relation to potential additional remuneration re the enhanced role of Vice Chairs in the very near future and it would be important to ensure that the overall infrastructure cost did not exceed those incurred by the former governance model.

RB (member of the Governor Nomination and Remuneration Committee) supported the remuneration and reinforced the complexity of the collaborative.

Resolution:-

The Council of Governors approved the Term of Office and Remuneration of the NWL Chair in Common

1.5 Governors Code of Conduct 2022

SG introduced the updated Governors Code of Conduct which had been developed by DC and updated to align with all aspects of national best practice. It was noted that this included a strengthened section re personal conduct and clearer alignment to the Trust Values.

SD thanked DC for her work on this document and felt this was much clearer than previous versions. SM commented that she was very supportive of the document stating that it was explicitly clear of the requirement of conduct of Governors.

Resolution:-

The Council of Governors approved the Governors Code of Conduct 2022.

1.6 Council of Governors Terms of Reference and Sub Group Terms of Reference

SG presented the Council of Governors Terms of Reference and Sub Group Terms of Reference for approval. DC advised that these may need to be refreshed during the course of the year to reflect impending national guidance for Council of Governors in relation to Acute Provider Collaboratives and Integrated Care Systems.

Resolution:-

The Council of Governors approved the Terms of Reference.

2.0 QUALITY

2.1 Council of Governors Quality Sub-Group Report and Plans for the Development of the Governor Statement for the 2021-22 Quality Report

LJW (chair of the above sub group) presented the paper and opened the floor to questions.

Resolution:-

As no questions were raised, the paper was formally noted and received by the Council of Governors.

2.2 Quality Priorities 2022/23

VS presented the report and confirmed that the quality priorities for 2022/23 had been developed following triangulation of intelligence from complaints, serious incidents etc. She delivered an overview of the each of the priorities, the rationale for inclusion and the associated measures of success. EH confirmed that the Quality Committee fully endorsed these priorities and would be holding the organisation to account for delivery.

Resolution:-

The Council of Governors resolved to receive and note the content of the report.

2.3 Maternity Services Improvement Programme

VC presented the report advising that maternity services had been under much scrutiny nationally following the Interim and Final Ockenden report. With regard to the interim report published last year, VC confirmed that the Trust is 95% compliant with all recommendations and will be 100% compliant by the end of June 2022 when an audit of compliance with the risk assessment documentation in maternity hand held notes will be completed.

With regard to findings from the Morecambe Bay Inquiry, VC confirmed the Trust is fully compliant.

VC explained the position both nationally and locally with regard to midwifery staffing levels and advised that following some national investment, Chelwest had reduced their gap against birth-rate plus standards from 73 to 50 midwives. She advised that there was a national shortage of 3,000 midwives and as such innovative thinking was required to develop new roles that could provide an alternative workforce model to the traditional midwife.

The final Ockenden report had been published at the end of March 2022 reflecting the findings

of care received by 1486 families at Shrewsbury and Telford NHS Trust over a 19 year period ending in 2019. This had resulted in a further 15 immediate and essential actions being identified for Maternity Services across the NHS. VC confirmed that benchmarking had commenced to understand where the Trust was compliant with recommendations and where improvement/change was required. SG reminded the COG that he was the Board Non-Executive Maternity Safety Champion and assured the Governors that he meets regularly with VC and EH (in her role as chair of the Quality Committee) to support the work plan and to gain assurance on continual improvement / progress.

CDB asked VC for her professional view of the findings of the final Ockenden report. VC reflected that there is probably some mirroring of aspects of some of the cases identified at Shrewsbury and Telford in Trusts across the Country – however not to the level experienced at Shrewsbury and Telford. VC remarked that the most concerning themes were a failure to listen to families, a failure to learn and a failure to change practice. As assurance she added that Chelwest has a strong system of investigation and learning within maternity services which includes independent representation and external representation on case reviews.

RB questioned how we can ensure we are forward thinking and preventative in our approach to maternity care given that we are one of the largest maternity services in the Country. VC spoke of a range of digital innovations in place to help to assess risk in patients and added that Chelwest is already a Centre of Excellence for many aspects of complex maternity care. She spoke of the range of networks within which the Trust operates to ensure strong shared learning from within and outside the Chelwest service.

PSG referenced the fact that maternity records are still manual and stated that an improvement in holistic care could be delivered for maternity patients if GPs could have access to an electronic system holding an electronic maternity record. He felt this would offer more timely care, better sharing of information and better collaboration between primary and secondary care. He requested that this recommendation be forwarded to the relevant governance forum for further exploration. SG advised that he would raise this with IT and would also report this at Board. VC agreed to follow up with PSG outside the meeting.

Resolution:-

The Council of Governors resolved to note the content of the report and take assurance of the ongoing work to learn from the Ockenden report and other national standards.

3.0 FOR INFORMATION

3.1 Joint Chair's Report

SG presented the report in the absence of MS. He reiterated the apologies of MS for his absence from the Council of Governors meeting due to a long planned family holiday and assured the Council that MS was committed to the work and role of the Governors.

He highlighted the draft Acute Provider Collaborative Statement of Intent aspect of the report and sought comments from the Governors on its content and presentation. He confirmed that the draft statement was being socialised with the 4 Boards within the Collaborative.

AL commented that the draft statement read well. He felt it could be further strengthened by being more explicit about wider collaboration across the health and social care system.

LW commented that the statement should be read in the context of a bigger strategic picture

across North West London.

PSG supported the principle of standardisation of pathways and access where appropriate but reminded Governors that this should not be allowed to erode a local degree of diversity where diversity was needed to respond to the needs of local populations.

LW commented that one of the pieces of learning from the pandemic was the importance of faith communities and advised that she would connect PSG with Mark Titcomb, Hospital Director of the West Middlesex site to understand more of how the Trust ensures local representation and inclusion in the development of pathways and services.

Resolution:-

The Council of Governors resolved to note and receive the report.

**3.2 – Chief Executive’s Report, Integrated Performance and Quality Report and People and
3.4 Organisational Development Workforce Report**

With the agreement of the Governors, LW presented the above three reports together as they all provided important intelligence to the context within which the Trust was operating.

She stated that the operational environment continued to be incredibly challenging driven in part by:-

- Ongoing impact of the Covid pandemic and the associated infection, prevention and control arrangements
- Significantly heightened activity in the Emergency Department
- Ongoing delivery of the Elective Recovery Programme
- Ongoing delivery of mutual aid to collaborative partners to start to reduce health inequalities across North West London

LW briefed the Council on national work that was taking place to identify productivity opportunities and measures across the health and social care system including the third sector, with the aim of ensuring that people receive the right care in the right place at the right time.

On the matter of staffing, LW advised that staffing levels continued to be challenging and advised that a more structured approach had been given to the workforce report to pull together staff wellbeing with a range of other important statistics. She confirmed that a re-set of our approach and grip of the quality agenda was now taking place to ensure that we move to our ‘pre-covid’ standards of delivery.

RL asked whether the staff are being supported in relation to their mental wellbeing and whether they have sufficient opportunities to seek help if they are struggling.

LW advised that the mental and physical health and wellbeing of all staff was implicit within the governance of the Trust and was a strong area of focus within the People and OD Committee and the Trust’s People Strategy.

Resolution:-

The Council of Governors resolved to note and receive the following reports:-

- Chief Executives’ report
- Integrated Performance and Quality Report

- People and Organisational Development Workforce Report

3.5 Accessibility Update

SG presented an update on delivery of the improvement plan to ensure our virtual environment is as accessible as possible by diverse groups and it was noted that this was now largely complete.

In terms of physical improvements, SG advised that these were largely governed through the Estates and Facilities team under the Executive Leadership of the Chief Financial Officer, Virginia Massaro (VM). SG advised that the initial focus had been to address inequalities at the Chelsea site and that an assessment was now taking place to inform the extent of improvement required at the West Middlesex site.

Resolution:-

The Council of Governors resolved to note the update.

4.0 OTHER BUSINESS

4.1 Questions from the public

There were no questions posed by the public.

4.2 Any Other Business

- a) AL expressed his concern that Local Authority representation on the Council of Governors had been inconsistent. He felt that stability in this aspect of the composition would be important given the system changes occurring in the ICS.
- b) DC concurred with AL and advised that Councillor Atterton was being contacted to complete her induction so that she could represent Hounslow. DC also advised that due to the failure of Westminster to identify a Governor representative, she had commenced discussions with Kensington and Chelsea regarding a nominated governor representative. Governors were supportive of this move.
- c) LW suggested that it may be helpful for Governors to receive the ICS Governance Chart to show how the various components of the system would be governed including the Health and Wellbeing Boards.
- d) SG confirmed that the Governor Briefing Session on 19 May 2022 would be led by the Chief Financial Officer who would brief the Governors on the Business Plan for 22/23.
- e) RL stated that she would value some time exploring the safety of transgender patients during inpatient care.
- f) PSG requested that it may be helpful for the Governors to have a future briefing session dedicated to the Wellbeing and Inclusion agenda. LW suggested that it may be helpful for staff network leads to provide such sessions for Governors.
- g) SG commended LW for being nominated as one of the top 50 Chief Executive Officers in the NHS in the Country. His applause was echoed by the Council of Governors.

4.3 Council of Governor's Forward Plan of Business

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

4.4 Council of Governors Attendance Register

The attendance register was received and noted.

4.6 Date and Time of the Next Meeting

Annual Members Meeting, 21 July 2022 at 1000 hours

Council of Governors Meeting, 21 July 2022 at 1600 hours.

Meeting closed at 18:01.



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

Meeting Date	Minute number	Subject	Action	Current status	Lead
27.1.22	1.5	Chair in Common	Convene to consider a recommendation for approval to the appointment of the shortlisted candidate as soon as a recommendation was available.	Complete – meeting held 7 February 2022	DC
27.1.22	3.1	Acute Provider Collaborative	Include the Acute Provider Collaborative within the Governor Briefing Session on the ICS on 24 March 2022	Complete - high level briefing given in Governors Intro to Matthew Swindells on 7 April and included within Chairs report on the agenda for 21 April 2022	SG/DC
27.1.22	3.3	Integrated Performance and Quality Report	Arrange Governor Briefing	Complete – held March 2022	DC
21.04.22	1.2	Declarations of Interest	RB to write to Corp Governance team confirming interest and then publish on the Council of Governors register of Interests on the website	RB has written to Corp Governance team – Team has update register accordingly	DL



TITLE AND DATE (of meeting at which the report is to be presented)		<i>Council of Governors Meeting, 21 July 2022</i>											
AGENDA ITEM NO.		1.4											
TITLE OF REPORT		Chair's Report											
AUTHOR NAME AND ROLE		Matthew Swindells, Chair in Common											
ACCOUNTABLE EXECUTIVE DIRECTOR		Matthew Swindells, Chair in Common											
THE PURPOSE OF THE REPORT <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													
REPORT HISTORY 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													
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND		<ul style="list-style-type: none"> The benefits of working collaboratively across North West London. Keeping patients at the forefront of service delivery and recognising the skills and commitment of staff that deliver high quality care. 											
KEY RISKS ARISING FROM THIS REPORT													
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)													
Deliver high quality patient centred care	Y												
Be the employer of Choice	Y												
Deliver better care at lower cost	Y												
IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:													

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

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

North West London Acute Trusts – Chair’s Report to the Council of Governors (COG) Meeting on 21 July 2022

1. Meeting Staff

- 1.1 In my report back in April I said that top of my priorities would be to get out around our hospitals and meet the staff who are doing such a brilliant job for local people. I am pleased to say that I now have a programme in place which enables me to get out into the service and do just that. Over the past few weeks, I have made a number of visits and met hundreds of staff, and I intend to continue to do this every month going forwards. My thanks to the people who organised my visits and to the people who were so generous with their time in showing me their services.
- 1.2 At **St Mary’s** I had a full tour of the estate to see the desperate need for major capital investment and met ward managers and their teams who were delivering great care in Victorian conditions.
- 1.3 At **Charing Cross** I visited the physiology departments where we talked about the accreditation programmes that they have been going through, the challenge of recovering waiting times post COVID with high levels of sickness and vacancies and the difficulty in getting needed equipment (with the global shortage of microchips) and the need to finish the roll-out of the Cerner system and connect up other IT to give a full end-to-end view of the patient pathway.
- 1.4 At **Hillingdon** I visited teams from catering, security, maternity, the respiratory unit and care of the elderly to discuss their experience of working in the hospital and their pride in working in a hospital that is a real part of its local community.
- 1.5 At **Northwick Park** I was delighted to be part of the opening of new Clinical Research Facility and walk around it with Christiana Dinah, Director of Research, and Dame Kate Bingham.
- 1.6 At **Central Middlesex**, Pippa Nightingale, Chief Executive of London North West University Healthcare NHS Trust, took me for a walk around which included meeting staff that have been part of the transfer of St Mark’s Hospital and see the great job they are doing to settle their patients into the new surroundings.
- 1.7 At **Chelsea and Westminster** I had a guided tour of the hospital from end to end by Lesley Watts, Chief Executive, seeing the exceptional facilities and care delivered to local people.
- 1.8 I have not visited every site yet, including my local hospital at Ealing, and I am a long way from getting to know every department - which will take me years. There is an open invitation for staff to contact my office if they would like to invite me to visit their department.

2. Meeting Stakeholders

- 2.1 I have met with a range of our critical stakeholders including Sean Harris - the outgoing CEO of Harrow Council, Cllr Ketan Sheth - the Chair of Community & Wellbeing Scrutiny Committee at Brent Council, and Cllrs Cowan and Coleman - the Leader and Chair of Health & Wellbeing respectively at Hammersmith and Fulham Council.
- 2.2 I also chaired the Hillingdon Redevelopment Partnership Board which expressed its whole-hearted support for the Outline Business Case for the new Hillingdon Hospital, developed by the hospital team. We wait anxiously now for the decision of the Department of Health and Ministers before moving on to the next phase of planning.

- 2.3 I have worked closely with our two Councils of Governors, chairing four meetings for Hillingdon Hospitals – Nominations and Remuneration, a redevelopment briefing, a briefing on the acute collaborative and the full Council of Governors; and two for Chelsea and Westminster – Nominations and Remuneration and the away day as well as a number of meetings with individual governors. I also met with Trish Longdon, the lead lay partner for Imperial's Lay Strategy Forum. I look forward to further developing our governor and lay member engagement in the coming months.
- 2.4 Lastly, I spoke at the Australia – British Health Catalyst Event at the Royal College of Physicians on "Adopting change for effective and efficient healthcare" and chaired a panel session on "Putting data to work; tackling the elective care backlog" at the NHS Confederation conference in Liverpool which our own Kate Wilson from Hillingdon and Bruno Botelho from Chelsea and Westminster were excellent contributors.

3. The Acute Collaborative

- 3.1 During the past month we have been developing the forward vision and structures for the acute collaborative. You will remember that the acute collaborative is driven out of the experience of COVID when the four acute hospitals in North West London demonstrated how working in partnership delivered a fantastic response for the benefit of our local population. The acute collaborative aims to continue that tightly integrated working as we recover our services after COVID and focus on improving the health of the population and reducing health inequalities, and avoid drifting back into sterile competition between our institutions.
- 3.2 As the first steps towards that joint working we have been moving forward on four fronts in the past few weeks.
- 3.3 Firstly, with the support of the two Foundation Trusts' Councils of Governors, I have confirmed Vice Chairs into post with enhanced roles to reflect their new responsibilities in tying together the work of the Boards across the Acute Collaborative. Thank you to: Steve Gill (Chelsea and Westminster), Catherine Jervis (Hillingdon), Bob Alexander (Imperial) and Janet Rubin (London North West).
- 3.4 Secondly, each of the four Trust Chief Executives has taken cross-system leadership for a major strategic area and is now working with the appropriate senior leadership in each of the four Trusts to implement improvements in: i) Operational performance (Lesley Watts, Chelsea and Westminster); ii) Clinical Quality and Care (Tim Orchard, Imperial); iii) People management (Pippa Nightingale, London North West); and iv) Information and data (Patricia Wright, Hillingdon).
- 3.5 Thirdly, we have launched a programme to bring our information across the acute collaborative onto a common data platform and to align the way we count and measure things, so that we identify excellence and risks across the four Trusts and align around best practice so that everyone in North West London receives an equally high quality of services.
- 3.6 Fourthly, we have been consulting widely to design the governance structures that will enable ourselves to come together around a single Board in Common for the four Trusts in the autumn whilst, at the same time, enhancing engagement with local communities.

4. Recovering Our Services

- 4.1 Perhaps the most important thing that we have done in the last couple of months is agree and start to implement our plans for the coming year.
- 4.2 All of our hospitals have signed up to challenging plans for the coming year that will show us returning to levels of activity higher than they were pre-COVID whilst maintaining financial control. If we can achieve this, we will see reductions in A&E waiting time, reductions in the

number of patients waiting a very long time for outpatients and surgery and a reduction in the total number of people on the waiting lists.

- 4.3 This will be tremendously challenging for all of our staff, and we know that even if we achieve what we have set out to do, we will still be a long way short of what any of us would consider to be our ambition for waiting time. The journey back from the impact of COVID on our services will be a long one.

5. Annual Members Meeting 2022

- 5.1 The Annual Members meetings are scheduled for the following dates:
- 21 July - Chelsea and Westminster NHS Foundation Trust – AMM
 - 20 September – The Hillingdon Hospitals NHS Foundation Trust – AMM
- 5.2 I look forward to seeing our members, Governors, staff and patients at the upcoming events.

6. Our Staff

- 6.1 By the time you read this we may know the recommendations of the pay review bodies and the government response to them. Staff will know whether the gratitude of the public expressed by people clapping on their doorsteps is being turned into a pay offer that reflects the cost of living increases our people face and supports the hospitals in recruiting and retaining staff. Whatever happens, we remain hugely grateful to all our staff, clinical and non-clinical, for the tremendous work they do every day to care for our patients.

7. Health and Care Act 2022: Integrated Care Systems

- 7.1 The Health and Care Act 2022 introduced new legislative measures with the aim to make it easier for health and care organisations to deliver joined up care for people who rely on multiple different services. In line with its duty in the Act, NHS England established, 42 Integrated Care Systems (ICSs) across England on a statutory basis on 1 July 2022. The four North West London Acute Trusts are members of the North West London Integrated Care System. And we will work with others to bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services.

8. 74th Birthday of the NHS

- 8.1 The NHS Celebrated its 74th birthday on Tuesday 5 July and a number of events took place across the four Trusts to mark the celebration.
- 8.2 Chelsea and Westminster NHS Foundation Trust received a visit from Professor Jacqueline Dunkley-Bent, Chief Midwifery Officer for England, who met with our staff and served up tea and cake to many of our staff and patients. Also on the day, MP Seema Maholtra visited West Middlesex University Hospital to pay a special tribute to staff from the Kew Ward.
- 8.3 Imperial College Healthcare NHS Trust received a visit from Amanda Pritchard, Chief Executive of NHS England, to Charing Cross hospital where she met hospital staff at the Marjory Warren acute medical unit and visited the new staff 'rest nest' break area, before stopping at the renal dialysis unit to see patients take part in one of our regular arts engagement activities. The visit ended with an NHS Big Tea party in our new staff lounge, funded by Imperial Health Charity as part of our staff spaces improvement programme.
- 8.4 A number of colleagues from Hillingdon Hospitals NHS foundation Trust attended a special reception at 10 Downing Street on the evening of Monday 4 July and met the prime minister.
- 8.5 At London North West University Healthcare NHS Trust, a number of events were held across the three sites and teams came together for tea and cake, posed for photos, watched the new HEART values video and received gifts.

9. London Bridges Walk 2022

- 9.1 And lastly, I would like to thank Ian Tate and the collective efforts of the Griffin Institute, Hillingdon Hospitals Charity, London North West Healthcare Charity, The Red Lion Group and the St Mark's Hospital Foundation in organising the London Bridges Walk to raise funds for their important causes. My wife and I had a great time meeting the other walkers on our way through central London and are now proud owners of the official t-shirt. Well done and thankyou to the other walkers.

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors, 21 July, 2022											
AGENDA ITEM NO.	1.5											
TITLE OF REPORT	Chief Executive's Report											
AUTHOR NAME AND ROLE	Vanessa Sloane, Deputy Chief Nurse											
ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts, Chief Executive Officer											
THE PURPOSE OF THE REPORT <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 in respect to Covid-19 and Monkey Pox			
Decision/Approval												
Assurance	X											
Info Only												
Advice												
REPORT HISTORY 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>EMB</td> <td>20/7/22</td> <td>TBC</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Name of Committee	Date of Meeting	Outcome	EMB	20/7/22	TBC					
Name of Committee	Date of Meeting	Outcome										
EMB	20/7/22	TBC										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> Continued commitment to the Covid Vaccination Programme and flu vaccination Monkey Pox clinics set up across 4 sites to deliver 3000 vaccinations in July 											
KEY RISKS ARISING FROM THIS REPORT	Covid 19 & Monkey Pox current situation & future plans											
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)												
Deliver high quality patient centred care	X											
Be the employer of Choice	X											

Deliver better care at lower cost	X	

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

Chief Executive's Report to the Council of Governors, 21 July, 2022

Covid 19 & Monkey Pox current situation & future plans.

Covid 19

- We continue to see increasing numbers of patients in our hospitals, although many of these are admitted due to other illness/ injuries. Numbers of staff off sick with Covid-19 remain significant – please remind teams to correctly record sickness on Healthroster or sickness return if not on HR.
- Mask wearing remains a requirement within all areas for staff & visitors. This can be challenging with some staff members & visitors but we continue to reiterate the message. Nationally masks were removed as a requirement in healthcare settings however a number of areas (Midlands, Cornwall) & Trusts have reintroduced these due to the rising number of infections.
- We are still working with the national guidance to move from PCR to lateral flow testing for the majority of patients, and discussing at CEO cabinet whether or not we should continue to PCR test staff.
- Vaccinations for members of the public & staff (1st, 2nd, 3rd & 4th vaccinations) continue to be offered through the West Middlesex hub twice a week. These will likely continue through the summer & will then ramp up in September for the Autumn vaccination program which will run Sept - Dec. Currently we are expecting the Autumn vaccinations to be for over 50's, clinically vulnerable & healthcare staff. We plan to vaccinate at Chelsea site for staff only & continue at West Middlesex site for members of the public & staff.
- Flu vaccinations for staff will run alongside the above & are expected to arrive in the organisation the last week of September. Given the recent high levels of flu seen in Australia predictions are that this will be a difficult year for flu & so all necessary efforts will be given to ensuring an improved uptake of flu vaccination – our CQUIN is for 90% of staff to take up flu vaccination.

Monkey Pox

- Our sexual health clinics are continuing to see rising numbers of patients with suspected or confirmed monkey pox. 50% of London & 30% of national cases have been seen through CW clinics.
- As requested by the NWL & national teams we have now set up vaccination clinics across 4 sites (WM, Dean St, 10HB & St Stephens) 7 days a week & are on track to deliver 3000

vaccinations in July. We are planning to continue vaccinations through August if vaccine is available & into September with a new supply of vaccines as well as a planned move to a PGD which will streamline the process.

- The IPC team continue to support with changing guidance around PPE & cleaning.



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TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors, 21 July 2022											
AGENDA ITEM NO.	3.1a											
TITLE OF REPORT	Finance and Investment Committee (FIC) - Chairman's Report to Council of Governors											
AUTHOR NAME AND ROLE	Nilkunj Dodhia, Non-Executive Director											
ACCOUNTABLE EXECUTIVE DIRECTOR GOVERNOR	Nilkunj Dodhia, Non-Executive Director											
THE PURPOSE OF THE REPORT <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 of the Finance and Investment Committee			
Decision/Approval												
Assurance												
Info Only	X											
Advice												
REPORT HISTORY Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Nil</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Nil							
Name of Committee	Date of Meeting	Outcome										
Nil												
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> The purpose of this report is to provide governors with information about the activities and effectiveness of the Finance and Investment Committee (FIC). 											
KEY RISKS ARISING FROM THIS REPORT												
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)												

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:		Council of Governors have a responsibility for membership engagement and development. This sub-committee holds delegated responsibility for the system to deliver these responsibilities.
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)	

Audit and Risk Committee (ARC) Chairman's Report to Council of Governors

Finance and Investment Committee (FIC) - Chairman's Report to Council of Governors, 21 July 2022

The purpose of this report is to provide governors with information about the activities and effectiveness of the Finance and Investment Committee (FIC). This report covers the committee's meetings during the period from April 2021 to March 2022.

About the Committee Chairman

Nilkunj was appointed a Non-Executive Director (NED) of the Trust in July 2014 and has chaired the Finance and Investment Committee (FIC) since July 2020. Nilkunj is a member of the Quality Committee and is the NED lead for the Trust's technology and digital agenda.

Committee Background and Terms of Reference

FIC aims to bring the finances of the hospital under scrutiny on behalf of the Trust Board.

There are three objectives:

- 1) Oversight of Financial Planning and Performance
 - a. Review budgets, annual and medium-term targets.
 - b. Maintain an oversight as to the robustness of the Trust's income streams and contractual safeguards.
- 2) Investment Policy
 - a. Approve and keep under review the Trusts investment and treasury policy and ensure compliance by reviewing the Trusts' balance sheet and cash flows.
- 3) Other
 - a. Review proposals for major business cases before submission to the board (>£1m in budget >£200k out of budget).
 - b. Commercial and Private Patient growth strategy and business cases.
 - c. All Capital Expenditure and business cases >£1m.
 - d. Monitor and keep major projects under review.
 - e. To consider the performance and effectiveness of Joint Ventures and Joint Operations (change to FIC Terms of Reference in 19/20).

Committee Membership and Attendance (April 2021 – March 2022)

The current Committee members are Aman Dalvi (NED), Steve Gill (NED), Rob Hodgkiss (COO) and Virginia Massaro (CFO). Steve Gill was a member of FIC until March 2021 when he stepped up to the Interim Chair role. During this period the Board agreed to continue with two NEDs, the minimum required to be quorate. In June 2022, with the arrival of Matthew Swindells as Chair-in-common across the 4 North West London Acute Trusts, Steve reverted to the Vice Chair role and also joined FIC, re-establishing a full complement of 3 NEDs.

In addition to financial stewardship, FIC also covers estates and information technology. Aman Dalvi is the designated NED lead for estates and brings considerable experience that has been key in supporting major developments, including the Ambulatory Diagnostic Centre which is the largest estates scheme the Trust has embarked upon during my tenure.

The committee continued to meet virtually (by video conference) at its scheduled times during the period, continuing the format adopted during the early phases of the pandemic.

The discussions are robust, challenging and constructive for both the Executives and NEDs. The committee regularly has a full agenda with balanced participation from all members and those attending meetings for specific items. The attendance record was 100% over the period.

Significant Items Covered Since April 2021

At every meeting, the committee reviews:

- Monthly financial results
- Improvement Programme (including Cost Improvement Programmes – CIP) status
- Business cases as they arise
- Deep dive into aspects of service and/or divisional performance (paused during COVID emergency; due to recommence Sept 2022)
- Capital expenditure forecast and plan (quarterly and in detail at least twice yearly)
- Annual budget and plan preparation
- Long Term Financial Plan (Quarterly)
- Risk Assurance Framework – Risks relating to Finance, IT and Estates (Quarterly)
- Board Assurance Framework (Quarterly)
- Digital Programme Board Minutes
- Forward diary of the committee's agenda

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

- Business Cases
 - Desktop User Experience Business case – approved (£1.6m capital)
 - Replacement of Fire Alarm System (WM site) – approved (£1.9m capital)
 - Ambulatory Diagnostics Centre business case – approved to progress to the next stage (£63m overall project, £2.2m approved for RIBA stage 2)
 - Lift Replacement Programme business case (CW site) – approved (£1.3m capital)
 - PC and Laptop replacement Business Case – approved (£2.5m capital)
 - Gender Affirmation Surgery Business Case – approved (c£4m pa revenue)
 - Bubble Roof Replacement Business Case (CW site) – approved (£2.4m capital)
 - Robotic Surgery Business Case – approved (£1.3m capital)
 - ED Junior Doctor Rota Compliance Business Case (both sites) – approved (£1.4m pa revenue)
 - SPECT-CT Scanner Replacement Business Case (CW site) – approved (£2.5m capital)
 - Treatment Centre Target Investment Fund bid (CW site) – approved to progress to next stage (£14.9m capital)
 - NWL Shared Procurement Service Business Case – approved (no financial impact)
 - Lower Ground Floor Treatment Rooms business case (CW site) – approved (£1.1m capital, £2.2 pa revenue)

- Other
 - Digital Programme
 - IT risks and network deep dive
 - NWL ICS Financial Framework
 - Ambulatory Diagnostics Centre project monitoring
 - Sustainability Strategy
 - Pharmacy Wholly Owned Subsidiary (CW Medicines) project monitoring and gateway review
 - Review of Benefits Realisation Process
 - National Cost Collection Index
 - Air Handling Units/ Ventilation update
 - NICU/ICU project monitoring
 - Estates & Facilities Performance & Governance Group Terms of Reference
 - Treasury Management Strategy
 - Review of joint ventures & partnerships, including Sensyne Health, CW Medicines and North West London Pathology

What's Working Well, What Needs Improvement

The committee members conducted a committee evaluation process in December 2021 and the overall evaluation was positive. The committee has maintained meetings to 9 per annum.

The impact of FIC is felt beyond the committee as teams are often asked to attend and present in their given area. The Chair and other members occasionally attend deep-dive meetings which are held to review elements of the improvement plan (to avoid duplication and to increase members' understanding of a particular area. However, these were paused during the COVID emergency and will recommence in September 2022.

During the year, the Trust sought to improve support for commercial activity and established the Enterprise Division to consolidate all commercial activity under a single governance structure. To support the division, the Commercial Assurance Board was set up, chaired by Virginia Massaro.

Information technology (IT) is central to hospital operations, and a programme of work during the year saw the refresh of IT infrastructure and the implementation of a rolling programme of investment to maintain the Trust's digital estate. SPHERE, the outsourced IT support organisation owned jointly by Chelsea and Westminster NHS FT and The Royal Brompton & Harefield NHS Trust was disbanded and services successfully brought in-house.

The final phase of the ICU/NICU development concluded in the year, resulting in a world-class facility that provided timely benefit in supporting the surge in COVID-related hospitalisations during the winter of 2021. The post-investment review of ICU/NICU highlighted improvements in managing large estates projects. The lessons learned have been embedded for future developments.

The Trust initiated a major development scheme in the Ambulatory Diagnostic Centre (ADC) on the West Middlesex site to improve diagnostic capacity and provide dedicated space for learning and development. This is part of a larger site development plan of which the ADC is the first phase. FIC is monitoring progress using a stage-gate process, and the project is shortly going to enter the planning application stage.

Outsourced outpatient pharmacy operations supported by Boots were deemed to be too costly for renewal, and the Trust concluded to set up a wholly-owned subsidiary of the Trust to replace Boots. CW Medicines was inaugurated and commenced operations at the Chelsea site in April 2022, with the intention of extending the service to the West Middlesex site once steady operations are established.

Future Challenges

Rapidly increasing non-elective demand, coupled with a significant patient backlog, rising costs, and workforce challenges present scenarios that are likely to be the norm over the foreseeable future. Particular factors include high inflation driven largely by energy costs, a fragile workforce and COVID-related sickness, persistent patient backlogs, and high demand for services.

The Trust achieved 100% of its Cost Improvement Plan (CIP) in a challenging year amid a backdrop of COVID disruption. For the coming year, the Trust has reverted to a more regular CIP target of 3% of Income. The Trust has made significant cost improvements over the years, and to continue to do so is becoming increasingly difficult, requiring the Trust to take a radical approach. The plan for the year is to develop fewer larger schemes with a multi-year improvement trajectory and focus on productivity improvement as well as cost avoidance. A key enabler will be to leverage the significant investment in technology to deliver productivity improvements by extending virtual models of care, actionable data intelligence to target interventions, process automation, and back-office rationalisation.

The Board continues with the principle to agree on a budget that it is confident in achieving. The target for 22/23 is to achieve a break-even position.

Finally, system working is going to be central to health and care delivery, particularly now that Integrated Care Systems are statutory bodies that can use the levers of infrastructure, financial incentives, data insights and targeted interventions to level up the quality and provision of care across regions.

Nilkunj Dodhia

21 July 2022



CONFIDENTIAL

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors, 21 July 2022											
AGENDA ITEM NO.	3.1b											
TITLE OF REPORT	Audit and Risk Committee (ARC) Chairman's Report to Council of Governors											
AUTHOR NAME AND ROLE	Nick Gash, Non-Executive Director											
ACCOUNTABLE EXECUTIVE DIRECTOR GOVERNOR	Nick Gash, Non-Executive Director											
THE PURPOSE OF THE REPORT <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 of the Audit and Risk Committee (ARC)			
Decision/Approval												
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Nil												
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> ARC is directly accountable to the Board and provides assurance that probity and professional judgement is exercised in all financial and operational areas of governance. 											
KEY RISKS ARISING FROM THIS REPORT												

STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)		
Deliver high quality patient centred care	Y	
Be the employer of Choice	Y	
Deliver better care at lower cost		

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:		Council of Governors have a responsibility for membership engagement and development. This sub-committee holds delegated responsibility for the system to deliver these responsibilities.
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)	



Audit and Risk Committee (ARC) Chairman's Report to Council of Governors

July 2022

The Committee Chairman – Nick Gash

I am pleased to present my annual report of the work of the Audit and Risk Committee to the Council of Governors. That pleasure is tinged with a bit of sadness as it will be my last report to you as I will be leaving the Board at the end of my current term of office at the end of October.

The impact of Covid has again dominated the working of the Trust and as I write this another new variant and spike in cases has further delayed the return to face-to-face meetings. We have now not been in the same room as a committee for over two years. However as reported last year I have maintained close contact with the Finance Director Virginia Massaro, other relevant executive directors, external auditors, internal auditors and the counter fraud team as well as keeping myself up to date myself with the latest guidance for NHS audit as it is published. Covid has impacted on national and local networks but I have maintained as much contact as I can.

Committee role and membership

ARC is directly accountable to the Board and provides assurance that probity and professional judgement is exercised in all financial and operational areas of governance. It is the only Board Committee which is made up solely of NEDs (executive directors attend but are not members)

The overall role is well described by the Healthcare Financial Management Association (HFMA):

“it is the ‘lens’ through which the Board examines the assurances it requires to discharge its duties.”

To fulfil this role, we are supported by independent advisors who attend all ARC meetings:

External auditors - **Deloitte**

Internal auditors - **BDO**

Counter fraud specialists – **RSM**

BDO and RSM took over their responsibilities this year so a significant part of my and the committee's work has to be to ensure a smooth handover and induction for our new partners and I am pleased to say that we have quickly developed a good and appropriate working relationship. When I wrote last year telling you of these changes, I said I hoped that one benefit of the joint tender of internal audit and counter fraud services across the sector was that we could leverage the benefit of a shared service. It is fair to say that this has not yet been realised but one of the proposals for the new provider collaborative is that there will be liaison meeting of Audit Chairs to consider Internal Audit plans and review where common areas of inquiry could be helpful.

The other NEDs who sat on the committee during this time were **Eliza Herman** and **Aman Dalvi**. I would like to thank them all for their hard work and the insight and wisdom they brought to the

committee. As you know Eliza has now left the Board and will be replaced by Steve Gill on the committee pending the full reorganisation of the committee under the new governance arrangements.

Executive support to ARC is provided by Virginia Massaro (CFO) and for the period of this report Dawn Clift (Interim Director of Corporate Governance and Compliance). Lesley Watts (CEO) also attends the committee with other members of the executive team.

Committee activities

The committee meets on a cycle geared to the Trusts external reporting timetable - standing items on the ARC agenda include:

- External audit – most importantly the Annual Report and Accounts including the Quality Account but also our External Auditors maintain a watching brief and keep the committee abreast of regulatory requirements and any changes in reporting standards.
- Internal audit (annual workplan and in-year reporting) – The non-statutory and discretionary work of the Audit and Risk Committee is agreed by the committee each year and forms the basis of the Internal Audit Plan carried out by KPMG.
- Scrutinising the Risk Register and Board Assurance Framework. It is worth noting here that ARC's role is not managing all of the risks, it is about providing assurance to Board that the governance processes are in place to ensure there is effective management of risk across the organisation. Specific risks are scrutinised by the relevant operational board committees
- Counter fraud – agreeing the annual work plan and receiving progress reports at every meeting.
- Oversight of losses and special payments including the writing off of any bad debts.
- Cyber Security –the committee receives an update including a performance dashboard at every meeting.
- Information Governance – the committee reviews a full report on this on a half yearly basis.

Review of Committee Activity

The core business of the committee has continued despite the pressures of Covid and I would again pay tribute to Virginia and her team for their outstanding work over this time in maintaining the trust's financial systems and controls while also supporting a range of frontline activity across the trust.

Despite the challenges the annual audit went smoothly, and the Report and Accounts were delivered on time. Our last meeting was taken up with the review of these documents alongside the report from our external auditors. This year there was again no requirement for the Quality Account to be audited. The committee was pleased to recommend the Report and Accounts for approval by the Trust Board. The Governors and members will have the opportunity to formally review the Annual Report and Accounts and to question the External Auditors at the annual meeting later today. I can report that the Trust met our financial targets and we again received very positive assurance from Deloitte on the sound financial management and governance of the Trust.

The annual reports from Internal Audit and Counter Fraud were also reviewed at that meeting. The table attached to this report from BDO's annual report on the Trust shows the internal audits that were undertaken in 2021/22 and the level of assurance given. At the time this was presented to the committee in June, three reports were outstanding. They will be presented and reviewed at the ARC meeting on 28 July.

The protocol whereby the chairs of board committees are not only consulted about the content of the annual internal audit plan but also the terms of reference of individual audits has continued and has been beneficial in ensuring that audits focus on the operational areas that are of concern to the NEDs.

Those that have seen my previous reports will note that the report descriptors used by BDO are different from those used by our previous internal auditor – they describe assurance as “Substantial”, “Moderate”, “Limited” and “None”.

You will note that there was one report where overall assurance was “limited” but I would point to the comment made by the auditors in the report: *“Management are proactive in directing internal audit to the areas in which risks are known, so whilst Project Management- David Erskine Ward contained a limited assurance opinion, this reflects the appetite to address areas of control weakness and the risk management processes in place to ensure these areas are identified. We are pleased to note that key financial systems received substantial assurance on design and effectiveness of controls”*

The overall Internal Audit rating for 2021/22 was **“Moderate”**.

RSM also delivered a positive counter fraud report indicating that the counter fraud, bribery and corruption work carried out during 2021/22 had been self-reviewed against the Functional Standard requirements relating to fraud, bribery and corruption and that a green rating was achieved.

Annual plans for Internal Audit and Counter Fraud have been signed off following consultation with Committee chairs.

ARC again oversaw the annual review of the board committees. A systematic review of their effectiveness and terms of reference was undertaken which included a review of our own work as a committee. The review drew on self-assessment and external comment and provided excellent overall assurance as well as offering helpful insight and ideas for improvement for committee chairs.

Looking Forward

I am confident that the committee is working effectively as we move into the new collaborative arrangements. I am absolutely convinced that this will be a positive development for the communities we serve. The Audit Committee will continue to play a vital role in providing oversight to ensure that you and the Board can be assured of effective governance as well as the continued delivery of excellent operational systems and controls.

I wish you and my successors all the best for the future, it has been a pleasure and a privilege to work with you

Nick Gash

14/7/2022

REVIEW OF 2021/22 WORK

Report Issued	Recommendations and significance			Overall Report Conclusions	
	H	M	L	Design	Operational Effectiveness
Conflicts of Interest	-	4	-	Moderate	Moderate
Self-Certification	-	-	2	Substantial	Substantial
Data Quality- Cancer Indicators	-	2	-	Moderate	Moderate
Risk Maturity	-	11*	-	N/A	N/A
Safeguarding Children	-	2	-	Substantial	Moderate
Key Financial Systems	-	-	3	Substantial	Substantial
Cyber Security	2	5	-	Moderate	Limited
Budget Setting & Reporting	-	-	3	Substantial	Substantial
Project Management- David Erskine Ward	5	-	-	Limited	Limited
Data Security & Protection Toolkit	-	4	1	Advisory review: therefore, no opinion issued.	



CONFIDENTIAL

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors meeting – 21 July, 2022
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AGENDA ITEM NO.	3.2a								
TITLE OF REPORT	Quality & Performance Report – May 2022								
AUTHOR NAME AND ROLE	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer								
ACCOUNTABLE EXECUTIVE DIRECTOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer								
THE PURPOSE OF THE REPORT <table border="1"><tr><td>Decision/Approval</td><td></td></tr><tr><td>Assurance</td><td>✓</td></tr><tr><td>Info Only</td><td></td></tr><tr><td>Advice</td><td></td></tr></table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	✓	Info Only		Advice		To report the combined Trust's performance for May 2022 for the Trust, highlighting risk to achievement, issues and identifying key actions going forward.
Decision/Approval									
Assurance	✓								
Info Only									
Advice									
REPORT HISTORY Committees/Meetings where this item has been considered)									
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>In Month 2 (May 2022), all points of delivery continue to face challenges with capacity, staffing and increased demand, a view which is mirrored nationally. Despite these challenges, the Trust has sustained performance across a number of domains and remains one of the top performing Trust overall.</p> <p>The London view has shown a rise in the RTT PTL; however the Trust is experiencing only a marginal increase when compared to the previous month and continues to ensure there are no 104+-week waiters for the second consecutive month. The focus continues to be ensuring the Trust is on track to deliver the activity levels ambition as set out in the Operating Plan 2022/23.</p> <p>A number of Cancer targets are noted to be complaint in Month 2 including Cancer 2-Week (Urgent), 2-Week (Breast), 31-Day Drug and 31-Day Surgery.</p> <p>A&E</p>								

A&E 4hr performance remains uncompliant with performance of 78.88% in Month 2. This was the 3rd highest performance in London and 14th highest nationally. Both departments continue to be strong performers with ambulance handover times. The departments remain pressured by increasing type 3 activity, with overall activity in month 6% higher than May 2019. Challenges continue with staffing levels within the UTC at West Middlesex with deterioration in the department's performance impacting performance in A&E. Work continues to redirect patients to primary care as well as SDEC services, and changes in COVID-19 testing have been made during June which should help to support improved flow through the Emergency Departments.

Cancer

- **2-Week Wait:** This measure is compliant for May 2022. Compliance is maintained despite the sustained increased in GP suspected cancer referrals, particularly in skin, lower GI and gynaecology pathways.
- **28-Day Faster Diagnostic Standard (FDS):** The 28-day Faster Diagnosis Standard (FDS) target is marginally non-compliant for May 2022, currently at 74.79%. The expectation is that following final validation this will achieve compliance.
- **62-Day:** 62-Day *GP Treatment* for May 2022 is currently non-compliant at 65.56%. This is expected to improve as patients treatment status are confirmed but is projected to be non-compliant for the month. Complex patients as well as delays in histology have broadly driven this position, increasing the length of patient's pathways.
- **62-Day Screening:** This measure is reporting a non-compliant position currently. This represents 1.5 patient pathways against 1.5 patient breaches. It is noted that this is an unvalidated position.

18 Week RTT Incomplete

The teams continue to book patients in priority and chronological order to address the longest waiting. Plans to reduce outpatient waits, see patients on different pathways and improve theatre efficiency will result in improved RTT performance. The Trust continues its work to ensure data quality challenges are minimised, the patient tracker lists are accurate and reported performance is as expected.

Diagnostic Waits <6 weeks

May performance was marginally below the 99% target. The Trust remains committed to delivering the target with working groups in sub specialities set up to support improvements. May 2022 noted the majority of breaches in Cystoscopy and Echocardiography. Both services have increased capacity in June 2022 by utilising outsourcing provision, it is likely with this resource that breaches in these specialities will be mitigated in June 2022. Endoscopy across the Trust has seen improvements in its breach numbers in May 2022, this reflects the management support in ensuring the booking process is delivered and maintained.

KEY RISKS ARISING FROM THIS REPORT	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

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

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

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

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

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

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











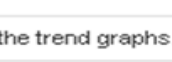
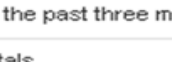

TRUST PERFORMANCE & QUALITY REPORT

May 2022



NHSI Reporting

NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023 Q1	2022-2023	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	78.08%	82.86%	77.24%	79.88%	78.60%	77.77%	80.17%	79.04%	78.37%	80.00%	78.88%	79.41%	79.41%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	65.72%	66.61%	70.91%	68.75%	60.96%	58.95%	60.33%	59.65%	63.66%	63.29%	66.25%	64.77%	64.77%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (May-22) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	90.01%	92.84%	94.44%	92.84%	97.96%	98.12%	97.08%	98.12%	94.69%	95.83%	95.98%	95.83%	95.83%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	99.08%	100%	100%	100%	99.08%	100%	100%	100%	100%	
	31 days diagnosis to first treatment (Target: >96%)	95.52%	89.47%	95.92%	89.47%	92.86%	94.20%	97.70%	94.20%	94.16%	92.52%	97.06%	92.52%	92.52%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	n/a	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	100%	100%	
	62 days GP referral to first treatment (Target: >85%)	78.82%	93.75%	71.15%	93.75%	78.00%	81.52%	63.28%	81.52%	78.38%	85.71%	65.56%	85.71%	85.71%	
Cancer - FDS	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	50.00%	33.33%	44.44%	41.67%	50.00%	33.33%	44.44%	41.67%	41.67%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	79.52%	76.61%	79.62%	78.16%	73.07%	66.92%	71.60%	69.46%	75.58%	71.00%	74.79%	73.02%	73.02%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	3	1	1	2	2	2	1	3	5	3	2	5	5	
Please note the following three items		<div>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.</div> <div>RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators</div> <div>Note that all Cancer indicators show interim, unvalidated positions for the latest month (May-22) and are not included in quarterly or yearly totals</div>													

A&E: A&E 4hr performance remains uncompliant with performance of 78.88% in Month 2. This was the 3rd highest performance in London and 14th highest nationally. Both departments continue to be strong performers with ambulance handover times. The departments remain pressured by increasing type 3 activity, with overall activity in month 6% higher than May 2019. Challenges continue with staffing levels within the UTC at West Middlesex with deterioration in the department's performance impacting performance in A&E. Work continues to redirect patients to primary care as well as SDEC services, and changes in COVID-19 testing have been made during June which should help to support improved flow through the Emergency Departments.

RTT 18 Week Incomplete: The teams continue to book patients in priority and chronological order to address the longest waiting. Plans to reduce outpatient waits, see patients on different pathways and improve theatre efficiency will result in improved RTT performance. The Trust continues its work to ensure data quality challenges are minimised, the patient tracker lists are accurate and reported performance is as expected.

Cancer (Unvalidated)

2WW: This measure is compliant for May 2022. Compliance is maintained despite the sustained increased in GP suspected cancer referrals, particularly in skin, lower GI and gynaecology pathways.

28-Day FDS: The 28-day Faster Diagnosis Standard (FDS) target is marginally non-compliant for May 2022, currently at 74.79%. The expectation is that following final validation this will achieve compliance.

62-Day: 62-Day *GP Treatment* for May 2022 is currently non-compliant at 65.56%. This is expected to improve as patients treatment status are confirmed but is projected to be non-compliant for the month. Complex patients as well as delays in histology have broadly driven this position, increasing the length of patient's pathways.

62-Day Screening- Screening is reporting a non-compliant position currently. This represents 1.5 patient pathways against 1.5 patient breaches. It is noted that this is an unvalidated position.

Patient Safety

There were two Trust attributed CDI cases in May 2020. 1 HOHA occurred at the CW site and 1 COHA occurred at the WM site. The first case was attributed to Lord Wigram ward, the patient tested positive on day nine of their admission following orthopaedic surgery post fall. The second case was attributed to Starlight ward, the child was positive on admission but had a recent inpatient stay and antibiotic therapy for suspected meningitis in April 2022. RCA meetings to review these cases are pending.

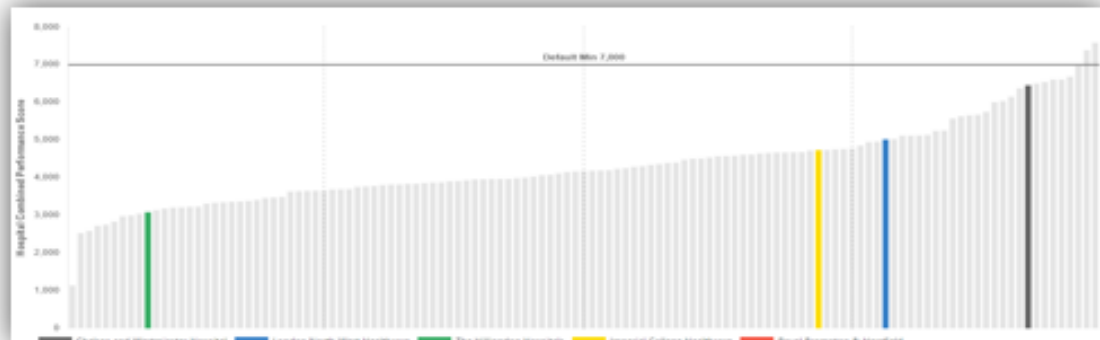


National Benchmarking Against Select Indicators

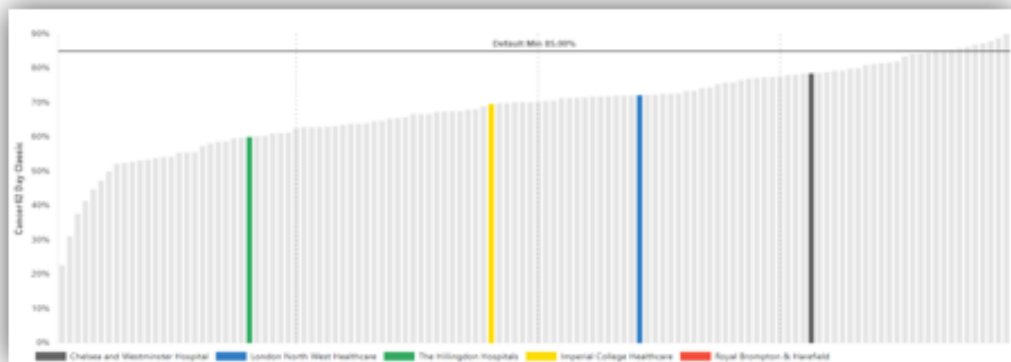
The below has been sourced from PublicView and represents the Trust Performance for Mar 22, except for the **Hospital Combined Score (HCS)** which is displaying Apr 22 data. The Ranking is based on peers in the same group as the Trust

The Trust ranked 9th nationally on the HCS in April 2022

Hospital Combined Score -9th Nationally

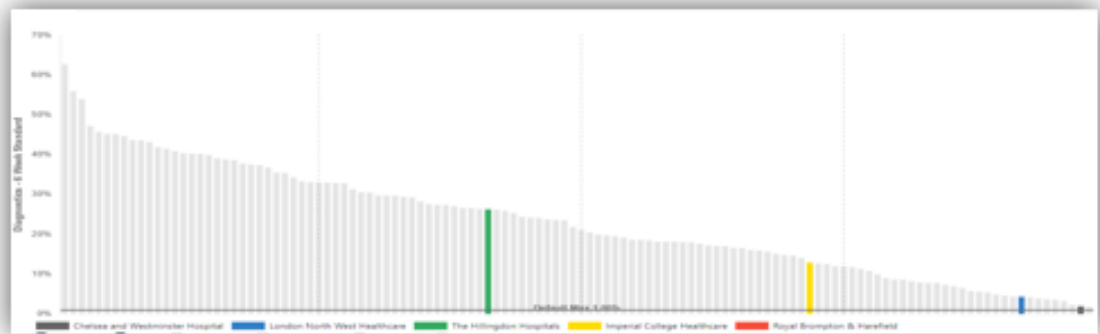


Cancer 62 Days 26th OF 122



62 Day Cancer Standard: The Trust is currently ranked 26th out of 122 trusts, an improvement in performance when compared to the previous month.

6 -wk Diagnostic – 2nd OF 122



6 Week Diagnostic Standard: The Trust as one of the top two nationally for diagnostic waits.

RTT 52 wks- 29th OF 122



RTT 52 Week Breaches: The Trust is currently ranked 29th of 122 Trusts.

RTT 18-wk Incomplete Pathway 68th OF 122

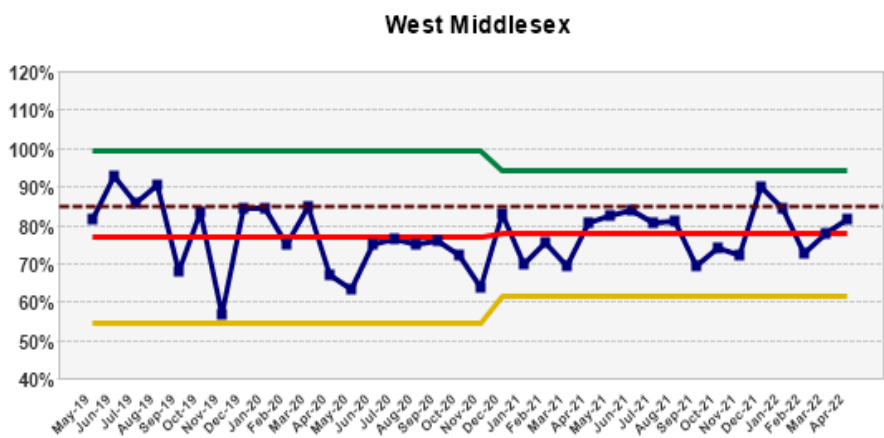
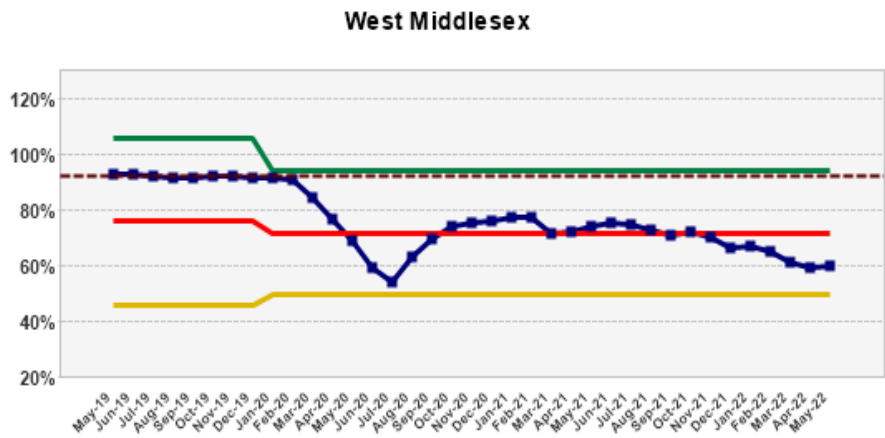
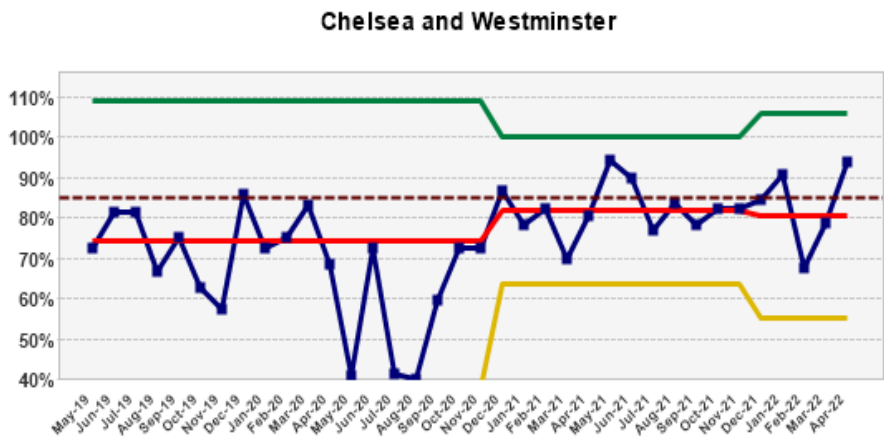
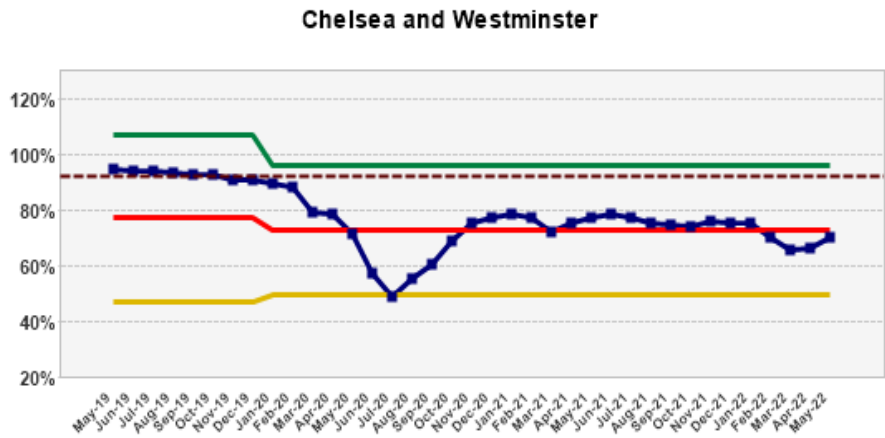
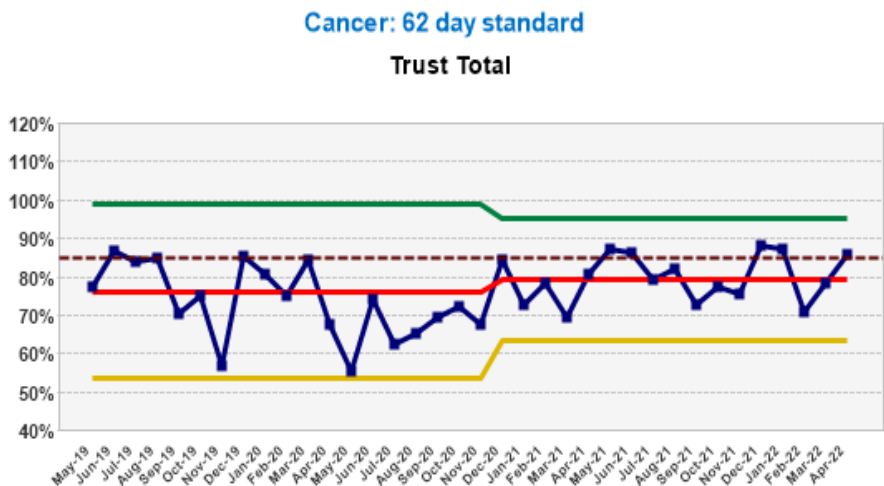
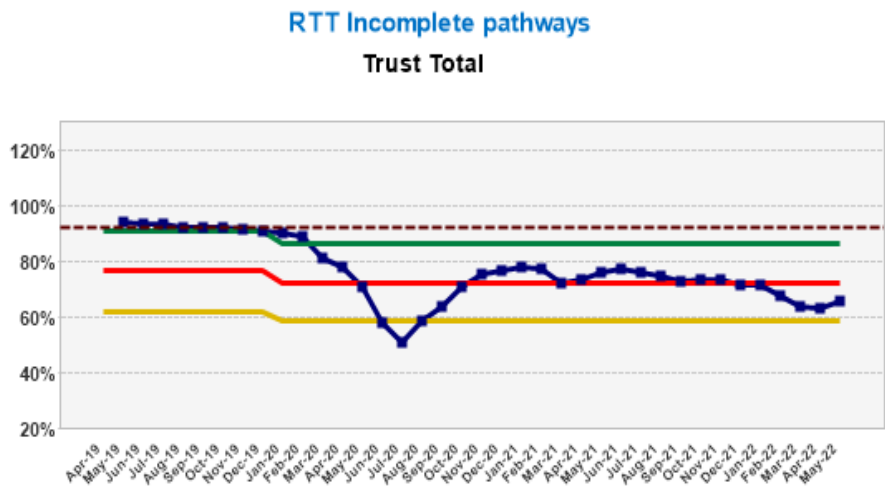


RTT 18 Week Standard: This position is a decrease in ranking compared to the previous month.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 37 months Mar 2019 to May 2022





Safety

Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023 Q1	2022-2023	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	1	0	1	0	0	1	1	0	1	1	2	2	-
	Hand hygiene compliance (Target: >90%)	92.1%	94.1%	94.5%	94.3%	96.3%	96.9%	98.9%	97.9%	93.8%	95.4%	96.4%	95.9%	95.9%	-
Incidents	Number of serious incidents	1	1	4	5	2	0	5	5	3	1	9	10	10	-
	Incident reporting rate per 100 admissions (Target: >8.5)	8.4	8.6	8.4	8.5	9.9	10.5	8.1	9.2	9.1	9.5	8.2	8.8	8.8	-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.03	0.00	0.00	0.01	0.04	0.04	0.02	0.03	0.03	0.02	0.01	0.01	0.01	-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.25	4.35	5.02	4.68	1.67	2.48	2.88	2.71	2.61	3.43	3.83	3.64	3.64	-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-
Harm	Never Events (Target: 0)	0	0	1	1	0	0	0	0	0	0	1	1	1	-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	1	1	0	0	0	0	0	0	1	1	1	-
	Safeguarding adults - number of referrals	20	25	11	36	47	36	42	78	67	61	53	114	114	-
	Safeguarding children - number of referrals	20	17	28	45	112	89	118	207	132	106	146	252	252	-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	67	67	65	65	75	74	75	75	72	71	71	71	71	-
	Number of hospital deaths - Adult	46	37	47	84	52	72	63	135	98	109	110	219	219	-
	Number of hospital deaths - Paediatric	1	0	0	0	0	0	0	0	1	0	0	0	0	-
	Number of hospital deaths - Neonatal	1	2	0	2	0	1	0	1	1	3	0	3	3	-
	Number of deaths in A&E - Adult	0	0	0	0	2	3	3	6	2	3	3	6	6	-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months				

MRSA

There was one trust attributed MRSA bacteraemia in May 2022, which occurred at the WM site on Lampton ward. MRSA was not detected on the patient's admission screen on but subsequently detected from a blood culture. The Root Cause Analysis meeting was held which identified it was likely not a clinically significant isolated issue.

Medication Related Safety Incidents

A total of 132 medication-related incidents were reported in May 2022. CW site reported 72 incidents, WM site reported 59 incidents and there was 1 incident reported in community. The number of incidents reported in May has increased across the Trust since April (109), with an increase in reporting at both sites.

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

The Trust position of medication-related incidents involving patients (NRLS reportable) for May 2022 was 3.83 per 1,000 FCE bed days which although falls below the Trust target of 4.2 per 1,000 FCE bed days, is an increase from the previous month. Teaching on the benefits of incident reporting will continue to be delivered to different healthcare professional groups.

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

The Trust had 0% of medication-related safety incidents with moderate harm and above in May 2022, which is within the Trust target of $\leq 2\%$.

Incidents














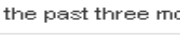

There were nine serious incident declared in May 2022; One was a **Never Event** (Wrong site surgery), three were delayed diagnosis of cancer, two patient falls, one treatment delay, one sub-optimal care of the deteriorating patient and one maternity incident affecting the baby. The investigations into these events will seek to identify any care or service delivery challenges that impacted the outcome and establish actions to reduce the risk or consequence of the event recurring.

Overall the number of patient safety incident per 100 admissions is lower at CW compared to WM. It is anticipated that reporting rates will increase following the implementation of the new Patient Safety Incident Response Framework (PSIRF); staff training will be an integral part of the roll out.



Patient Experience

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023 Q1	2022-2023	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	95.3%	96.0%	94.4%	95.0%	95.7%	95.5%	97.1%	96.4%	95.6%	95.6%	96.1%	95.9%	95.9%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	2.5%	2.7%	3.5%	3.2%	1.6%	0.5%	1.7%	1.2%	1.9%	1.2%	2.3%	1.8%	1.8%		-
	FFT: Inpatient response rate (Target: >30%)	16.9%	14.5%	22.9%	18.9%	49.9%	46.1%	47.4%	46.8%	31.1%	28.4%	34.1%	31.4%	31.4%		!
	FFT: A&E satisfaction % (Target: >90%)	79.1%	81.5%	78.5%	79.9%	75.5%	78.7%	76.6%	77.6%	78.1%	80.7%	77.9%	79.3%	79.3%		!
	FFT: A&E not satisfaction % (Target: <10%)	14.0%	11.4%	15.1%	13.3%	18.0%	15.1%	14.3%	14.7%	15.1%	12.5%	14.9%	13.7%	13.7%		!
	FFT: A&E response rate (Target: >30%)	20.6%	21.4%	20.4%	20.9%	20.2%	20.9%	20.0%	20.4%	20.5%	21.2%	20.3%	20.7%	20.7%		!
	FFT: Maternity satisfaction % (Target: >90%)	86.1%	87.4%	93.3%	90.6%	90.9%	80.0%	100.0%	90.9%	86.6%	86.9%	93.8%	90.6%	90.6%		-
	FFT: Maternity not satisfaction % (Target: <10%)	9.7%	9.8%	6.1%	7.8%	9.1%	10.0%	0.0%	4.5%	9.6%	9.8%	5.7%	7.6%	7.6%		-
	FFT: Maternity response rate (Target: >30%)	30.2%	27.3%	30.5%	29.0%	40.0%	30.3%	21.1%	24.4%	31.1%	27.5%	29.6%	28.6%	28.6%		-
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	19	14	19	33	19	14	19	33	33		!
Complaints	Complaints (informal) through PALS	134	91	78	169	41	50	60	110	175	141	138	279	279		-
	Complaints formal: No of complaints due for response	33	21	21	42	19	6	14	20	52	27	35	62	62		-
	Complaints formal: Number responded to < 25 days	33	19	20	39	18	5	14	19	51	24	34	58	58		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	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 it this report when brought back on line														

PALS and Complaints

The Trust is reporting 97% of complaints responded to within the 25 day KPI (target 95%) during May 2022. Full compliance was achieved in both Chelsea and West Middlesex sites. Compliance with responding to PALS concerns within 5 working days was 93% (KPI 90%). It is noted that there is one complaint awaiting an outcome from the PHSO.

Friends & Family Test

Inpatient wards at the Trust have maintained a satisfaction rate >90% for both sites. Inpatient ward response rates for the Chelsea site has improved slightly for the month of May. The Patient Experience team are working closely with the Ward Managers and Matrons and continue to offer support in order to improve the response rate.

ED at both sites remains <90% satisfaction for the month of April and the submitted FFT free-text notes continue to attribute this to long waiting times; despite this, there has been improvement in the overall negative satisfaction rate. The reported positive feedback for ED exhibits that patients are overall happy with the care received and staff attitude. A recovery plan started last month led by the Divisional Director of Nursing for EIC and the Lead Nurse for ED to assist with the reported negative feedback related to wait times and poor communication. This is an on-going project and the FFT data shows a drop in negative satisfaction rate.

Maternity services at Chelsea & Westminster and West Middlesex Hospital positive satisfaction rate is >90% for the month of May. Maternity services continue to maintain <10% not satisfied rate. The Patient Experience Team are continuously working with staff across the Trust to ensure an improvement in the FFT response rate.

Mixed Sex Accommodation: The Same Sex Breaches reported occurred at West Middlesex hospital on the Intensive Care Unit. The "Guidelines for the Provision of Intensive Care Services" require "discharge from critical care to a general ward must occur within four hours of the decision" and where this does not occur and the patient remains in a shared bay or room this would be classified as a same sex breach. Work between the Critical Care team and the Clinical Site Management team is ongoing to address this issue and ensure timely transfer out of the critical care units. It is worth noting that same sex breaches on the Chelsea ITU is mitigated by all patients being cared for in individual rooms – though timely step down remains a focus.



Efficiency and Productivity

Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023 Q1	2022-2023	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.76	2.99	2.04	2.45	2.19	2.03	2.50	2.30	2.62	2.76	2.15	2.41	2.41	-
	Average length of stay - non-elective (Target: <3.95)	3.91	3.94	3.66	3.80	5.99	3.81	4.07	3.94	5.04	3.87	3.88	3.88	3.88	-
	Emergency care pathway - average LoS (Target: <4.5)	4.36	4.15	4.16	4.16	3.76	4.51	4.81	4.67	4.01	4.35	4.55	4.45	4.45	-
	Emergency care pathway - discharges	275	266	270	537	389	349	384	734	664	616	655	1271	1271	-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.88%	6.12%	5.51%	5.80%	7.10%	8.36%	6.81%	7.53%	6.44%	7.15%	6.11%	6.60%	6.60%	!
	Non-elective long-stayers	394	401	239	640	403	351	337	688	797	752	576	1328	1328	-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	87.2%	81.0%	87.8%	85.0%	85.9%	78.8%	83.8%	81.6%	86.9%	80.4%	86.7%	84.0%	84.0%	-
	Operations cancelled on the day for non-clinical reasons: actuals	6	8	7	15	4	16	18	34	10	24	25	49	49	-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.20%	0.31%	0.22%	0.26%	0.25%	1.10%	0.96%	1.02%	0.22%	0.59%	0.49%	0.54%	0.54%	-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	5	8	2	10	0	1	1	2	5	9	3	12	12	!
	Theatre Utilisation Model Hospital (Target > 85%)									80.3%	80.0%	81.3%			-
Outpatients	First to follow-up ratio (Target: <1.5)	2.07	2.20	2.18	2.19	1.84	1.88	1.72	1.79	1.98	2.07	1.98	2.03	2.03	!
	Average wait to first outpatient attendance (Target: <6 wks)	9.0	9.1	9.7	9.4	8.4	8.7	10.5	9.7	8.8	8.9	10.1	9.6	9.6	!
	DNA rate: first appointment	11.0%	10.2%	9.7%	9.9%	9.9%	10.3%	10.2%	10.3%	10.6%	10.3%	9.9%	10.1%	10.1%	-
	DNA rate: follow-up appointment	9.9%	9.0%	8.9%	8.9%	8.5%	8.0%	8.1%	8.0%	9.4%	8.6%	8.6%	8.6%	8.6%	-
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				

DNA and Wait to 1st attendance: DNA rate has continued to improve across the Trust for both new and follow up appointments between April and May. Wait to 1st Appointment has increased, in line with the expectation previously outlined that as more new appointments are booked this metric will rise initially before dropping, as un-booked patients waiting are scheduled more quickly after triage.

New to Follow Up: Divisional plans continue to be developed to be in line with the 2022-23 Operating Plan and are being tracked via Elective Access and Outpatient Board. As noted in previous month, focus has shifted to reduction of follow up activity with patient's care being managed via new pathways, for example, patient initiated follow up and virtual appointments. The data suggests that these plans are yet to be implemented. The Cerner PIFU functionality has now been completed and there are services being set up to use the functionality, which should show improvement in the coming months.

Theatre Utilisation: There has been a noted slight improvement in Theatre Utilisation, however performance is still not at the expected 85% target. There are specific specialties with delays in starting the list and inter-case delays. The action plans to address these are taken through the theatre productivity meeting and addressed at divisional level.

Operations Cancelled same Day: As reflected in the performance reporting, a failing C-Arm (Mobile x-ray) machine in theatres at WM has impacted a number of lists with patients requiring cancellation on the day. Replacement devices have been procured and are expected in the Trust in June 22. All patients cancelled on the day with the exception of one were rebooked within the national target of 28 days.

Emergency Care Pathway (ALOS): A review of the noncompliance of this target has shown that this is due to outliers that require data amendment on the system. It is anticipated that following this correction the metric will return to compliance. A weekly review of all long stay patients continues and the number of patients staying in hospital >21 days has reduced in month.



Clinical Effectiveness

Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023 Q1	2022-2023	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	90.2%	97.6%	95.5%	96.5%	92.5%	95.0%	90.8%	92.9%	91.5%	96.2%	92.9%	94.5%	94.5%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	71.4%	47.4%	80.0%	61.8%	63.6%	83.3%	25.0%	47.8%	67.4%	64.9%	44.2%	53.8%	53.8%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	91.7%	100.0%	100.0%	100.0%	93.3%	94.4%	89.5%	91.9%	92.6%	97.5%	93.1%	95.7%	95.7%	
VTE	VTE: Hospital acquired	0	0	1	1	4	5	6	11	4	5	7	12	12	
	VTE risk assessment (Target: >95%)	89.2%	90.3%	91.9%	91.1%	96.3%	95.7%	96.6%	96.1%	92.9%	93.1%	94.4%	93.8%	93.8%	
TB Care	TB: Number of active cases identified and notified	4	5	3	8	9	8	13	21	13	13	16	29	29	
Sepsis	ED % of patients with high NEWS score screened for Sepsis	88.8%	92.4%	90.8%	91.5%	79.0%	82.0%	78.2%	80.0%	84.9%	88.0%	85.9%	86.9%	86.9%	
	ED % of patients at risk of developing sepsis receiving antibiotics	42.9%	44.9%	40.5%	42.3%	81.7%	82.8%	80.2%	81.4%	58.8%	63.6%	57.5%	60.2%	60.2%	
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	19.6%	21.0%	19.4%	20.1%	52.4%	56.5%	50.0%	53.1%	33.0%	38.5%	32.5%	35.2%	35.2%	
	A&U/AMU % of patients with high NEWS score screened for Sepsis	91.0%	95.4%	94.3%	94.8%	92.3%	95.4%	95.4%	95.4%	91.6%	95.4%	94.8%	95.1%	95.1%	
	A&U/AMU % of patients at risk of developing sepsis receiving antibiotics	94.0%	87.9%	93.7%	90.9%	96.3%	98.0%	95.7%	96.9%	95.1%	93.6%	94.8%	94.2%	94.2%	
	Inpatient Wards % of patients with high NEWS score screened for Sepsis	84.0%	87.9%	86.6%	87.2%	93.5%	94.9%	95.1%	95.0%	88.4%	91.4%	90.8%	91.1%	91.1%	
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	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Length of stay for elective (surgical specialties only) patients with recorded diabetes	4.9	7.8	2.6	5.3	2.0	2.1	4.2	3.6	3.4	6.5	3.3	4.8	4.8	
Improving clinical handover	% staff trained on the principles of safe and effective handover (Target >=50%)	-	45.0%	-	45.0%	-	-	-	-	-	45.0%	-	45.0%	45.0%	
	% of handover meetings-medical downstream ward (Target >=95%)	-	95.0%	95.0%	95.0%	-	-	-	-	-	95.0%	95.0%	95.0%	95.0%	

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: Compliance is noted across both sites which remain above the 90% target for the month of May.

VTE Risk Assessments: WMUH site continues to achieve the $\geq 95\%$ target for VTE risk assessment. VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning.

NoF Time to Theatre: Although the Trust has seen a marginal decrease in performance since the previous month, there has been significant improvement noted in the West Middlesex site. Of the patients who did not achieve surgery within the set timeframe in the Chelsea site, there were 9 medically unfit patients for surgery and 12 medically fit. For the medically fit patients these were due to pre-operative Echos (2), lack of specialist surgery availability for hip replacements (3), patient presenting having eaten (1) where this should have been *nil by mouth* and scheduling challenges/high volume trauma (6). In the West Middlesex site there were 7 patients breaching the timeframe. Four were medically unfit whilst three were due to list overrunning.

Clinical Handover: Junior doctor teaching in the principles of handover continues. Relaunch meeting scheduled for third week in July with excellent nursing representation as well as west Middlesex and surgical representation identified. A baseline audit is underway to identified areas of focus within current handovers in all MDT settings.



Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023 Q1	2022-2023	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	246	243	253	496	246	338	330	668	492	581	583	1164	1164	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	96.68%	96.39%	97.13%	96.76%	99.31%	99.56%	99.55%	99.55%	98.05%	98.03%	98.48%	98.27%	98.27%	
	Diagnostic waiting times >6 weeks: breach actuals	124	135	107	242	28	18	21	39	152	153	128	281	281	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.0%	8.7%	9.3%	9.0%	8.2%	7.5%	8.4%	8.0%	8.7%	8.3%	9.0%	8.7%	8.7%	
	A&E time to treatment - Median (Target: <60')	00:32	00:29	00:33	00:31	01:06	01:06	01:08	01:07	00:46	00:45	00:47	00:46	00:46	
	London Ambulance Service - patient handover 30' breaches	74	23	28	51	174	138	112	250	248	161	140	301	301	
	London Ambulance Service - patient handover 60' breaches	10	0	3	3	30	7	5	12	40	7	8	15	15	
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: The teams continue to book patients in priority and chronological order to address the longest waiting. Plans to reduce outpatient waits, see patients on different pathways and improve theatre efficiency will result in improved RTT performance. The Trust continues its work to ensure data quality issues are minimised, the patient tracker lists are accurate and reported performance is as expected,

Diagnostic Waits < 6 weeks: May performance was marginally below the 99% target. The Trust remains committed to delivering the target with working groups in sub specialities set up to support improvements. May 2022 noted the majority of breaches in Cystoscopy and Echocardiography. Both services have increased capacity in June 2022 by utilising outsourcing provision, it is likely with this resource that breaches in these specialities will be mitigated in June 2022. Endoscopy across the Trust has seen improvements in its breach numbers in May 2022, this reflects the management support in ensuring the booking process is delivered and maintained.

LAS: The Trust continues to be amongst the highest performing in London in terms of ambulance handover times. We have continued to see a reduction in 30 minute handover breaches during the year with a focus on eliminating all 60 minute breaches.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Mar-22	Apr-22	May-22	Mar-22	Apr-22	May-22	Mar-22	Apr-22	May-22
RTT waiting list positions	Total RTT waiting list	26942	27453	27188	20525	21067	21447	47467	48520	48635
	Total Non-Admitted waiting list	21490	22211	22577	18026	18659	19302	39516	40870	41879
	Non-Admitted with a date	7035	10570	12978	8365	10951	12914	15400	21521	25892
	Non-Admitted without a date	14455	11641	9599	9661	7708	6388	24116	19349	15987
	Total Admitted waiting list	5452	5242	4611	2499	2408	2145	7951	7650	6756
	Admitted with a date	807	997	1119	540	655	797	1347	1652	1916
	Admitted without a date	4645	4245	3492	1959	1753	1348	6604	5998	4840
	Patients waiting >78 weeks	8	5	9	18	27	31	26	32	40
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Mar-22	Apr-22	May-22	Mar-22	Apr-22	May-22	Mar-22	Apr-22	May-22
Total	246	243	253	246	338	331	492	581	584
Burns Care	1	2	3				1	2	3
Colorectal Surgery	3	2	1	3	14	20	6	16	21
Community Paediatrics		5	7					5	7
Dermatology	1	1	2	1	2	1	2	3	3
ENT	1		1	42	81	61	43	81	62
General Surgery	19	22	29	28	32	38	47	54	67
Gynaecology	3	2		1			4	2	
Maxillo-Facial Surgery	1	1					1	1	
Medical Endoscopy			1						1
Not Stated						1			1
Ophthalmology	10	12	10				10	12	10
Oral Surgery				6	8	3	6	8	3
Orthodontics		1						1	
Paediatric Clinical Immunology		1	4					1	4
Paediatric Dentistry	35	28	16				35	28	16
Paediatric Dermatology	2	2	5		3		2	5	5
Paediatric Ear Nose and Throat	4	5	3	3	7	13	7	12	16
Paediatric Gastroenterology			1						1
Paediatric Maxillo-Facial Surg	1	2	1			1	1	2	2
Paediatric Plastic Surgery	10	3	4				10	3	4
Paediatric Surgery	3	3	7		1	1	3	4	8
Paediatric Trauma and Orthopae			1		1	1		1	2
Paediatric Urology	2	1	2				2	1	2
Paediatrics		2	2					2	2
Pain Management	1	3	3				1	3	3
Plastic Surgery	35	41	39	21	20	33	56	61	72
Podiatric Surgery				1	2	2	1	2	2
Podiatry				1			1		
Trauma & Orthopaedics	27	20	21	6	5	5	33	25	26
Urology	71	64	63	15	17	26	86	81	89
Vascular Surgery	16	20	27	118	145	125	134	165	152



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023	Mar-22	Apr-22	May-22	2022-2023 Q1	2022-2023	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:28	1:28	1:28	1:27	1:29	1:29	1:29	1:28	1:28.5	1:28.5	1:28.5	1:28.50	1:27.5	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:77	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98.00	1:98.00	-
Birth indicators	Total number of NHS births	451	444	452	896	359	363	355	718	810	807	807	1614	1614	-
	Total number of bookings	508	551	557	1108	509	495	361	856	1017	1046	918	1964	1964	-
	Maternity 1:1 care in established labour (Target: >95%)	97.9%	97.5%	98.9%	98.2%	95.1%	96.3%	95.1%	95.7%	96.5%	96.9%	97.1%	97.0%	97.0%	-
Safety	Admissions >37/40 to NICU/SCBU	12	17	13	30	n/a	n/a	n/a	n/a	12	17	13	30	30	-
	Number of reported Serious Incidents	0	0	0	0	0	0	1	1	0	0	1	1	1	-
	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	4.9%	7.4%	7.5%	7.4%	8.4%	8.8%	7.2%	8.0%	6.5%	8.0%	7.4%	7.7%	7.7%	-
	Number of stillbirths	1	2	0	2	2	2	1	3	3	4	1	5	5	-
	Number of Infant deaths	0	1	0	1	0	1	0	1	0	2	0	2	2	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	n/a	0.0%	0.0%	-
	Spontaneous unassisted vaginal births	30.3%	24.3%	24.9%	24.6%	30.7%	30.2%	32.5%	31.4%	30.5%	26.9%	28.3%	27.6%	27.6%	-
	Vaginal Births - spontaneous & induced	60.6%	56.4%	59.2%	57.8%	59.1%	58.9%	60.6%	59.8%	59.9%	57.6%	59.8%	58.7%	58.7%	-
	Instrumental deliveries	16.1%	19.5%	14.1%	16.8%	14.8%	15.5%	11.6%	13.6%	15.5%	17.7%	13.0%	15.4%	15.4%	-
	Pre-labour elective caesarean sections	75	75	71	146	48	38	47	85	123	113	118	231	231	-
	Emergency caesarean sections in labour	51	66	63	129	63	72	62	134	114	138	125	263	263	-

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

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

Workforce

The current midwifery ratios on each site are 1:28 at Chelsea and 1:29 at West Middlesex. We have now received the outcome of a recently commissioned birth rate plus analysis of the midwifery workforce and the recommended ratios are 1:24.9 Chelsea and 1:21.7 West Middlesex. Both sites are now compliant for the 98 hours dedicated consultant labour ward presence and twice a day ward rounds. The MIS year 4, safety action 4 indicates that we have to demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology' (appendix attached). This document will be embedded by 29th July and compliance monitored monthly from then.

Our attrition rate is still fluctuating widely since the pandemic. In May there were 452 births at the Chelsea site and 355 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.

SIs: At the WMUH site there was 1 Si in May of a full term baby born by caesarean section who was transferred out for cooling and of note there was an early notification of concern in April that was received due to neonatal care received by the baby on the special care baby unit. A full response has been shared with HSIB and a detailed action plan is in place. For the Chelsea site there were no SIs in May.

Avoidable term admissions to NICU: At the WMUH site, there were a number of admissions in May. There is ongoing work with regards to hypothermia and transitional care on the postnatal ward to reduce admissions for these causes.

Stillbirths and neonatal deaths: PMRT (MIS SA1 and Ockenden There have been a backlog of review of cases due staffing pressures but the team have now allocated a midwife who will work closely alongside the two consultants (currently each 1PA per week). There was 1 late fetal loss (22-24 weeks) and one antenatal stillbirth (24-27weeks). There were early or late neonatal deaths.

Outcomes













Preterm birth: The national target is to reduce the PTB rate to 6% by 2025 and Ockenden SA9. At the Chelsea site the PTB rate was 7.5% (30 women affected). Of these 14 were spontaneous, 16 iatrogenic). 8 women had a PTB <34 weeks and 4 of these were IUTs from other units. 5 births were <30 weeks and 80% were given magnesium sulphate (one was not given as birth was imminent and unavoidable). A preterm birth debrief service is now embedded for these women and their families and provides preconception care to address risk factors such as smoking, preconception folic acid and early use of aspirin. We now have a lead midwife and obstetrician cross site for this service. The WMUH site does not have a dedicated service and service redesign is in progress.

The service is preparing for its Ockenden assurance visit that will take place in July in relation to full compliance against the 7 IEA's from the interim report. From June additional metrics will be reported on from the perinatal quality surveillance model.



Cancer Update

62 day Cancer referrals by tumour site Dashboard Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
Domain	Tumour site	Mar-22	Apr-22	May-22	2022-2023	YTD breaches	Mar-22	Apr-22	May-22	2022-2023	YTD breaches	Mar-22	Apr-22	May-22	2022-2023 Q1	2022-2023	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	100%	n/a	n/a	n/a		89.5%	75.0%	91.7%	75.0%	2	90.0%	75.0%	91.7%	75.0%	75.0%	2	
	Colorectal / Lower GI	53.8%	100%	83.3%	100%	0.5	77.3%	83.3%	40.9%	83.3%	7.5	68.6%	87.5%	50.0%	87.5%	87.5%	8	
	Gynaecological	50.0%	n/a	80.0%	n/a	0.5	66.7%	87.5%	80.0%	87.5%	1	57.1%	87.5%	80.0%	87.5%	87.5%	1.5	
	Haematological	80.0%	50.0%	50.0%	50.0%	1.5	85.7%	50.0%	33.3%	50.0%	2.5	83.3%	50.0%	40.0%	50.0%	50.0%	4	
	Head and neck	100%	100%	n/a	100%	0	n/a	n/a	0.0%		1.5	100%	100%	0.0%	100%	100%	1.5	
	Lung	80.0%	n/a	n/a	n/a		50.0%	n/a	100%		0	66.7%	n/a	100%	n/a	n/a	0	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a		
	Skin	91.3%	100%	92.3%	100%	0.5	73.3%	50.0%	66.7%	50.0%	6.5	84.2%	77.8%	78.6%	77.8%	77.8%	7	
	Upper gastrointestinal	100%	0.0%	n/a	0.0%	0.5	60.0%	100%	80.0%	100%	1	81.8%	50.0%	80.0%	50.0%	50.0%	1.5	
	Urological	89.5%	93.8%	58.3%	93.8%	5.5	82.4%	92.5%	58.5%	92.5%	10	86.1%	92.9%	58.5%	92.9%	92.9%	15.5	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a		
	Site not stated	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0	

Improving personalised cancer care at diagnosis

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

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

Please note the following n/a Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs Either Site or Trust overall performance red in each of the past three months
Please note that all indicators show interim, unvalidated positions for the latest month (May-22) and are not included in quarterly or yearly totals

Trust Commentary

62-Day for May 2022 is currently non-compliant. This is expected to improve as patients treatment status are confirmed but is projected to be non-compliant for the month. Complex patients as well as delays in histology have broadly driven this position, increasing the length of patient's pathways.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			1	4
Gynaecology			0.5	4
Haematology	0.5	1	0.5	1
Head and Neck		2.5	0	0
Colorectal	0	2	1	6
Other			0	2
Skin		10	4	8
Upper GI	0.5	0.5	0	0.5
Urology	0.5	8	1.5	20
Brain			0	0.5
Total:	1.5	24	8.5	46



Safer Staffing

Chelsea and Westminster Site (May 22)

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total				Qualified	Un-qualified	No harm and mild		Moderate and severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Maternity	108%	69%	98%	97%	8.6	2.9	11.4	12.5		10.22%	14.14%	19.48%									89.34%
Annie Zunz	131%	97%	102%	100%	7.2	3	10.2	7.5		9.79%	19.12%	0%	1	1							100%
Apollo	95%	-	88%	-	14.7	0	14.7	N/A		12.70%	39.01%	50%									
Mercury	98%	-	97%	-	7.6	0	7.6	10.1		19.84%	15.01%	50%		1							95.83%
Neptune	120%	-	122%	-	10.3	0	10.3	12.5		47.15%	44.21%	0%		1							81.69%
NICU	92%	-	91%	-	14.2	0	14.4	26.8		15.34%	16.70%	0%									100%
AAU	107%	53%	105%	78%	8.2	1.7	10	7.8		6.57%	11.13%	40.47%	5	11							96.29%
Nell Gwynne	100%	70%	117%	78%	4.5	3.6	8	6.9		23.12%	11.96%	33.95%	3	9							98%
David Erskine	97%	79%	100%	91%	4.8	3.3	8.5	7.2		3.05%	37.21%	10.46%									1
Edgar Horne	98%	76%	100%	103%	3.3	2.6	6	6.6		28.86%	11.43%	41.41%	4	11			1	1			98%
Lord Wigram	89%	90%	102%	104%	4.1	2.9	7	7.1		20.31%	20.98%	8.80%		1			1	1			96%
St Mary Abbots	98%	85%	127%	103%	4	2.5	6.6	7.1		25.02%	17.23%	19.96%	1	3							93.33%
David Evans	84%	88%	93%	105%	6.4	2	8.9	7.1		-5.74%	13.20%	12.24%		1	1	1					95%
Chelsea Wing	105%	88%	105%	74%	8.2	4.2	12.4	7.1		15.92%	21.43%	13.43%	1	4							
Burns Unit	79%	97%	125%	148%	16.9	4.3	21.2	N/A		7.60%	4.27%	0%	3	5							
Ron Johnson	92%	140%	101%	153%	4.6	3.8	8.4	7.4		14.92%	16.55%	25.00%	3	5		1					100%
ICU	108%	33%	110%	37%	29.7	2.6	32.4	26.8		-5.47%	9.74%	0%									1
Rainsford Mowlem	75%	68%	94%	83%	3	3.1	6.6	6.8		13.54%	18.74%	9.93%	5	10							100%

West Middlesex Site (May 22)

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark		Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA					Qualified	Un- Qualified	No Harm & Mild		Moderate & Severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	102%	124%	104%	150%	3.2	3.7	7.1	6.8		3.33%	18.84%	6.30%	3	6							100.00%
Richmond	54%	0.46	92%	151%	5.1	2.5	7.6	7.1		8.92%	0%	28.57%	2	7							100.00%
Syon 1 cardiology	101%	91%	99%	132%	4.2	2.2	6.4	9.5		8.84%	3.77%	30.12%	3	7	1	1					100%
Syon 2	103%	92%	101%	107%	3.6	3.2	7	7.2		13.87%	16.56%	6.67%	7	4							96.92%
Starlight	91%	-	114%	-	7.5	0	7.5	12.5		15.93%	25.41%	100%									77.27%
Kew	97%	120%	100%	130%	3.1	3.6	6.9	6.9		16.51%	19.51%	19.86%	3	8							100.00%
Crane	80%	44%	87%	76%	4.5	2.7	7.3	7.3		12.49%	12%	12.27%	4	10							100.00%
Osterley 1	98%	83%	103%	122%	3.8	3.1	7.1	7.1		3.14%	9.35%	26.02%	4	5		1					100.00%
Osterley 2	90%	76%	100%	144%	3.9	2.6	6.6	7.1		3.25%	3.92%	4.55%	2	6							100.00%
MAU	84%	85%	98%	102%	5.8	2.5	8.4	7.8		21.14%	14.80%	21.58%	6	15							99%
Maternity	85%	80%	89%	88%	8.1	2.6	10.6	12.5		12.96%	11.06%	14.63%	1	1							88.27%
Special Care Baby Unit	94%	100%	98%	100%	8.6	2	10.6	12.5		8.16%	7.88%	0.00%									100%
Marble Hill 1	116%	95%	97%	201%	3.8	3.3	7.2	6.6		18.32%	15.62%	7.46%	2	10							97.44%
Marble Hill 2	103%	101%	104%	172%	3.7	3.6	7.5	6.1		5.17%	28.16%	5%	3	5							100.00%
ICU	103%	1.2	107%	0.87	27.8	2.5	30.3	26.8		-12.98%	10%	0%									



Safe Staffing & Patient Quality Indicator Report

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. Vacancy and turnover data is taken from April 2022.

There were high fill rates on Lampton due to additional HCAs being booked for frail confused patients at high risk of falls for both days and nights. On Syon 1, Kew, Marble Hill 1 and Marble Hill 2 extra HCAs were booked for patients requiring one to one for various reasons including mental health issues, high risk of falls, and confused wandering patients. Crane staffing was adjusted according to bed occupancy. Osterley 1 & 2 had high fill rates on nights due to confused wandering patients who needed close observation. On Osterley 2 during the day and on the medical wards at the Chelsea Site HCA fill rate was low due to vacancies which were not filled by bank or agency staff.

On St Mary Abbots staffing was increased from 3 to 4 RNs at night due to high acuity. On David Evans the numbers of RNs on days was increased due to high activity. On Burns staffing fill rates low during the day but supplemented by Ward Manager and Matron. Fill rates increased at night for RNs and HCAs due to the volume of specials required to ensure close observation of patients. At the Chelsea site there were fill rates of HCAs on days on ICU and on nights on ICU and Chelsea Wing as HCAs were deployed to other wards to assist. On Ron Johnson two patients on the ward required close observation by HCAs. High fill rate on Annie Zunz was due to the Surgical Admissions Lounge being based on there. Low fill rates on the West Mid maternity unit was supplemented by specialist and practice development midwives (PDMs) working clinically. Nine Maternity Support Workers (MSWs) vacancies have now been filled and expected to start by the end of July. 3.5wte newly qualified midwives started in May, but the vacancy gap will not be closed until the Internationally Recruited midwives arrive and pass their OSCE (over the next 6 months), and there will be a significant number of newly qualified midwives in October. At the Chelsea Site maternity unit, 6 new MSWs are due to start in the next six weeks which will support an increase in fill rate for the non-qualified workforce. Maternity nursing posts are currently out to advert to support inpatient staffing. Temporary staffing and redeployment of specialist midwives and PDMs were used to maintain safe staffing. Action plan in place to improve FFT satisfaction rates. High fill rates on Neptune are due to the high number of patients requiring RMNS. The establishments between Jupiter and Neptune have still not amalgamated yet and therefore are showing a higher vacancy rates than is the case.

In terms of incidents with harm: a patient was admitted with a stage 2 pressure ulcer on Lord Wigram that deteriorated, a patient on Syon 1 had a fall with severe harm and sadly died and a patient on David Evans fell and sustained a fractured neck of femur. Friends and Family test showed 5 wards at CW and 7 wards at WM scored 100%, with Maternity & Paediatrics showing the lowest satisfaction rates, a number of the issues raised on Starlight relate to long wait in ED.

Please note all incident figures are correct at time of extraction from Datix. Red flags are now being reported and for April 20 flags were raised, 8 for CW & 12 for West Mid, mainly related to staffing shortfalls.



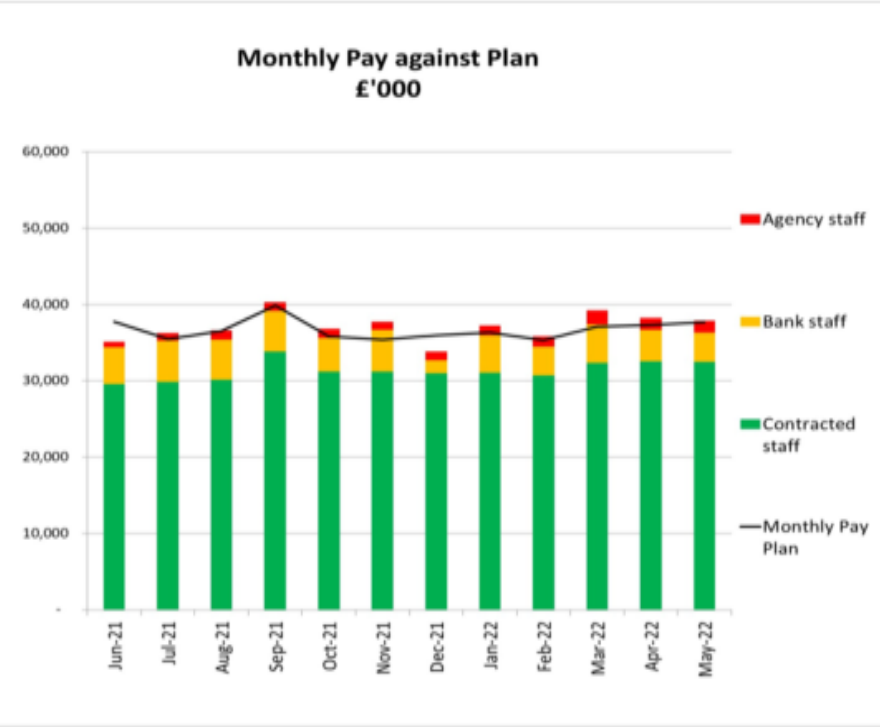
Finance M2 (May 2022) 2022/2023

£'000	Plan to Date	Actual to Date	Variance to Date
Income	133,541	130,770	(2,771)
Expenditure			
Pay	(71,147)	(76,086)	(4,940)
Non-Pay	(54,873)	(50,272)	4,600
EBITDA	7,522	4,412	(3,110)
EBITDA %	5.63%	3.37%	-2.3%
Depreciation	(5,324)	(4,670)	654
Non-Operational Exp-Inc	(2,759)	(2,589)	170
Surplus/Deficit	(561)	(2,846)	(2,286)
Control total Adjs	169	131	(38)
Adjusted Surplus/Deficit	(392)	(2,716)	(2,324)

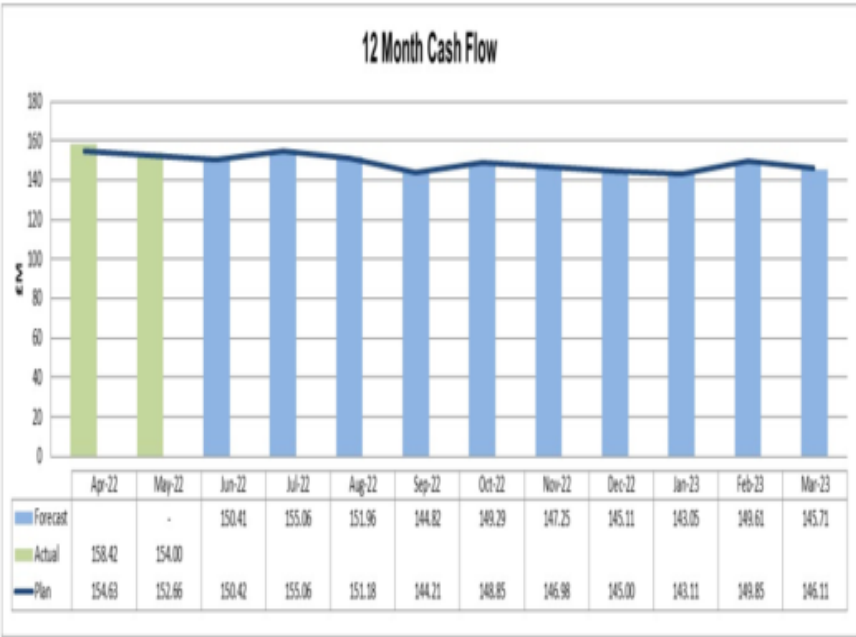
The adjusted financial position at month 2 is a £2.7m deficit, which against the revised plan is a £2.3m adverse variance. This is primarily driven by slippage on CIP schemes and underperformance on ERF.

Pay is £4.9m adverse against plan at month 2. Material variances include CIP slippage, premium cover for sickness, vacancies and other staff absences.

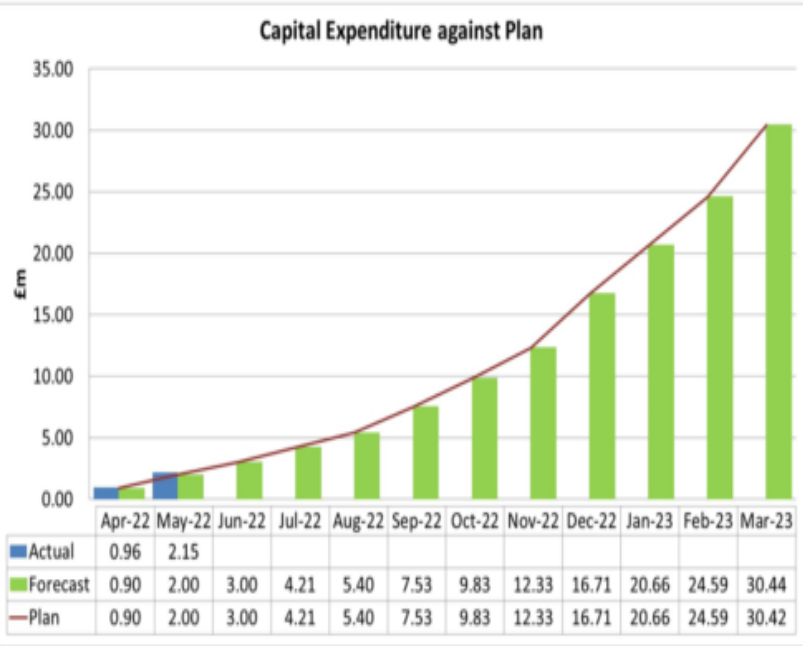
Income is £2.8m adverse YTD against the plan. Patient Care Income £0.2m adverse position is predominantly driven by ERF underperformance, Sexual health income £0.2m favourable to plan, Private Patient income £0.3m favourable to plan, Overseas patient income £0.1m adverse to plan. The position includes ERF income at just 25% minimum levels due to under recovery on targets, this is driven by high levels of staff sickness and Covid pressures in the first 2 months of 2022/23.



Comment: The exceptional March 2022 payroll figures which included the 6.3% Pension contribution (£16.1m - a notional figure) has been stripped out for better comparison. September 2021 payroll figures include YTD backdated pay awards for AFC staff, Consultants and Career grade doctors. An estimate for the 2022/21 pay uplift has been included from April 2022.



Comment: The favourable cash variance to plan in M2 of £1.3m is favourable cash variance b/fwd from M1 of £0.6m, Higher receipts to plan of £1.2m (CCG £0.3m Higher, Local Authority-£0.2m Lower, Donations -£0.1m Lower, NHS England £0.2m Higher, AR £0.3m Higher, PP Income £0.3m Higher, FT's -£0.5m Lower, Health Education £0.9m Higher) offset by Higher cash outflows to plan £0.5m (Higher creditor payments).



Comment: The Trust has spent £1.2m in month2 2022/23 compared to the original budget of £1.1m, resulting in an overspend of £0.1m. The spend year to date is £2.2m compared to the planned position of £2.0m, resulting in an overspend of £0.2m. The capital forecast for the year is £30.4m which is apportioned between the areas as follows; Estates £20.3m; Medical Equipment £3.9m; IT £6.0m; Non-Medical Equipment £0.2m and Central Contingency £0.1m. Each area has prepared individual project budgets for their areas.

**CONFIDENTIAL**

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors meeting – 21 July, 2022											
AGENDA ITEM NO.	3.2b											
TITLE OF REPORT	Workforce Performance report May 2022											
AUTHOR NAME AND ROLE	Karen Adewoyin- Deputy Chief People Officer Lindsey Stafford-Scott - Deputy Chief People Officer											
ACCOUNTABLE EXECUTIVE DIRECTOR	Sue Smith- Interim Chief People Officer											
THE PURPOSE OF THE REPORT <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>x</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	x	Info Only	x	Advice		<p>The attached performance report provides an update to the Board against key themes and deliverables in the Trust's People Strategy. It provides an update on key performance metrics, trends and themes and narrative to provide assurance that the members of the committee are aware of the risks and challenges associated with workforce and has the necessary plans in place to address them.</p> <p>Workforce Development Committee and People and OD Committee were not scheduled for June and therefore the report was discussed at Executive Management Board and also circulated via e-governance to members of Workforce Development Committee.</p>			
Decision/Approval												
Assurance	x											
Info Only	x											
Advice												
REPORT HISTORY Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>EMB</td> <td>6th July 22</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	EMB	6 th July 22						
Name of Committee	Date of Meeting	Outcome										
EMB	6 th July 22											
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>The monthly report provides a summary of key progress against our People Strategy as at the end of May 2022.</p> <p>Sickness rates have seen a significant drop from 4.11% in April to 3.29% in May. The highest reason for absence remains chest and respiratory problems followed by anxiety, stress and depression.</p> <p>Turnover has continued to rise from 14.39% in April to 14.58% in May and although mobility has now returned to pre-pandemic levels, we are slightly higher than the NWL sector position. Relocation continues to be the highest reason for leaving, with Scientific & Technical (Qualified) staff group seeing the most churn. A focus on staff retention remains a clear priority.</p> <p>Appraisal completion has gone up from 65.54% to 67.18% in month. Recovery efforts continue in order to achieve the 90% target, with trajectories in place for each Division. We will monitor the impact of the revised PDR paperwork intended to focus on supportive conversations.</p> <p>Mandatory training continues on target at (90%) with a clear focus needed on BLS, Moving and Handling, Safeguarding, Infection Control and Conflict Resolution. Mandatory training performance is below that of the NWL sector.</p> <p>ER cases have varied slightly with the number of disciplinary and ET cases having dropped, grievance cases remaining steady and sickness absence seeing a slight increase. A further 19 managers were trained in May bringing the total to 59 managers trained in ER since April 22</p>											

	<p>EDI targets for 22/23 show a deficit total of -11 and focus is needed on 4 out of the 6 grades from Band 8a – VSM. The team continue to work on the relaunch of the Diversity Champion scheme. This should increase both capacity and new capabilities to support our staff selection processes.</p> <p>Flexible Working We see a spike in applications from 4 in April to 20 in May, with 75% of these accepted. The majority applications are from female employees with 70% from BAME members of staff. 66% of vacancies advertised in May promoted flexible working. There is a Trust focus on the Timewise flexible working action plan given this is an area for improvement from this year's staff survey results.</p> <p>Local employment The number of staff employed locally has risen slightly from 20% in April to 21 % in May and continues to significantly surpass our target of 10%. The success of the ICS healthcare support worker recruitment has seen us progressing 27 candidates through pre-employment so far, with more expected over coming months. The Trust is leading an NHS reservists programme on behalf of the ICS with 202 staff retained into employment from our mass vaccination workforce.</p> <p>Volunteering went up by 5% in May consistent with predictions following the end of Easter and Ramadan in April. There will be increased efforts in youth engagement driven by the planned introduction of a Youth Coordinator at Chelsea.</p> <p>Vacancy rates have dropped from 8.81% to 7.95% in month, remaining well within target and against a backdrop of both a reduction in establishment and an increase in staff in post. Nursing (unqualified) continues to carry the highest vacancy factor. 20 internationally experienced nurses joined us whilst a total of 187 employment offers were made in May. Time to hire however crept up to 9.38 weeks, just over the 9-week target, due to staffing challenges.</p> <p>Temporary staffing is a continued focus to support the Trust achieve its financial objectives, with a clear focus on weekly reporting and defined approval processes in place to ensure grip and control. There has been a positive increase of candidates on the NWL collaborative bank helping to support shifts filled through bank and minimising agency expenditure.</p> <p>The report also highlights key programmes of work against our People Plan, including an update on health and wellbeing, Diversity and Inclusion, Leadership and Development, Organisational Change, E-Rostering, Medical Transformation Programme, Growing our workforce, NWL collaboration and COVID specific work, mass vaccination.</p>
<p>KEY RISKS ARISING FROM THIS REPORT</p>	<p>Risk are as set out within the report. Key are:</p> <ul style="list-style-type: none"> • Vacancy rates for support to nursing for which specific plans are in place, • Rising turnover which should see more concerted effort in retention plans and practices and • EDI requiring efforts to close the -11 deficit within Band 8a to VSM against the model employer targets.
<p>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</p>	
<p>Deliver high quality patient centred care</p>	<p>Y</p>
<p>Be the employer of Choice</p>	<p>Y</p>
<p>Deliver better care at lower cost</p>	

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:		The key risks are highlighted above and throughout the report.
Equality And Diversity	X	
Quality		
People (Workforce or Patients/ Families/Carers)	X	
Operational Performance		
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	N
Patient Confidentiality	N
Staff Confidentiality	N
Other Exceptional Circumstances (please describe)	



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

Month 2 – May 2022



Our People, Our Ambition

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

How we will measure our success

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



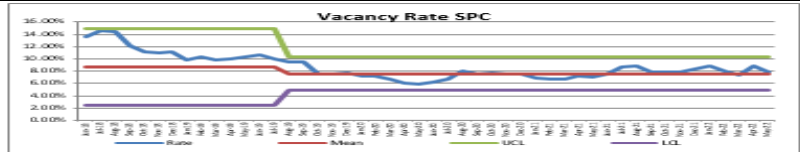
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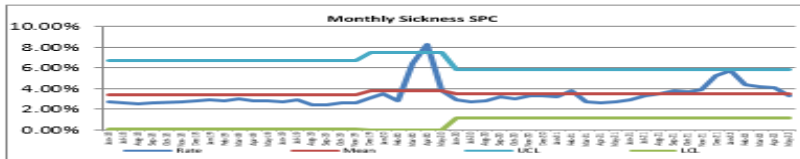


Key Indicators Over time and Coverage Triangulation

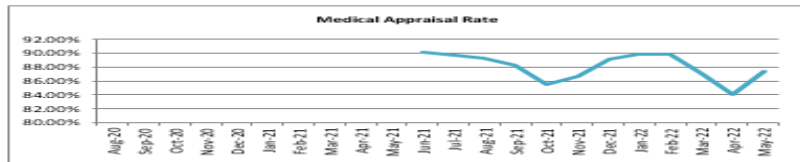
KPI	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Vacancy Rate	8.06%	7.55%	7.63%	7.52%	6.89%	6.82%	6.67%	6.54%	7.16%	7.02%	7.56%	8.76%	8.83%	7.86%	7.94%	7.89%	8.35%	8.80%	8.01%	7.36%	8.81%	7.95%
Voluntary Turnover	12.59%	12.10%	11.95%	11.95%	10.95%	10.95%	10.52%	10.50%	10.19%	10.32%	10.66%	11.20%	11.53%	11.47%	12.19%	12.32%	13.00%	13.50%	14.16%	14.24%	14.39%	14.58%
Sickness (1 month)	2.85%	3.15%	3.01%	3.28%	4.16%	3.23%	3.79%	2.73%	2.64%	2.69%	2.93%	3.31%	3.48%	3.76%	3.66%	3.90%	5.29%	5.69%	4.36%	4.17%	4.11%	3.29%
PDR Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	46.42%	50.01%	56.96%	57.30%	58.54%	57.44%	58.50%	61.95%	64.31%	65.56%	67.18%
Medical Appraisal Rate												90.19%	89.76%	89.20%	88.28%	85.47%	86.64%	89.10%	89.89%	87.08%	83.99%	87.42%
Core Training Rate	93.00%	91.00%	90.00%	89.00%	89.00%	89.00%	87.00%	89.00%	88.00%	88.00%	89.00%	89.00%	88.00%	88.00%	87.00%	88.00%	88.00%	89.00%	89.00%	90.00%	90.00%	90.00%



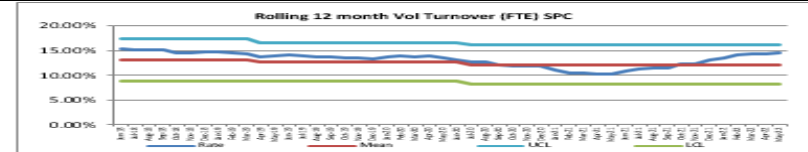
Movement in Month	▲
Movement Year to Date	▲
Movement over Last 12 months	▲



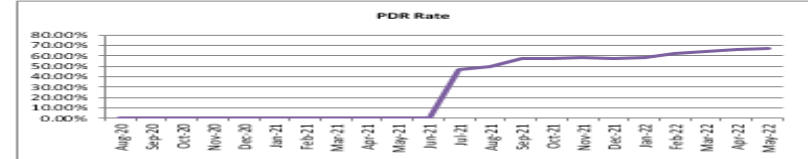
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Movement over Last 12 months	▲



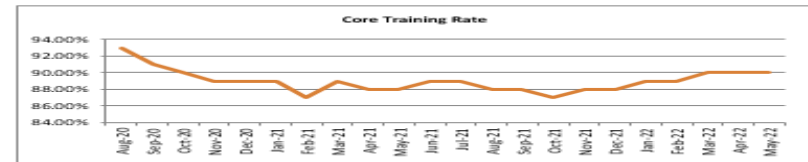
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Movement Year to Date	▲
Movement over Last 12 months	▲



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



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



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

Division	Budget WTE	In Post WTE	Vacancy Rate	Agency WTE	Bank WTE	In Month Sickness	FTE Lost to Sickness Estimate	Sum of Vacant FTE + Sickness FTE less Sub, bank and agency deployed	Sum of coverage % (B&A + In post) against Budget and Sickness
COR	612.03	573.09	6.36%	7.53	46.95	1.27%	7.25	-8.28	101.34%
CSD	1063.53	960.10	9.72%	1.18	98.97	3.80%	36.46	39.74	96.39%
EIC	1810.10	1649.57	8.87%	80.31	236.38	2.84%	46.81	-109.35	105.89%
PDC	1214.83	1152.36	5.14%	45.24	126.51	3.51%	40.44	-68.84	105.48%
WCH	1710.92	1555.35	9.09%	20.66	154.94	3.85%	59.87	39.84	97.75%
ENT	201.21	196.70	2.24%	5.43	16.22	4.86%	9.56	-7.58	103.60%
3.2bi People Performance Report May FINAL.pptx Trust	6612.62	6087.16	7.95%	160.35	679.97	3.29%	200.35	-114.52	101.68%

Performance Measure

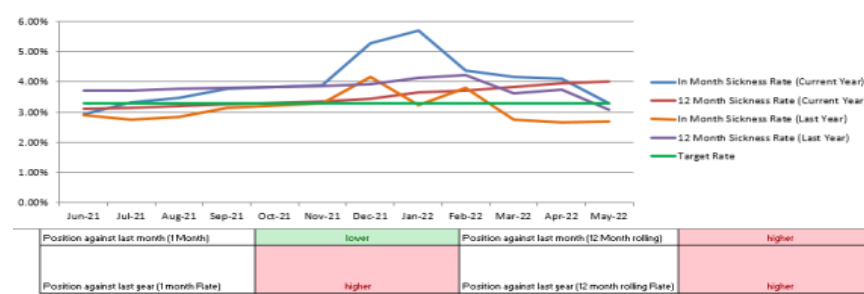
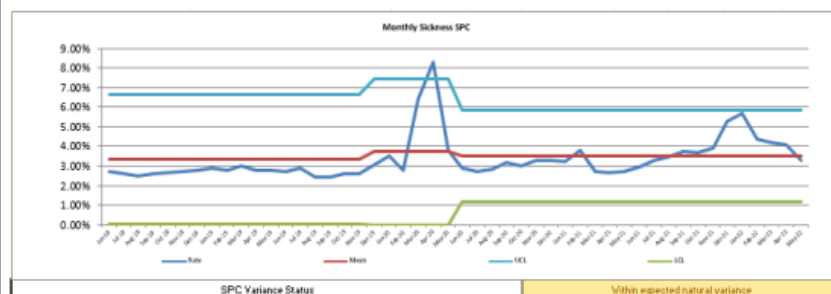
2020/21 baseline

2023/24 ambition

Sickness (average days)

5.8 days

5 days



Divisional	Trust	COR	CSD	EIC	ENT	PCD	WCH
FTE Days Lost to Sickness (in month)	6210.45	224.40	1128.34	1453.28	230.01	1254.34	1859.40
FTE Days Available	188686.51	17728.30	29730.96	51210.19	5966.36	35740.00	46303.09
Staff Headcount	6545	534	1040	1743	211	1224	1733
In Month Sickness Rate	3.29%	1.27%	3.80%	2.84%	4.86%	3.51%	3.85%
of which Short Term	1.84%	0.69%	2.02%	1.88%	2.6%	2.00%	1.88%
of which Long Term	1.45%	0.58%	1.77%	0.96%	2.25%	1.48%	1.97%
No of Episodes in Month	1290	48	225	330	44	244	389
New Active Sickness Triggers	186	8	38	49	5	37	49
Triggers Downgraded	99	6	15	23	2	21	32
Previous Months 1 Month Sickness Rate	4.11%	2.18%	4.92%	3.42%	4.81%	4.06%	5.01%
In Month Movement	-0.82%	-0.91%	-1.12%	-0.58%	0.05%	-0.55%	-1.16%
12 Month Sickness Rate	4.00%	2.04%	5.15%	3.33%	4.98%	3.80%	4.78%
Number of Active Sickness Triggers	2670	116	437	714	83	494	766

Staff Groups**	Administrative & Clerical	Allied Health Professionals	Medical & Dental	Nursing & Midwifery (Qualified)	Nursing & Midwifery (Unqualified)	Other Additional Clinical Staff	Scientific & Technical (Qualified)
FTE Days Lost to Sickness (in month)	1298.35	284.36	196.18	2852.61	106.86	168.88	303.21
FTE Days Available	36451.87	10246.88	38376.02	71673.5	18456.11	4882.13	8600
Staff Headcount	1232	364	543	2493	638	177	305
In Month Sickness Rate	3.56%	2.78%	0.51%	3.98%	6.00%	3.46%	3.53%
of which Short Term	1.66%	2.25%	0.23%	2.40%	2.93%	1.04%	2.59%
of which Long Term	1.90%	0.53%	0.23%	1.58%	3.07%	2.42%	0.94%
12 Month Sickness Rate	4.21%	3.45%	0.94%	4.89%	6.35%	4.93%	4.49%
Previous Months 1 Month Sickness Rate	4.41%	3.69%	0.52%	5.31%	6.71%	4.74%	3.68%
In Month Movement	-0.85%	-0.92%	-0.01%	-1.33%	-0.71%	-1.29%	-0.16%

Highest Sickness Reason	In Month Episode %	Highest Sickness Reason	In Month FTE Lost %
S25 Gastrointestinal problems	17.55%	S15 Chest & respiratory problems	17.99%
S13 Cold, Cough, Flu - Influenza	12.25%	S10 Anxiety/stress/depression/other psychiatric illnesses	13.24%
S15 Chest & respiratory problems	11.93%	S12 Other musculoskeletal problems	8.89%
S16 Headache / migraine	8.35%	S25 Gastrointestinal problems	7.84%
S12 Other musculoskeletal problems	7.96%	S98 Other known causes - not elsewhere classified	7.60%

The sickness rate has continued its downwards trajectory from the 12 month high in December 2021. The rate does remain within expected statistical variances. Material improvement has been seen in COR (down 0.91% to 1.27%), CSD (down 1.12% to 3.80%), PCD (down 0.56% to 3.51%), EIC (down 0.58% to 2.84%) and WCH (down 1.16% to 3.85%).

The highest reason for sickness both FTE days lost remains Chest & Respiratory issues which includes Covid19 but its fallen to the 3rd reason by number of episodes. The second highest reason by FTE days lost for absence in month by impact was Anxiety/stress/depression/other psychiatric illnesses and the Trust is proactively trying to manage health and wellbeing during a period where staff will be susceptible to burn out after the last 2 years of pandemic response. By episode the 2nd highest reason is influenza.

People Plan - Looking after our people

ICS Goal 1 - Care

Performance Measure

2020/21 baseline

2023/24 ambition

Voluntary Turnover of Staff

18%

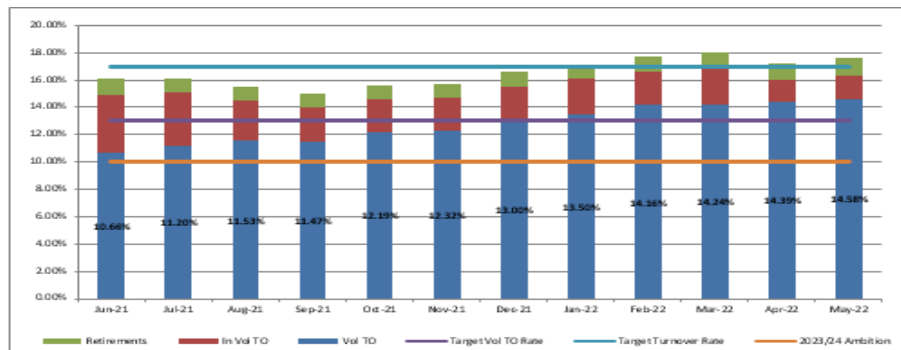
10%

Rolling 12 month Vol Turnover (FTE) SPC



SPC Variance Status

Increasing Shift Change (8 data points)



Position against last month (1 Month)

higher

Position against last year (1 month Rate)

higher

Divisional	Trust	COR	CSD	EIC	ENT	PCD	WCH
Voluntary Leaves (FTE) in last 12 months	791.90	83.00	162.00	214.00	45.00	103.00	252.00
Voluntary Leaves (HC) in last 12 months	859	38.94	103.43	160.53	4.51	62.47	155.57
Voluntary Turnover Rate	14.58%	14.43%	15.30%	14.45%	23.12%	9.98%	15.79%
Retirement Rate	1.19%	1.52%	1.48%	0.78%	0.00%	1.12%	1.41%
Gross Turnover Rate	17.85%	18.78%	19.98%	16.30%	25.42%	13.00%	19.17%
Previous Vol TO Months Rate	14.39%	13.75%	15.41%	14.18%	23.32%	10.34%	15.15%
Movement	0.18%	0.74%	-0.11%	0.27%	-0.21%	-0.36%	0.63%
Last Years Vol TO Rate	10.32%	11.22%	10.38%	13.22%	#DIV/0!	7.47%	8.92%
Movement	4.26%	3.27%	4.92%	1.22%	#DIV/0!	2.50%	6.87%

Staff Groups	Administrative & Clerical	Allied Health Professionals	Medical & Dental	Nursing & Midwifery (Qualified)	Nursing & Midwifery (Unqualified)	Other Additional Clinical Staff	Scientific & Technical (Qualified)
Voluntary Leaves (FTE) in last 12 months	183.11	66.69	13.68	334.25	106.63	25.43	62.11
Voluntary Leaves (HC) in last 12 months	188	71	17	365	115	34	69
Voluntary Turnover Rate	15.59%	20.66%	2.21%	14.60%	18.22%	16.31%	21.85%
Retirement Rate	1.40%	0.31%	0.56%	1.41%	1.34%	2.57%	1.71%
Gross Turnover Rate	19.24%	23.33%	6.06%	16.44%	20.69%	28.20%	26.58%
Previous Vol TO Months Rate	14.95%	21.16%	2.08%	14.85%	17.45%	14.85%	21.49%
Movement	0.64%	-0.50%	0.13%	-0.25%	0.77%	1.46%	0.35%

3.2b People Performance Report May FINAL.pptx

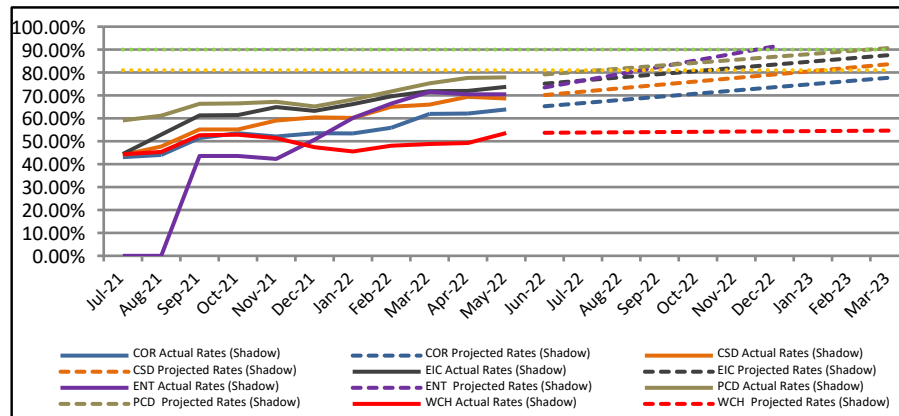
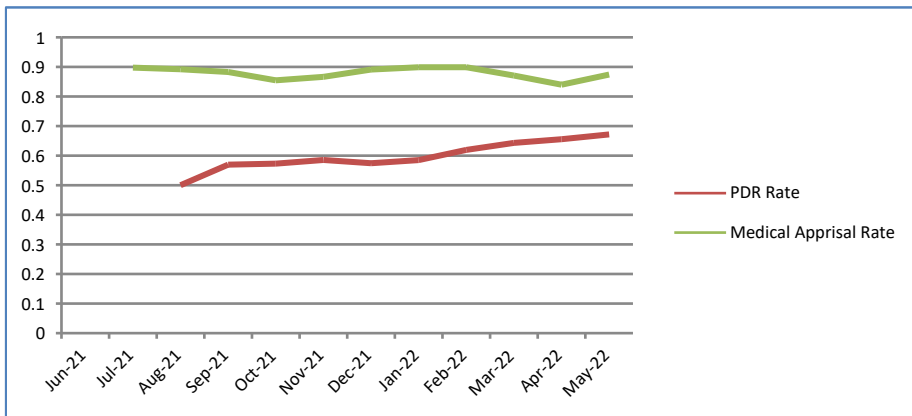
Top 5 Vol Leaver Reasons	WTE Leavers in 12 Months	%
Voluntary Resignation - Relocation	443.56	30.49%
Voluntary Resignation - Other/Not Known	224.06	15.40%
Voluntary Resignation - Promotion	206.98	14.23%
Voluntary Resignation - Work Life Balance	120.00	8.25%
Voluntary Resignation - To undertake further education or training	134.63	9.25%

Voluntary turnover has increased to 14.58% in month on a rolling basis, this is higher compared to last year and although the rate of progression is slow, and is in line with the sector position this does represent a negative shift change indicating a material change. Mobility of staff has returned to pre-pandemic levels. Divisional improvement programmes focused on retention are a focus for business planning and the Trust is investing heavily in Health and wellbeing programmes to support staff.

Relocation remains the most significant reason for leaving. The nature of that reason itself are complicated and may be impacted by rates of pay, cost of living, family dependencies and burn out.

Appraisal Rates

Target – 90%



Month	Feb-22	Mar-22	Apr-22	May-22
Trust PDR Rate	61.95%	64.31%	65.56%	67.18%
COR PDR Rate	55.88%	61.93%	62.09%	63.88%
CSD PDR Rate	65.03%	65.99%	69.38%	68.64%
EIC PDR Rate	69.60%	71.85%	72.03%	73.74%
ENT PDR Rate	66.43%	71.53%	70.47%	70.47%
PCD PDR Rate	71.72%	75.24%	77.64%	77.87%
WCH PDR Rate	48.04%	48.79%	49.22%	53.58%

Month	Feb-22	Mar-22	Apr-22	May-22
Trust PDR Rate	61.95%	64.31%	65.56%	67.18%
A&C PDR Rate	51.78%	54.60%	57.08%	59.57%
AHP PDR Rate	58.15%	65.33%	69.06%	69.31%
Nursing (Q) PDR Rate	65.17%	66.60%	67.58%	69.38%
Nursing (UQ) PDR Rate	65.53%	68.04%	67.80%	69.47%
OACS PDR Rate	60.84%	63.23%	65.56%	65.54%
STT(Q) PDR Rate	75.81%	78.97%	77.11%	75.00%

Month	Feb-22	Mar-22	Apr-22	May-22
Trust Med App Rate	89.89%	87.08%	83.99%	87.42%
CSD Med App Rate	89.58%	85.42%	91.49%	93.62%
EIC Med App Rate	88.80%	84.03%	76.86%	84.77%
ENT Med App Rate	87.24%	85.55%	87.14%	90.85%
WCH Med App Rate	91.67%	91.32%	85.49%	85.49%

The rate of improvement in the appraisal rates slowed materially in May leading to CSD and EIC moving to being forecast to close in the amber range at year end.

The projection predicts that ENT and PCD will all achieve the target rate by the close of 22/23, EIC and CSD will make the amber range with WCH and COR finishing outside of the targeted tolerances.

For medical staff, the overall Trust appraisal rates as increased in month to 87.42% remaining within acceptable tolerances but a material drop. Divisionally no area is outside the amber ranges with CSD and PCD at the target rates. Appraisals overdue but these are being followed up by the Medical Workforce Team in line with Trust processes.

Targeted reports have been sent out to divisions this month in order to assist in increasing compliance. Furthermore, there has been a change to recording PDRs at 6 months which means a number of staff are automatically out of date. This is being addressed by the divisions and compliance should improve over the next few months.

People Plan - Looking after our people

ICS Goal 1 - Care

Statutory and Mandatory Training Rates

Target – 90% (IG 95%)

Core Training Compliance Totals / Overall	Core Training			
	Last Month	This Month	Target	Trend
Theory Adult BLS	90%	90%	90%	→
Practical Adult BLS	87%	86%	90%	↓
Conflict Resolution - Level 1	81%	81%	90%	→
Equality & Diversity	95%	95%	90%	→
Fire	91%	92%	90%	↑
Health & Safety	90%	89%	90%	↓
Infection Control (Hand Hygiene)	92%	93%	90%	↑
Infection Control - Level 2	88%	89%	90%	↑
Information Governance	90%	90%	90%	→
Moving & Handling - Level 1	90%	90%	95%	→
Moving & Handling - Level 2 Theory	89%	90%	90%	↑
Moving & Handling - Level 2 Patient	89%	89%	90%	→
Safeguarding Adults Level 1	90%	91%	90%	↑
Safeguarding Adults Level 2	90%	89%	90%	↓
Safeguarding Adults Level 3	75%	71%	90%	↓
Safeguarding Children Level 1	92%	92%	90%	→
Safeguarding Children Level 2	91%	91%	90%	→
Safeguarding Children Level 3	74%	74%	90%	→

	Last Month	This Month	Trend
TRUST	90%	90%	→
Clinical Support Division	91%	92%	↑
Corporate Division	89%	91%	↑
Emergency & Integrated Care Division	90%	91%	↑
Enterprise Division	91%	91%	→
Planned Care Division	91%	91%	→
Womens, Childrens and Sexual Health Division	88%	87%	↓

Overall compliance is **90%**

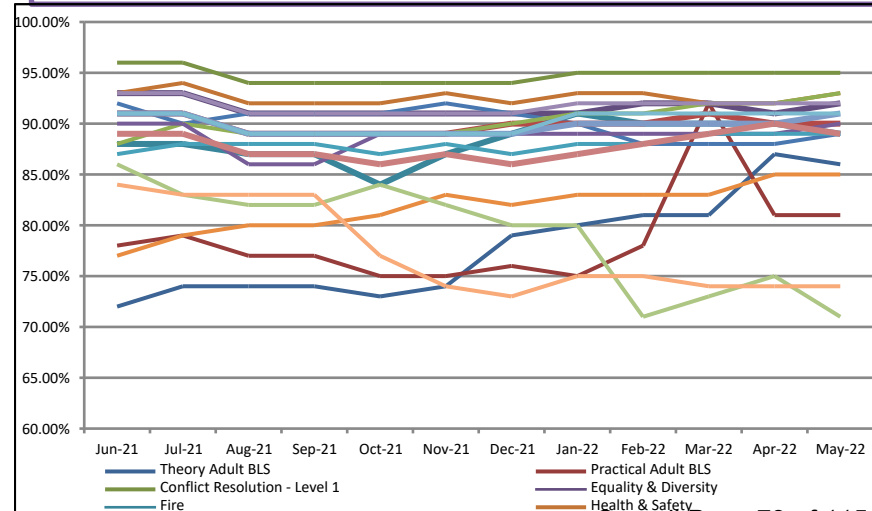
Information Governance: is currently at **93%** (national target 95%), IG sees a 1% increase every 2 weeks, we are hoping that we reach the national target by the end of June mid-July

Moving and Handling: Has remained at **85%**, the team have had to cancel sessions due to low numbers on sessions. The team delivered 40 sessions (these include Induction, Updates, OSCEs and ward targeted sessions), training 132 staff within the month of May.

Basic Life Support – Practical: Has also remained at 81% - The team delivered 11 sessions with a total of 138 staff attending

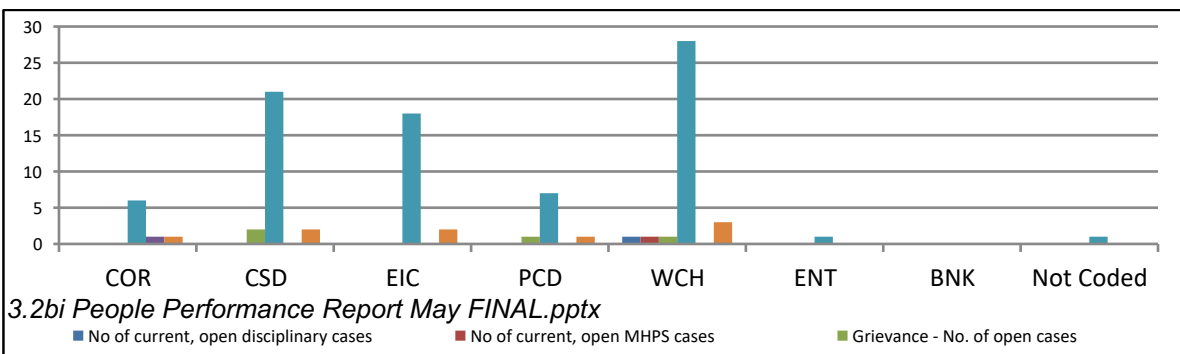
Safeguarding Children & Adults Level 3 - As stated last month, the Senior L&OD Information Analyst has had meeting with SMEs and will start looking into key areas in the Trust that need some support.

WCH Division: WCH is currently at 87% overall, the Senior L&OD Information Analyst has created a report on areas that the division should focus on to get back track, key areas being E&D, Fire, Infection Control L2. Safeguarding L3 is a key area within the division but these have been addressed with the SMEs and directorate leads, we are waiting for lists of staff who have completed, this should see compliance percentages go up.



Employee Relations

Category	Metric	Apr-22	May-22
Non Medical Disciplinary			
No of Disciplinary cases opened in month	Number	0	0
No of current, open disciplinary cases	Number	2	1
Average length of closed disciplinary cases (closed in the last 24 months)	Days <60	70.38	70.38
Average length of disciplinary Investigation	Days <30	37.50	35.00
Total Disciplinary cases opened in year (from April 22)	Number	0	0
% BAME Disciplinary Cases in year (from April 2022)	%	100.00%	100.00%
% BAME Disciplinary Cases opened in month	%	0.00%	0.00%
Exclusions - No. of live in month	Number	1	1
Medical Disciplinary			
No of MHPS cases opened in month	Number	0	0
No of current, open MHPS cases	Number	1	1
Average length of closed MHPS cases (closed in the last 24 months)	Days <60	136.76	136.76
Average length of MHPS Investigation	Days <30	28.00	28.00
Total MHPS cases opened in year (from April 22)	Number	0	0
% BAME MHPS Cases in year (from April 2022)	%		0.00%
% BAME MHPS Cases opened in month	%		
Exclusions - No. of live in month	Number	0	0
Grievance			
Grievance - No. of opened cases in month	Number	1	1
Grievance - No. of opened cases in year	Number	1	2
Grievance - No. of open cases	Number	4	4
Average length of closed grievance cases	Days	130.43	132.29
Grievances - % that are BAME Cases opened in month	%	0.00%	0.00%
Grievances - % that are BAME Cases opened in year	%	0.00%	0.00%
B&H cases - included in grievance numbers (of those opened in year)	Number	0	0
Sickness			
Sickness - No. of cases opened in month	Number	22	13
Sickness - No. of open cases	Number	79	82
Long Term - sickness cases in month	Number	10	11
Short Term - sickness cases in month	Number	11	2
Ancillary			
No. of Employment Tribunals (ET) active	Number	8	7
Staff attending ER training sessions in month aggregate	Number	40	59



We currently have 1 live disciplinary case with 1 case closed since April 2022. The average length of disciplinary investigation has decreased from 37.50 to 35 days, getting closer to the target of 30 days.

There is one live MHPS case which met the investigation KPI. The MHPS hearing has taken place but the decision was delayed due to the requirement for further evidence which has been received. Whilst, the outcome has now been issued, a sanction hearing must follow and the delays have meant that this open MHPS case is 132 days which is significantly above the current KPI of 60 days.

There are currently 4 open grievances. 1 new case was opened and 1 was closed in the month of May 2022. The general themes still remain the same, around bullying, race discrimination, leadership and breakdown in relationships. The ER team continues to work closely with managers to identify resolutions and schedule appropriate interventions for example mediation.

There are currently 82 active sickness cases under management. 13 new cases were opened in the month of May 2022 and 14 sickness cases closed since last month.

The number of Employment Tribunal (ET) cases has reduced to 7. These claims relate specifically to issues pertaining to race discrimination, disability discrimination, unfair dismissal and whistleblowing. The outcomes to date remain positive by way of strong case management and early resolution where appropriate.

The number of managers attending training remains positive, increasing from 40 to 59 since the beginning of April 2022.

The team has taken a proactive approach in supporting managers so most of the employee relations cases are managed at the informal stage.

Performance Measure

2020/21 baseline

2023/24 ambition

Increase in the number of BAME staff 8a and above

Disproportionate – 3 grades not met

All grades meeting set targets

Projected Model Employer Targets	2019	2020	2021	2022	2023	2022/22 Performance	2021/2 ambition	2021/2 current	Gap
Band 8a	74	78	82	86	90	Band 8a	86	84	-2
Band 8b	25	27	29	31	33	Band 8b	31	26	-5
Band 8c	10	11	12	13	14	Band 8c	13	16	+3
Band 8d	6	6	7	7	8	Band 8d	7	4	-3
Band 9	2	2	3	3	3	Band 9	3	3	-
VSM	5	6	7	8	9	VSM	8	7	-1

Slide 11 Belonging

Division	BAME Staff in Band 8A+ (Afc)	Staff in Band 8A+ (Afc)	Band 8A+ (Afc) BAME%	BAME Staff in Medical	Staff in Medical	Medical BAME%	Overall Staff Population BAME%
289 FDC Planned Care Division	10	44	22.73%	138	358	38.55%	56.13%
289 EIC Emergency & Integrated Care Division	27	103	26.21%	200	445	44.94%	55.08%
289 Enterprise Division	5	23	21.74%	1	11	9.09%	41.23%
289 CSD Clinical Support Division	43	91	47.25%	33	65	50.77%	52.12%
289 COR Corporate Division	39	144	27.08%	12	30	40.00%	44.61%
289 WCH Women, Children and Sexual Health Division	8	65	12.31%	180	409	44.01%	40.10%
Trust	132	470	28.09%	564	1318	42.79%	49.44%

Factor	Current Month	Last Month	Start of Year
% of Diversity Champions on Band 8A+ Interview Panels	0.00%	8.33%	8.33%

During the last month we have had a slight improvement on our projected model employer targets for 2022/23 . An increase in the number of 8a roles from 83 to 84 and we are now 2 away from the 2022 target of 86 . Our band 8c roles have also increased during May from 15 to 16 but we have already surpassed the target set for 22/23 13 and for 23/24 of 14. For the 8b roles this has remained static this month at 26 with our 22/23 target of 31 and we need to understand the narrative behind this. The number of 8d roles and VSM have also remained static during May. Our Band 9 roles have been achieved.

Our number of BAME staff in Senior Leader positions is currently 140 and our target is for 22/23 is 148. The charts highlight our nationally set targets and how this is reflected across Divisions and by Agenda for Change and medical staff groups. During the month of May have embedded our two new associates from the leadership ladder programme into their areas of work and have clear set achievable targets in place.

The Diversity Champions on panels is under review and the new programme increase availability of diversity champions by including patient representatives and non-executive directors and aid us in achieving the cultural shift needed and ensure diverse representation on all senior appointments across the Trust.

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

Division	Number in Qualified Roles that were in unqualified roles 12 months before	Roles (Coded as per below)	Established (Mar 22)	Established Current	In Post (Mar 22)	In Post Current
289 PDC Planned Care Division	0	Apprentice Nurse Associate	5.00	5.00	27.07	20.67
289 EIC Emergency & Integrated Care Division	0	Nurse Associate (Qualified)	14.00	32.85	15.00	23.00
289 WCH Women's, Children's and Sexual Health Division	0	Advanced Clinical Practitioner (NMC)	0.00	0.00	0.00	0.00
289 CSD Clinical Support Division	0	Advanced Clinical Practitioner (HPC)	0.00	0.00	0.00	0.00
289 COR Corporate Division	0	Physicians Assistant	4.00	4.00	3.00	5.00
289 WCH Womens, Childrens and Sexual Health Division	0					

Work continues to identify areas where ACP and PA's can bolster workforce and fill medical workforce gaps. There are currently 7 Advanced Clinical Practitioner Level 7 Apprentices at the moment, 4 from EIC and 3 from PCD, all due to finish April 2024. There is also one other ACP being trained through HEE funding from WCH who will complete in January 2023.

Performance Measure	2020/21 baseline	2023/24 ambition
Flexible Working Staff Survey Score	56%	65%

Category	Metric	Number/%
Number of flexible working requests received since April 22	Number	20
Disabilities	%	0%
%BAME - requested flexible working	%	70.00%
Average length arranging meeting	Days <28	TBC
Requests accepted	%	75.00%
Requests pending	Number	2
Requests rejected	%	15.00%
Number of appeals received in total	Number	0
Appeals accepted	Number	0
Appeals rejected	Number	0

There are 20 flexible working applications from April 2022, this was an increase due to a recent restructure. The total number of applications accepted overall is 75% at the end of May 2022. The majority of the applications continue to be made by female employees. The total number of applications made by Black and Ethnic Minority (BME) employees from April is 70%.

So far 3 applications have been rejected and 2 applications are pending. We continue to advise and support managers on flexible working applications. NHS employers have recently released some new toolkits to

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



HCA London Collaborative Event

Following the success of the event, currently we have 19 candidates cleared to start (8 from the NWL HCA event and 11 from additional activity) – these candidates are currently being allocated start dates

There are a further 126 applicants being progressed through recruitment checks and a further cohort that are in the process of being reviewed and allocated. There are a small number of applicants that have requested an alternative Trust due to distance from home.

Apprentices and Levy Update

Total Number of Apprentices:	206
EIC:	66
Planned Care:	37
WCH, HIV/GUM:	49
Clinical Support:	27
Corporate:	29

Levy Utilisation: 46%
As of: April 2022

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

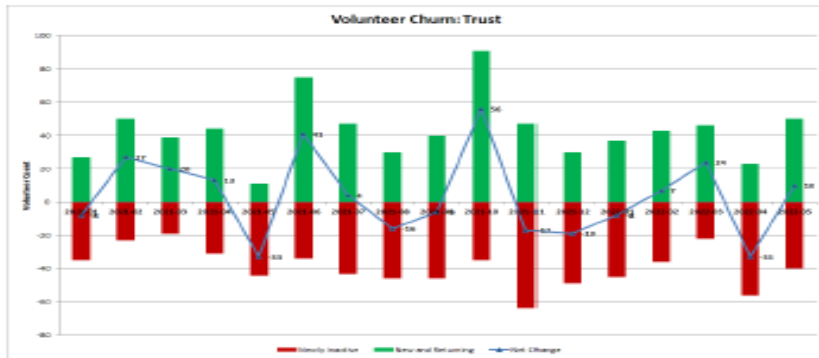
SLIDE 14 Growing										
Division	Ealing	Hammersmith and Fulham	Hillingdon	Hounslow	Kensington and Chelsea	Richmond upon Thames	Wandsworth	Westminster	Not local	Hounslow and K&C
2024 PDC Planned Care Division	11.52%	11.44%	5.64%	20.34%	4.25%	4.82%	8.82%	1.96%	31.21%	24.59%
2024 EIC Emergency & Integrated Care Division	11.24%	12.10%	6.54%	21.04%	4.13%	6.02%	8.83%	1.72%	28.38%	25.17%
2024 Enterprise Division	9.48%	13.74%	0.47%	6.64%	6.16%	4.74%	15.64%	0.47%	42.65%	12.80%
2024 CSD Clinical Support Division	15.10%	9.33%	7.21%	19.04%	3.75%	3.75%	7.69%	1.54%	32.60%	22.79%
2024 WCH Women, Children and Sexual Health Division	11.34%	8.48%	5.13%	11.65%	3.92%	5.59%	9.80%	2.08%	41.98%	15.57%
Trunk	12.05%	10.11%	5.99%	16.72%	4.00%	4.99%	8.80%	1.73%	39.11%	20.42%

Volunteers

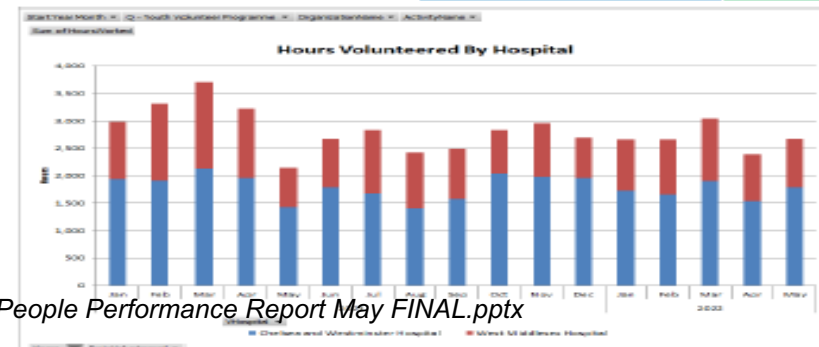
There was an increase in volunteering activity from April to May. This was driven by an increase in active volunteers, volunteers doing more hours, and a notable increase in ward helper engagement at Chelsea. Also, April's numbers were depressed by the Easter and Ramadan holidays. It is expected that we could see another decrease in hours in June due to half term and the long Jubilee weekend. The team is recruiting a Youth Coordinator based at Chelsea to assist with the Best for You project and with more youth engagement. This is a 12 month fixed-term post funded through CW+ by DCMS.

Trust Summary

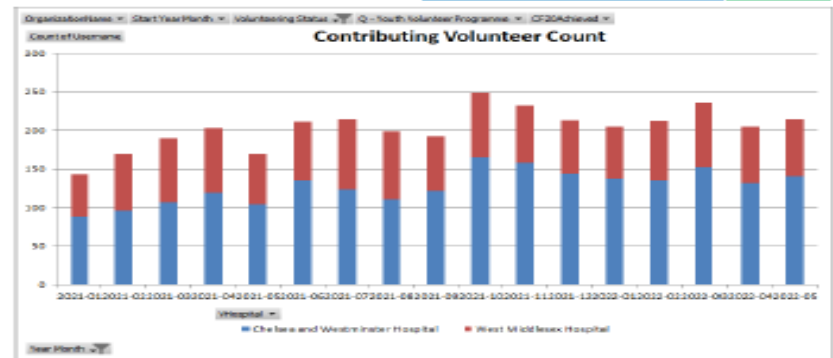
Change on Last Month +10



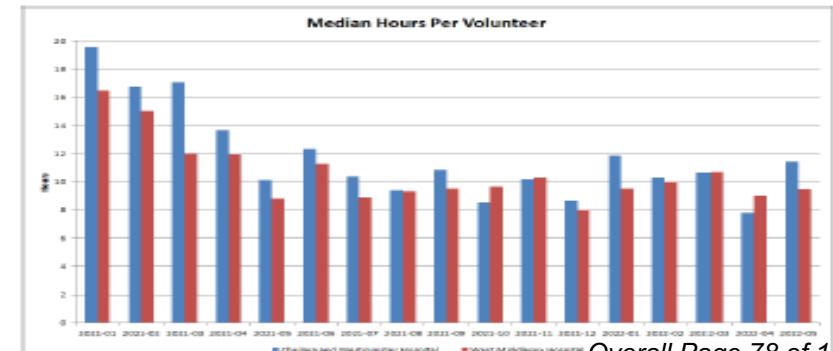
Change on Last Month +12%



Change on Last Month +5%



Median Hours Per Volunteer



People Plan - Growing for our future

ICS Goal 3- Grow

Performance Measure

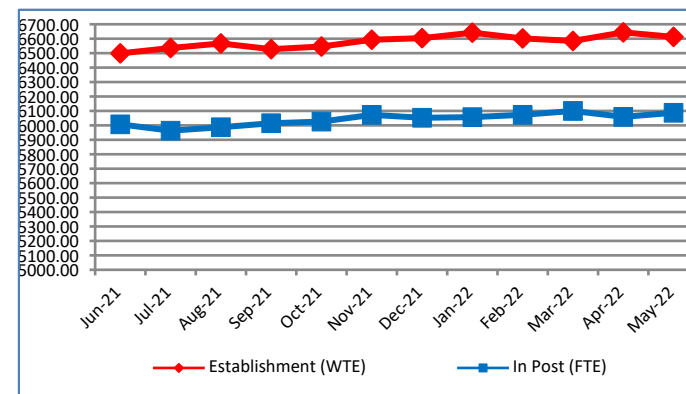
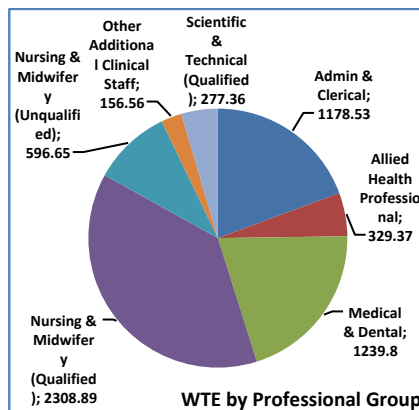
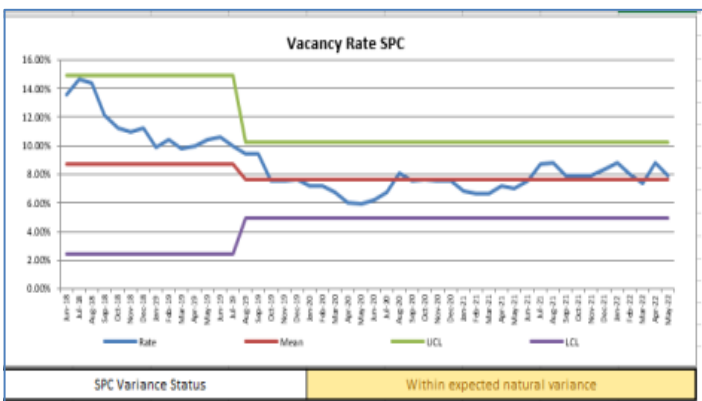
2020/21 baseline

2023/24 ambition

Reduced vacancy rates by Core Professions

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

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



Although the Trust vacancy rates remain within expected statistical variances there was a material decrease in the vacancy rate down to 7.95% driven by a combination of a reduction in establishments (-31.25FTE) and an increase in the staffing levels (+28.37FTE).

The Qualified nursing rates fallen driven by a combination of -32.30FTE establishment decrease and 18.71 FTE increase in the in post. The nursing forecast shows that at current projections the band 5 nursing vacancy rate should fall under 5% in the next 3 months

Unqualified nursing remains high at 21.06% but has improvement over the previous periods was reversed with the established roles being increased materially last month which will mean a lag as the posts are recruited to. There was a significant number of candidates assigned to the Trust at the NWL event and the rate will reduce in line with their on boarding. With supply pool at band 2 level, either a grow our own or skill mix reviews linked to safer staffing models maybe required. Other clinical support levels also remain high but have seen a 2nd material improvement of circa 5% within the last 3 months. This may be due to the establishment issue so needs to be monitored carefully.

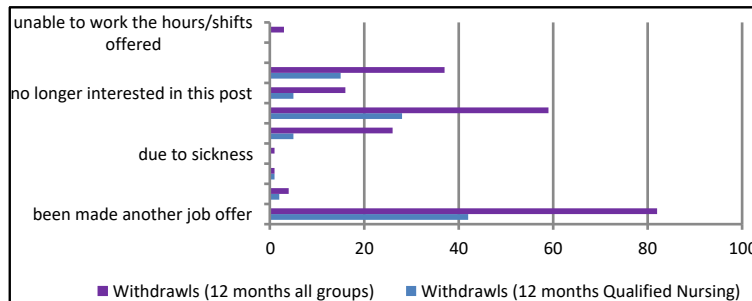
Month	Feb-22	Mar-22	Apr-22	May-22	Target Rate
Trust Rate	8.01%	7.36%	8.81%	7.95%	10.00%
COR Rate	4.11%	3.74%	5.46%	6.36%	
CSD Rate	10.26%	9.31%	10.23%	9.73%	
EIC Rate	7.70%	6.39%	8.86%	8.87%	
ENT Rate	7.56%	7.87%	8.00%	2.24%	
PCD Rate	6.66%	6.50%	8.48%	5.14%	
WCH Rate	9.31%	8.98%	9.38%	9.09%	

Month	Feb-22	Mar-22	Apr-22	May-22	Target Rate
A&CRate	8.16%	7.77%	9.44%	8.84%	10.00%
AHP Rate	7.04%	7.36%	5.89%	5.62%	5.00%
Med Rate	-1.42%	-2.43%	-1.85%	-1.58%	5.00%
Nursing (Q) Rate	8.48%	8.06%	9.29%	7.36%	5.00%
Nursing (UQ) Rate	17.99%	17.60%	21.94%	21.06%	8.00%
OACS Rate	19.13%	15.63%	15.97%	17.27%	10.00%
STT(Q) Rate	12.14%	10.07%	11.09%		

Recruitment Data for non-medical

Metric	Units	Status	Avg YTD	Last mth	This mth
Performance					
Advert published					
target > 2 days					
Corporate	avge. days		0.6	0.7	1.0
CSS	avge. days		0.4	0.3	0.3
EIC	avge. days		0.3	0.0	0.6
PCD	avge. days		1.2	0.3	0.3
WCH	avge. days		0.6	0.2	0.6
Total	avge. days		0.6	0.2	0.6
Shortlisting sent					
target > 1 day					
Corporate	avge. days		1.4	1.0	2.0
CSS	avge. days		1.0	1.0	1.0
EIC	avge. days		1.1	1.0	2.3
PCD	avge. days		1.1	1.3	1.1
WCH	avge. days		1.2	1.1	2.6
Total	avge. days		1.2	1.1	1.9
Arrange interview					
target > 2 days					
Corporate	avge. days		0.2	0.1	0.5
CSS	avge. days		0.3	0.8	0.2
EIC	avge. days		0.2	0.1	0.0
PCD	avge. days		0.5	0.2	1.2
WCH	avge. days		0.3	0.3	0.2
Total	avge. days		0.3	0.3	0.3
Offer issued					
target > 2 days					
Corporate	avge. days		0.9	0.3	2.9
CSS	avge. days		1.4	2.2	3.9
EIC	avge. days		1.1	3.6	2.4
PCD	avge. days		0.8	1.8	0.3
WCH	avge. days		1.1	0.8	1.1
Total	avge. days		1.1	1.5	2.2
Pre-employment checks					
target > 20 days					
Corporate	avge. days		13.2	17.8	15.0
CSS	avge. days		20.4	23.7	20.1
EIC	avge. days		14.9	19.8	14.0
PCD	avge. days		27.0	13.7	29.0
WCH	avge. days		20.7	22.8	21.3
Total	avge. days		17.8	19.6	19.8
Time to hire					
target > 9 wks					
Corporate	avge. weeks		7.3	8.7	9.1
CSS	avge. weeks		9.0	10.5	9.9
EIC	avge. weeks		7.2	8.2	7.9
PCD	avge. weeks		9.5	8.3	10.0
WCH	avge. weeks		8.9	9.5	8.9
Total	avge. weeks		8.14	8.96	9.38

Metric	Units	Status	Avg YTD	Last mth	This mth
Process times					
Authorisation start to final approval					
Corporate	avge. days		25.0	17.0	24.7
CSS	avge. days		29.5	16.2	58.7
EIC	avge. days		24.9	62.7	5.0
PCD	avge. days		25.2	4.8	10.2
WCH	avge. days		33.2	44.2	16.0
Total	avge. days		28.8	38.0	27.3
Time taken to shortlist					
Corporate	avge. days		8.1	7.0	4.5
CSS	avge. days		6.7	5.9	6.4
EIC	avge. days		5.4	4.8	5.3
PCD	avge. days		5.3	7.1	6.1
WCH	avge. days		5.7	6.1	8.3
Total	avge. days		6.2	6.1	6.5
Interview date to informing recruitment team					
Corporate	avge. days		2.7	3.4	3.8
CSS	avge. days		3.0	7.7	3.5
EIC	avge. days		1.5	4.1	2.9
PCD	avge. days		1.1	1.5	3.4
WCH	avge. days		2.4	4.0	4.5
Total	avge. days		2.3	4.6	3.8



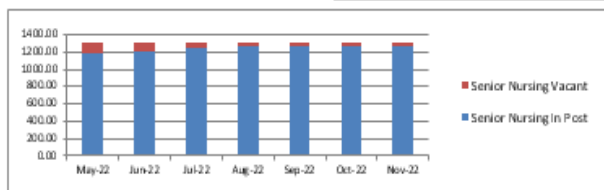
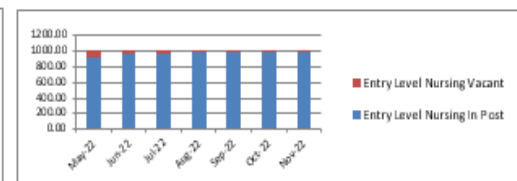
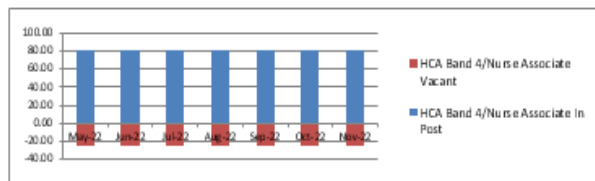
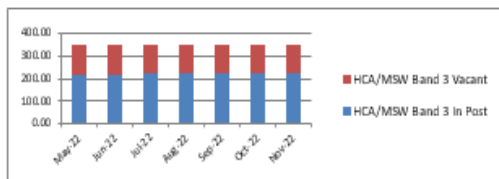
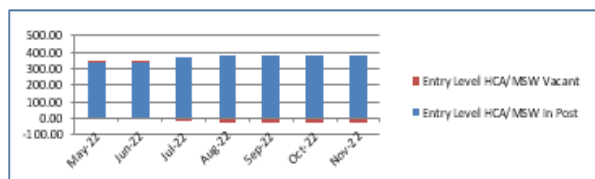
Metric	Units	Avg 12mth	Last mth	This mth
Vacancy created				
Corporate	no.	30	24	39
CSS	no.	38	34	38
EIC	no.	31	30	28
PCD	no.	24	21	27
WCH	no.	48	47	57
Mass recruitment	no.	5	10	5
Total	no.	176	166	194
Advertised vacancies				
Corporate	no.	30	21	32
CSS	no.	38	33	39
EIC	no.	31	31	26
PCD	no.	24	25	22
WCH	no.	48	51	58
Mass recruitment	no.	5	10	5
Total	no.	176	171	182
Offers made				
Corporate	no.	22	27	22
CSS	no.	38	42	57
EIC	no.	35	37	27
PCD	no.	23	19	26
WCH	no.	47	54	49
Mass recruitment	no.	7	22	6
Total	no.	172	201	187

May's activity continued to see a rise in the number of vacancies created and advertised. The number of offers made decreased slightly from 201 to 187. The reduced number of working days in addition to a long term sickness episode within the team contributed to our Time to Hire slipping beyond our target, achieving 9.38 (.38 above target). We had 20 international nurses arriving in May with similar arrival numbers forecasted again by month over the summer. We are currently working on producing a weekly pipeline report which will be broken down by division and cost centre to provide visibility on WTE vacancy V's Budgeted Establishment. The report will also detail the number of candidates that are actively being recruited.

In May the total number of external vacancies advertised with reference to flexible working was 92 (66%).

Nursing Pipeline Forecast

Band	Budget	In Post	Vacant FTE	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Apprentice	20.60	34.93	-14.33	35.93	47.93	55.93	55.93	55.93	55.93
Band 2	330.15	299.01	31.14	302.01	318.01	328.01	328.01	328.01	328.01
Band 3	348.92	216.42	132.50	220.42	224.92	226.58	226.58	226.58	226.58
Band 4	56.19	82.29	-26.10	82.29	82.29	82.29	82.29	82.29	82.29
Band 5	1022.56	925.22	97.34	969.22	973.22	997.22	997.22	997.22	997.22
Band 6	860.68	730.58	130.10	739.58	767.08	781.41	781.41	781.41	781.41
Band 7	449.15	459.70	-10.55	461.70	476.20	486.86	486.86	486.86	486.86



Unqualified Nursing

As can be seen in the close of May and continued forecast, although the Trust is carrying significant vacancies at Band 3 level, we will be over established in the band 2/Apprenticeships and band 4 level. It has been identified under the new ways of working work stream that longer term planning of clinical models and establishments is required both to support the current pathways for ANAs is needed. The band 2 level will not account for the closure of current apprentices so is not a cause for concern however the need to establish the band 4 Nurse Associate roles within service line budgets is more pressing. The latest recruitment fair appointments for HCA roles at entry level (band 2) are being processed will place further pressure on the need to conduct skill mix/safer staffing reviews.

Qualified Nursing

The Trust has currently has over 136 band 5 nurses in the recruitment pipeline and a further 60 in the international nursing pipeline. Accounting for a steady turnover rate ,internal appointments to band 6s and a nominal withdrawal factor from the pipeline we should be able to hit target vacancy rate of 5%. The focus in this area must be on retention efforts.

The picture on the band 6/7 Senior nursing posts differs with the projection of more leavers than starters due in the recruitment pipeline. The overall vacancy rate for Qualified Nursing is likely to over the next 3 months remain outside the 5% stretch target.

Methodology:

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

Inflows:-

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

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

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

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

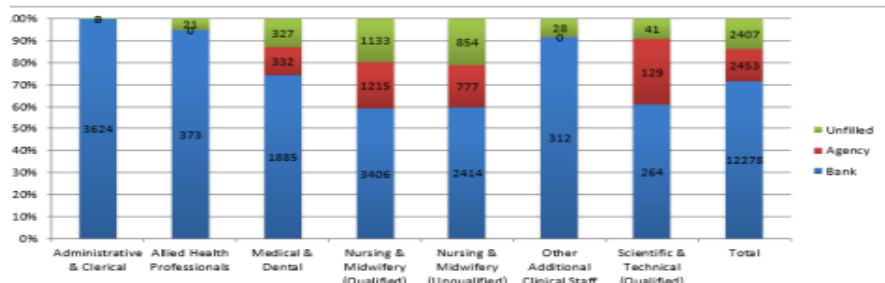
People Plan - Growing for our future

ICS Goal 3- Grow

Bank and Agency

Division	Bank	Agency	Unfilled	Total Requested	Bank Fill Rate	Overall Fill Rate
COR	1085	108	41	1234	87.93%	96.68%
CSD	2561	27	89	2677	95.67%	96.68%
EIC	3557	1223	1079	5859	60.71%	81.58%
ENT	150	15	6	171	87.72%	96.49%
PDC	2614	798	446	3858	67.76%	88.44%
WCH	2032	220	669	2921	69.57%	77.10%
Total	12278	2453	2407	17138	71.64%	85.96%

Group	Bank	Agency	Unfilled	Total Requested	Bank Fill Rate	Agency Fill Rate	Unfilled rate	Overall Fill Rate
Administrative & Clerical	3624	0	3	3627	99.92%	0.00%	0.08%	99.92%
Allied Health Professionals	373	0	21	394	94.67%	0.00%	5.33%	94.67%
Medical & Dental	1885	332	327	2544	74.10%	13.05%	12.85%	87.15%
Nursing & Midwifery (Qualified)	3406	1215	1133	5754	59.19%	21.12%	19.69%	80.31%
Nursing & Midwifery (Unqualified)	2414	777	854	4045	59.68%	19.21%	21.11%	78.89%
Other Additional Clinical Staff	312	0	28	340	91.76%	0.00%	8.24%	91.76%
Scientific & Technical (Qualified)	264	129	41	434	60.83%	29.72%	9.45%	90.55%
Total	12278	2453	2407	17138	71.64%	14.31%	14.04%	85.96%



Bank shifts filled increased by 533 in May with agency shifts seeing a reduction of 168 shifts worked.

The Temporary staffing team are continuing to work with clinical areas to identify longer lines of work, with the focus to fill with bank / Framework agency offering consistency in addition to minimising cost. A defined approval has been agreed for high risk when requesting off-framework to ensure tighter grip and control.

The Theatres incentive scheme was successfully delivered ensuring no cancellation of lists to support the elective care pathway recovery work for patients affected by delays as a result of COVID19.

The number of candidates registered on the Nursing Collaborative Bank has seen an increase this month reaching 924 candidates. To date CW have 167 bank workers registered.

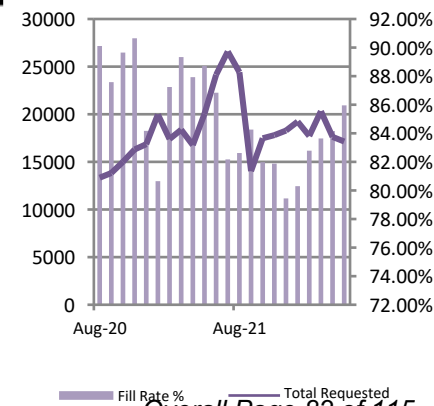
CW have seen the most shifts filled by the Collaborative Bank, with 52 shifts filled (64% of total shifts booked which is currently at 81). 23 shifts were booked in May and 34 have already been booked in June. The increase in numbers is steadily rising and there are a number of onsite engagement events scheduled to continue to push the benefits. Bank rates across the acute collaborative are currently being aligned to ensure agency workers continue to migrate to bank. In addition to this a proposal to restrict those registered on the collaborative bank being able to work on any of the sites via agency is something being reviewed.

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

Lead Time	Bank	Agency	Total Filled	Shifts %	Unfilled	Type
Minus 30 and Over	0	0	0	0.00%	0	Retro
Minus 15-29	11	0	11	0.08%	1	
Minus 8-14	51	0	51	0.35%	3	
Minus 7	54	0	54	0.37%	4	
Minus 6	71	0	71	0.49%	1	
Minus 5	81	0	81	0.56%	1	
Minus 4	98	1	99	0.68%	2	
Minus 3	112	1	113	0.78%	1	
Minus 2	119	1	120	0.83%	2	
Minus 1	339	1	340	2.35%	5	
Same Day	314	2	316	2.19%	6	Same Day
1-3 Days Notice	473	4	477	3.30%	6	Very Short Notice
4-7 Days Notice	280	5	285	1.97%	26	
8-14 Days Notice	237	7	244	1.69%	15	
15-29 Days Notice	200	5	205	1.63%	11	Short Notice
30-60 Days Notice	200	5	205	1.63%	11	Medium Notice
Total	2561	27	2588	17.90%	89	Long Notice

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

REQUEST REASON	BANK	AGENCY	TOTAL FILLED	SHIFTS %	Unfilled
Annual Leave	1	0	1	0.0%	0
Covid Operational	1	0	1	0.0%	0
Covid Sickness/Isolation Cover	26	0	26	0.8%	1
Mat Leave	0	0	0	0.0%	0
Other	0	0	0	0.0%	0
Other Leave	0	0	0	0.0%	0
Private Patients	0	0	0	0.0%	0
Sickness Cover	21	4	25	0.8%	1
Specialising	28	0	28	0.9%	3
Study Leave	8	0	8	0.3%	0
Vacancies	447	0	447	14.3%	6
Workload	404	0	404	12.9%	9
Total	936	4	940	100%	20



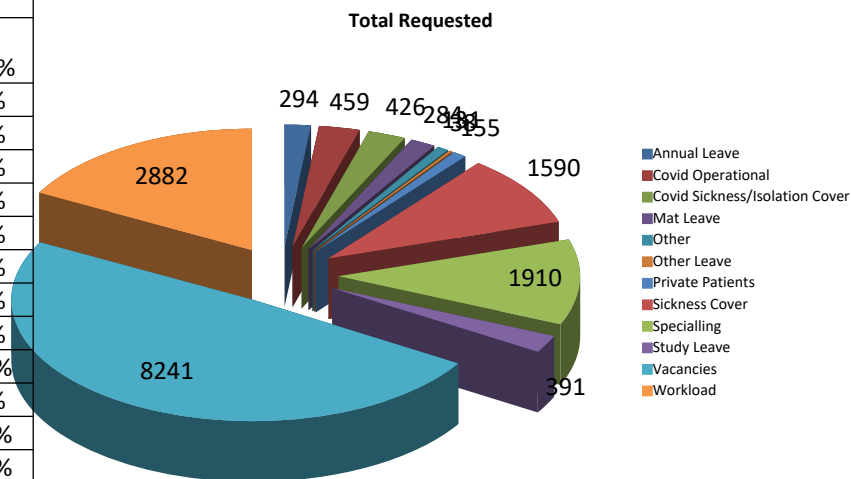
Bank and Agency – Reasons for Requests

Division	COR	CSD	EIC	ENT	PDC	WCH	Total
Annual Leave	4	2	234	0	46	8	294
Covid Operational	77	76	253	0	40	13	459
Covid Sickness/Isolation Cover	22	46	174	31	61	92	426
Mat Leave	0	0	150	0	46	88	284
Other	0	0	89	0	24	18	131
Other Leave	1	0	20	0	10	7	38
Private Patients	0	0	0	149	5	1	155
Sickness Cover	36	108	693	112	409	232	1590
Specialling	15	58	872	4	504	457	1910
Study Leave	4	103	87	0	181	16	391
Vacancies	734	1397	2819	234	1811	1246	8241
Workload	341	887	470	59	721	404	2882

The highest request reason continues to be as a result of vacancies which accounts for 49.05% of all shifts sent to bank. Workload accounts for 17.15% of shifts sent to bank.

We are still continuing to see requests as a result of Covid related cover (sickness – 2.54% and Covid Operational – 2.73%).

Request Reason	Trust			Total Requested	Shifts %
	Bank	Agency	Unfilled		
Annual Leave	198	32	64	294	1.75%
Covid Operational	359	59	41	459	2.73%
Covid Sickness/Isolation Cover	242	93	91	426	2.54%
Mat Leave	208	17	59	284	1.69%
Other	87	26	18	131	0.78%
Other Leave	20	8	10	38	0.23%
Private Patients	118	16	21	155	0.92%
Sickness Cover	771	378	441	1590	9.46%
Specialling	1005	504	401	1910	11.37%
Study Leave	290	59	42	391	2.33%
Vacancies	6141	1115	985	8241	49.05%
Workload	2635	80	167	2882	17.15%
Total	12074	2387	2340	16801	100.00%



HR Programme Updates

Looking After Our People

Health & Wellbeing

During May the team reviewed budgets and contracts for key services, and will continue to work on the procurement schedule, to ensure all of our essential support offers continue and offer value for money for the Trust. The first cohort of 8 staff had the opportunity to go on the CW+ Scottish Island retreat and engaged in reflective practice sessions, Island activities, team building to unpack issues, decompress and build their psychological safety and the progression and growth of staff over the 5 days was invaluable. Cohort 2 plans are being worked through and the team will be hosting meetings with staff over the next month. The team have continued to use the National Health and Wellbeing diagnostic tool which was first used as part of the Trailblazer pilot to measure our Health and Wellbeing Programme offer and improve our offer based on the insights. The team have continued to promote awareness days during the month including international HR day, Mental Health Awareness Week. The team continued to visit areas and this month engaged with all key sites so that there is continued engagement with staff. The first cohort of Mental Health First Aiders for 22/23 took place taking our total number to 120. There are 79 wellbeing champions also now in place. Three more staff are undertaking their training to become Schwartz Facilitators. To date 5,753 offers have been engaged with by our staff since the launch of the new Health and Wellbeing Programme. This includes the delivery of 47 wellbeing sessions reaching over 1,450 staff. 1,922 have accessed psychological support, 466 staff have accessed back up care to support childcare and elder care arrangements, 406 staff have used bike doctors. Monthly wellbeing sessions with doctors induction, excellence in care programme and preceptorship programme are also now in place reaching 209 staff to date.

Belonging

Diversity & Inclusion

Key highlights in the month include some awareness raising events across the month including International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT) and Equality and Human Rights Week. The team have been working on plans for Pride month. Our staff network leads met to discuss their shared work across the networks. The team have sought expressions of interest for the vice chair and secretary of the LGBTQ+ staff network. The team also met with the specialist advisor of the Board to review the 2022/23 EDI work plan and also to discuss the need to look at the core group for our BAME staff network. The team will also now be advertising expressions of interest for the chair, vice chair and secretary of the BAME staff network during the month of June. The Trust renewed our Stonewall account for another year to 2023. The team have been supporting a review of policies and have scoped a just culture working group with the Head of ER which will meet in June. The team have also set up regular engagement meeting with the comms team so that we can increase the way in which we engage with all staff.

Leadership & Development

Emerging Leaders cohort 19 have their final presentations mid-June and project groups have been established and working towards their chosen improvement.

Management Fundamentals virtual training is available to staff at both Hillingdon and Chelsea and the most popular sessions to date are: Management vs Leadership, Listening, Communicating and Dealing with Difficult Conversations.

The NHS Leadership Academy have launched a new self-paced 6 week eLearning programme on Inclusive Leadership. The content of this will be reviewed and aligned to the current offer and promoted to all colleagues.

New Ways of Working

Organisational Change

The Trust currently has four live consultations with no anticipated redundancies. There are two more consultations in the pipeline which are due to launch in July 2022. The Trust has two live TUPE transfers affecting 36 total staff.

Work continues with the formation of the West London Children's Hospital with work continuing with developing the Clinical Leadership Structure across Chelwest and Imperial.

E- Rostering

Junior and Trainee Grades – On track for end of August
Consultant Rota data – In progress across 8 Specialties, but awaiting Consultant on-call/rota data for the majority of other areas. - Next Project Board 27th July.

Medical Transformation Programme:

We continue to work with the Divisions and DMEs to recruit Medical Support Workers. We also want to ramp up our efforts to engage with the Divisions on where CESR posts might add value.

Junior Doctors Deep dive:

As reported previously, rota compliance will be achieved when recruitment is completed, in August, to the Paediatric and ED rotas. A review of the established for all Junior Doctors is ongoing.

Implementation of E-Job Planning:

The team continues for focus on optimising the e-job planning system. The aim is that all SAS/Consultants will be able to upload their own job plans and manage the sign-off process in a transparent manner. Arrangements are being made to ensure that staff have access to the relevant training and guidance.

Talent Acquisition:

We continue to engage with Divisions to support them to identify gaps in medical workforce and progress recruitment accordingly. In particular, we are working with colleagues in CSD and EIC to fill mid-grade gaps.

HR Programmes Updates

Growing For Our Future	NWL Collaboration	COVID Specific
<p>NWL Reservists NWL Reservist programme underway and utilising a different way of recruitment</p> <ul style="list-style-type: none"> • Programme plan developed • C 90 candidates identified via NHSE pipeline • Model to recruit 254 across NWL • The reservist roles will be Ward Helper, Administrator, Vaccinator, Band 5 Nurse • The proof of concept will be delivered in the 4 Acute Trusts <p>NWL Skills academy Significant work has been progressed by new programme lead – headlines include:</p> <ul style="list-style-type: none"> • Completed Baseline Project Plan • Project Plan was submitted on the GLA-OPS • Key contacts identified • Signed grant agreement • PID developed • Signed MOU • Engaged with London's Mayors office to develop relationship • One to one meetings with the training providers to seek data from quarter 4 2021/2022 and understand data requirements and gaps • Project Team developed Data sharing agreement drafted and with CCG for sign off • Steering Group TOR agreed 	<p>There are various work-streams across NWL to collaborate.</p> <p>NWL OH service</p> <p>The NWL OH Service has focused in the month of May on the integration of the COHORT systems to the new version with the system being merged during the week of 27th June 2022. The NWL team have surveyed all OH staff across the organisations and are currently working on recruitment to all posts across the sector. The overall business case for full integration is planned to go to the host (CNWL's) committees in October and will therefore go through Chelwest and Hillingdon's committees in November 22.</p> <p>Payroll services:</p> <p>The monthly payroll run continues to be successful and the team is working closely with Imperial on the harmonization and optimization phase post transition. Extension of deadline for payroll input has improved the team's turnaround to processing requests from Epay.</p> <p>The feedback remain positive and ICHT continues to maintain the standard around turnaround to queries. Issues around manual payment has been identify given the high volume in May but steps are now in place to rectify these to reduce the numbers for June payroll.</p>	<p>Mass vaccination</p> <p>COVID-19 – Phase 4 continues with significant work undertaken to identify the future workforce and operational model. This includes a broader remit for the Mass Vaccination team in immunisations and Making Every Contact Count (MECC).</p> <p>Recruitment events have taken place to select the future workforce from the current mass vaccination pool – work continues to identify the potential for creating fixed term posts to provide greater stability and more attractive job opportunities. A report was shared with the Executive Cabinet for consideration.</p> <p>The necessary funding decisions are yet to be made with NHSE advising that each ICS will be given a budget imminently which will replace the current recharge arrangements</p> <p>Mass Vaccination Retention The retention programme continues towards its target of retaining 25% of the Mass vaccination workforce who have opted in to the Retention programme. We have 959 workforce members opt in to the Retention Programme with a target of 240 to retain. Of the almost 700 mass vac staff matched to vacancies 205 colleagues have been placed to date - (22%) of those who opted into the programme. Of those retained, 83 have joined a bank and the remainder have secured employment within the ICS</p> <p>The team is focussing on the NWL careers festival 16th July 2022</p> <p>The quieter summer period is being utilised to provide support and training including offering all vaccinators the opportunity to undertake the Care Certificate to aid redeployment</p>

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors, 21 July 2022											
AGENDA ITEM NO.	3.3a											
TITLE OF REPORT	Report from the Council of Governors Quality Sub Committee											
AUTHOR NAME AND ROLE	Daryl Lutchmaya, Interim Deputy Director of Corporate Governance											
ACCOUNTABLE GOVERNOR	Laura Wareing, Governor and Chair of the Quality Sub Committee											
THE PURPOSE OF THE REPORT <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 of the business conducted by the Quality Sub Committee during the year.			
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Nil												
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	Copy of minutes attached of meeting held on 1 July, 2022											
KEY RISKS ARISING FROM THIS REPORT												
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)												
Deliver high quality patient centred care	Y											
Be the employer of	Y											



Choice		
Deliver better care at lower cost		

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

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

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

Council of Governors have a responsibility for membership engagement and development. This sub-committee holds delegated responsibility for the system to deliver these responsibilities.

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)	

DRAFT

**Minutes of a meeting of the Council of Governors Quality Sub-Committee
Held at 10am on 1 July 2022 (Microsoft Teams)**

Attendees	Laura Wareing (Chair)	Chair / Public Governor	LJW
	Minna Korjonen	Patient Governor	MK
	Anthony Levy	Public Governor	AL
	Simon Dyer	Patient Governor, Lead Governor/Deputy Chair	SD
	Caroline Boulliat	Public Governor	CB
In Attendance	Daryl Lutchmaya	Interim Deputy Director of Corporate Governance	DL
	Alex Bolton	Associate Director of Quality Governance	AB
	Vanessa Sloane	Deputy Chief Nurse	VS
	Rob Hodgkiss	Deputy Chief Executive Officer	RH
	Jessica Barnett	Corporate Governance Officer	JB
	Kathryn Mangold	Lead Nurse for Learning Disability & Transition	KM
	Jenny Jean-Jacques	Patient & Public Project Manager	JJ-J
	Parvinder Singh-Garcha	Public Governor	PSG
	Christopher Digby-Bell	Patient Governor	CDB

Absent without Apology	Trusha Yardley	Public Governor	TY
Absent	Lee Watson	Director of Nursing	LW
	Lisa Addison	Patient Governor	LA

1.	GENERAL BUSINESS
1.1	<p>Welcome and Apologies</p> <p>The Chair welcomed all to the meeting.</p> <p>Apologies were received and noted.</p>
1.2	<p>Declarations of Interest</p> <p>There were no declarations of interest received.</p>
1.3	<p>Minutes of previous meeting held on 24 September 2021</p> <p>The minutes of the previous meeting held on 4 February 2022 were accepted as a true and accurate record.</p>
1.4	<p>Matters Arising & Action Log</p> <p>The Sub-Committee noted progress on the action log since the last meeting:</p> <ul style="list-style-type: none"> • Ward Accreditation – dates had not been circulated to all Governors. LJW agreed to follow up. • Thoughts were sought on the Forward Plan and current structure of the Committee – It was suggested to focus on one of the four quality priorities at each meeting.
2.	REGULAR REPORTS
2.1	<p>Learning from Serious Incidents</p> <p>AB presented an overview of this report which provided an update on process compliance, key metrics, and learning opportunities arising from Serious Incident investigations and highlighted the following:</p> <ul style="list-style-type: none"> • Between April and May the Trust reported 74 SI's, 34 at the Chelsea site and 40 at the West Mid site which was in line with what was expected. The Trust had experienced another never event since the paper had been produced. This involved a patient misidentification event when they had attended an interventional radiology appointment. This wasn't considered to be a significant harm but did highlight failures in patient identification checks. The investigation was in progress by one of the Executive Directors and attended by one of the NEDs. • During February and March the Trust started 9 external SI's and closed 10. The SI of the power failure had been thoroughly investigated and which had occurred due to a circuit break failure which had then prevented the emergency generator to start. AB stated that the Trust was confident that it had the right approach in place to prevent a recurrence. There was no patient harm linked to this. <p>Resolution: The Sub-Committee noted the report.</p>

2.2	<p data-bbox="284 237 667 266">Integrated Performance Report</p> <p data-bbox="284 309 1082 338">RH presented an overview of this report highlighting the following:</p> <ul data-bbox="331 376 1449 1128" style="list-style-type: none"> <li data-bbox="331 376 1449 517">• NHSI Reporting (page 24) A&E performance had declined from the previous month, from April to May, though contextually it was important to note that the Trust ranked 14 nationally out of 130 and third in London. Demand remained high, over 1,000 patients a day across both sites and similar levels have been seen throughout June. <li data-bbox="331 521 1209 551">• The Trust remained compliant for two week waits for Cancer patients <li data-bbox="331 555 1401 629">• Demand continued to increase across Skin, Urology, Gynaecology and Colorectal with over 2,000 referrals a month for two-week waits <li data-bbox="331 633 1433 730">• The Trust was non-compliant with the new FDS standard which had come in during October at 74.79% but had since completed the work and was now compliant at 75.3% <li data-bbox="331 734 1449 1128">• Our 62 day performance for May was challenging at 65.5%. The Trust saw 91 patients that month which was a significant number and the back log was coming down. Reasons for the non-compliance were due to having had issues with pathology and histopathology and almost daily escalations in place with NWL Pathology. Turnaround was expected to be 7 days and as of the previous day had witnessed 44 patients waiting over 21 days. WThe Trust was looking at expediting conversations with the Marsden and TDL, both of which are private providers for North Central London, as NWL were struggling with histopathology Consultant resource. The Trust was recruiting 31 staff and moving to a 7 day working model but that is not due to take affect until the beginning of August so the Trust was looking at interim solutions for the next two months. The longer term solution for this type of issue was considered to be AI. <p data-bbox="284 1171 890 1200">Resolution: The Sub-Committee noted the report.</p>
2.3	<p data-bbox="284 1245 999 1274">Governor's patient story and feedback on patient contacts</p> <p data-bbox="284 1317 1455 1458">CDB gave a brief overview of the interaction he had had with a patient regarding a complaint that had not been dealt with promptly. A discussion followed about current complaint processes and how these could be improved, in particular consultants calling patients rather than sending emails or letters was raised and how this particular incident could be avoided in the future.</p> <p data-bbox="284 1496 1455 1637">LJW recounted how she had received feedback from a patient who had issues with long waits at the pharmacy at Chelsea. VS agreed to to feedback to them but noted that the Trust was not able to give patients prescriptions to take away as these are of very high cost to the Trust. to and outside pharmacy or their GP, these are called FP10's and are of very high cost to the Trust.</p>
2.4	Group Reports
2.4.1	<p data-bbox="284 1711 528 1740">Falls Steering Group</p> <p data-bbox="284 1783 647 1812">LJW gave an update including:</p> <ul data-bbox="331 1850 1417 2024" style="list-style-type: none"> <li data-bbox="331 1850 1417 1991">• The Falls dashboard which logged everything and attempted to make it much easier to access what patients were doing and whether they needed to be watched is complete but has not yet gone live. <li data-bbox="331 1995 1358 2024">• The laying and standing blood pressure checks were doing really well at West Mid

	<ul style="list-style-type: none"> • There was a multi-factial approach being introduced on Cerner which should aid with the falls. • A further update would come in September when the dashboard should be up and running
2.4.2	Disability Steering Group Report Kathryn Mangold gave an update including: <ul style="list-style-type: none"> • The aim of this group was to ensure appropriate Trust structures, processes and pathways were followed and that the Trust provided the right, high quality care to people with learning disabilities, Autism or both. Autism had joined the remit of the group because nationally there was a lot of concern about people with autism and around 75% of those on the autistic spectrum also had a learning disability. The Transition part of the group was about children transitioning from children's services to adult services and was not just limited to those with a learning disability but those with any chronic condition. • The Q1 activity data was not available yet to report on but what had been seen was people with a learning disability had been to the West Mid site throughout the pandemic at roughly the same levels as they had before. Whereas at Chelsea there had been a significant drop. • The largest group of attendees at both sites were young people under 19. • The Trust was receiving an increased number of referrals or requests for advice for the transition service but the Trust was still discouraging visits to the hospital due to covid.
2.4.1	End of Life Care Group Update No update provided at this meeting
2.4.4	Dementia Steering Group Report No update provided at this meeting
3.	AD HOC REPORTS
3.1	Patient / Public Feedback Resolution: The Sub-Committee noted the report.
3.2	Complaints & Patient Matters Resolution: The Sub-Committee noted the report.
4.	OTHER BUSINESS
4.1	Any other business Actions: <ul style="list-style-type: none"> • LJW to discuss Quality Improvement Awards with DL regarding timeline of awards to ensure adequate time to review nominations. VS to speak with Rob Bleasdale and refer back to LJW. • DL re-circulate dates of future meetings. • Brief summary to be added to the end of tables with lots of data in reports – LJW to discuss with LW
	Date of next meeting: 23 September 2022 ; 10.00-12.00.

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CONFIDENTIAL

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors, 21 July 2022											
AGENDA ITEM NO.	3.3b											
TITLE OF REPORT	Report from the Council of Governors Membership and Engagement Sub Committee											
AUTHOR NAME AND ROLE	Daryl Lutchmaya, Interim Deputy Director of Corporate Governance											
ACCOUNTABLE EXECUTIVE DIRECTOR GOVERNOR	David Phillips, Governor and Chair of the Membership and Engagement Sub Committee											
THE PURPOSE OF THE REPORT <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 of the business conducted by the Membership and Engagement Sub Committee during the year.			
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Nil												
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none">As at July 2022, there were 18,304 members, 6,991 Public, 5,482 Patient and 5,831 Staff which is a slight decline since January 2022. We then reported 18,405 members on our database.											
KEY RISKS ARISING FROM THIS REPORT												
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)												
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Deliver high quality patient centred care	Y											
Be the employer of Choice	Y											

Deliver better care at lower cost	
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<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1" data-bbox="113 322 592 667"> <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>
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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)	

Report to the Council of Governors, 21 July 2022

Report from the Council of Governors Membership and Engagement Sub Committee

The Chair notes the passing of Nowell Anderson who was a valued member of the sub-committee. Nowell was a highly effective gatherer of new members of the Trust. His contributions and good humour will be missed.

There has been no substantive action since the report during this period. We await a dedicated Corporate Governance Assistant who will partly work with the Membership and Engagement sub-committee.

As a result, concerning these points raised at the previous meeting:

- Review of Membership Development and Communications strategy with Communications Team - Outstanding
- Exploration of membership benefits scheme - Outstanding
- Review of membership materials including leaflets, posters and website - Outstanding
- Development of focussed sessions for under-represented groups - Outstanding
- There have been no “Your Health” talks and none are planned in the pipeline.

Meet a governor sessions at the hospitals have been suspended due to Covid restrictions although members and patients are free to contact governors via email through the Governance department.

As at July 2022, there were 18,304 members, 6,991 Public, 5,482 Patient and 5,831 Staff which is a slight decline since January 2022. We then reported 18,405 members on our database.



TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors Meeting 21 July 2022											
AGENDA ITEM NO.	3.4											
TITLE OF REPORT	Accessibility Work Update											
AUTHOR NAME AND ROLE	Steve Gill, Vice Chair											
ACCOUNTABLE EXECUTIVE DIRECTOR	Virginia Massaro, Chief Finance Officer											
THE PURPOSE OF THE REPORT <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 the Accessibility Working Group			
Decision/Approval												
Assurance												
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Name of Committee	Date of Meeting	Outcome										
Nil												
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> Due to refurbishment works at Chelsea, the West Middlesex University Hospital was not surveyed as part of the original scope. Additional surveys have been commissioned to capture areas not covered in the original report. The updated survey report for Chelsea site is due 19th August with the Best Practice Guidance report for West Middlesex site due 9th September. As a result, the Virtual Launch of Access Guide cannot happen before September. 											
KEY RISKS ARISING FROM THIS REPORT												
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)												

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

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</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></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		
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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)	

The 'Chelsea Site Initial Programme May to August' detailed in the April update had been put on hold until the updated reports were received which has taken a little longer than anticipated so, therefore it is unlikely to be completed until October.

The West Middlesex Site Initial Programme remains outstanding and anticipated to run October to January 2023.

Virtual Launch of Access Guide should not happen until West Middlesex University Hospital is fully included, target October 2022.

Best Practice Guidance reports for West Middlesex University Hospital to be completed 9th September.

Chelsea Site – Initial Programme July to October 2022 Inc.

1. Clear signage to Accessible Toilets to be added in departments
2. Signage to include 'not every disability is visible'
3. Ensure all facilities have clear transfer space and correctly located grab rails
4. Ensure emergency pull cords are available, installed correctly and operational
5. Ascertain facilities have correct levels of contrast i.e. between fittings, wall and door (if not, timeline to rectify)
6. Survey all Washrooms to ascertain suitability
7. Baby changing tables do not allow for wheelchair user parents
8. Hospital entrance doors not easy to distinguish from the fixed glazing – review manifestations
9. Clear markings to be added to the head and foot of the escalators
10. St Stephens Centre Entrance to have handrails added to steps and step nosing's to be clearly marked
11. Ensure Hearing Loops are fitted to at least one counter in each location including the Restaurant and Coffee Kiosk



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

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

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

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.

Dates	Location	Time
27 th January 2022	Virtual	16.00-18.00
21 st April 2022	Virtual	16:15-18:00
28 th June 2022	Away Day	09:30-12:30
21 st July 2022	Virtual	10.00-11.00
20 th October 2022		16.00-18.00
26 th 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.

Dates	Location	Time
24 th January 2022	Virtual	16.15-17.00
Date to be confirmed for April 2022		
18 th July 2022		
17 th October 2022		
23 rd 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.

Dates	Location	Time
21 st April 2022	Virtual	18.00-19.00
20 th 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.

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

Corporate Governance Contact Detail

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Council of Governors – Attendance Record 2022

Governor	Category	Constituency	27.01.22	21.04.22	28.06.22 Away Day	21.07.22	20.10.22	TOTAL	TOTAL %
Richard Ballerand	Public	Royal Borough Kensington and Chelsea	✓	✓	Apologies				
Jeremy Booth	Patient		Apologies	Apologies	Apologies				
Caroline Boulliat	Public	London Borough of Wandsworth	✓	✓	✓				
Cass J. Cass-Horne	Public	City of Westminster	✓	Apologies	✓				
Christopher Digby-Bell	Patient		✓	✓	✓				
Simon Dyer	Patient		✓	✓	✓				
Richard Jackson	Staff	Support, Administrative and Clerical	✓	Apologies	Apologies				
Paul Kitchener	Public	Royal Borough of Kensington and Chelsea	Apologies	✓	Apologies				
Minna Korjonen	Patient		✓	✓	✓				

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

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



Acronyms

The following document explains some acronyms and terms which Staff and Governors may come across in their role.

A			
A&E	Accident & Emergency	AHSN	Academic Health Science Network
ARC	Audit & Governance Risk Committee	ALOS	Average Length of Stay
AGM	Annual General Meeting	AMM	Annual Members Meeting
AGS	Annual Governance Statement	AO	Accountable Officer
AHP	Allied Health Professionals	ALB(s)	Arms Length Bodies
AHSC	Academic Health Science Centre		
B			
BAF	Board Assurance Framework	BAME	Black Asian Minority Ethnic
BCF	Better Care Fund	BoD	Board of Directors
BMA	British Medical Association		
C			
CAMHS	Child and Adolescent Mental Health Services	CFO	Chief Financial Officer
CapEx		CMO	Chief Medical Officer
CBA	Cost Benefit Analysis	CNO	Chief Nursing Officer
CBT	Cognitive Behavioural Therapy	CoG	Council of Governors
CCG	Clinical Commissioning Group	COO	Chief Operating Officer
CDiff	Clostridium difficile	CPD	Continuing Professional Development
CE / CEO	Chief Executive Officer	CQC	Care Quality Commission
CF	Cash Flow	CQUIN	Commissioning for Quality and Innovation
CFR	Community First Responders	CSR	Corporate Social Responsibility
CHC	Continuing Healthcare	CT	Computed Tomography
CIP	Cost Improvement Plan		



D			
DBS	Disclosure and barring service	DoF	Director of Finance
DGH	District General Hospital	DPA	Data Protection Act
DHSC	Department of Health and Social Care	DPH	Director of Public Health
DNA	Did Not Attend	DTOCs	Delayed Transfers of waiting Care
DNAR	Do Not Attempt Resuscitation	DTC	Diagnostic and Treatment Centre
E			
E&D	Equality and Diversity	EOLC	End of Life Care
ED(s)	Executive Directors or Emergency Department	EPR	Electronic Patient Record
EHR	Electronic Health Record	ESR	Electronic staff record
F			
FFT	Friends and Family Test	FT	Foundation Trust
FIC	Finance and Investment Committee	FTE	Full Time Equivalent
FOI	Freedom of Information	FTSU	Freedom to speak up
G			
GMC	General Medical Council	GDP	Gross Domestic Product
GDPR	General Data Protection Regulations		
H			
HCAI	Healthcare Associated Infection	HRA	Health Research Authority
HCA	Health Care Assistant	HSCA 2012	Health & Social Care Act 2012
HDU	High Dependency Unit	HSCIC	Health and Social Care Information Centre
HEE	Health Education England	HTA	Human Tissue Authority
HR	Human Resources	HWB / HWBB	Health & Wellbeing Board
I			
IG	Information Governance	ICU or ITU	Intensive Care Unit Intensive therapy unit
ICP	Integrated Care Pathway	IP	Inpatient
ICS	Integrated Care system	IT	Information Technology



ICT	Information Communications Technology	IV	Intravenous
K			
KLOE(s)	Key Line of Enquiries	KPIs	Key Performance Indicators
L			
LD	Learning Disability	LOS	Length of Stay
M			
M&A	Mergers & Acquisitions	MRI	Magnetic Resonance Imaging
MHPRA	Medicines and Healthcare Products Regulatory Agency	MRSA	Methicillin-Resistant Staphylococcus Aureus
MIU	Minor Injuries Unit	MSA	Mixed Sex Accommodation
MoU	Memorandum of Understanding		
N			
NAO	National Audit Office	NHSI	NHS Improvement
NED	Non Executive Director	NHSLA	NHS Leadership Academy
NHS	National Health Service	NHSP	NHS Professionals
NHS111	NHS nonemergency number	NHSX	
NHSBSA	NHS Business Services Authority	NICE	National Institute for Health and Care Excellence
NHSBT	NHS Blood and Transplant	NIHR	National Institution for Health Research
NHSE	NHS England	NMC	Nursing and Midwifery Council
O			
OD	Organisational Development or Outpatients Department	OSCs	Overview and Scrutiny Committees
OOH	Out of Hours	OT	Occupational Therapy
OP	Outpatients		
P			
PALS	Patient Advice & Liaison Service	PHSO	Parliamentary and Health Service Ombudsman
PAS	Patient	PICU	Psychiatric Intensive



	Administration System		Care Unit or Paediatric Intensive Care Unit
PbR	Payment by Results or 'tariff'	PLACE	Patient-Led Assessments of the Care Environment
PCN	Primary care network	POD	People and Organisational Development Committee
PDSA	Plan, do, study, act	PPI	Patient and Public Involvement
PFI	Private Finance Initiative	PTS	Patient Transport Services
PHE	Public Health England		
Q			
QA	Quality assurance	QIA	Quality Impact Assessment
QC	Quality Committee	QOF	Qualities and Outcomes Framework
QI	Quality improvement		
R			
R&D	Research & Development	RoI	Return on Investment
RAG	Red, Amber, Green classifications	RTT	Referral to Treatment Time
RGN	Registered General Nurse		
S			
SALT	Speech and Language Therapist	SLA	Service Level Agreement
SFI	Standing Financial Instructions	SoS	Secretary of State
SHMI	Summary Hospital Level Mortality Indicator	SRO	Senior Responsible officer
SID	Senior independent Director	STP	Sustainability and Transformation Partnership
SIRO	Senior Information Risk Officer	SUI	Series Untoward Incident / Serious Incident
SITREP	Situation Report	SWOT	Strengths, Weaknesses, Opportunities, Threats
T			
TTO	To Take Out		
V			
VTE	Venous Thromboembolism	VfM	Value for Money



W			
WLF	Well Led Framework	WRES	Workforce Race Equality Standard
WDES	Workforce Disability Equality Standard	WTE	Whole-time equivalent
Y			
YTD	Year to Date		