

Chelsea & Westminster Hospital NHS Foundation Trust  
Council of Governors

21 October 2021 16:00 - 21 October 2021 18:00

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## Council of Governors Meeting

**Date:** 21 October 2021

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

**Location:** Zoom Conference <https://chelwest-nhs-uk.zoom.us/j/781289174>  
OR

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

## Agenda

<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>			
1.1	Welcome & Apologies for Absence	Verbal		Chair (Interim)
1.2	Declarations of Interest	Verbal		Chair (Interim)
1.3	Minutes of previous meeting held on 22 July 2021 1.3.1 Action Log	Paper Paper	For Approval For Information	Chair (Interim)
1.4	NWL Integrated Care System (ICS) developments – update	Verbal	For Information	Chief Executive Officer
1.5	Substantive Chair recruitment update	Paper	For Noting	Chair (Interim)
<b>2.0</b>	<b>QUALITY</b>			
2.1	Board Quality Committee Report to Council of Governors	Paper	For Information	Eliza Hermann
2.2.	Governors Quality Sub-Committee Report	Paper Paper	For Information For Information	Laura Wareing, Chair of QSC
<b>3.0</b>	<b>FOR INFORMATION</b>			
3.1	Interim Chair's Report	Paper	For Information	Chair (Interim)
3.2	Chief Executive Officer's Report	Paper	For Information	Chief Executive Officer
3.3	Governors Elections 2021 - update	Paper	For Information	Interim Director of Corporate Governance
3.4	Performance & Quality Report, including Winter Preparedness; Workforce Performance Report	Paper	For Information	Chief Executive Officer
3.5	Accessibility work update	Paper	For Information	Chair (Interim)
<b>4.0</b>	<b>OTHER BUSINESS</b>			
4.1	Questions from the governors and the public	Verbal	For Information	Chair (Interim) / Chief Executive Officer
4.2	Governors Away Day January 2022 - plan	Verbal	For Information	Chair (Interim) / Chief Executive Officer
4.3	Any other business, including: *4.3.1 Forward plan *4.3.2 Schedule of meetings 2021/22 *4.3.3 Governor attendance register	Paper Paper Paper	For Information For Information For Information	Chair (Interim)
4.4	Date of next meeting: 27 January 2022, 16:00 – 18:00   Part of Away Day			

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





**DRAFT**  
**MINUTES OF COUNCIL OF GOVERNORS (COG)**  
**22 July 2021, 16.00-18.00**  
**Zoom Conference**

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

<b>1.0</b>	<b>STATUTORY/MANDATORY BUSINESS</b>
<b>1.1</b>	<p><b>Welcome and apologies for absence</b></p> <p>SG welcomed the Governors and those in attendance to the Zoom video conference meeting.</p> <p>SG highlighted that Cllr Patricia Quigley's term as a Governor ended at the end of July and that this was therefore her last COG meeting, unfortunately due to ill health she was unable to attend. He expressed his thanks on behalf of the COG to Cllr Quigley and also his appreciation of the help and support Cllr Quigley had provided to the Accessibility Working Group.</p> <p>SG noted apologies as above and outlined the order of business for the meeting.</p>
<b>1.2</b>	<p><b>Declarations of interest</b></p> <p>None declared.</p>
<b>1.3</b>	<p><b>Minutes of previous meeting held on 28 January 2021</b></p> <p>Minutes of previous meeting were approved as a true and accurate record of the meeting.</p>
<b>1.3.1</b>	<p><b>Action Log</b></p> <p>The action log paper was noted.</p>
<b>1.4</b>	<p><b>Interim Chair's Report</b> <i>Stephen Gill, Chair (Interim)</i></p> <p>The report was noted.</p> <p>On behalf of the Board, SG expressed gratitude to the Trust staff and the Executive Team for their hard work and resilience throughout the pandemic and for maintaining a high standard of GRIP and achievement against the NHS performance metrics.</p> <p>The Trust continues to deliver high standards of patient care to enable the Trust to take a leadership role across North West London (NWL) on the 3 focus areas: the Vaccination Programme, the Elective Recovery Programme and COVID-19 wave 3.</p> <p>The Department of Health and Social Care published a White Paper in February 2021 outlining the legislative proposals for the establishment of ICSs with effect from 1st April 2022. NHSE/I published guidance on the ICS Design Framework and Oversight in June 2021. The Government published the Health and Care Bill on 6<sup>th</sup> July which provided further details. A very high-level summary of the Health and Care Bill was included in this report. Of note will be the ICS NHS bodies will have a unitary board. The statutory minimum membership of the board will be confirmed in forthcoming legislation but is expected to be comprised of: a chair and at least two independent nonexecutive directors, a chief executive and three executive directors; plus, a minimum of three further members, representing Trusts, Primary Care and Local Authorities. All Trusts providing acute and mental health services are expected to be part of one (or more) provider collaborative. The NHSE/I guidance sets out three potential models for provider collaboration. Chelsea and Westminster Hospital NHS Foundation Trust will be part of the NWL Acute Provider collaborative together with Imperial College Healthcare Trust; London NW</p>

	<p>University Healthcare Trust; and The Hillingdon Hospital Foundation Trust.</p> <p>The Chairs and CEOs of the four NWL Acute Providers are working with the NWL ICS to develop the provider collaborative agreement, to agree the proposed collaborative model and related governance arrangements.</p> <p>AL noted with disappointment that the voluntary sector is not included on membership of the board. LW stated that feedback on the proposed model is gathered from various organisations and providers and AL's feedback will be included in. The next iteration of the document will be shared with the Governors.</p>
1.5	<p><b>Chief Executive Officer's Report</b>  <i>Lesley Watts, Chief Executive Officer</i></p> <p>The report was noted.</p> <p>We were delighted to receive a visit from HRH The Prince of Wales. His Royal Highness met apprentices and volunteers, supported to work by the Prince's Trust. The Prince officially opened our wellbeing garden which provides a place of respite in the open air for our staff.</p> <p>Our fantastic adult and neonatal intensive care facilities at Chelsea and Westminster Hospital were formally opened this month, enabling the treatment of more than 2,000 patients every year. With support from our charity CW+ and underpinned by contributions from many generous donors, we have created world-class units which demonstrate how clinically led innovations supported by great design, an understanding of the therapeutic importance of the environment can significantly improve the care and recovery of our most seriously unwell adults and babies.</p> <p>The Trust's and NWL's sector key priority has been the restoration of the elective work programme, alongside the vaccination programme. The planned care services have resumed, and together with the other Trusts in our sector we continue with the collaborative effort to ensure that we stabilise and begin to address the expanded waiting lists.</p> <p>Covid vaccination programme remains the key priority for the Trust and the NWL sector.</p> <p>The Trust continues to be part of national, regional and sector discussions. The NWL Integrated Care System submitted its Development Plan to NHSE/I on the 30 June and the summary slides were provided in the meeting pack. We continue to operate as one system whilst legislative changes continue to be progressed.</p> <p>NA referred to the recent news regarding the Pegasus spyware and asked what preventive action the NHS is taking to prevent Pegasus NSO Surveillance Spyware Software being installed on their official smartphones. LW undertook to take this forward with the Chief Information Officer and respond to NA.</p> <p><b>Action: LW to seek response from the Chief Information Officer regarding preventive action the NHS is taking with regard to Pegasus NSO Surveillance Spyware Software.</b></p> <p>In response to MN's comment regarding booster vaccinations for staff, LW stated that they will be available for to all health and social care workers from September. Pippa Nightingale is leading the NWL flu and COVID booster vaccination programme delivery in autumn/winter.</p>

	<p>DP referred to the recent news regarding Government leaving Stonewall's diversity programme as it believes the scheme does not give value for money, and asked if there was a cost to the Trust and was membership being reconsidered. LW undertook to check and report back.</p> <p><b>Action: LW to confirm the Trust's position regarding the membership of Stonewall's diversity programme.</b></p> <p>DW shared a link to Stonewall's statement on the Diversity Champions programme on which is available on their website via the Zoom chat room.</p>
<b>1.6</b>	<p><b>Board Committee Chairs – top priorities</b></p> <p>SG noted that the NEDs Nick Gash and Nilkunj Dodhia will provide their comments as part of their Board Committee Chair reports due later on the agenda.</p> <p>EH highlighted the top Quality priorities:</p> <ul style="list-style-type: none"> <li>• Patient safety</li> <li>• Achieving 5 quality priorities</li> <li>• Elective care recovery</li> <li>• Executive Team busy and stretched/bandwidth</li> <li>• Increased regulation</li> </ul> <p>AM highlighted the top People priorities:</p> <ul style="list-style-type: none"> <li>• Staff health and wellbeing</li> <li>• Chelwest People Strategy aligned to NWL ICS people framework</li> <li>• Staff Survey action plan</li> <li>• Recruitment and retention</li> <li>• Close monitoring of key workforce KPIs</li> </ul>
<b>1.6.1</b>	<p><b>Coronavirus (COVID-19) update</b></p> <p><b>1.7.1 Elective care recovery</b>  <i>Rob Hodgkiss, Deputy Chief Executive Officer</i></p> <p>RH updated on the recent Covid positive patient numbers at CWFT, provided an overview of elective care recovery and the current position across all aspects of the Elective Care Programme. He highlighted the following:</p> <ul style="list-style-type: none"> <li>• From July, the target for activity levels have increased to 95% of the pre-Covid level, the targets were 70% for April, 75% for May and 80% in June;</li> <li>• P2 waiting list size has started to decrease for CWFT, ahead of other providers; an issue has been identified across NWL with P2 patients waiting over 6 weeks against a target of 4 weeks; work on supporting other providers in NWL is ongoing.</li> <li>• Elective activity for CWFT is reported at 86.6% of BAU (pre-COVID) volumes;</li> <li>• HVLC activity is reported at 106.7% of BAU volumes; CWFT is leading the way across NWL;</li> <li>• Outpatient activity is reported at 107.1%.</li> <li>• Trajectories show 52 ww are reducing and 72ww are flat. Work is ongoing to improve the position;</li> <li>• Cancer backlog continues to improve with a reported position of 92 patients.</li> </ul>



	<ul style="list-style-type: none"> <li>Imaging activity is reported at 82.5% of BAU volumes;</li> <li>Endoscopy continues to deliver a consistently high performance at 107.3% of BAU volumes;</li> <li>Echocardiography activity is at 74.8% of BAU volumes, an action plan to improve is being developed.</li> </ul>
	<p><b>1.7.2 Vaccination program update</b></p> <p>Covid vaccination programme remains the key priority for the Trust and the NWL sector. Pippa Nightingale, Chief Nursing Officer has successfully led the vaccination programme across North West London. The rate of uptake amongst CWFT's staff is 94%. 2.6 million vaccine doses have been administered in NWL and we continue to work hard to ensure our communities in every borough have access to the vaccine, including young people.</p>
<b>1.8</b>	<p><b>NWL Integrated Care System (ICS) developments – update</b>  <i>Lesley Watts, Chief Executive Officer</i></p> <p>LW noted that ICS Design Framework, which sets out NHSE/I's expectations for the next stage of system development, has been shared with governors for reading in advance of the meeting.</p> <p>The vision of North West London ICS is to improve life expectancy and quality of life, reduce inequalities and achieve health outcomes. Achieving this will require a radical shift in how, together with our partners, we identify and respond to population need. Partnership working has proven success through our collective response to Covid and the vaccination programme. We continue working in partnership, alongside our local communities to deliver our vision: use data to identify and address inequalities in outcomes, experience and access; allocate resource based on need rather than current models of care; identify and deliver at scale the interventions that improve health and well-being, strengthen preventative and proactive care, and continually improve the quality and productivity of all our services.</p> <p>In response to CDB's question regarding the future role of Governors in the ICS, LW stated the ICS will build a range of engagement approaches into their activities at every level. It is expected this will be supported by the continuation of the existing NHS trust and FT duties in relation to patient and public involvement, including the role of FT governors.</p> <p>Governors expressed they wish to be sighted on the role of FT governors in the ICS. SG undertook to seek clarity on this from the NHSE/I.</p> <p><b>Action: SG to seek clarity on the role of FT governors in the ICS.</b></p>
<b>1.9</b>	<p><b>Substantive Chair recruitment update</b>  <i>Steve Gill, Interim Chair</i></p> <p>SG presented the paper setting out the background and rationale supporting the recruitment of a Joint Chair for the four NWL Acute Trusts as recommended by the NWL Acute Trust Chairs and CEOs; the NWL ICS Chair &amp; Interim CEO; and the NHS London Region Director. A draft Joint Chair job description was included in the meeting pack plus a slide deck setting out the NHSE/I national guidance on provider collaboratives.</p> <p>He advised the Trust's NED Nominations and Remunerations Committee (consisting Board Chair, Lead Governor and 5 Governors) working with the other relevant stakeholders will take the next steps to: a) Review and approve the appointment of an Executive Search firm;</p>

	<p>b) Review and agree the Interview &amp; Selection Panel process and membership.</p> <p>A L, whilst supporting the move towards greater collaboration across the acute sector in NWL, expressed disappointment that there were few details on the accountability and governance structures proposed, and he was unclear how the current role of Chair of the Trust could be done in less than 1 day per week. He also noted that many of the arguments made for a joint chair, and possibly non-executive directors, could be made for chief executives.</p> <p>In response SG commented that the current NWL Acute Provider Chairs were working with NHSE/I London Region and the NWL ICS on the governance structures to support a Single Chair across the four Trusts, further information on this will be covered at future COG meetings. This work is focussed on the three potential models for Acute Trust Collaboratives that were attached to the COG Papers.</p> <p>LW noted that the Executive structure for the Acute Provider Collaborative would be primarily determined with reference to improving patient care and public health outcomes across NWL and that it was premature to comment further at this stage.</p> <p><b>The Council of Governors discussed the proposal for a joint Chair across the four acute trusts in NWL ICS and expressed their support with the Trust proceeding to the next stage to select an Executive Search firm, agree a job description and agree the members of the Appointment Panel while acknowledging involvement of the Trust's NED Nominations and Remunerations Committee working with the other relevant stakeholders.</b></p>
<b>1.10</b>	<b>Board Committees:</b>
	<p><b>1.10.1 Finance &amp; Investment Committee Report to Council of Governors; including Month 12 Financial Position</b>  <i>Nilkunj Dodhia, FIC Chair</i></p> <p>ND took the report as read and highlighted the key activities:</p> <ul style="list-style-type: none"> <li>• FIC Chair since July 2020;</li> <li>• The Trust is currently receiving block funding which includes CQUIN payments in full;</li> <li>• Maintained a strong balanced financial position;</li> <li>• Financial deficit challenges exacerbated in ICS;</li> <li>• Successful conclusion of the 3-year Cerner Electronic Patient Record (EPR) implementation across both West Middlesex and Chelsea sites;</li> <li>• Future Challenges: Rapidly increasing non-elective demand, coupled with a health system that is tackling a significant patient backlog and rising costs;</li> <li>• Low hanging cost improvements and productivity gains have largely already been made, future savings and improvements will in consequence be harder to realise; and</li> <li>• ICSs establishment as statutory bodies from April 2022 will bring further change as NHS financial systems align organisations across health and care work together and centre care on patient needs; a control process over service and pathway changes and the impact of any financial changes will be set out.</li> </ul> <p><u>VM (CFO) presented the CWFT Summary Financial Performance in 2020/21:</u></p>

	<ul style="list-style-type: none"> <li>Adjusted position was £1.6m surplus, which was £6.8m better than the plan for the year due to additional funding to offset a reduction in non-NHS income due to the Covid pandemic.</li> <li>Overall reported deficit of £19.8m, due to an accounting adjustment for an impairment of the Trust's property and buildings of £24.7m</li> <li>Capital expenditure was £46.3m. Included NICU/ICU project, ICU surge capacity at both sites, Marjory Warren refurbishment at WM site, medical equipment replacement, ED Resus expansion at WM, IT equipment replacement and Covid equipment and estates work.</li> </ul>
	<p><b>1.10.2 Audit and Risk Committee Report to Council of Governors</b>  <i>Nick Gash, Chair of ARC</i></p> <p>NG reported that the Trust Board had signed-off the Annual Report and Accounts in advance of being laid before the Parliament. The External Auditor Deloitte has issued an unmodified (clean) opinion on the Trust's accounts which will be presented at the Annual Members' Meeting later in the day. He congratulated Virginia Massaro and Vida Djelic on preparing and coordinating the Annual Report and Accounts.</p> <p>NG highlighted the following points from his written report:</p> <ul style="list-style-type: none"> <li>Having participated in a joint North West London procurement, we have moved to a shared Internal Audit and Counter Fraud Service; from 1st July 2021 BDO will provide internal audit services and RSM counter fraud. The Trust will benefit from lower fees but also from the ability to look at system wide issues and share learning across providers.</li> <li>External Audit continues to be provided by Deloitte LLP.</li> <li>The Committee's normal activity has been disrupted by the Covid-19 pandemic and only briefly returned to business as usual before reverting to emergency protocols for the first part of 2021.</li> <li>A list of the internal audits undertaken in 2020/21 including the level of assurance given was provided in the meeting pack. The Committee receives regular updates on the implementation of recommendations.</li> <li>The overall Internal Audit rating for 2020/21 was 'significant assurance with minor improvements required'.</li> <li>The first meeting of NWL Acute Trust Chairs and ARC Chairs to look at risks relating to the delivery of the acute programme has been set up for Monday 2 of August.</li> </ul>
<b>1.11</b>	<b>COG Sub-Committees:</b>
	<p><b>1.11.1 Quality Sub-Committee Report</b></p> <p>The Council of Governors noted minutes from the Quality Sub-Committee meeting held on 2 July 2021.</p> <p><b>1.11.2 Membership &amp; Engagement Sub-Committee Report</b></p> <p>The Council of Governors noted minutes from the Membership &amp; Engagement Sub-Committee meeting held on 4 June 2021.</p> <p>DP advised on progress with the membership strategy and highlighted the following:</p> <ul style="list-style-type: none"> <li>Good support from the Communications Team with membership activities;</li> <li>Work will be undertaken on encouraging young people to join the Trust membership; and</li> </ul>

	<ul style="list-style-type: none"> <li>Invited all governors to join the sub-committee meetings (2 per year).</li> </ul>
<b>2.0</b>	<b>FOR INFORMATION</b>
<b>2.1</b>	<p><b>Performance Reports:</b></p> <p><b>*2.1.1 Performance and Quality Report</b> This report was noted.</p> <p><b>*2.1.2 People Performance Report</b> This report was noted.</p>
<b>2.2</b>	<p><b>Accessibility work update</b></p> <p>SG advised that following the completion of physical audit at the Chelsea site, AccessAble has shared their report with the Trust for review. The final report and recommendations will be available in August.</p> <p>The virtual audit work undertaken by AbilityNet is progressing. The first draft report is expected in August.</p> <p>The Trust intends to extend implementation of recommendations from the physical audit to West Middlesex site.</p>
<b>3.0</b>	<b>OTHER BUSINESS</b>
<b>3.1</b>	<p><b>Questions from the governors and the public</b></p> <p>None noted.</p>
<b>3.2</b>	<p><b>Any other business</b></p> <p>SG advised that the City of Westminster has nominated Cllr Christabel Flight to be their representative on the Council of Governors. Cllr Flight will join in August replacing Cllr Quigley and will attend her first Council of Governors meeting in October.</p> <p>3.2.1 Forward plan – Noted</p> <p>3.2.1 Schedule of meetings 2020/21 – Noted</p> <p>3.2.3 Governor attendance register – Noted</p>
<b>3.3</b>	<b>Date of next meeting:</b> 21 October 2021, 16:00 – 18:00

Meeting closed at 11:05.



Council of Governors Meeting – 22 July Action Log

Meeting Date	Minute number	Subject	Action	Current status	Lead
22 Jul 2021	1.5	CEO's Report – Spyware surveillance	Action: LW to seek response from the Chief Information Officer regarding preventive action the NHS is taking with regard to Pegasus NSO Surveillance Spyware Software.	Trust staff are able to download NHS Mail to either a personal or a Trust owned device. The NHS Mail service is a secure email service provided by Accenture on behalf of NHS Digital.  Both Android and Apple regularly issue patches for known vulnerabilities, including Pegasus spyware, and prompt the handset user to download the latest updates to their phone operating system.	LW
		Stonewall membership	Action: LW to confirm the Trust's position regarding the membership of Stonewall's diversity programme.		LW
	1.8	NWL ICS developments – FT Governors role	Action: SG to seek clarity on the role of FT governors in the ICS.		SG





## Council of Governors Meeting, 21 October 2021

<b>AGENDA ITEM NO.</b>	2.1/Oct/21
<b>REPORT NAME</b>	Board Quality Committee Report to Council of Governors
<b>AUTHOR</b>	Eliza Hermann, Chairman of Quality Committee
<b>LEAD</b>	Eliza Hermann, Chairman of Quality Committee
<b>PURPOSE</b>	To provide the Council of Governors with an update on the work of the Board Quality Committee over the past year.
<b>SUMMARY OF REPORT</b>	The Committee is functioning well and fulfilling its purpose, and the overall quality, safety and effectiveness of care delivered by the Trust is very good. But there are challenges.
<b>KEY RISKS ASSOCIATED</b>	See attached report
<b>FINANCIAL IMPLICATIONS</b>	N/A
<b>QUALITY IMPLICATIONS</b>	See attached report
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	N/A
<b>LINK TO OBJECTIVES</b>	All
<b>DECISION/ ACTION</b>	For information and discussion

## Board Quality Committee - Chairman's Report to Council of Governors, October 2021

Following on from previous reports to the Council of Governors, this report summarises the work of the Board Quality Committee over the past 12 months.

### **Committee Purpose**

The Trust aims to put the patient at the centre of care. In keeping with this, the purpose of the Committee is to provide the Board with assurance that the quality of care is delivered to the highest possible standards and that appropriate processes are in place to identify and manage any gaps. The Committee's remit includes oversight of -

- the **safety** of treatment and care provided to patients,
- the **effectiveness** of the treatment and care provided to patients, and
- the **experience** that patients have of the treatment and care they receive.

The Committee's work also relates directly to each of the Trust's PROUD Values.

Putting patients first

Responsive to and supportive of patients and staff

Open, welcoming and honest

Unfailingly kind, treating everyone with respect, compassion and dignity

Determined to develop our skills and continuously improve the quality of care

The Committee has a broad scope and a busy workload, as illustrated by the Quality governance architecture (*Appendix A*). The main Groups and their Chairs are

- Patient Safety (Gary Davies, Medical Director, Chelsea & Westminster Hospital),
- Clinical Effectiveness (Iain Beveridge, Medical Director, West Middlesex Hospital),
- Patient & Public Experience (Lee Watson, Director of Nursing, Chelsea & Westminster Hospital), and
- Health, Safety & Environmental Risk (Pippa Nightingale, Chief Nursing Officer).

### **Committee Membership and Attendance**

I was appointed Non Executive Director of the Trust in July 2014 and took up Chairmanship of the Quality Committee in October 2014.

Currently the other Non Executive Committee members are Nilkunj Dodhia and Ajay Mehta. The Executive Directors on the Committee are Rob Hodgkiss (Deputy Chief Executive and Chief Operating Officer), Roger Chinn (Medical Director), Pippa Nightingale (Chief Nursing Officer), Alex Bolton (Director of Clinical Governance) and Dawn Clift (Interim Director of Corporate Governance), with regular attendance from the Group Chairs listed above.



Meeting attendance is excellent and everyone actively participates, with in-depth discussion, a high degree of candour, and robust challenge. The Committee has met 9 times over the past 12 months. Meetings were paused in January-February 2020 during the 2<sup>nd</sup> covid peak, but resumed in the first week of March. We have now settled back into a regular pattern of monthly, 2 hour meetings.

### ***Significant Items Covered by the Committee***

Committee agendas are very full. In the past 12 months we have reviewed the following. Note – many items cannot be categorised as neatly as this list implies. For example, Getting It Right First Time (GIRFT) reviews into a particular clinical speciality are a means to improve clinical effectiveness and patient safety, thereby also improving patient experience and reducing cost.

#### **Overall Quality and Improvement**

- Trust wide Quality & Performance Report, incl over 100 metrics – monthly
- Elective Recovery Plan, incl clinical pathways, Patient Tracking List, and backlog – monthly
- Quality Improvement (QI), incl Quality Priorities (sepsis, cancer, diabetes and clinical handover), Improvement & Innovation progress, QI organisational culture, Getting It Right First Time (GIRFT) reviews, and Ward Accreditation – quarterly
- Quality Strategy progress – 6 monthly (*Appendix B*)
- Risk Assurance – quarterly

#### **Patient Safety**

- Serious Incidents, incl learnings and actions – bimonthly
- Maternity Safety, incl Ockenden, 10 Point Safety Plan, and other frameworks - quarterly
- Mortality Surveillance, incl learnings – quarterly
- Medical Examiners' Annual Report
- Safeguarding Annual Report, incl Adults, Children, Learning Disabilities, and Domestic Abuse
- Patient Safety Group Report – 6 monthly
- Health, Safety & Environmental Risk Group Report – 6 monthly
- Infection Prevention & Control, Annual Report and circa bimonthly updates
- Learnings from Claims – 6 monthly
- Medication Safety, incl unlicensed medications audits
- Safe Staffing Annual Report
- Radiation Safety
- Paterson Report ('wilful blindness')
- National Patient Safety Incident Response Framework (PSIRF)

#### **Clinical Effectiveness**

- Clinical Effectiveness Group Report – 6 monthly
- West London Children's Healthcare collaboration
- Ophthalmology service improvement
- Urology service improvement

## **Patient Experience**

- Patient Experience & Engagement Group report – 6 monthly
- Patient communications incl website
- Complaints Annual report
- Patient feedback incl surveys and Friends & Family Test

## ***What's Working Well, What Needs Improvement***

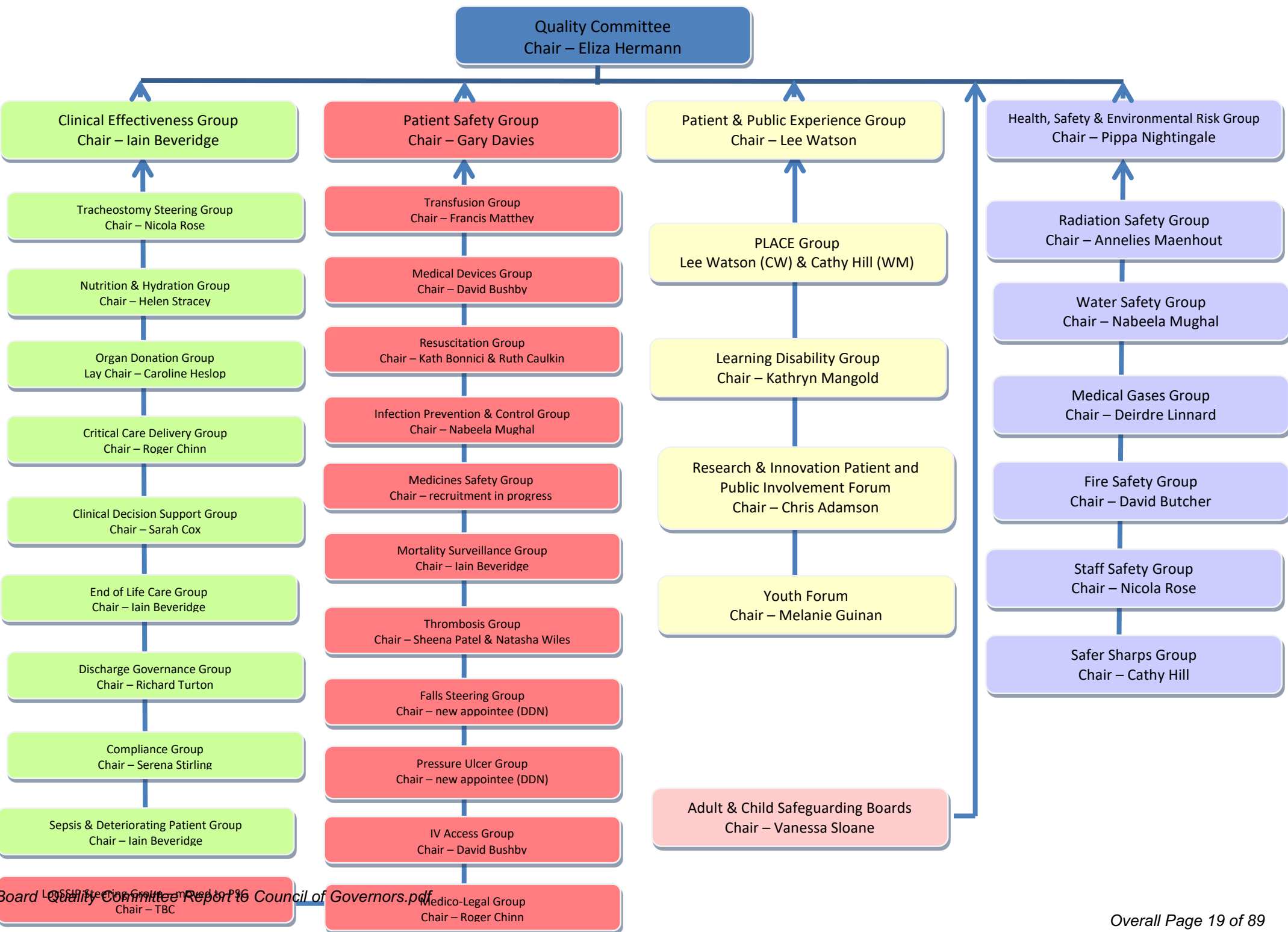
In my opinion the Board Quality Committee is functioning well and fulfilling its purpose. We are assured regarding the overall quality of care that the Trust provides to its patients, ***given the context.*** Data at end-August showed the Trust was the 5th best performing acute hospital organisation in England, according to PublicView's aggregation across all metrics. Patient safety is very good: the Trust's mortality index (SHMI = 71) is among the lowest in the country, incidents with severe harm are infrequent (year to date = 2 per 10,000 patients), and infection control is good. The Quality Improvement 'culture' of the organisation is very much in evidence, with lots of QI projects underway throughout the Trust. There is renewed emphasis on ensuring the learnings from incidents and complaints are truly learned, and changes in practice truly embedded, so that root causes are addressed and hopefully these issues will not recur.

***But context is important.*** Patient numbers at CWFT's emergency department are very high. GP referrals into acute care are very high. The backlog of elective care patients that accrued during the pandemic is large and the Patient Tracking List (patients waiting for care) is still growing, despite elective care activity 'throughput' now approaching pre pandemic levels. The Trust's close working relationships across the whole of the Northwest London ICS and mutual aid with the other acute Trusts is benefiting patients by enabling more patients to be seen in a timely manner. But the challenge of overall performance recovery remains enormous.

## ***Biggest Risk to Quality of Care***

Committee members consistently express their biggest worry regarding quality of care as workforce. Workforce motivation remains good, and staffing levels are safe. But the workforce is very tired from the sheer, relentless pressure of patient activity levels, and from increasing frequency of patients and their relatives being abusive towards our staff.

Eliza Hermann  
Chairman of Board Quality Committee  
Interim Senior Independent Director  
11 October 2021





## Appendix B

# Quality strategy

## Progress update report, Q1 & 2, 2021-22

discussed at Board Quality Committee, 5 October 2021



RIQI

Research, Innovation and  
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2.1 Board Quality Committee Report to Council of Governors.pdf



Chelsea and Westminster Hospital

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# Quality strategy – the next 5 years

This implementation plan and progress report should be read in conjunction with the 2019-24 Trust quality strategy, summarised below:

## Provide outstanding high quality, safe and patient-centred care



### Capability & Method

- Quality priorities delivered and supported by a systematic improvement method
- Develop improvement capabilities and capacity within the organisation

### Culture & Mindset

- Sustain and strengthen a culture of continuous quality improvement
- Coproduction of quality improvements with our staff, service users, patient and communities

### Wider System & Partnership

- Work in partnership to accelerate innovation and quality improvement



RIQI

Research, Innovation and Quality Improvement





# Capability and Method: work stream 1

Quality priorities delivered and supported by a systematic improvement method

Capability and method	SRO	Improvement Lead
Quality priorities	Pippa Nightingale	Victoria de La Morinière

	Aims	Plan	Evidence and measures
2021/22	<p>Deliver our annually set Trust and divisional quality priorities, aligned to our areas of greatest opportunity.</p> <p>Set an outcome measure for each quality priority to measure impact.</p>	<ul style="list-style-type: none"> <li>Priorities are set following review and triangulation of data for areas of greatest opportunity</li> <li>Each priority includes an outcome measure</li> <li>Divisions focus on clinical pathway re design as quality priorities</li> <li>Progress regularly reported and assured through divisions, improvement board and quality committee</li> </ul>	<ul style="list-style-type: none"> <li>Improvement is seen across the set quality priorities</li> <li>Both process and outcome measures are used to track improvements</li> <li>The Trust quality priority approach is mirrored at divisional level – selecting and prioritising a number of improvements that deliver</li> <li>The board are assured that the programmes of work are being delivered using data driven improvement methodology</li> <li>KPIs set in quality priorities</li> </ul>

## Progress Update – Quality priorities progress 2021/22, Q1,2– for full update see appendices

Improving outcomes for inpatient diabetes patients		We have completed an audit of diabetes harms and are running campaigns to raise awareness through quality rounds, grand rounds etc. We are currently developing a DSN business case to expand the inpatient diabetes service to 7/7 service. In April-June 2021, 27 HCAs and 27 nurses received 10-point diabetes training.
Improve personalised cancer care at diagnosis		A personalised cancer care steering group to monitor and provide assurance on the project was launched on 28 <sup>th</sup> April 2021.
Improve sepsis screening and timely management		We are achieving 90% of sepsis screens completed on ward areas, new focus on screening timeliness and antibiotics. Concentrating on paediatric move to PEWS.
Improve clinical handover		On-going testing of changes for AMU morning handover @CW. Month long pilot of new timing for H@N @CW with feedback form and electronic attendance records commenced 5th July 2021. New training package under discussion and to be developed following feedback from both above.



## Capability and Method: work stream 2

Develop improvement capabilities and capacity within the organisation

Capability and method	SRO	Improvement Lead
Improvement capability and capacity	Pippa Nightingale	Victoria de La Morinière

Aims	Plan	Evidence and measures
<p><b>Build improvement capability and capacity at all levels of the organisation</b></p> <p><b>Alignment of people with improvement priorities from ward to board.</b></p>	<ul style="list-style-type: none"> <li>Expand and embed training delivery, with aim that each area has an improvement leader aligned to priorities (see appendix 2)</li> <li>Update governance so that priorities and projects are more visible through divisional governance structures</li> <li>Engage community of 'innovators'</li> <li>Adopt and build an innovation mentoring model</li> </ul>	<ul style="list-style-type: none"> <li>A year on year increase in the number of staff who are trained in improvement skills</li> <li>Local quality improvement projects are aligned to divisional and strategic objectives for the organisation</li> <li>A consistent improvement method is demonstrable and understood across the organisation</li> <li>Launch of RIQI portal (see appendix 3), number of projects submitted</li> <li>Delivery of training programme</li> </ul>

Progress update 2021/22 Q1,2	Next steps
<p>Continued our QI training offer and started to work with the RIQI team to provide a rounded approach to teaching. Continued to offer online training session at 'improvement participant' level which has so far been delivered to 40 staff members.</p> <p>Our formal leadership offer has continued through emerging leaders and management fundamentals along with our exciting new offer of an improvement apprenticeship which launched in May 2021 with a cohort of 12. We have launched twice monthly 'lunch and learns' which is a drop in style QI teaching offer to all staff and volunteers with 35 attendances so far.</p> <p>We have worked with L&amp;D to train 14 RIQI coaches who can provide support and guidance to Trust staff looking to start RIQI projects and as part of CW Innovation we continue to engage our growing community of innovators; and are working with CW+ to support a new horizon fellowship for 20 colleagues launching in September 2021.</p> <p>Launched the new RIQI portal which provides a single point of access for staff to register RIQI projects and receive tailored support and guidance - 49 submissions so far.</p>	<ul style="list-style-type: none"> <li>Review effectiveness of apprenticeship and offer more places as able</li> <li>Continue to increase scope of RIQI portal with further engagement and awareness activities</li> <li>Expand leadership offer to fully merge research, innovation and QI training offer</li> <li>Run horizon fellowship programme and evaluate effectiveness</li> <li>Opportunities to expand L&amp;D offer with Enterprise division</li> </ul>



## Culture and Mind set: work stream 3

Sustain and strengthen a culture of continuous quality improvement

Culture and mindset		SRO	Lead
Culture of continuous improvement and innovation		Pippa Nightingale	Victoria de La Morinière
Aim	Plan	Evidence and measures	
Increase engagement and bring together research, quality improvement and innovation	Bring together research, innovation and quality improvement Execute comms strategy Align expertise and resource to deliver the Trust improvement plan	<ul style="list-style-type: none"> <li>Improvement culture is demonstrated through PROUD values and behaviours</li> <li>Staff feel able to make improvement happen in their areas, demonstrated in staff survey</li> <li>Increased participation in R&amp;D, improvement and innovation across all levels</li> <li>We are externally recognised for our learning and innovation culture</li> <li>CQC well-led rating</li> <li>RIQI event</li> </ul>	
Progress 2021/22 Q1,2			Next steps
<p><b>Q1</b></p> <ul style="list-style-type: none"> <li>Launch of RIQI working group – shared group of stakeholders working towards shared aim of increasing staff participation in research, innovation and quality improvement projects aligned to Trust priorities.</li> <li>Launch of RIQI portal (see appendix 3) with 49 submissions so far. So far, seeing mostly QI projects being registered but increasing numbers of innovation ideas being submitted.</li> <li>RIQI bulletin (see appendix 5) re-launch with themes such as quality, sustainability and patient and public involvement. Sustainability bulletin reaching extremely high readership numbers of 72%.</li> <li>Launched ‘RIQI project of the month’ – awarding £100 voucher to the best idea submitted through the RIQI portal each month. This is then shared via the RIQI bulletin, CEO message, and social media.</li> <li>Staff survey shows 72% of staff feel able to make suggestions to improve the work of their department, and 57% of staff feel able to make improvements happen in their area of work.</li> </ul> <p><b>Q2</b></p> <ul style="list-style-type: none"> <li>Planning has commenced for RIQI 2021 – aiming for a 3 day virtual event with focus on Covid-19, sustainability and work from NMAHPs.</li> <li>Increasing our link with CW innovation with plans to launch a horizon fellowship in September for 20 colleagues to lead on RIQI work within their divisions.</li> <li>Sepsis as a quality priority features in the CEO’s message</li> <li>The RIQI team spoke about the RIQI portal to raise awareness of it on the all staff briefing in July 2021.</li> </ul>			<ul style="list-style-type: none"> <li>Host virtual RIQI event – bringing together research, innovation and quality improvement, use event to launch and communicate shared approach across R&amp;D, digital+ innovation and improvement (Nov 21)</li> <li>Continue monthly RIQI bulletin, with increasing content from all 3 strands of RIQI</li> <li>Launch of horizon fellowship in September with CW plus</li> <li>NHS staff survey 2021 launches September – we will monitor the key metric ‘% of staff who say they are able to make improvements happen in their area’</li> <li>Opportunities to expand culture of research and innovation with enterprise division</li> </ul>





## Culture and Mind-set: work stream 4

Coproduction of quality improvements with our staff, service users, patient and communities

Culture and mindset	SRO	Lead
Coproduction of quality improvements	Lee Watson	Debbie Van Der Velden

Aims	Plan	Evidence and measures
<ul style="list-style-type: none"> <li>To improve equity of accessibility to CWFT services and reduce health inequalities.</li> <li>To ensure the profile of services offered, access/outcome/experience data broken down by demographics and meets the needs of the local population.</li> <li>To ensure CWFT services are coherently interlinked with the wider healthcare system from the patient perspective.</li> <li>To develop a culture of co-production by engaging and involving our patients, carers, families and our local community.</li> </ul>	<ul style="list-style-type: none"> <li>To define clear principles for public/patient engagement which can be applied across the trust.</li> <li>To map existing engagement mechanisms to permit effective scoping of need, to build on with existing infrastructure and to embed lessons learned in future work.</li> <li>To develop tools to support individual departments to autonomously engage patients and the public to inform their decision making processes.</li> <li>To develop a framework for evaluation of engagement across the trust to permit monitoring and on-going learning.</li> </ul>	<ul style="list-style-type: none"> <li>Meaningful patient and public engagement across our improvement priorities</li> <li>Improved patient experience</li> <li>Diverse feedback representative of our patient population</li> <li>FFT figures above national average</li> <li>Increase number of co-production case studies</li> <li>Reduced complaints</li> </ul>

Progress 2021/22 Q1,2	Next steps
<ul style="list-style-type: none"> <li>Increasing the range of opportunities for patients and public to engage and contribute within the organisation</li> <li>Contact made with neighbouring Trusts to scope what policies exists within other organisations to see if any opportunities to implement/amend for use</li> <li>SOP for engagement in development</li> <li>Website on RIQI portal with tips and resources to enable staff to access information along with a call for case studies to develop a library of exemplar practice- 3 coproduction case studies on RIQI portal</li> <li>Above published in RIQI bulletin</li> <li>FFT scores tracked through improvement programme</li> <li>Baseline survey completed to assess level of satisfaction and engagement with new digital patient access services.</li> </ul>	<ul style="list-style-type: none"> <li>To define clear principles for public/patient engagement which can be applied across the trust</li> <li>To map existing engagement forums to permit effective scoping of need</li> <li>To develop tools, which recognise barriers faced by patients/the public, to support individual departments to autonomously engage patients and the public</li> <li>To develop a culture where staff are pro-active and enthused about/trusting of public and patient engagement processes</li> <li>To develop a framework for evaluation of engagement across the trust to permit monitoring and on-going learning.</li> </ul>



## Wider system and partnership: work stream 5

### Work in partnership to accelerate innovation and quality improvement

Wider system and partnership		SRO	Lead
Work in partnership to accelerate innovation		Bruno Botelho	Mike Wright and Vasia Dekou
Aims	Plan	Evidence and measures	
Align the innovation and digital programme to enable delivery of the Trust wide and divisional improvement priorities	<ul style="list-style-type: none"> <li>Use simple automation and AI to grip and improve 'repetitive' functions currently carried out by our staff</li> <li>Use existing Improvement resources and CW innovation partners to prioritise re-design of clinical pathways</li> <li>Grow and deepen partnerships with system partners</li> <li>Improve awareness of innovation support</li> <li>Align innovation activities with improvement and R&amp;D to support a culture of 'above and beyond'</li> <li>Number of CW plus grants awarded for projects</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of staff who are aware of the CW Innovation Programme and who are engaged in innovative activities and programmes.</li> <li>Increased number of innovation programmes supported by partners</li> <li>Staff survey demonstrating improved awareness of innovation</li> <li>Launch at least one competition/ call for innovative ideas</li> <li>Deployment of AI/ automation in at least one pathway with clear performance measures and framework</li> <li>At least 50% of all new projects initiated will map onto agreed divisional and/or Trust priorities</li> </ul>	
Progress update 2021/22 Q1,2		Next steps	
<ul style="list-style-type: none"> <li>8 CW plus grants have been awarded for this financial year so far, 75 grants were awarded last year (including Innovation and nurses calls) plus 33 covid-specific grants</li> <li>Work to deploy AI in the back office was suspended during COVID, prioritisation of activities in HR on-going. Working with current DD HR Innovation and OD to restart this work.</li> <li>Good progress on two pathway redesign activities – successful evaluation of DBm Health in diabetes service has led to engagement with NWL transformation programme. Business case for deployment at Chelsea in progress. Workshops for regional pathway fit and redesign underway. Innovation leading on deployment of ISLA telederm across NWL to support transformation of imaging sharing across all dermatology services.</li> <li>ChelWestMe staff app successfully developed and deployed</li> <li>Development and delivery of innovation module for emerging leaders programme and integration of innovation into RiQi corporate induction.</li> <li>~ 60% of innovation projects aligned to divisional/ trust or recovery priorities.</li> </ul>		<ul style="list-style-type: none"> <li>Work towards celebration of 2nd anniversary of launch of CW Innovation. Innovation week currently being curated for September.</li> <li>Support launch of RIQI event in November</li> <li>Work with colleagues in dermatology to further evaluate and test deploy DERM AI platform for triage of skin lesions of patients on 2WW.</li> <li>Restart AI back office work</li> </ul>	



# Appendices

1. Training offer
2. RIQI portal
3. RIQI idea of the month
4. RIQI bulletin
5. Case studies
6. Improvement apprenticeship



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# QI Training Programme

Tier	Course	What?	Time/ duration	Guide level	No of attendees Q1 & Q2
Improvement aware	Corp induction	Brief introduction to research, innovation and improvement and how to be part of our culture of improvement	30 minutes	All staff	186
	Lunch and Learns	One hour lunch time sessions covering a range of topics on quality improvement approaches, skills, tools and techniques	1 hour	All staff	35
Improvement participant	Introduction to quality improvement	Short introduction to key aspects of improvement, including model for improvement and data-driven improvement approach and how to get involved at the Trust	1 hour	Accessible to all Training on invite to clinical gov days/ team meeting Scheduled annual teaching on medical training FY1, FY2, nursing development programme (B5-6)	40 (25 EIC, 15 corporate)
	QI4U – e-learning	QI4U is a suite of eLearning modules that aim to make implementing improvements in healthcare more manageable by breaking down quality improvement approaches and methods into bite-sized practical pieces.	Modular	Accessible to all	-
	Management fundamentals: QI tools and techniques	Half day covering basic QI methodology focused on tools and how to use in practical application in QI and innovation projects	Half day	Accessible to all- targeted at newly recruited/ appointed managers	9
Improvement leaders	Emerging leaders	2 day session in QI and innovation skills, including QI methodology, project management, engagement and influencing	4 months & improvement project	Band 7 and below or equivalent First leadership role	36
	Improvement Leader Apprenticeship	Course includes classroom and experiential learning; including developing improvement strategy, providing leadership in improvement for the Trust and coaching and support improvement projects	18 months	Band 7 + or equivalent senior medical Members of senior staffs who are already working in improvement roles within the organisation and who lead	12 person cohort (2 CSS, 2 Corp, 3 PC, 3 EIC, 2 W&C)
	MSc	Modules include; change management transformation and innovation, measuring performance	24 months; strategic improvement project	Band 8a + or equivalent senior medical	L&D to confirm
	RIQI coaching	Coaching session organised by L&D through NHS elect for coaching to support their peers with RIQI projects	Half day	All staff who have previously led RIQI projects	14 (7 corporate, 3 PC care, 3 EIC, 1 CCS)

# Support available

## Lunch and Learns

- One hour lunch time sessions covering a range of topics on quality improvement approaches, skills, tools and techniques

## RIQI Coaching

- Coaches provide improvement support, advice and guidance
- Staff can sign up to the ChelWest coaching hub to book a coaching session

## Improvement Leader Apprenticeship

- 18 month experiential programme for anyone who wishes to develop their improvement knowledge and expertise
- 12 staff members on first cohort, 2<sup>nd</sup> cohort planned for Jan 2022
- We are currently looking into other improvement apprenticeship for different levels

## RIQI and QUALITY EVENTS

- Trust events and conferences which provide opportunities to share and present staff projects
- RIQI event planned for Nov 2021
- Multiple improvement / awareness events take place each month

## QI & Innovation Drop in Clinics

- An opportunity for staff to receive support, advice and guidance on QI projects or ideas

## QI & Innovation Training

- There is a range of training available to staff at all levels, more detail can be found on the previous slide

## RIQI portal

- [Intranet page](#) where staff can find out how to start a QI project, what training and support is available and share learning

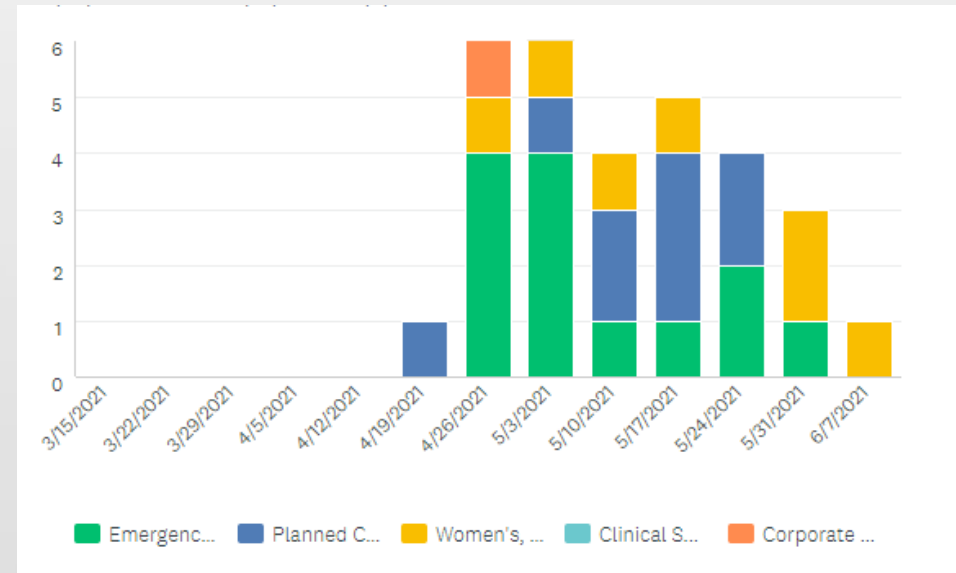
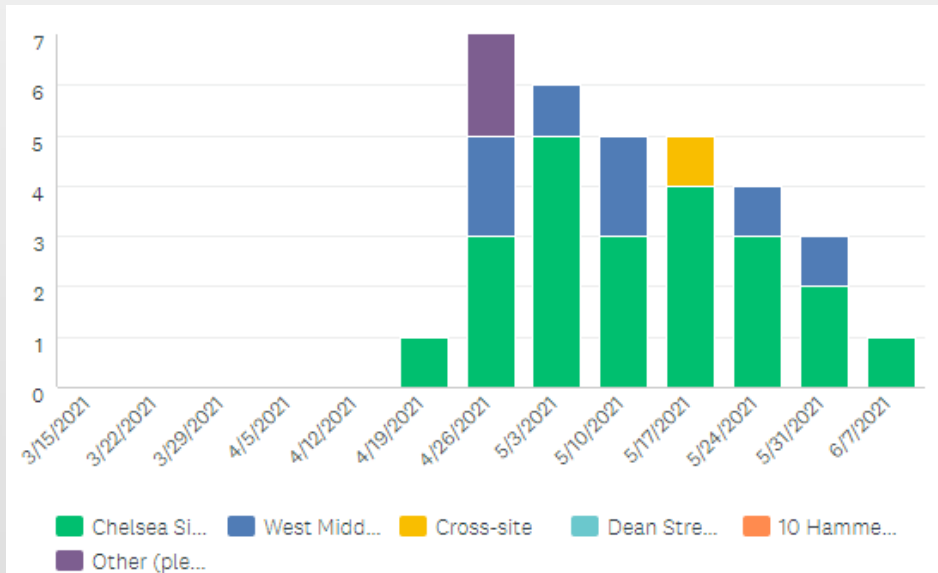
## CW+ Funding calls

- Staff can access grant funding from CW+ for projects which will help deliver better patient experience and care.
- There are a number of different funding programmes:
- RADICAL programme – funding available for digital innovation projects that deliver rapid improvement to patient care
- Dragon's Den – funding available for innovation projects through a Dragon's Den style panel



# RIQI portal

- RIQI is a collaboration across departments in research, innovation and quality improvement. The aim is to provide an integrated approach for implementing change ideas within the Trust
- The portal is a single point of access for staff who want to share a project or idea and access support, resources and guidance. It helps us to align ideas and projects against our areas of greatest opportunity and challenge, as well as ensure correct governance and oversight.
- We have had around 50 submissions, predominantly QI projects, from EIC and Planned Care and mostly from the Chelsea site. Our challenge is to target the corporate division as well as West Mid and community sites.



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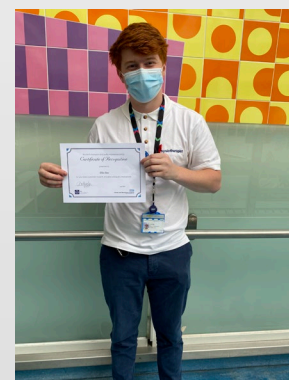
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# RIQI idea of the month

In May, we launched RIQI idea of the month, where up to 2 colleagues (one at each site) receive a certificate, £100 shopping voucher and support and guidance from the RIQI team to complete their project. The winners are chosen from the RIQI portal and announced through the RIQI bulletin. So far, we have had **5 winners**.

When?	Who?	What?
April 2021	Richard Riding, practice development nurse, Chelsea	The idea to improve hydration for all ward patients with a simple initiative involving all team to members taking responsibility....'a sip a second!'
April 2021	Angela Murphy, community cardiac clinical nurse specialist, West Mid	The idea to improve patient engagement with our digital solutions and virtual clinics by providing technical support and education before discharge.
May 2021	Leigh Paxton, ICU matron, Chelsea	An innovative idea to assess safety and quality at each bed-space on ICU using a survey monkey too
May 2021	Rasvana Akram, paediatric ward manager, West Mid	An idea to increase staff knowledge of street drugs, and the effects it has on the human body, how it effects mental health and wellbeing of our patients by training and development of a free APP which can be used by staff
June 2021	Ellis Bee, physiotherapist, Chelsea	The idea 'best foot forward' which aims to launch a step count competition to encourage green and active commuting across the organisation.



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# RIQI bulletin

## Q1, Q2

Month	Theme	Readership	Comments
April	Quality	59%	Feature on new quality priorities
May	Sustainability	72%	Launch of new sustainability campaign, high engagement
June	Patient and public involvement	50%	Effective examples of PPI with focus on two research projects with high patient involvement
July	Digital innovation	-	Forward written by digital team with focus on CW innovation projects.

## Q3, Q4

### Next steps

- The next bulletin is focused on public health and for September will be safety in line with WPSD
- We will continue to review readership and review what achieve high engagement
- We will continue to have equal content from R, I and QI with the library team continuing to provide further reading
- All bulletins and case studies published on intranet



### Issue 3

Welcome to our **Research, Innovation and Quality Improvement (RIQI)** bulletin. We want to inspire you to get involved with research and innovation in your area; share your problems, ideas and learning so we can make changes and rapidly spread improvements across the organisation.

This issue is focused on **Sustainability**.

The NHS is responsible for 4 per cent of the UK's carbon emissions. We now recognise the climate emergency as a health emergency. Climate change threatens the foundations of good health, with direct and immediate consequences for our patients, the public and the NHS.

We see climate change disproportionately affecting deprived and vulnerable communities – drivers of climate change are also the drivers of ill health and health inequalities.

Earlier this year we mapped our Trust against the [United Nations 17 Sustainable Development Goals](#). The Trust has progressed in each of the 17 areas, whether that is through our active staff networks, our projects to reduce carbon, investment in sustainable estates, or supporting staff with green and active commutes.



But there is much, much more to do. And we need your help! We want to hear from you to help to co-develop our Trustwide Green Plan.

### Results

Delivered to	6,345	98%
Opened by	4,556	72%
Not Opened by	1,789	28%
Clicked by	2,356	37%

### Reducing plastic waste in plastic surgery by Vishal Patel, Henry Armes, Mr Eckersley, Mr Horwitz

#### The challenge

By 2050, there could be more plastic than fish in the world's oceans. Around 40% of all the plastic produced (300m tonnes) per year is used for packaging, which is predominantly single use. The team of plastic surgeons at the Chelsea site investigated the main issues with recycling and completed a baseline audit, which was found to be a lack of recycling bags, overuse of equipment, and waste being put in the wrong bags as well as single use plastic being used instead of recyclable materials.

#### What we did

The team spoke to ISS to obtain the correct waste bags. They also plan to upgrade the size of the current recycling bin which will save costs by reducing waste bag usage. The team are now ensuring any non-contaminated equipment goes in the recycling bin and started an education drive to stop the use of clear waste bags for recycling. A main focus was reducing the amount of plastic equipment used where possible to reduce the main cause of waste in theatres.



#### Key learning

After the campaign, the team re-assessed the initial project measures. There are now accessible green recycling bags being used in the theatres, and the education campaign has been found to be useful. There is now higher accuracy with each waste bin's contents, although some mistakes are still made. The team feels the main learning point is that using less plastic is much more beneficial than recycling plastic, although both are a means to an end of the overproduction of waste in healthcare. There is still a lot of work to do to spread this message more widely.





# Case study examples from RIQI portal

## Covid-19 virtual ward

Dr Khan and her team partnered with CW Innovation and Huma to successfully launch the 'Covid19 virtual ward' at the West Mid site.

It allowed them to remotely monitor patients from home to reduce admissions and support early discharge. Patients were monitored from home using pulse oximeters and asked to input their observations to the app.

The team were able to successfully keep 86% of patients out of hospital following admission to the virtual ward.



All case studies can be found on the RIQI portal under 'current projects'

## Exercise in pregnancy research study

A research proposal investigating the role of exercise on infant delivery in first-time mothers was developed and presented to a focus group made up of 10 members of The Maternity Voices Partnership.

Our main points were raised which resulted in changes to the research protocol, patient information sheet and consent form. Discussions with the Maternity Voices Partnership focus group have highlighted how important it is to involve service users in development, improvement and evaluation projects.



## Photo badges to improve patient experience

Dora, a therapy assistant set up a project to show our patients who is looking after them behind their masks. This helps patients differentiate between staff groups and aims to improve patient wellbeing. Dora created an easy to view 'Hello my name is' badge for staff to wear on the wards. The project was supported by a grant from CW+. Dora started this project to improve patient experience, and was able to gain real-time patient feedback on the effectiveness of the initiative. The project had excellent staff engagement, with high levels of morale within the team using the photos on their wards.



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# Improvement apprenticeship

In Q1 2021/22, we launched the Improvement Leader Level 6 Apprenticeship programme in collaboration with other Trusts in London, 12 places on the course were available to our Trust. The apprenticeship is an 18-month experiential programme designed for staff who wish to develop their improvement knowledge and expertise.

There were 50 staff members who expressed an interest in the course, out of these 24 staff members applied. 12 staff members were successful in their application and this is broken down by division below:

Division	Number of applications	Number of successful applicants
Corporate	3	2
Clinical Support	5	3
Emergency and Integrated Care	10	3
Planned Care	3	2
Women, neonatal, children and young people, HIV/GUM and dermatology	3	2



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# RIQI event

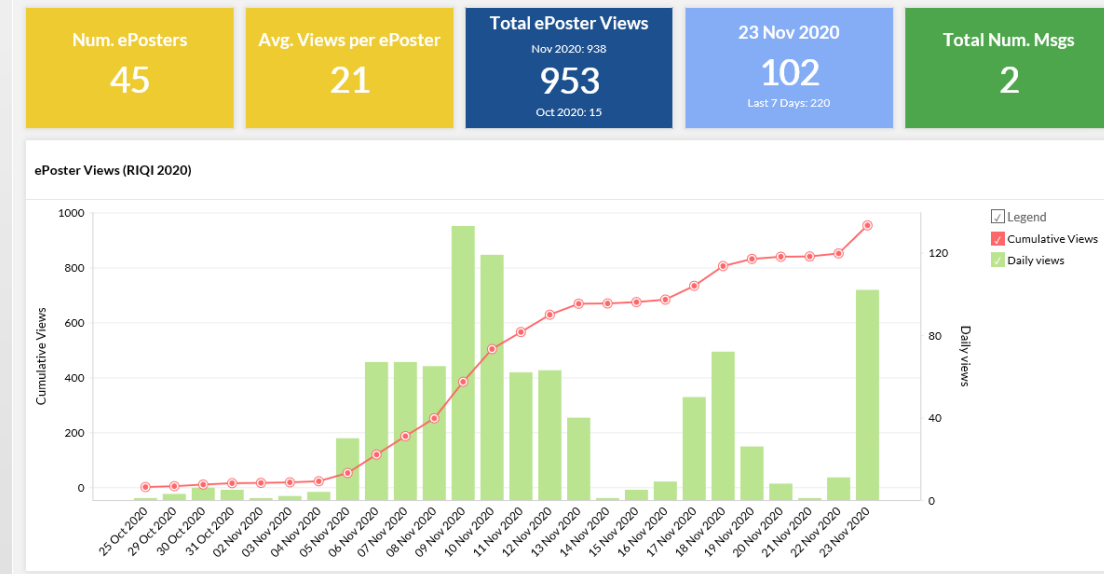
Every year we select about **50 teams** to present a poster on their initiative. **10 – 15 teams** are selected to give an additional oral presentation. In 2020 we had **160 attendees in total**, including staff, trust members and patient representatives. We invite feedback from attendees, presenters and organising team and keep a learning log, formal evaluation has been difficult with the flexible drop-in/drop out format.

The focus of this annual event is to:

- promote and publicise local initiatives to improve patient care or service delivery
- showcase and celebrate current projects and recent successes
- inspire future work to translate knowledge into impact and value
- raise awareness of the support available for those wishing to carry out research, innovation or quality improvement projects

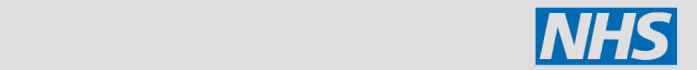
For 2021/22, we aim to hold the second virtual event over 3 days with key themes decided by the RIQI team in November.

RIQI 2020 Dashboard



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**Minutes of a meeting of the Council of Governors Quality Sub-Committee  
Held at 10am on 24 September 2021 (Zoom)**

<b>Attendees</b>	Laura Wareing (Chair)	Chair / Public Governor	LJW
	Simon Dyer	Patient Governor, Lead Governor/Deputy Chair	SD
	Nigel Davies	Public Governor (Ealing)	ND
	Richard Jackson	Staff Governor	RJ
	Anthony Levy	Public Governor	AL
	Caroline Boulliat	Public Governor	CB
	Nowell Anderson	Public Governor	NAn
<b>In attendance</b>	Lee Watson	Director of Nursing	LW
	Alex Bolton	Associate Director of Quality Governance	AB
	Shauna McCann		SMcC
	Anne McCarville	Board Governance	AMcC
	(Minutes)		
<b>Apologies</b>	Minna Korjonen	Patient Governor	MK
	Trusha Yardley	Public Governor (Hammersmith & Fulham)	TY
	Dawn Clift	Interim Director of Corporate Governance	DC

<b>1.</b>	<b>GENERAL BUSINESS</b>
<b>1.1</b>	<b>Welcome and Apologies</b> LJW welcomed all to the meeting. Apologies were noted as above.
<b>1.2</b>	<b>Declarations of interest</b> Nigel Davies advised of a change in role to the Health Education & Life Sciences department at Brunel University.
<b>1.3</b>	<b>Minutes of previous meeting held on 26 March 2021</b> The Minutes of the last meeting were approved..
<b>1.4</b>	<b>Matters Arising &amp; Action Log</b> The Sub-Committee noted that there were no actions/matters arising from the previous meeting. LJW suggested an action log be introduced for improved governance moving forward.
<b>2.</b>	<b>REGULAR REPORTS</b>
<b>2.1</b>	<b>Learning from Serious Incidents</b> <i>Alex Bolton, Associate Director of Quality Governance</i>  AB presented an overview of this report, the purpose of which is to provide an update on compliance with our Serious Incident Framework, key metrics and learning opportunities arising from Serious Incident investigations.  Outcomes from both Serious Incidents are considered at Divisional Quality Boards, Patient Safety Group, the Executive Management Board, and the Quality Committee so that learning can be shared and improvements enacted.

	<p>AB highlighted a Never Event that took place in July 2021, where an incompatible implant was used in a procedure; this issue was quickly rectified and did not lead to significant harm for the patient. The group discussed a contributory factor relating to the information available on the packaging housing the components and the opportunities for whole system improvement through engagement with the supplier. The investigation is also considering Trust internal processes, such as double checks, to reduce the risk of recurrence.</p> <p>On declared events, AL noted the report showed an increase in events over the last six quarters by comparison to the previous six quarters and asked if this should be of concern. AB advised that it is a trend the Committee should be cognisant of, however, he had no particular concerns for patient safety. One of the impacts of the pandemic was the deferral and/or reprioritisation of Outpatient appointments, which increased the potential risk of issue or errors being detected later. The group discussed whether mitigating IPC risks over this period could have increased the risk of, for example, falls resulting from more patients in side rooms; AB discussed focused work being undertaken by the Falls Steering Group.</p> <p>In response to questions raised around the availability of comparable data, AB confirmed that all incidents are reported up to NHSE's National Reporting Learning Service, and from that the Trust receives benchmarking information. The annual publication of benchmarking data is expected by monthend. The provisional data shows variances due to changes in services being provided, and also to the interpretation of the changing national infection control guidance issued over the period.</p> <p><b>Action:</b> The Learning from Serious Incidents report for the December meeting to include both the national benchmarking data for declared events and the Trust's interpretation of it.</p> <p>In relation to the nine external serious incidents reported, AB confirmed that one of the themes emerging is around diagnostic treatment delay, on single or shared pathways as patients progress through the NHS. The learning from the particular case discussed resulted in a change to the pathway to include Consultant to Consultant discussions.</p> <p>On addressing questions relating to the patient backlog, AB reported a slight decrease in activity has been noted in some areas, however, on the 52 week wait the Trust is performing above trajectory plan. This is testament to our clinical, surgical and administrative teams who are working incredibly hard to reduce the backlog of long waiting patients.</p>
2.2	<p><b>Learning from Complaints Q1</b></p> <p>Lee Watson, Director of Nursing for the ChelWest site presented an overview of this report, advising that the paper had been shared at the Council of Governors Briefing on 23 September.</p> <p>LW presented the following highlights:</p> <ul style="list-style-type: none"> <li>the overarching highlight is that the volume of complaints is far lower than pre pandemic, however, they have started to increase, albeit at a slower rate than previously seen;</li> <li>the compliance target of 95% of complaints being turned around and responded to satisfactorily within 25 working days has been achieved in 22 of the last 24 months;</li> <li>one action taken away from the briefing on 23 September was to start evidencing the volume of complaints satisfactorily closed, from which no follow up was required, in Trust reporting;</li> <li>the quality of responses is a key focus for the leadership team, and in particular the CEO. Complaints will not receive final sign off unless the CEO is satisfied, even if this means</li> </ul>

	<p>compliance targets are missed;</p> <ul style="list-style-type: none"> <li>• themes emerging from complaints remain consistent. During Covid communication ranked as number one covering verbal and written communications around, for example, the move to digital appointment setting;</li> <li>• DrDr has been introduced for appointment setting, providing the patient with autonomy around appointment cancellations etc. Letters are sent to patients via text or email, however, there is an opt-out option for those requiring written communications. The Trust continues to refine communication channels to achieve an appropriate balance;</li> <li>• the PALS model was changed during Covid, with the physical offices being closed due to the reduced footfall at Trust hospitals, it moved to an online service via email, telephone and Zoom/MS Teams.</li> </ul> <p>In response to a query regarding the tracking of near misses, LW clarified that the graph on p.16 includes only near misses that resulted in a complaint raised with the PALS and Complaints team. AB advised that the Trust may have expected the reporting of incidents and complaints to drop during Covid, however, our incident reporting levels on Datix have been maintained and we continue to see that the vast majority are no harm events. AB confirmed that as an outsider to the service the Complaints and PALS team are very visible across the Trust, giving patients, carers and families multiple opportunities to talk to the Trust about patient experience. LW advised that this change to the service has also resulted in improved relationships with ward staff.</p> <p><b>Action:</b> ND asked that feedback be provided to the DrDr team advising that patients, even on a single pathway, with specialty care being provided across different organisations do not have autonomy to, for example, change appointments online. LW advised that having exactly that joined up approach is our ambition across the NWL ICS. Inroads are being made with the rollout of Cerner to Hillingdon.</p> <p>LW also provided an update on a new Patient and Public Involvement Group, looking not at patient experience but at how we involve/engage with our patients at the point of shared decision making/co-production. The proposal has been approved by the Executive Management Board and the team are now looking at the configuration of this group in terms of patient and public representation. This will address points raised around how the Trust engages with and involves disadvantaged groups in the decision making processes around, for example, the introduction of Dr.Dr.</p> <p>LW advised that the Council of Governors have been approached in relation to participation in this group.</p> <p>ND stressed the importance of including carers in the Patient and Public Involvement Group.</p> <p><b>Action:</b> LW to provide an update on the Patient and Public Involvement Group as planning progresses.</p>
2.3	<p><b>Performance &amp; Quality Report – July 2021</b></p> <p>Alex Bolton presented an overview of the Performance and Quality report, advising that July was a challenging month for the Trust, with sustained non-elective pressure and an increase in absences driven by the requirement for staff to isolate under NHS Track and Trace guidance. The following results were highlighted:</p> <ul style="list-style-type: none"> <li>• A&amp;E performance showed a decline in July to 87.62%, with activity levels remaining above the normal range;</li> </ul>

	<ul style="list-style-type: none"> <li>• a slight decline in referrals to treatment was also reported at 76.13%, this is linked to the continuing increase in both inpatient and outpatient activity;</li> <li>• the Trust continues to be ahead of trajectory on 52 week wait patients;</li> <li>• for unvalidated 62-day Cancer performance, a non-compliant position is reported at 83.7%. This has been driven in part by patient choice and an increase in the number of patients being diagnosed and requiring treatment. This target will remain challenged in August;</li> </ul> <p><b>Safety Dashboard</b></p> <p>In May and June compliance with hand hygiene audits was not at the expected level. Staff are being supported, encouraged and supervised to ensure compliance, and senior leadership continue to drive improvement. The Trust is now above the 90% standard,</p> <p>In response to AL's query on how hospital acquired Covid infections are being reported, AB advised that on three days per week the Trust's internal Gold team are updated on cases, with updates also provided to the Executive Management Board and the Patient Safety Group. A NWL ICS group is also reviewing Covid cases leading to death. As a Trust, mortality surveillance reviews are undertaken for all COVID cases, a steering group was established to ensure consistency in approach. A further working group of medics, surgeons, infection control and senior nursing representatives is being established to review mortality reports. The group will cross compare evidence regarding the changing IPC national guidance introduced over the pandemic to ensure that the Trust had appropriate measures in place, and these were working effectively. It will include an audit of mask fit testing, patient pathways, isolation etc to ensure standards were met.</p> <p>AL commended AB on this approach, however, stressed the need to be tracking cases of hospital acquired infections ahead of any Public Enquiry. AB confirmed that as a review is anticipated each of the wider organisations within the NWL ICS have been asked to collate their data as described above by January 2022.</p> <p><b>Action:</b> AB to provide commentary on the review of hospital acquired infections at the December 2021 Sub Committee meeting.</p> <p>In response to a query in relation to the SHIMI, AB confirmed that the Trust is really proud of being one of the best performing Trusts with one of the lowest relative risk of mortality nationally. AB added one note of caution to say that the data reported does not include Covid related deaths over the period.</p> <p>LJW enquired as to where staff energies currently sit, Have the majority of staff taken leave and, if so, what percentage?</p> <p><b>Action:</b> An update on staff annual leave to be provided at the December CoG Quality Sub-Committee meeting.</p>
<b>2.4</b>	<b>Group reports</b>
<b>2.4.1</b>	<p><b>End of Life Care Group</b></p> <p>Shauna McCann provided a verbal report on End of Life care, keeping with the theme of education within the Trust.</p> <p>An extensive gap analysis was carried out against Health Education England's end of life care core skills, and three main areas to focus on this year have been identified as follows:</p> <ul style="list-style-type: none"> <li>• personal centred care;</li> </ul>



	<ul style="list-style-type: none"> <li>• communication; and</li> <li>• assessment and care planning.</li> </ul> <p>A bid has been submitted to CW+ for a <a href="#">Vivienne Geriatric Female Simulator</a>, a highly realistic silicone manikin to support the use of simulations in education.</p> <p>Three main projects have also been identified for this year, and one of these is the identification of patients who are end of life (last 12 months of life). Within our ED Reception staff have been trained to access Co-ordinate My Care records. Co-ordinate My Care is a platform that clinicians and patients can use to write care plans. Last year only approximately 20 of these were accessed by the ED department, this has increased to 452 this year. Receptionists access the reports and highlight these to the clinicians.</p> <p>These reports would also be visible in the community, in hospitals, in GP practices, nursing homes and to the London Ambulance Service with everyone working from the same information.</p> <p>The plan is to trial a pilot within the frailty groups with care of the elderly consultants, embedding the training there before rolling it out more widely. It was reported that NICE and NHSE are really trying to promote the importance of having goals of care conversations with patients.</p> <p>Following some discussion SMcC directed Governors to the <a href="#">Co-Ordinate My Care</a> online portal for further information.</p> <p><b>Action:</b> SMcC to send provide further information regarding Co-Ordinate My Care for circulation to Governors.</p> <p>Another project on the agenda is to increase the number of butterfly rooms at the West Mid site, with Crane, Marble Hill 1 &amp; 2 and Lambton wards identified as potential options. With huge pressures on rooms at present closing side rooms would be challenging. An update will be provided in December.</p> <p>The National Audit for End of Life care is also underway with submissions due by 8<sup>th</sup> October. Results are expected to be made available in early 2022.</p>
<b>2.4.2</b>	<p><b>Falls Steering Group</b></p> <p>Laura Jane Wareing provided a verbal update on falls within the Trust. The September meeting has been deferred to October due to leave. The Falls Network was updated on how to reduce falls from walking, routinely checking lying and standing BP was recommended, ensuring that elderly patients wear the correct footwear and that patients are in a clutter free zone. Staff are being encouraged to do a lying and standing BP at least once during an admission.</p> <p>The network is trying to identify the causes behind an increase in falls, looking at how the Trust can mitigate against these.</p>
<b>2.4.3</b>	<p><b>Disability Steering Group Report</b></p> <p>This report has been carried forward to the December meeting.</p>
<b>2.4.4</b>	<p><b>Dementia Steering Group Report</b></p> <p>Simon Dyer provided a verbal update on behalf of the Dementia Steering Group advising the frequency of meetings has been moved to every two months.</p>

	<p>The group has been working on a Patient Facing Covid testing leaflet for patients with dementia, with good progress reported. A number of new initiatives are underway, for example, improving discharge rates for patients with dementia, a dementia specific PALS service, CW+ have funded an Arts for All programme which will feature a dementia element in it and a pilot on patient engagement is being designed with a focus on dementia.</p> <p>The next Dementia Steering Group meeting is on 19 October.</p> <p>SD will provide a further update at the December meeting.</p> <p>LJW enquired as to whether a framework is in place to identify elderly patients who may be exhibiting signs of dementia without having a diagnosis. LW confirmed that as part of the clinical presentation, the history taken by the clinician, information provided by the family or next of kin around presenting problems builds up the picture of that patient, this determines whether further investigations are required.</p> <p>LJW queried if this will continue within the Trust or be picked up across the ICS, and perhaps sit in the community moving forward.</p> <p><b>Action:</b> SD to follow up with Sarah Bryan to query where a framework for the identification of dementia patients will sit with the Trust, NWL ICS or in the community moving forward.</p>
2.5	<p><b>Governor's patient story and feedback on patient contacts</b></p> <p>Having observed long queues, and on occasions frustrated customer at the Boots pharmacy on the ChelWest site ND queried what checks and balances are in place to ensure a quality service is provided. Staff members have also reported the level of service to be declining.</p> <p>ND also raised that communications sent by consultants and clinicians to the pharmacy do not appear to flag that the patient is onsite and/or due to collect their prescription imminently. The process management may need some refinement.</p> <p>SD advised, having liaised with Deirdre Linnard, that the pharmacy contract is due for renewal and as a result the service is under review.</p> <p><b>Action:</b> Deirdre Linnard to be invited to the December meeting to provide an update on the Pharmacy review.</p> <p>LW confirmed that the service is up for review. In hospital Boots only provide outpatient services. During Covid the pharmacy worked with a different staffing model due to reduced footfall at the hospital. The staffing model has not grown in line with the number of patients now back onsite. Deirdre Linnard monitors the contract and the SLA in place.</p> <p>LJW reported that Bruno Botelho will be attending in December. She will take the opportunity to raise feedback received regarding Cerner, in particular around communication issues within departments, and delays of up to 24 hrs in logging appointments on Cerner.</p> <p>LW advised that the Cerner system does work as a standalone, other hospitals are using it successfully and have done for considerably longer than CWFT. One of the learnings identified is that some clinicians develop workarounds that bypass some stages, resulting in some triggers not be generated which can cause issues. Further training is due to be rolled out to improve the user experience of the system.</p>

<b>3.</b>	<b>AD HOC REPORTS</b>
<b>3.1</b>	<p><b>Staff Awards/Governors Quality Improvement Awards</b></p> <p>Alex Bolton provided an update advising that the Staff wards will be a virtual event again this year due to infection levels in the community.</p> <p><b>Action:</b> AB to confirm timings of the awards and the inclusion of a Governor Quality Improvement Award to allow sufficient review time of submissions.</p>
<b>3.2</b>	<p><b>Ward Accreditation – update</b></p> <p>Lee Watson provided a verbal update on the Ward Accreditation programme advising that the programme slowed during the pandemic. Of the 105 areas the Trust accredits 53 have been completed since the start of the financial year. Availability of staff to support the programme has been an issue, however, LW assured the Sub Committee that the programme is ongoing and commended Richard Jackson and Isobel Granville-Pearl on their drive to deliver it.</p> <p>The key theme emerging is around compliance with IPC guidance. As mentioned above there has been a real focus on addressing this, with the senior leadership driving continued improvement in this area.</p> <p>Of the 53 areas inspected there were 6 x Gold, 35 x Silver and 8 x Bronze awards. The criteria used is very similar to that of CQC inspections.</p> <p><b>Action:</b> LW to share the Ward Accreditation criteria with the COG Quality Sub Committee.</p> <p>ND suggested that a Governor Information session be run on the Ward Accreditation process.</p> <p><b>Action:</b> LJW to raise on behalf of the Governor group their desire to return to the hospital to support on this and other programmes</p>
<b>4.</b>	<b>OTHER BUSINESS</b>
<b>4.1</b>	<p><b>COG Quality Sub-Committee forward plan</b></p> <p>Deirdre Linnard to be invited to attend the December meeting to provide an update on the Pharmacy review.</p>
<b>4.2</b>	<p><b>Any other business</b></p> <p>LJW suggested establishing a steering group to focus on the 4 quality priorities for the year, as below;</p> <ul style="list-style-type: none"> <li>• improve sepsis screening and timely management</li> <li>• improve personalised cancer care at diagnosis</li> <li>• improving outcomes for inpatient diabetes patients</li> <li>• improve clinical handover</li> </ul>
<b>4.3</b>	<b>Date of next meeting – 10 December 2021; 10.00-12.00.</b>





## Council of Governors Meeting, 21 October 2021

<b>AGENDA ITEM NO.</b>	3.1/Oct21/CoG
<b>REPORT NAME</b>	Interim Chair's Report
<b>AUTHOR</b>	Steve Gill Interim Chair
<b>LEAD</b>	Steve Gill Interim Chair
<b>PURPOSE</b>	To provide an update to the Governors on high-level Trust affairs.
<b>REPORT HISTORY</b>	Nil
<b>SUMMARY OF REPORT</b>	As described within the paper. Governors are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.

## **Interim Chair's Report – October 2021 Council of Governors Meeting.**

### **Council of Governors (COG) Elections: September-November 2021.**

The COG is a highly valued and important part of our Trust. Our Governors represent different communities, patients, staff and Local Authorities. The COG hold the Trust Board to account and help to ensure that the services we provide reflect the needs and priorities of our patients, staff and local communities.

I would like to welcome to the COG Councillor Atterton who has been appointed as the Local Authority Governor representing the London Borough of Hounslow. We are currently liaising with Westminster City Council on their appointed Local Authority Governor.

We opened the 2021 COG election nomination process on Friday 10 September 2021 and later on the agenda today Dawn Clift our Interim Director of Corporate Governance and Compliance will present next steps associated with voting.

### **Council of Governors (COG) Briefing Sessions.**

The prior COG briefing session on 23 September, was presented by Lee Watson, Director of Nursing at Chelsea and Westminster Hospital on the Complaints process.

The next COG briefing session is scheduled for 9 December 2021.

### **NHS short / medium term priorities – Thank you to our staff and Executive Team.**

The top 3 current NHS focus areas continue to be: the Vaccination Programme; the Elective Recovery Programme; COVID-19 Wave 3.

In addition, Urgent and Emergency care and Ambulance services remain under extraordinary operational pressure with levels of demand normally associated with the busiest periods in Winter.

On behalf of the Board and the COG, I want to express our gratitude to the Trust staff and Executive Team for their hard work and resilience throughout the pandemic to maintain a high standard of GRIP and achievement against the NHS performance metrics. The entire organisation has now been operating at or above capacity for two years since the start of the winter pressures in October 2019.

### **Trust activities:**

In late September the Trust commenced the vaccination program for the 2021 winter flu jab and COVID-19 booster jab at both our two main hospital sites for our staff and other health and social care staff.

Our Annual Staff Survey launched on 4 October. The Trust continues to invest in areas highlighted in last year's survey:

- Staff health and wellbeing (H&WB) programmes covering both physical and mental health.
- Safety Culture (violence and abuse to staff from patients and visitors).
- Equality, Diversity and Inclusion. October is Black History Month (BHM), the Trust is running a full range of events under the title 'Proud to be', covering culture, history, career development and food.

On 6 October I joined the NWL ICS System Oversight Meeting (SOM) review of the Trust. As a Trust we have a highly experienced, dedicated and stable Executive team which has ensured the Trust continues to deliver high standards of patient care within the Trust and to enable the Trust to take a leadership role across North West London (NWL).

#### **Trust Annual Members Meeting (AMM) 2020/21.**

The Trust Financial Report and Accounts plus the External Auditors Report (including a 'clean' audit opinion with no significant issues) were presented at the AMM on 22nd July.

#### **North West London Integrated Care System (ICS) / Acute Provider Collaborative.**

As noted in my July Report the Government published the Health and Care Bill on 6th July.

NHS England/Improvement have published several ICS guidance documents and accompanying resources to support systems' transition into statutory integrated care boards by 1 April 2022.

ICSs will be made up of two parts: the ICS partnership, and the ICS NHS body. The ICS NHS body will be a statutory body, whose functions will include planning to meet population health needs, allocating resources, and overseeing delivery.

Chelsea & Westminster Hospital Foundation Trust will be part of the NWL Acute Provider collaborative together with Imperial College Healthcare Trust; London NW University Healthcare Trust; and The Hillingdon Hospital Foundation Trust. Providers will continue to be accountable for quality, safety, use of resources and compliance with standards, as well as the delivery of services and functions delegated to them by the ICS NHS body. Executives of providers will remain accountable to their boards for the performance of services and functions for which their organisation is responsible.

The Chairs and CEOs of the four NWL Acute Providers are working with the NWL ICS to develop the provider collaborative agreement, to agree the proposed collaborative model and related governance arrangements.

As noted separately in the October COG papers, Saxton Bampfylde were appointed in early October to lead the recruitment of the single Chair for the 4 NWL Acute Trusts.

Recruitment of the substantive NWL ICS Chief Executive is in process with Stakeholder meetings and final Panel interviews scheduled for late October.

#### **Chair Meetings.**

The London Region Chairs meetings and North West London (NWL) ICS Chairs / CEOs meetings during July, August and September discussed the following topics: COVID-19 wave 3; Vaccination programme; Elective Recovery programme; NWL ICS Development plan and 'road map'; NHSE/I guidance on Provider collaboratives.

As part of the work on the NWL Acute Provider collaborative, I have had weekly meetings throughout June, July, August and September with Bob Alexander (Imperial College Healthcare Trust) and Lord Morse (Chair of Hillingdon Hospital Foundation Trust & London North West University Healthcare Trust). These weekly Chairs meetings will continue throughout October and November.

The NWL Acute Provider Trust Chairs plus Audit & Risk Committee (ARC) Chairs met on 2<sup>nd</sup> August.

The Trust Chairs of Chelsea & Westminster and Hillingdon together with their respective Lead Governors met on 25<sup>th</sup> August.

The NWL Acute Provider Trust Chairs and CEOs are scheduled to meet on 25 October to review the current areas of collaboration and explore next steps.

Stephen Gill.

Interim Chair – October 2021.





## Council of Governors Meeting, 21 October 2021

<b>AGENDA ITEM NO.</b>	3.2/Oct/21
<b>REPORT NAME</b>	Chief Executive's Report
<b>AUTHOR</b>	Lesley Watts, Chief Executive Officer
<b>LEAD</b>	Lesley Watts, Chief Executive Officer
<b>PURPOSE</b>	To provide an update to the Governors on high-level Trust affairs.
<b>REPORT HISTORY</b>	Some matters were contained in the CEO Report to Public Board, September 2021
<b>SUMMARY OF REPORT</b>	As described within the paper. Governors are invited to ask questions on the content of the report.
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.
<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.

## **Chief Executive's Report October 2021**

### **Covid-19 and Vaccinations**

Although the easing of Covid-19 restrictions is welcome, we know that the pandemic continues to pose a threat to our communities, patients and staff. Currently, stringent infection control measures remain in place to ensure we are protecting everyone as much as possible. This includes the continued mandate of wearing facemasks at all times (unless a valid exemption applies) and the use of hand sanitiser. This applies to all patients, visitors and staff. In addition for our staff, we have implemented a new system of staff testing, whereby clinical staff are required to use a lateral flow test when starting work. Testing takes place twice a week, but daily on wards with outbreaks.

Our Covid Booster vaccination programme has started in earnest on both the West Middlesex Hospital and Chelsea Hospital sites, along with our flu vaccination programme. We continue to work hard to help broader population health across North West London and are supporting the delivery of the schools vaccination programme through deployment of some of our expert colleagues.

### **Elective Recovery**

Alongside the vaccination programme, and preparing for any future surges our key priority has been the restoration of the elective work programme.

Over the past 6 months as the number of Covid patients in hospital has remained at a relatively low level we have seen the resumption of all of our planned care services. We, together with the other Trusts in our sector, have continued with the collaborative effort to ensure that we both stabilise and begin to address the expanded waiting lists.

This effort has been reinforced by the establishment of the Joint Acute Care Board. This co-ordinates the work of all operational areas including planned surgery, out-patients, diagnostics, cancer and emergency and urgent care. Its membership includes all chief executives, chief medical officers, chief nurses and chief operating officers. The focus is on ensuring patients are prioritised according to clinical need, then by waiting time. Ensuring equity of access and outcome underpins this work.

Part of our approach to elective recovery is to ensure that discharges take place in a safe and timely manner. During the pandemic, in response to national changes in discharge legislation, 'Discharge Hubs' were established on both of our hospital sites creating an integrated discharge team with representation from our community health and social care partners as well as our own hospital discharge team. The role of the Hubs is to ensure that patients are able to be discharged as soon as they are identified as medically fit by our medical teams, and to ensure that complex discharge planning starts on admission to avoid any delay in discharge. The team meet daily to review all patients who will require support with discharge planning, and to review any delays in discharges for medically fit patients. These meetings are supported by the site Hospital Triumvirates and any delays in discharge caused by capacity issues are escalated to the appropriate Director within our partner organisations for resolution. As a result we have seen a marked reduction in 'delayed transfers of care' over the last 18 months which has helped us to continue to reduce overall length of stay and meet the demands of emergency admissions on our beds. We do however recognise that there is more opportunity for improvement in this area as we still occasionally see delays in access to social care beds/residential care accommodation.

### **The Trust and the ICS**

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

Meetings continue to be held with:

- All NHS provider Chairs

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

The Trust continues to support Hillingdon Hospital in its work to improve quality, operational delivery and use of resources.

### **Celebrating innovation at the Trust**

Last month we celebrated two years of the CW Innovation programme – an important and exciting partnership between CW+ and the Trust to improve patient care and deliver that care more efficiently. Health Secretary Savid Javid spoke at a recent webinar showing the national interest in what we have achieved. He said: “...the fact that the NHS was able to stand strong at this time of crisis was in large part due to pioneers like you and the commitment you’ve shown to embracing digital transformation. It’s clear that you’re setting the standard, not just for the NHS, but for the whole tech sector. The exceptional fact that one of the UK’s top three women’s health apps was developed within the NHS is an incredible achievement.”

Each month we celebrate the fantastic difference that our colleagues make to research, innovation and quality improvement (RIQI) as part of our drive to continuously improve the care we deliver. September’s RIQI winners are Lisa Gunter, sister on Starlight ward at West Middlesex who will be progressing a very good idea to improve information for parents and children in order to support children with asthma by developing an electronic care bundle. The other winner of the September RIQI awards is the Stroke Multi Disciplinary Team who have plans to improve community stroke care by encouraging patients and families to self-manage their long-term needs.

### **Quality of Care**

As previously reported, our ward accreditation scheme is now back up and running. This is a systematic approach to examining the environment and delivery of care in each ward and department by a multi-disciplinary peer-review. These provide invaluable opportunities to challenge ourselves and share learning as the exercise mirrors the CQC domains. A huge well done to our West Middlesex Endoscopy Unit for achieving Gold in their ward accreditation for the fourth year in a row – what a fantastic achievement and testament to the leadership and team for their consistently high quality standards of care. I know you will want to join me in thanking everyone who is involved in these MDT, peer-led reviews which help us identify successes, and areas for improvement, across wards and departments.

COVID-19 has increased the international spotlight on Critical care services in healthcare. A number of our nurses were invited to speak at this year’s global British Association of Critical Care Nurses Conference 2021 to highlight best practice in critical care. These included Rejy Kadaparambathe, Nathasha Dasan, Paul Fernandez, Violet Lobo and Yuri Manzanades who demonstrate huge commitment to our PROUD values including being #determinedtodevelop.

We are delighted to confirm that our wonderful maternity team have been shortlisted for a Royal College of Midwifery (RCM) award in the 'Excellence in Maternity Care During a Global Pandemic' award category. Fingers crossed - we look forward to finding out if they have won when the winners are announced on 27<sup>th</sup> October 2021.

### **West Mids Centenary Event**

On 17<sup>th</sup> September 2021 we marked the end of West Middlesex's 100th year with a barbecue and celebrations for all staff. It was wonderful to see so many colleagues there enjoying the festivities. A special thank you to CW+ for supporting and organizing the event. Social distancing meant that our church service had to be modest in size, we were however delighted that the Council of Governors were represented at this service by Jacquei Scott our Staff Governor representing Nursing and Midwifery who started her career initially at West Middlesex University Hospital in 2001, as a Macmillan Cancer & Palliative Care Clinical Nurse Specialist. . We received a welcome visit from Sir David Sloman, Regional Director for London, to celebrate West Mid's heritage and its exceptional place in the community it serves. We can have confidence in the hospital's future with a significant investment on-site to realise an ambitious estate vision and help meet future demand for our services.

### **'Proud to be' staff stories to celebrate Black History Month**

Black History Month (BHM) began this month with a full range of events covering culture, history, career development and food. Celebrating, recognising and valuing the diversity of our staff and our patients is central to our values and to ensuring that we meet the needs of a diverse workforce and community. Black History Month is a time to reflect on and celebrate the richness and strength of our community and we are encouraging all staff to get involved in our celebrations including stories from colleagues across the Trust of personal identity and heritage under the title 'Proud to be.'

### **Chief People Officer visit**

I was pleased to meet Prerana Issar, Chief People Officer earlier this month and share with her our drive to be an 'Employer of Choice'. Prerana met with colleagues from Human Resources and Organisational Development and from our nursing teams to learn more about our successes in recruitment and retention. She was very interested in the pastoral care offered to our international nurses, apprenticeships, the excellent career pathways for our Health Care Assistants and nurses across the Trust, and our health and wellbeing offer.

### **Ghaida Al-Jaddir**

Ghaida Al-Jaddir, Service Director of Paediatric Surgical Specialty has won the Chairman's Award at this year's Asian Women of Achievement Awards (AWA) which celebrates multi-culturalism in the UK and the contribution of diverse cultures and talents. The citation describes her as 'a dynamo who has reached the pinnacle of British dentistry... seeking to ensure children can access dental and medical care as a right'. She is the first consultant in paediatric dentistry who is female, of Arabic origin, and educated outside the UK. We are delighted for Ghaida and to have her working at the Trust - huge congratulations Ghaida on your recognition.

Congratulations to the latest cohort of nurses who have completed the Foundation in Burns Care Course recently at our Burns Centre in Chelsea. I am proud of what the Burns Unit and team have achieved.

**Lesley Watts**  
Chief Executive Officer





## Council of Governors Meeting, 21 October 2021

<b>AGENDA ITEM NO.</b>	3.3/Oct/21
<b>REPORT NAME</b>	Council of Governors Elections 2021
<b>AUTHOR</b>	Dawn Clift, Interim Director of Corporate Governance and Compliance
<b>LEAD</b>	Dawn Clift, Interim Director of Corporate Governance and Compliance
<b>PURPOSE</b>	The purpose of this report is to provide an update on the progress with the election process for vacant seats on the Council of Governors and to confirm next steps.
<b>REPORT HISTORY</b>	Reference to Elections Process was made in the Interim Chair's report to the public Board in September 2021.
<b>SUMMARY OF REPORT</b>	<p><b>Election Process</b></p> <p>On 10 September 2021 we opened our nominations process for a number of upcoming vacancies on our Council of Governors in relation to the following seats:</p> <p>Patient constituency</p> <ul style="list-style-type: none"><li>• 5 seats</li></ul> <p>Public constituency</p> <ul style="list-style-type: none"><li>• London Borough of Hounslow—2 seats</li><li>• London Borough of Ealing—1 seat</li><li>• London Borough of Wandsworth—1 seat</li><li>• London Borough of Richmond Upon Thames—2 seats</li></ul> <p>Staff constituency</p> <ul style="list-style-type: none"><li>• Nursing and Midwifery staff—1 seat</li></ul> <p>Members registered in these constituencies were given the opportunity to nominate themselves to stand for election. The deadline for nominations was 5pm on Fri 8 Oct 2021.</p> <p><b>Next Steps</b></p> <p>On 29 October 2021 we will publish the 'Notice of Poll' and voting packs will be despatched to members on 1 November 2021 for any contested seats. The poll will close on 24 November 2021 with election results announced by 5pm on 25 November 2021.</p>
<b>KEY RISKS ASSOCIATED</b>	None.
<b>FINANCIAL IMPLICATIONS</b>	None.
<b>QUALITY IMPLICATIONS</b>	None.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None.

<b>LINK TO OBJECTIVES</b>	NA
<b>DECISION/ ACTION</b>	For information.





## Council of Governors Meeting, 21 October 2021

<b>AGENDA ITEM NO.</b>	3.4/Oct/2021
<b>REPORT NAME</b>	Trust Quality & Performance Report – August 2021
<b>AUTHOR</b>	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
<b>LEAD</b>	Lesley Watts, Chief Executive
<b>PURPOSE</b>	To report the combined Trust's performance for Aug 2021 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
<b>SUMMARY OF REPORT</b>	<p>August has continued to see many challenges within the month for the Trust, with continued non-elective pressure as well as challenges presented with Elective recovery.</p> <p>Although non-compliant with a number of metrics in month, the Trust's performance continues to be strong with areas of improvement. When compared to the wider NHS and remains ranked 5<sup>th</sup> on the overall hospital score within Public View, improving from 10<sup>th</sup> position last month.</p> <p><b>A&amp;E Waiting Times</b></p> <p>Performance has reduced from 87.62% in July 2021 to 86.84% in August 2021. If we were reporting the performance would place the Trust in 4<sup>th</sup> position nationally. Pressure continues with high levels of A&amp;E attends and admissions in the month of August 2021.</p> <p><b>18 Weeks RTT</b></p> <p>There has been a slight decline in performance from 76.13% in July 2021 to 74.55% in August 2021. The Trust PTL continues to increase as does the Backlog. Directorates are working hard to manage patients who are waiting in excess of 52 weeks. Capacity, patient choice and Consultant recruitment in specific specialties has caused challenges which are being closely managed.</p> <p><b>62 Days GP Referral to First Treatment</b></p> <p>62 day performance is non-compliant, but has increased to 82.08% in August 2021. This is driven by patient delay to diagnostics and pressured pathways seeing a significant increase in GP suspected cancer referrals.</p> <p><b>RTT Incomplete 52 weeks Patients at month end</b></p> <p>The number of incomplete, over 52 week's patients at month end has seen a decline from 481 at the end of July, to 436 at the end of August. While the trust is behind on its trajectory work continues to manage the long waiting patients with plans in place across the divisions.</p> <p><b>Diagnostics waiting time</b></p> <p>Performance for the month of Aug has seen an improvement from 97.04% in July to 97.76% in August. This is despite pressures on staffing from sickness and leave.</p> <p>With the improvement since last month, we are now within approximately 1% of compliance at 97.76%;</p> <ul style="list-style-type: none"><li>Imaging remains DM01 compliant at 99.9% and has done since January 2021. However, we will commence mutual aid support for THH soon so this is likely to deteriorate going forward.</li></ul>

	<ul style="list-style-type: none"> <li>• Audiology has maintained compliance since December 2020.</li> <li>• Physiology position has reduced by 2% to 95% compliance.</li> <li>• Endoscopy position has deteriorated by 2% to 96% driven largely by tip-ins from paediatrics and a handful of breaches due to difficulty accessing GA support with demands for the resource elsewhere.</li> <li>• UDS/Cystoscopy position has improved significantly by 22% to 80% supported by additional capacity being made available. Remaining breaches have been due to on-going recovery from post-Covid backlogs.</li> </ul>
<b>KEY RISKS ASSOCIATED:</b>	There are significant risks to the achievement of all of the main performance indicators, including A&E, RTT, Cancer & Diagnostics. The BAF risk associated with performance was increased last month through this Committee to reflect this matter.
<b>QUALITY IMPLICATIONS</b>	As outlined above.
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	None
<b>LINK TO OBJECTIVES</b>	<p>Improve patient safety and clinical effectiveness</p> <p>Improve the patient experience</p>
<b>DECISION / ACTION</b>	The Council of Governors is asked to note the current status of quality and performance and confirm they are assured by mitigating actions to aid recovery.



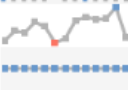
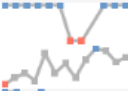
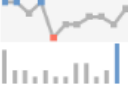

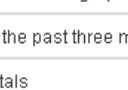


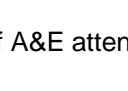



# TRUST PERFORMANCE & QUALITY REPORT

## August 2021



## NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022 Q2	2021-2022	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	89.67%	87.65%	85.10%	89.02%	88.61%	87.59%	88.14%	89.28%	89.07%	87.62%	86.84%	87.25%	89.16%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	78.43%	76.98%	75.60%	76.63%	75.58%	74.89%	73.05%	73.93%	77.26%	76.13%	74.55%	75.32%	75.51%	
Cancer (Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Aug-21) in this report)	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	94.88%	88.95%	93.48%	93.72%	95.38%	91.66%	97.86%	95.83%	95.15%	90.57%	96.09%	90.57%	94.93%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	98.23%	98.96%	98.57%	98.85%	98.23%	98.96%	98.57%	98.96%	98.85%	
	31 days diagnosis to first treatment (Target: >96%)	94.64%	100%	83.02%	97.89%	97.40%	98.63%	97.47%	96.54%	96.24%	99.17%	91.67%	99.17%	97.11%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	100%	n/a	100%	100%	100%	n/a	100%	100%	100%	n/a	100%	100%	
	62 days GP referral to first treatment (Target: >85%)	89.66%	76.92%	75.00%	85.58%	83.91%	80.58%	86.67%	81.95%	86.21%	79.35%	82.08%	79.35%	83.33%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	0	2	5	0	2	4	10	1	2	6	8	15	
Learning Difficulties	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
Please note the following three items		n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.												
			RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators  Either Site or Trust overall performance red in each of the past three months												
			Note that all Cancer indicators show interim, unvalidated positions for the latest month (Aug-21) and are not included in quarterly or yearly totals												

### A&E Waiting Times

Performance has reduced from 87.62% in July 2021 to 86.84% in August 2021. This performance would place the Trust in 4<sup>th</sup> position nationally. Pressure continues with high levels of A&E attends and admissions in the month of August 2021.

### 18 Weeks RTT

There has been a slight decline in performance from 76.13% in July 2021 to 74.55% in August 2021. The Trust PTL continues to increase as does the Backlog. Directorates are working hard to manage patients who are waiting in excess of 52 weeks. Capacity, patient choice and Consultant recruitment in specific specialties has caused challenges which are being closely managed.

### 62 Days GP Referral to First Treatment

62 day performance is non-compliant, but has increased to 82.08% in August 2021. This is driven by patient delay to diagnostics and pressured pathways seeing a significant increase in GP suspected cancer referrals.

### 31 Days Diagnosis to First Treatment

31 day performance is non-compliant at 91.67%. This is driven by the skin pathway which has seen a significant increase in GP suspected cancer referrals.

### 62 Days NHS Screening Service Referral to First Treatment.

62 day NHS screening performance is currently non-compliant at 85.71%. This performance is comprised of seven compliant pathways, and one patient breach on the Breast pathway.

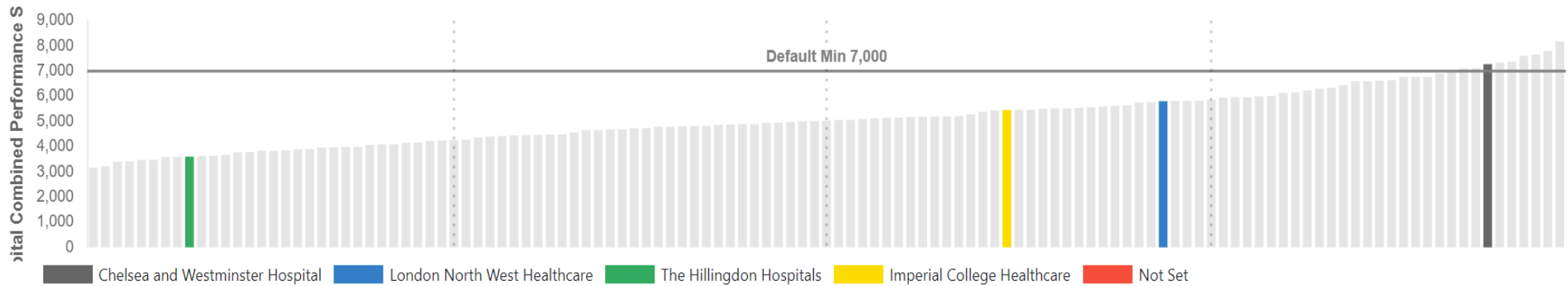
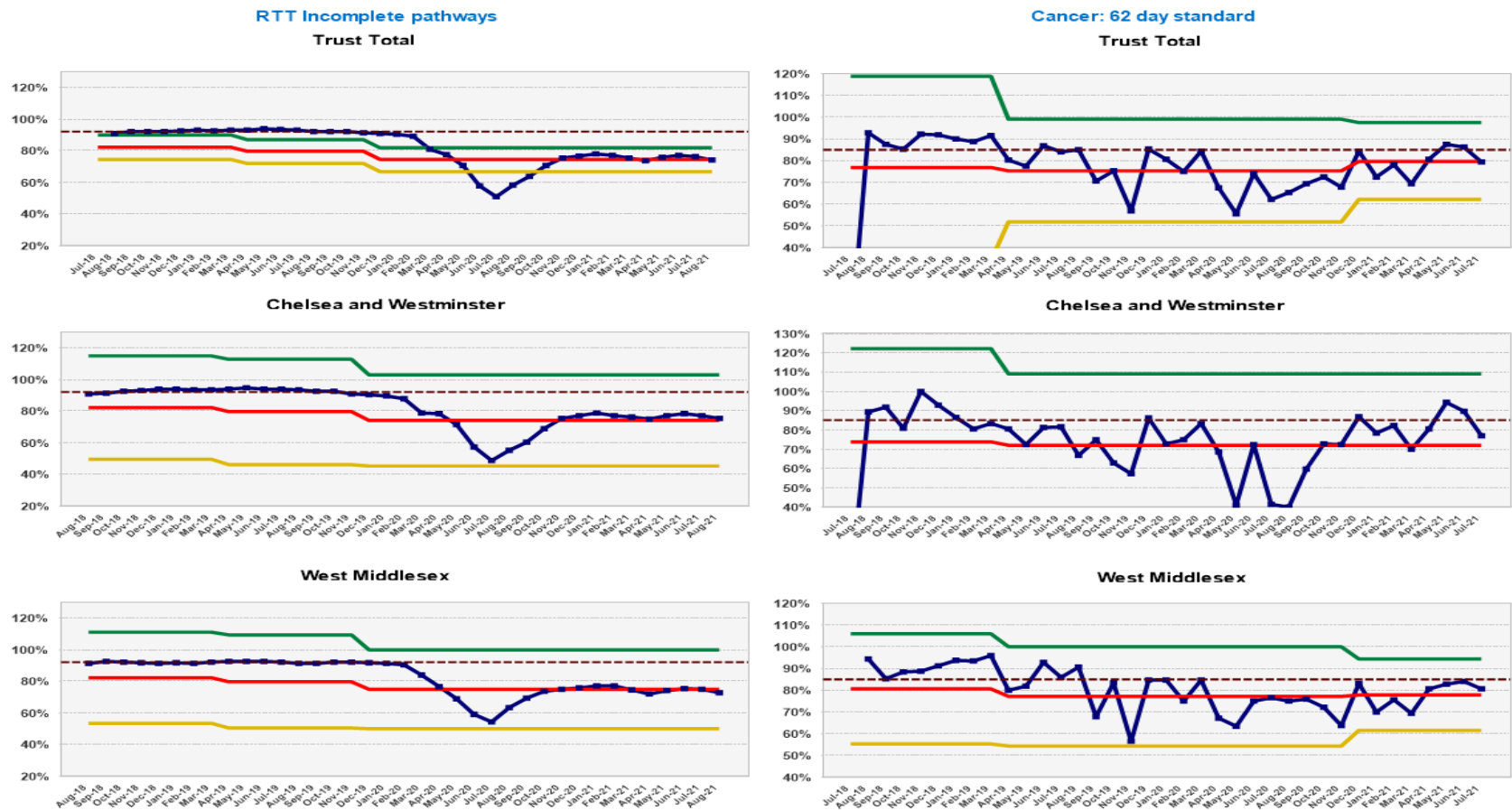
### CDiff

There were two incidents reported at CW and 4 at WMHU for the month of August 2021.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 37 months Jun 2018 to Aug 2021

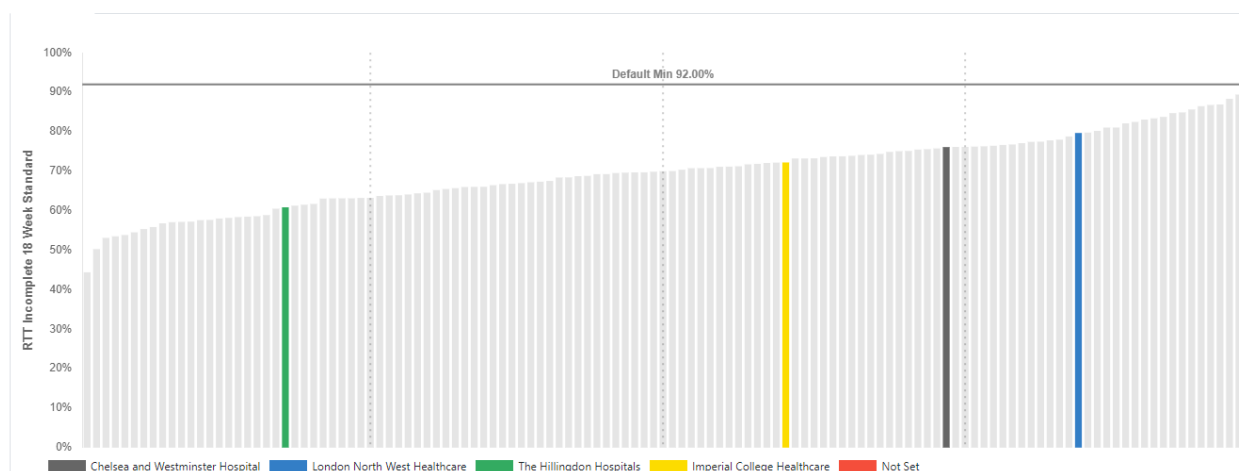


**Hospital Combines Performance Score**

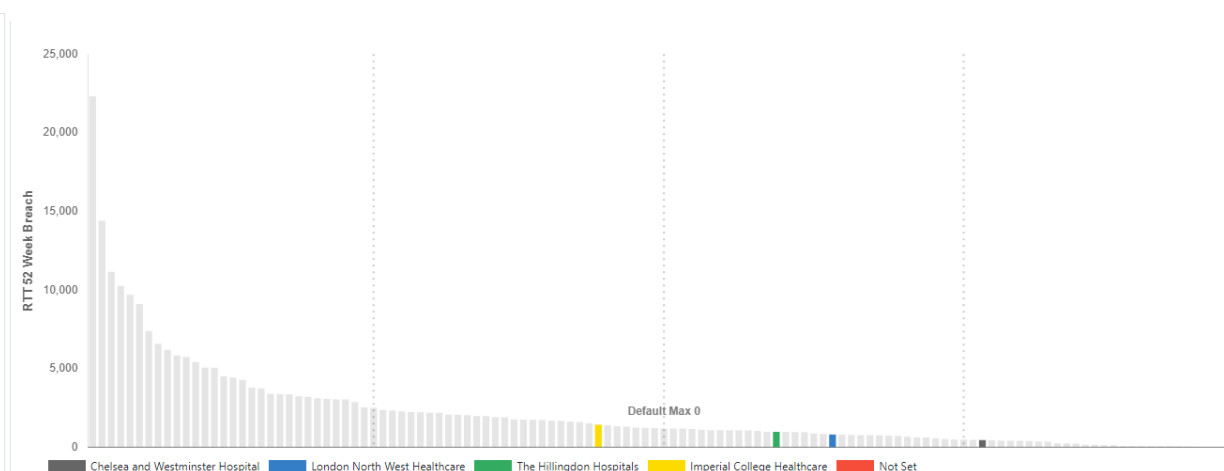
For the month of August 2021 the Trust is ranked in 7<sup>th</sup> position improving from 10<sup>th</sup> position last month. This positions the Trust as one of the best performing Trusts in the country.



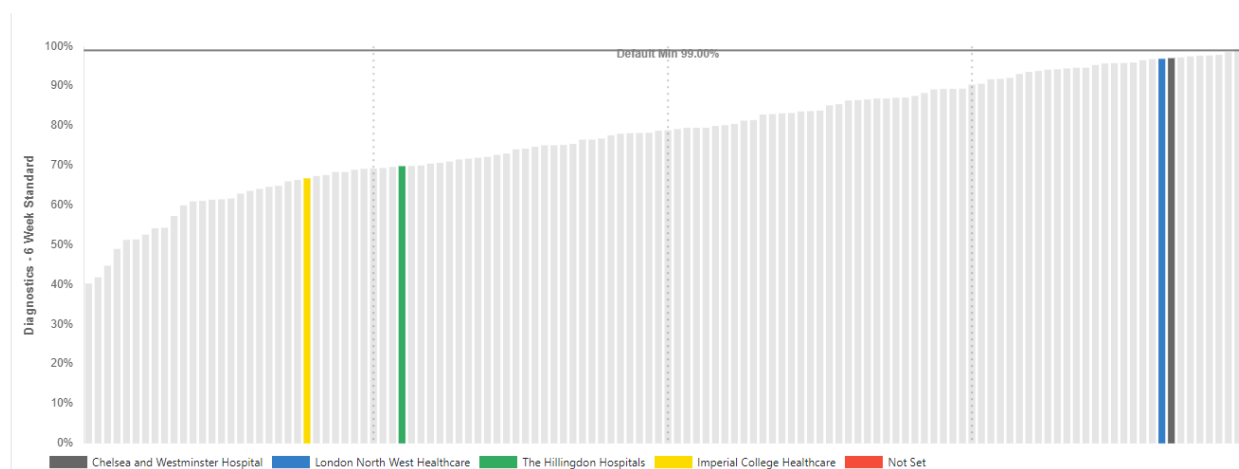
The below reports a one month retrospective and are representative of July 2021



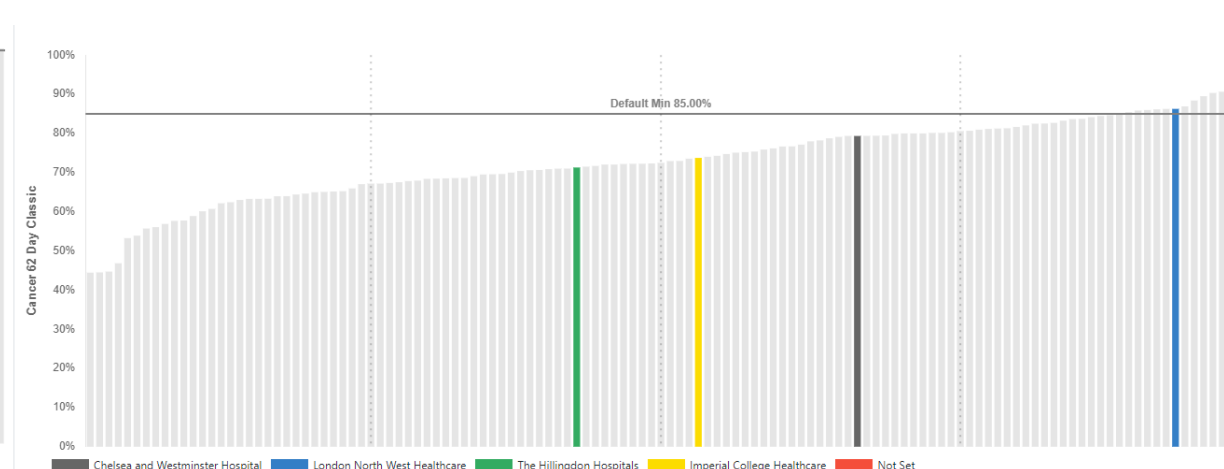
**RTT 18 Week Standard:** The chart above shows the relative ranking against the RTT 18 Week Standard. The Trust is currently ranked 32<sup>nd</sup> of 123 Trusts nationally which is a decline in position from 26<sup>th</sup> position in June. The chart also demonstrates the position across the ICS.



**RTT 52 Week Breaches:** The chart above shows the relative ranking against the RTT 52ww standard. The Trust is currently ranked 28<sup>th</sup> of 123 Trusts nationally. This is an improved position from 33<sup>rd</sup> position in June. The chart also demonstrates the position across the ICS.



**6 Week Diagnostic Standard:** The chart above shows the relative ranking against the 6 Week Diagnostic Standard. The Trust is currently ranked 9<sup>th</sup> out of 123 which is an improvement from 16<sup>th</sup> position in June. The chart also demonstrates the position across the ICS



**62 Day Cancer Standard:** The chart above shows the relative ranking against the 62 Day Cancer Standard. The Trust is currently ranked 41<sup>st</sup> of 123 Trusts nationally. This is from 11<sup>th</sup> position last month. The chart also demonstrates the position across the ICS.



## Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022 Q2	2021-2022	Trend charts
Hospital-acquired Infections	MRSA Bacteraemia (Target: 0)	1	0	0	1	0	0	0	1	1	0	0	0	2	
	Hand hygiene compliance (Target: >90%)	88.0%	91.4%	90.8%	90.5%	90.0%	91.1%	97.3%	90.0%	88.8%	91.2%	93.5%	92.4%	90.3%	
Incidents	Number of serious incidents	4	2	1	16	2	4	2	15	6	6	3	9	31	
	Incident reporting rate per 100 admissions (Target: >8.5)	8.6	8.5	8.0	8.5	10.4	10.1	9.4	10.0	9.5	9.3	8.7	9.0	9.3	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.03	0.02	0.02	0.02	0.00	0.00	0.00	0.01	0.02	0.01	0.01	0.01	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.84	5.56	2.84	4.81	5.28	3.28	3.48	3.85	5.56	4.37	3.16	3.75	4.32	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	1.5%	0.0%	2.9%	1.1%	0.0%	0.0%	0.0%	0.4%	0.8%	0.0%	1.3%	0.6%	0.8%	
Harm	Never Events (Target: 0)	0	1	0	1	0	0	0	0	0	1	0	1	1	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	1	2	0	0	1	1	2	
	Safeguarding adults - number of referrals	18	19	25	99	32	32	39	197	50	51	64	115	296	
	Safeguarding children - number of referrals	24	22	15	139	156	97	83	619	180	119	98	217	758	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.76	0.76	0.71	0.71	0.76	0.76	0.71	0.71	0.76	0.76	0.71	0.73	0.71	
	Number of hospital deaths - Adult	31	32	40	155	41	55	57	255	72	87	97	184	410	
	Number of hospital deaths - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of hospital deaths - Neonatal	0	0	0	0	0	0	2	3	0	0	2	2	3	
	Number of deaths in A&E - Adult	0	0	0	0	3	1	2	11	3	1	2	3	11	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	

Please note the following

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An empty cell denotes those indicators currently under development

!

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

### Medication-related safety incidents

A total of 95 medication-related incidents were reported in August 2021. CW site reported 44 incidents, WM site reported 49 incidents and there were 2 incidents reported in community. The number of incidents reported in August has decreased across the Trust since July.

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

The Trust position of medication-related incidents involving patients (NRLS reportable) for August 2021 was 3.16 per 1,000 FCE bed days which is below the Trust target of 4.2 per 1,000 FCE bed days. This will be discussed and reviewed by the Medication Safety Group, with continued monthly monitoring of incident reporting trends.




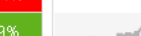








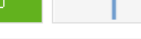
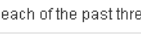

### Medication-related (NRLS reportable) safety incidents % with harm

The Trust had 1.3% of medication-related safety incidents with moderate harm and above in August 2021, which is within the Trust target of ≤2%.





## Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022 Q2	2021-2022	Trend charts	
Complaints	FFT: Inpatient satisfaction % (Target: >90%)	93.2%	97.8%	94.9%	94.8%	94.1%	97.3%	97.0%	94.7%	93.7%	97.5%	96.2%	96.8%	94.7%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	3.8%	0.8%	1.9%	2.6%	2.6%	1.3%	0.3%	2.4%	3.1%	1.1%	0.9%	1.0%	2.5%		-
	FFT: Inpatient response rate (Target: >30%)	48.7%	100.0%	100.0%	57.8%	66.4%	100.0%	100.0%	73.3%	57.7%	100.0%	100.0%	100.0%	65.9%		-
	FFT: A&E satisfaction % (Target: >90%)	82.7%	70.8%	87.5%	85.0%	84.5%	90.0%	70.8%	86.2%	83.3%	86.3%	75.0%	84.0%	85.4%		!
	FFT: A&E not satisfaction % (Target: <10%)	10.6%	20.8%	12.5%	9.0%	10.6%	8.0%	12.5%	8.6%	10.6%	10.5%	12.5%	10.9%	8.9%		!
	FFT: A&E response rate (Target: >30%)	20.0%	100.0%	100.0%	21.2%	24.6%	100.0%	100.0%	26.1%	21.3%	100.0%	100.0%	100.0%	22.6%		-
	FFT: Maternity satisfaction % (Target: >90%)	86.0%	55.6%	81.0%	86.2%	100.0%	100.0%	85.7%	95.2%	86.8%	63.6%	82.1%	74.0%	86.8%		!
	FFT: Maternity not satisfaction % (Target: <10%)	11.9%	33.3%	9.5%	10.2%	0.0%	0.0%	0.0%	2.4%	11.2%	27.3%	7.1%	16.0%	9.7%		-
	FFT: Maternity response rate (Target: >30%)	26.6%	100.0%	100.0%	27.0%	100.0%	100.0%	100.0%	42.9%	27.8%	100.0%	100.0%	100.0%	27.7%		-
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints (informal) through PALS	91	111	83	393	40	45	23	158	131	156	106	262	551		-
	Complaints formal: Number of complaints received	21	27	33	112	11	13	8	69	32	40	41	81	181		-
	Complaints formal: Number responded to < 25 days	12	17	11	60	7	9	2	32	19	26	13	39	92		-
	Complaints sent through to the Ombudsman	0	0	0	0	1	0	0	1	1	0	0	0	1		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Please note the following		blank cell	An empty cell denotes those indicators currently under development							!	Either Site or Trust overall performance red in each of the past three months					
Regarding Friends and Family Tests:		These metrics are currently suspended and will be re-instated if this report when brought back on line														

\*Due to the data issues, this data only includes online survey results from July.

### Friends and family test

There has been an issue sending text message surveys in July and August. The 100% response rates reported are incorrect. The analysts are aware and are remedying the issue. As the text message surveys have not been sent just paper and tablet computers surveys have been collected. This also partly explains the difference in satisfaction rates. The appropriate divisional leads are aware.

### PALS & Complaints

The number of complaints received and investigated has increased from 39 to 41 in August 2021. Our performance with responding to complaints within the 25 day KPI (95%) fell below the target at 90%. The number of PALS concerns logged and resolved during August has decreased to 103 (152 previous month) and our performance with responding to the 5-day KPI (90%) during August was 85% - still slightly below the target, due to difficulties in contacting key staff and complexity of issues presented. We aim to resolve as many concerns instantly and for August 2021 this was 60% (189) of the concerns received for that month. We have two open complaints for investigation with the PHSO - one each for CSS and EIC Division. We received the outcome of one complaint for WCH Division – not upheld.





## Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Jun-21	Jul-21	Aug-21	2021- 2022	Jun-21	Jul-21	Aug-21	2021- 2022	Jun-21	Jul-21	Aug-21	2021- 2022 Q2	2021- 2022	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.26	2.21	1.82	2.34	3.04	1.76	2.18	2.06	2.43	2.10	1.91	2.01	2.28		-
	Average length of stay - non-elective (Target: <3.95)	3.24	3.11	3.73	3.41	2.65	2.86	3.12	2.93	2.91	2.97	3.39	3.17	3.14		-
	Emergency care pathway - average LoS (Target: <4.5)	3.37	3.34	3.90	3.51	2.97	3.18	3.51	3.27	3.12	3.24	3.66	3.44	3.36		-
	Emergency care pathway - discharges	250	264	240	1242	410	414	373	1994	660	679	614	1293	3236		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	6.37%	6.51%	6.78%	6.39%	11.17%	10.38%	10.11%	10.39%	8.78%	8.44%	8.45%	8.45%	8.40%		!
	Non-elective long-stayers	400	384	316	1778	331	385	346	1703	731	769	662	1431	3481		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	84.0%	83.4%	82.7%	80.5%	83.9%	80.0%	89.1%	86.9%	84.0%	82.6%	84.7%	83.5%	82.5%		!
	Operations canc on the day for non-clinical reasons: actuals	1	0	0	1	0	0	0	2	1	0	0	0	3		-
	Operations cancel on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.04%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.03%	0.02%	0.00%	0.00%	0.00%	0.02%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	0	0	1	0	0	0	2	1	0	0	0	3		-
	Theatre Utilisation (Target >85%)	65.6%	66.4%	64.3%	66.7%	74.2%	71.7%	71.8%	72.4%	68.1%	68.1%	66.7%	67.4%	68.5%		!
Outpatients	First to follow-up ratio (Target: <1.5)	2.40	2.45	2.48	2.49	1.96	1.78	1.82	1.89	2.20	2.13	2.16	2.15	2.21		!
	Average wait to first outpatient attendance (Target: <6 wks)	8.6	9.0	9.5	9.1	12.2	11.9	11.1	11.1	10.2	10.4	10.3	10.4	10.1		!
	DNA rate: first appointment	9.7%	10.5%	10.3%	9.7%	8.7%	8.6%	8.5%	8.7%	9.3%	9.6%	9.5%	9.5%	9.2%		-
	DNA rate: follow-up appointment	8.8%	9.8%	9.7%	8.8%	7.9%	7.8%	6.9%	7.5%	8.5%	9.1%	8.6%	8.8%	8.3%		-
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					

### Emergency Readmissions within 30 days of discharge.

Performance against this indicator has remained stable for the last three months. August performance has declined from 8.44% to 8.45%.

### Daycase rate

Performance has improved towards the target of 85% with 84.7% for the month of August 2021

### Theatre Utilisation

This has remained stable for the last three months however remains below target for the month on August 2021 at 66.7%

### Outpatients

First to Follow-up ratio has increased to 2.16. The average wait to first OPA is 10.3 weeks for the month of August 2021 against the <6 week target.



## Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022 Q2	2021-2022	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	95.6%	92.7%	83.6%	92.4%	93.6%	96.9%	92.0%	95.4%	94.4%	95.4%	88.7%	92.0%	94.2%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	84.6%	93.3%	80.0%	88.9%	90.9%	85.7%	92.3%	85.7%	87.5%	88.9%	88.9%	88.9%	87.0%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	94.4%	100.0%	100.0%	95.5%	100.0%	89.5%	86.7%	94.9%	97.6%	93.5%	93.3%	93.4%	95.2%	
VTE	VTE: Hospital acquired	0	0	0	0	0	0	0	1	0	0	0	0	1	
	VTE risk assessment (Target: >95%)	90.5%	89.1%	89.1%	90.0%	96.4%	96.0%	95.9%	95.8%	93.7%	92.9%	92.8%	92.8%	93.1%	
TB Care	TB: Number of active cases identified and notified	5	3	3	16	7	11	2	28	12	14	5	19	44	
Sepsis	ED % of patients with high NEWS score screened for Sepsis	87.8%	92.5%	92.3%	91.5%	95.6%	85.4%	85.4%	88.8%	91.9%	89.4%	89.4%	89.4%	90.3%	
	ED % of patients at risk of developing sepsis receiving antibiotics	78.8%	58.0%	59.3%	65.4%	79.1%	84.2%	79.4%	83.8%	79.0%	73.0%	69.2%	71.2%	76.1%	
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	49.4%	31.6%	27.3%	33.8%	58.1%	56.0%	53.4%	59.2%	55.3%	45.6%	40.2%	43.0%	48.5%	
	AAU/AMU % of patients with high NEWS score screened for Sepsis	88.6%	84.5%	73.0%	83.7%	94.3%	95.3%	94.1%	93.4%	91.1%	90.0%	83.1%	86.3%	88.1%	
	AAU/AMU % of patients at risk of developing sepsis receiving antibiotics	87.5%	89.2%	91.2%	91.9%	95.8%	97.5%	96.5%	95.7%	93.2%	94.9%	94.7%	94.8%	94.3%	
Improving outcomes for Inpatient diabetes patients	Inpatient Wards % of patients with high NEWS score screened for Sepsis	86.3%	89.9%	79.7%	85.0%	93.8%	94.2%	93.3%	91.8%	90.0%	92.0%	86.2%	89.1%	88.3%	
	% of patients identified and triaged as having diabetes														
	Number of inpatient nurses/HcAs that have received 10-point training	5	1	0	20	9	5	0	14	14	6	0	6	34	
Improving clinical handover	Length of stay for elective (surgical specialties only) patients with recorded diabetes	3.2	3.8	4.4	3.4	6.3	3.6	2.9	3.7	5.1	3.7	3.9	3.8	3.5	
	% staff trained on the principles of safe and effective handover (Target >=50%)														
	% utilisation of handover tool within Cerner (Target >=70%)														
These indicators are currently unavailable - awaiting services to provide data															
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

### Dementia Screening Case Finding

WMUH achieved monthly target for the month of August 2021 with a performance of 92%. CW site achieved a performance of 83.6% - this has been due to challenges in staffing with recruitment taking place to fill vacancies.

### #NoF Time to Theatre

CW Site August 2021 NOFF data update: 100% of medically fit patients achieved theatre within 36 hours. For WHUH, 24 out of 26 medically fit patients on admission had surgery within 36 hours > 93%

2 out of the 26 patients had surgery after 36 hours > 7%. Patient 1 surgery at 42 hours because of exposure to COVID positive and Patient 2 had surgery at 39 hours as there was no Sunday trauma list.

### VTE Risk Assessments

There were no cases of Hospital Acquired VTE for the month of August. This has been consistent for the last three months. VTE Assessment completion remains below the 95% target for the month of August at 92.8%.



## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022 Q2	2021-2022	Trend charts
RTT waits	RTT Incomplete 52 week Patients at month end	381	322	244	1962	235	159	192	1254	616	481	436	917	3216	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	96.37%	96.94%	96.46%	95.75%	97.01%	97.11%	98.77%	96.82%	96.73%	97.04%	97.76%	97.37%	96.36%	
	Diagnostic waiting times >6 weeks: breach actuals	117	94	102	658	124	129	45	641	241	223	147	370	1299	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	8.2%	9.4%	8.9%	8.6%	8.3%	8.6%	8.0%	8.1%	8.3%	9.2%	8.6%	8.9%	8.4%	
	A&E time to treatment - Median (Target: <60')	00:29	00:28	00:29	00:28	00:57	01:05	01:05	01:01	00:41	00:47	00:51	00:49	00:44	
	London Ambulance Service - patient handover 30' breaches	0	119	16	141	122	119	66	407	122	238	82	320	548	
	London Ambulance Service - patient handover 60' breaches	0	3	2	5	1	3	8	12	1	6	10	16	17	
Please note the following		blank cell	An empty cell denotes those indicators currently under development							Either Site or Trust overall performance red in each of the past three months					

### RTT Incomplete 52 weeks Patients at month end

The number of incomplete, over 52 weeks patients at month end has seen another month of decline from 481 at the end of July, to 436 at the end of August. While the trust is behind on its trajectory, much work continues to manage capacity and demand within the divisions with intentional plans in place to mitigate an increase in this.

### Diagnostics waiting time

Performance for the month of Aug has seen an improvement from 97.04% in July to 97.76% in August. This is despite pressures on staffing from sickness and leave.

With the improvement since last month, we are now within approximately 1% of compliance at 97.76%;

- Imaging remains DM01 compliant at 99.9% and has done since January 2021. However, we will commence mutual aid support for THH soon so this is likely to deteriorate going forward.
- Audiology has maintained compliance since December 2020.
- Physiology position has reduced by 2% to 95% compliance.
- Endoscopy position has deteriorated by 2% to 96% driven largely by tip-ins from paediatrics and a handful of breaches due to difficulty accessing GA support with demands for the resource elsewhere.
- UDS/Cystoscopy position has improved significantly by 22% to 80% supported by additional capacity being made available. Remaining breaches have been due to on-going recovery from post-Covid backlogs.

### A&E Unplanned re-attendance

There has been a reduction in the percentage of unplanned re-attendance from 9.2% in July to 8.6% in August.

### LAS – Patient Handover 60' breaches

There were 10 breaches for patient handovers within 60mins for the month of August 2021.



August 2021

### RTT Positions Dashboard

		Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
Domain	Indicator	Jun-21	Jul-21	Aug-21	Jun-21	Jul-21	Aug-21	Jun-21	Jul-21	Aug-21
RTT waiting list positions	Total RTT waiting list	24490	25110	26338	17149	17264	18447	41639	42374	44785
	Total Non-Admitted waiting list	20129	21106	22561	14667	15047	16470	34796	36153	39031
	Non-Admitted with a date	7052	10912	13330	6145	9110	11343	13197	20022	24673
	Non-Admitted without a date	13077	10194	9231	8522	5937	5127	21599	16131	14358
	Total Admitted waiting list	4361	4004	3777	2482	2217	1977	6843	6221	5754
	Admitted with a date	585	781	914	496	647	737	1081	1428	1651
	Admitted without a date	3776	3223	2863	1986	1570	1240	5762	4793	4103
	Patients waiting >78 weeks	48	45	64	73	43	61	121	88	125
	Patients waiting >104 weeks	1	0	2	0	2	2	0	2	2

### RTT 52 week waiters Specialty Dashboard

		Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
Local Specialty		Jun-21	Jul-21	Aug-21	Jun-21	Jul-21	Aug-21	Jun-21	Jul-21	Aug-21
<b>Total</b>		<b>382</b>	<b>321</b>	<b>244</b>	<b>235</b>	<b>160</b>	<b>192</b>	<b>617</b>	<b>481</b>	<b>436</b>
Burns Care		1						1		
Colorectal Surgery		3	5	3	1	4	10	4	9	13
Community Paediatrics			1						1	
ENT					4	1	11	4	1	11
General Surgery		31	35	28	22	21	28	53	56	56
HIV - Gastroenterology		1						1		
Maxillo-Facial Surgery		2	2	1				2	2	1
Ophthalmology		14	9	10				14	9	10
Oral Surgery					15	11	10	15	11	10
Paediatric Cardiology		1	1					1	1	
Paediatric Clinical Immunology		17	11	8				17	11	8
Paediatric Dentistry		117	97	53				117	97	53
Paediatric Dermatology				1						1
Paediatric Ear Nose and Throat		25	25	16	16	1		41	26	16
Paediatric Gastroenterology		1						1		
Paediatric Maxillo-Facial Surg		10	7	6	1			11	7	6
Paediatric Neurology				1						1
Paediatric Plastic Surgery		13	13	12				13	13	12
Paediatric Surgery		21	16	9	13	6	7	34	22	16
Paediatric Trauma and Orthopae					1	1	1	1	1	1
Paediatric Urology		8	6	4	3	1		11	7	4
Paediatrics			3	2	3	2	3	3	5	5
Pain Management			1						1	
Plastic Surgery		51	34	35	25	30	33	76	64	68
Podiatric Surgery					3	3	1	3	3	1
Podiatry					8	5	3	8	5	3
Trauma & Orthopaedics		46	32	26	45	20	17	91	52	43
Urology		12	14	15	31	6	6	43	20	21
Vascular Surgery		8	9	14	44	48	62	52	57	76



## Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022	Jun-21	Jul-21	Aug-21	2021-2022 Q2	2021-2022	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:27	1:27	1:27	1:27	1:28	1:28	1:28	1:28	1:27.5	1:27.5	1:27.5	1:27.50	1:27.5	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:77	1:77	1:77	1:77	1:98	1:98	1:98	1:98	1:87.5	1:87.5	1:87.5	1:87.50	1:87.50	-
Birth indicators	Total number of NHS births	486	507	474	2384	409	428	435	2010	895	935	909	1844	4394	-
	Total number of bookings	584	555	505	2822	358	447	403	2147	942	1002	908	1910	4969	-
	Maternity 1:1 care in established labour (Target: >95%)	99.1%	97.3%	97.7%	98.1%	97.4%	94.9%	97.4%	96.7%	98.3%	96.1%	97.5%	96.8%	97.4%	-
Safety	Admissions >37/40 to NICU/SCBU	16	16	10	77	n/a	n/a	n/a	n/a	16	16	10	26	77	-
	Number of reported Serious Incidents	1	0	0	3	2	2	2	8	3	2	2	4	11	-
	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	6.9%	6.6%	7.2%	7.2%	5.3%	6.2%	5.9%	6.0%	6.2%	6.4%	6.6%	6.5%	6.7%	-
	Number of stillbirths	1	1	0	6	0	2	1	7	1	3	1	4	13	-
	Number of Infant deaths	2	0	3	7	0	0	2	3	2	0	5	5	10	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	0.0%	0.0%	0.0%	17.0%	0.0%	0.0%	0.0%	9.5%	n/a	n/a	n/a	0.0%	13.3%	-
	Spontaneous unassisted vaginal births	29.6%	30.9%	25.1%	29.1%	38.1%	36.0%	37.8%	36.3%	33.5%	33.3%	31.2%	32.3%	32.4%	-
	Vaginal Births - spontaneous & induced	59.7%	58.6%	60.0%	60.5%	62.9%	63.3%	66.5%	63.8%	61.1%	60.8%	63.1%	61.9%	62.0%	-
	Instrumental deliveries	13.2%	14.5%	14.8%	14.5%	10.3%	12.6%	14.3%	12.5%	11.9%	13.6%	14.6%	14.1%	13.6%	-
	Pre-labour elective caesarean sections	77	81	82	374	56	46	55	249	133	127	137	264	623	-
	Emergency caesarean sections in labour	61	58	54	280	60	66	61	303	121	124	115	239	583	-

Please note the following

blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months
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The above dashboard metrics covers: workforce, birth indicators, safety and clinical outcomes.

### Workforce

The current midwifery ratios on each site are 1:27 at Chelsea and 1:28 at West Middlesex. We have now received the outcome of a recently commissioned birth rate plus analysis of the midwifery workforce and the recommended ratios are 1:24.9 Chelsea and 1:21.7 West Middlesex. The metric for hours dedicated consultant presence is achieved at West Middlesex is 98hrs but this has been achieved successfully with locum cover. At the Chelsea site it is currently 88 hours. We have received funding from the Trust and the maternity investment fund to increase the consultant presence on the labour ward at both sites and in the process of appointing. These jobs will also support expansion of our obstetric medicine service in keeping with the recommendations of Ockenden and increase the obstetric continuity of care antenatally for women with complex pregnancies in line with the midwifery CoC model and strengthen MDT working together to deliver high quality women centred care.

### Birth indicators

Our attrition rate has been fluctuating widely due to the pandemic. For August we planned 487 births and were just behind plan. We transferred 9 women to the West Mid site for planned CS birth and our West Mid site was above plan (394) at 430 births.

### Safety

Our safety outcomes remain stable and we are currently auditing our preterm births and launching the BAPM toolkit for optimisation of the preterm baby. We are not an outlier for stillbirth or infant deaths across the sector. All of our SI reports now have exec oversight before final sign off to ensure that there are SMART action plans and the SIs and the 72 hr reports are discussed regionally. We monitor our stillbirth and HIE rates locally via our MQAS teams and regionally via the safer care workstream of the LMNS.

### Avoidable term admissions to NICU

Westmid site: we now have one year of data for 2020-2021 and we have seen an overall decline in admissions compared to 2019/20 (4.2%) There were 182 (3.7%) babies admitted to NICU >37 weeks of these 18 (10%) admissions were potentially avoidable. The main reason for admission is respiratory (42%) but we have seen a decline compared to 2019/20 (64%). Other causes are jaundice and hypoglycaemia. 20% of babies were admitted from home. Learning themes were identified and action plan developed for example assessing the need among term babies for SCBU care and identify if care can be provided on the ward safely. On the Chelsea site the themes are around hypoglycaemia and recognition of risk factors for sepsis antenatally and intrapartum. 11% of the admissions to NICU on both sites are due to hypoglycaemia and a key action is to increase compliance in the postnatal ward with documentation of feeding, commencing a feeding plan for babies with low blood glucose levels and keeping babies warm.

### Outcomes

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



## 62 day Cancer referrals by tumour Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
		Jun-21	Jul-21	Aug-21	2021-2022	YTD breac...	Jun-21	Jul-21	Aug-21	2021-2022	YTD breac...	Jun-21	Jul-21	Aug-21	2021-2022 Q2	2021-2022	YTD breac...	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	88.0%	100%	95.7%	2	100%	88.0%	100%	88.0%	95.7%	2	-
	Colorectal / Lower GI	90.9%	84.6%	76.5%	85.7%	5.5	70.0%	70.6%	20.0%	73.3%	8	81.0%	76.7%	63.6%	76.7%	79.8%	13.5	!
	Gynaecological	100%	57.1%	50.0%	76.9%	2.5	100%	66.7%	100%	80.0%	1.5	100%	61.5%	60.0%	61.5%	78.6%	4	-
	Haematological	100%	0.0%	n/a	75.0%	1	100%	100%	100%	88.2%	1	100%	75.0%	100%	75.0%	84.0%	2	-
	Head and neck	100%	n/a	n/a	100%	0	n/a	33.3%	100%	60.0%	1	100%	33.3%	100%	33.3%	81.8%	1	-
	Lung	50.0%	0.0%	100%	72.7%	1.5	100%	100%	100%	80.0%	1	75.0%	66.7%	100%	66.7%	76.2%	2.5	-
	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	100%	88.9%	100%	96.4%	1	63.6%	85.7%	100%	79.5%	4	84.0%	87.5%	100%	87.5%	89.5%	5	-
	Upper gastrointestinal	100%	100%	0.0%	100%	0.5	100%	n/a	100%	71.4%	2	100%	100%	75.0%	100%	85.2%	2.5	-
	Urological	77.8%	92.9%	58.3%	78.6%	11	81.0%	74.3%	76.2%	73.5%	18.5	80.0%	79.6%	69.7%	79.6%	75.3%	29.5	!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0	-
	Site not stated	n/a	n/a	n/a	n/a		100%	100%	n/a	85.7%	0.5	100%	100%	n/a	100%	85.7%	0.5	-

### 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-21) and are not included in quarterly or yearly totals

### Trust commentary

No commentary available yet

Split by Tumour site the breaches and treatment numbers for July 2021 were as follows:

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			1.5	12.5
Gynaecology	1.5	3.5	1	3
Haematology	1	1	0	3
Head and Neck	1	1.5	0	0
Colorectal	1	6.5	1.5	8.5
Lung	0.5	0.5	0	1
Other			0	0.5
Skin	0.5	4.5	0.5	3.5
Upper GI			0	2
Urology		1.5	1	0
Brain	0.5	7	4.5	17.5
Total:	6	26	10	51.5





# Safe Staffing & Patient Quality Indicator Report – Chelsea Site

August 2021

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	99%	87%	94%	103%	7.8	3	10.8	14.8		8.8%	10.4%	16.5%		2					2	2	79.40%
Annie Zunz	151%	87%	100%	111%	8.6	3.2	11.9	9.4		-2.9%	0.0%	0.0%	1	3							100.00%
Apollo	100%	-	92%	-	18.2	0	19.3	10.9													
Mercury	1	-	0.98	-	8.2	0	8.2	11		26.5%	25.8%	100.0%									100.00%
Neptune	135%	-	157%	-	19.8	0	19.8	15		29.4%	27.6%	100.0%		2							100.00%
NICU	1.02	-	0.89	-	12.7	0	12.7	26.7		6.5%	14.8%	0.0%									
AAU	99%	64%	103%	86%	7.6	2	9.6	9.4		11.3%	10.1%	64.6%	10	34							82.61%
Nell Gwynne	91%	69%	140%	71%	4.7	3.3	8.4	7.9		13.6%	11.6%	42.7%	4	19							50.00%
David Erskine	105%	77%	123%	114%	6.3	3.9	10.5	8.6		18.7%	38.9%	13.1%									100.00%
Edgar Horne	88%	68%	97%	93%	3	2.3	5.5	6.9		27.9%	0.0%	43.5%	6	38		1		1			88.24%
Lord Wigram	92%	86%	99%	95%	4.8	3	7.9	8.2		12.0%	4.9%	5.2%	4	20							98.51%
St Mary Abbots	96%	84%	93%	99%	4.3	3	7.8	8.3		23.3%	17.2%	0.0%	1	13				1			93.75%
David Evans	74%	58%	89%	88%	7.8	2.4	10.2	8.3		0.4%	9.6%	13.0%	1	8							100.00%
Chelsea Wing	1.16	0.65	0.98	0.84	7.2	4.6	11.7	8.3		29.8%	30.0%	23.2%	2	4							100.00%
Burns Unit	0.81	0.48	1.02	0.97	15	2.4	17.4	N/A		9.9%	15.7%	15.7%	2	6							66.67%
ICU	115%	-	120%	-	29.3	0	29.7	27.7		-8.0%	9.0%	0.0%									
Rainsford Mowlem	72%	47%	75%	68%	4.9	3.3	8.3	7.7		22.5%	21.2%	17.5%	4	24							75.00%



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

August 2021

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-	No Harm & Mild		Moderate & Severe						
											Qualified	Qualified									
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	101%	110%	99%	144%	3	3.5	6.6	7.7		6.92%	0.00%	12.76%	4	13							100.00%
Richmond	36%	-	100%	74%	13.5	0	13.6	7.2		-0.455	0.00%	0.00%		1							100.00%
Syon 1 cardiology	97%	80%	97%	95%	4.2	1.8	6	8.8		13.51%	0.00%	22.22%	2	17							100.00%
Syon 2	109%	87%	111%	89%	3.8	2.6	6.5	8.6		16.13%	18.89%	6.25%	3	22							97.80%
Starlight	94%	-	114%	-	8.7	0	8.7	15		19.38%	22.16%	0.00%									100.00%
Kew	99%	108%	100%	133%	3.1	3.3	6.5	7.9		-4.19%	4.35%	17.54%	9	42							100.00%
Crane	70%	34%	86%	86%	4.5	2.7	7.8	7.7		12.49%	4.05%	5.62%	4	14							96.36%
Osterley 1	93%	82%	97%	100%	3.7	2.5	6.3	7		5.28%	19.21%	6.70%	3	27							94.29%
Osterley 2	101%	80%	98%	118%	3.9	2.3	6.3	7.2		-0.62%	3.62%	8.13%	7	21							94.87%
MAU	116%	139%	121%	139%	6.2	2.6	8.9	9.4		12.88%	14.67%	13.33%	3	26		1		2			97.43%
Maternity	88%	69%	92%	79%	4.1	1.1	5.2	14.8		6.70%	4.96%	4.48%		1							66.70%
Special Care Baby Unit	114%	100%	115%	87%	8.7	0.8	9.4	15		15.09%	0.00%	11.18%									100.00%
Marble Hill 1	124%	88%	103%	169%	4.2	2.6	7.2	6.9		19.73%	16.78%	14.16%	10	38							92.59%
Marble Hill 2	94%	88%	92%	155%	3.2	2.9	6.4	6.8		12.53%	29.70%	7.46%	3	24		1					100.00%
ITU	135%	-	141%	-	28.4	0	29.9	26		-4.68%	2.96%	0.00%				1					100.00%





## Safe Staffing & Patient Quality Indicator Report

August 2021

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

Following requirement that numbers of babies as well mothers are submitted for maternity, the number of WM maternity cots has been based on the number of bed days on the top floor of QMMU. Benchmarking data for CHPPD will be updated once this is updated on Model Hospital. The low HCA fill rate for Maternity at WM was due to extra shifts not being filled which were requested to support patients with lack of partner support.

AAU, David Erskine, SMA and Nell Gwynne had a number of HCAs vacancies which are currently being recruited hence the low fill rate but this did not compromise CHPPD when compared to the national benchmark. David Erskine also saw increased acuity due to Covid thus requiring more RN's at Night.

Nell Gwynne required extra RN shifts at night to care for tracheostomy patients. Low planned and actual HCA rates for Burns Unit was due to low dependency patients throughout August. Chelsea Wing had low HCA day fill rates due to long term sickness and shifts not being filled by bank.

Annie Zunz had high day fill rate for RNs due to the requirement of an extra RN to cover patients admitted through the Surgical Admissions Lounge. On David Evans, staffing was dictated by low acuity and activity with elective list changes, activity and cancellations and substantive staff being redeployed to support other wards when appropriate. Ron Johnson is currently hosted on Rainsford Mowlem therefore staff fill rates are included in Rainsford Mowlem figures, which had low fill rates due to bed closures throughout August. The high fill rate for Neptune was due to the number of CAMHS patients and resulting requirement for 1:1 care.

Burns had low activity throughout August and therefore HCA support was not required. The high fill rate on ITU at WM was due to an increase in numbers of level 3 patients admitted.

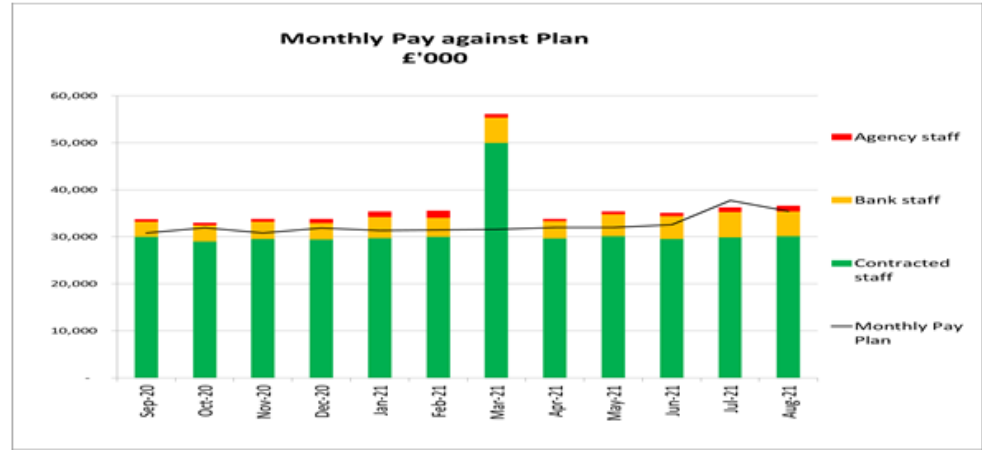
MAU at West Mid requires template change as the correct staffing was in place for August, the template change will commence in the autumn. Extra staff were also booked for high acuity and increased enhanced care capacity. Some beds were closed on Crane during August with staffing in place for 16-20 beds which accounts for lower staff fill rates. There are also low fill rates on Richmond due to the ward not being full to capacity and staffing is reviewed on a daily basis with staff being diverted to DSU. High fill rates for night HCA's is an agreed cost pressure on Lampton. Kew, Marble Hill 1&2 high fill rates were due to a requirement for enhanced monitoring for confused wandering and risk of falls patients. Edgar Horne had low HCA fill rates due to long term sickness, though long term sickness on this ward is now improving. Chelsea Wing had low HCA day fill rate due to long term sickness and shifts not being filled by bank.

During August there were two medication errors on CW Maternity with resulting moderate harm. The Friends and Family test showed 8 wards at WM and 6 wards at CW wards scored 100%. Three wards at CW scored less than 80%, Maternity 79.4 %, Nell Gwynne 50% and Burns 66.67%. At WM all wards scored above 80% except for maternity 66 % . Both Maternity scores were compromised by low completion rates and poor feedback from the antenatal wards. Burns low score was due low to completion rates and one negative response regarding waiting times and communication. For Nell Gwynne the low completion rate was affected by one negative response regarding television charges.



## Finance Dashboard M5 2021/22

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	313,511	318,336	4,825
Expenditure			
Pay	(174,359)	(177,181)	(2,823)
Non-Pay	(121,455)	(122,331)	(877)
<b>EBITDA</b>	<b>17,698</b>	<b>18,823</b>	<b>1,125</b>
EBITDA %	5.64%	5.91%	0.3%
Depreciation	(9,838)	(9,838)	0
Non-Operational Exp-Inc	(7,237)	(7,386)	(149)
<b>Surplus/Deficit</b>	<b>623</b>	<b>1,599</b>	<b>977</b>
Control total Adj - Donated asset, Impairment & Other	(229)	(229)	(0)
Disposal of Asset	0	(16)	(16)
<b>Adjusted Surplus/Deficit</b>	<b>393</b>	<b>1,355</b>	<b>961</b>



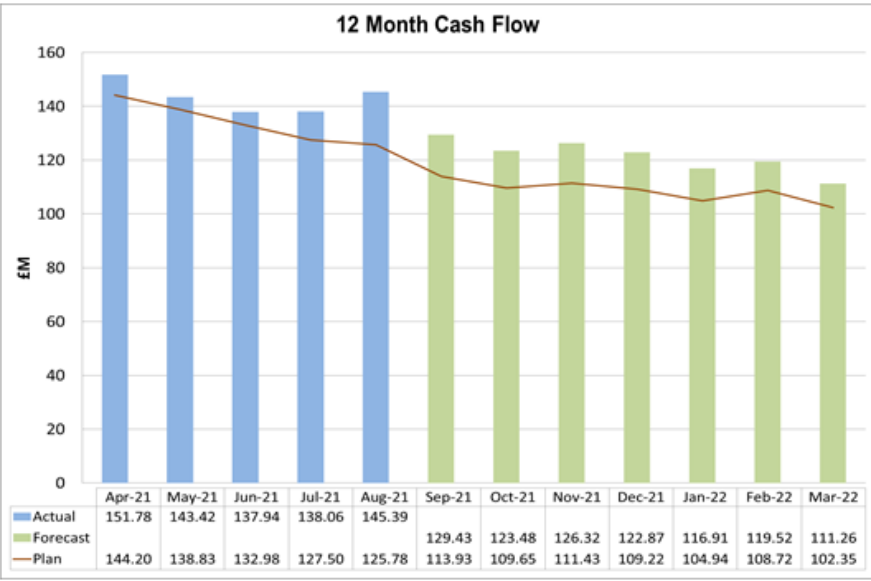
Month 12 payroll figures include additional spend items for 6.3% Pension contribution (£15.16m a notional figure) and £4.8m movement in holiday accruals (including additional two day accrual for staff R&R/Birthday); these are both matched with equivalent income.

At month 5 the Trust is reporting a YTD surplus of £1.36m, when adjusted for the financial impact of donated assets and disposal of asset. This is £0.96m favourable against plan year to date.

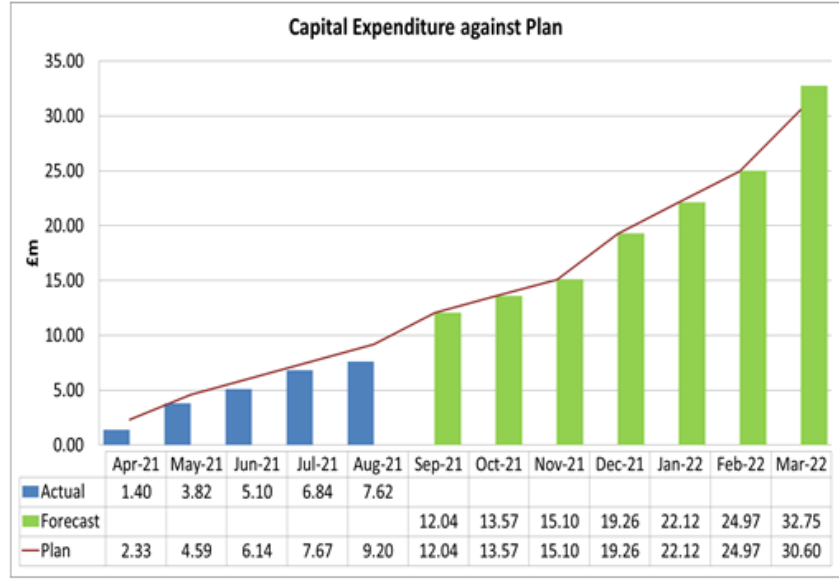
**Pay:** Pay is overspend by £2.82m YTD. The position includes £3.1m unidentified, red or amber CIP schemes.

**Non-Pay:** Excluding passthrough drugs, non-pay is £0.88m adverse YTD. The position in month includes an increase in provisions in the central divisions and overspends against CSS divisions and Corporate divisions.

**Income:** Contractual income from CCGs and NHS England continues on a block at the same level as 2020/21. NHS Non-contracted activity income has been added to the sector baseline and added to the top up now received from CCGs. There has been an increase in the sector block (NWL CCG) primarily for drugs & devices and CNST. Sexual health contracted activity is back to cost and volume in 21/22 and PreP has been included on the baseline. The Elective Recovery Framework (ERF) performance has improved on both previous periods, once the activity was fully captured and coded. M4 performance is below the new ERF target of 95% and therefore has not received any additional ERF funding for elective activity this month.



The favourable cash variance to plan in M5 of £19.61m is favourable cash variance b/fwd from M4 of £10.56m, Higher receipts to plan of £5.15m (Higher LA Income £559k, Higher AR £1.37m, Higher Donations £90k, Higher FT's income £226k, Higher CCG £5.99m, NHS England £3.2m Higher offset by Health Education £6 Million lower, PP Income -£181k lower, Other Income £56k Lower) plus lower cash outflows to plan £3.89m (Lower Creditor Payments & Higher VAT Refund received).



The Trust has spent £0.77m in period 5 compared to the budget of £1.53m, resulting in an underspend of £0.76m. The YTD variance against plan is an underspend of £1.61m, actual spend of £7.59m compared to budget of £9.20m. The underspend mainly relates to timing differences, with a number of schemes yet to be worked up and business cases prepared. It is envisaged that the capital spend will be incurred in later months as seen in previous years.



## CQUIN Dashboard

### 2021/22 CQUIN Schemes

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





## Council of Governors Meeting, 21 October 2021

<b>AGENDA ITEM NO.</b>	
<b>REPORT NAME</b>	Accessibility Group Update
<b>AUTHOR</b>	Author(s) of Paper
<b>LEAD</b>	Steve Gill, Interim Chair
<b>PURPOSE</b>	To provide a progress update to the Council of Governors from the Accessibility Group
<b>REPORT HISTORY</b>	Accessibility Group
<b>SUMMARY OF REPORT</b>	The attached report summarises the key findings of the website accessibility audit and the associated recommendations that are now being enacted to improve accessibility usage.
<b>KEY RISKS ASSOCIATED</b>	Failure to ensure accessibility to key information and systems could impact negatively on certain users.
<b>FINANCIAL IMPLICATIONS</b>	Nil
<b>QUALITY IMPLICATIONS</b>	Nil
<b>EQUALITY &amp; DIVERSITY IMPLICATIONS</b>	Failure to ensure our systems are accessible could impact on certain groups by limiting equality of access to information, however this report provides an assurance that this is not a material finding of the audit.
<b>LINK TO OBJECTIVES</b>	<ul style="list-style-type: none"><li>• Deliver high quality patient centred care</li><li>• Be the employer of choice</li></ul>
<b>DECISION/ ACTION</b>	For noting.

# Website accessibility audit summary

## 1. Introduction

The Trust's website [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk) is our main online communications channel which receives approximately 1.6m visits with 3.6m page views each year. On request of the Council of Governors, an accessibility audit was carried out in late August 2021 by charity AbilityNet evaluating a cross section of 10 highly accessed pages, including:

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

## 2. Summary of findings

The report highlighted three high importance items as follows:

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

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

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

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

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

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

The report highlighted several medium importance items, for which a summary follows:

- Eight items related to alternative text for non-essential (decorative) images and therefore to not inhibit the usability of the website
- Two items related to videos which do not have audio description tracks, but the content was written elsewhere on the page



- Ten items were minor points related to forms including text preceding options, usage of a red square for mandatory fields, alerts for incomplete fields and default focus on page-load, however these do not inhibit the use of the website
- One item related to the lack of responsive layout (that is, a layout which changes according to the device)—a known issue with the platform and one which can be resolved with future paid developments
- Several items were minor points related to style and layout, but where the use of the website was not inhibited/prevented

### **3. Conclusion**

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

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

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







Council of Governors Forward Plan 2021-22

	28 January 2021 Council of Governors	11 March 2021 Briefing Session – performance, quality workforce & finance	1 April 2021 NED / Governor Strategy and Representation Group)
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>Announcement of Election results</li> <li>Minutes of Previous Meeting, including Action Log</li> <li>External Auditor appointment (VM)</li> <li>Lead Governor election – update</li> <li>COG Effectiveness evaluation</li> <li>Coronavirus (COVID-19) update</li> <li>Extension of the term of office of the Non-Executive Directors Eliza Hermann and Nilkunj Dodhia</li> <li>Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>Support arrangements: The Hillingdon Hospital NHS Foundation Trust</li> <li>Chairman’s recruitment – update</li> <li>Election for the Governor Advisory Committee</li> </ul>	<ul style="list-style-type: none"> <li>Finance, including Annual Plan</li> </ul>	<ul style="list-style-type: none"> <li>People Strategy (SSm)</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>Chairman’s Report</li> <li>Chief Executive Officer’s Report</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> <li>Accessibility Working Group – update</li> </ul>		
<b>Other Business</b>	<ul style="list-style-type: none"> <li>Questions from the governors and the public</li> <li>Forward plan</li> <li>Schedule of meetings</li> <li>Governor attendance register</li> <li>Any other business</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

	22 April 2021 AWAY DAY	22 April 2021 Council of Governors	20 May 2021 Briefing Session – performance, quality workforce & finance
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>North West London Integrated Care System (NWL ICS) <ul style="list-style-type: none"> <li>White Paper</li> <li>Acute provider collaboration update</li> <li>How does the ICS affect our Trust strategy and what is the role of the governor</li> </ul> </li> <li>COG Effectiveness evaluation <ul style="list-style-type: none"> <li>Role of the Governor</li> <li>Review of survey results COG to share experiences of being governors in other organisations and sharing learning/best practice</li> <li>Effectiveness of COG Sub-committees</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Minutes of Previous Meeting, including Action Log &amp; Lead Governor election results; Governor Advisory Committee Election outcome;</li> <li>Coronavirus (COVID-19) update, including Elective care recovery</li> <li>Governor Commentary on the Quality Report 2020/21 sign-off</li> <li>Quality Priorities 2021-22</li> <li>People and OD Committee Report to Council of Governors</li> <li>Business planning 2021/22 update</li> <li>Nominations and Remuneration Committee update, including <ul style="list-style-type: none"> <li>- Substantive Chair recruitment update</li> <li>- NED configuration and succession plan review, including appointment of Non-Executive Directors NHSE/I letter</li> <li>- Interim Senior Independent Director and Deputy Chair appointments</li> <li>- Extension of the term of office of the Non-Executive Director Nick Gash</li> <li>- Committee Terms of Reference approval</li> </ul> </li> <li>COG sub-committees: <ul style="list-style-type: none"> <li>- Membership and Engagement Sub-Committee Terms of Reference approval</li> <li>- Quality Sub-Committee report , including Sub-Committee Terms of Reference approval</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Elective recovery (RH)</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Chairman's Report</li> <li>Chief Executive Officer's Report</li> <li>Quality Sub-Committee Report</li> <li>Membership Sub-Committee Report</li> <li>'Thank You' to all Staff, including the Executive Directors</li> <li>Accessibility work update</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

<b>Other Business</b>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Forward plan</li> <li>• Schedule of meetings</li> <li>• Governor attendance register</li> <li>• Any other business</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	<b>22 July 2021 Council of Governors</b>	<b>23 September 2021 Briefing Session – performance, quality workforce &amp; finance</b>	<b>21 October 2021 Council of Governors</b>
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>• Quality: Finance &amp; Investment Committee Report to Council of Governors; including Month 12 Financial Position (ND); Audit and Risk Committee Report to Council of Governors (NG)</li> <li>• COG Sub-Committees: Quality Sub-Committee Report; Membership Sub-Committee Report</li> </ul>	<ul style="list-style-type: none"> <li>• Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>• Quality: Quality Committee Report to Council of Governors (EH)</li> <li>• COG sub-committees: Membership &amp; Engagement Sub-Committee Report; Quality Sub-Committee Report;</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>• Chairman’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Performance &amp; Quality Report; Workforce Performance Report</li> <li>• Accessibility work update</li> </ul>		<ul style="list-style-type: none"> <li>• Chairman’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Governors Elections 2021 – update</li> <li>• Performance &amp; Quality Report, including Winter Preparedness; Workforce Performance Report</li> <li>• Accessibility work update</li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Forward plan</li> <li>• Schedule of meetings</li> <li>• Governor attendance register</li> <li>• Any other business</li> </ul>		<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Governors Away Day January 2022 – plan</li> <li>• Forward plan</li> <li>• Schedule of meetings</li> <li>• Governor attendance register</li> <li>• Any other business</li> </ul>

	9 December 2021 Briefing Session – performance, quality workforce & finance	27 January 2022 AWAY DAY NED/Governor Strategy and Representation Group	27 January 2022 Council of Governors
<b>Statutory/Mandatory Business</b>	<ul style="list-style-type: none"> <li>• <del>People</del></li> <li>• Digital programme update – Cerner etc</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy</li> <li>• Finance</li> <li>• Responsibilities and Accountability</li> <li>• COG Effectiveness evaluation</li> <li>• COG Engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Announcement of Election results</li> <li>• Minutes of Previous Meeting, including Action Log</li> <li>• Strategy: NWL Integrated Care System (ICS) developments – update</li> <li>• Quality: People &amp; OD Committee Report to the Council of Governors (SG)</li> <li>• Quality Sub-Committee Report</li> <li>• Membership Sub-Committee Report</li> </ul>
<b>Papers for Information</b>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Chairman’s Report</li> <li>• Chief Executive Officer’s Report</li> <li>• Performance &amp; Quality Report; Workforce Performance Report</li> <li>• Accessibility work update</li> </ul>
<b>Other Business</b>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Questions from the governors and the public</li> <li>• Forward plan</li> <li>• Schedule of meetings</li> <li>• Governor attendance register</li> <li>• Any other business</li> </ul>



High Level Meetings 21/22

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Board PUBLIC	07-Jan Cancelled 11.00-13.30 Zoom		04-Mar 11.00-13.30 Zoom/CWHB		06-May 11.00-13.30 Virtual/WMA		08-Jul 11.00-13.30 Virtual/CWHB		09-Sept 11.00-13.30 Virtual/WMA		04-Nov 11.00-13.30 Virtual/CWHB		06-Jan 11.00-13.30 Virtual/WMA		03-Mar 11.00-13.30 Virtual/CWHB
Lead Governor & COG Informal Meeting				09-Apr 16.00-17.00 Zoom			08-Jul 16.00-17.00 Virtual/CWHB			07-Oct 16.00-17.00 Virtual/CWHB			13-Jan 16.00-17.00 Virtual/CWHB		
Council of Governors	28-Jan 16.00-17.30 Zoom			22-Apr 16.00-18.00 Zoom			22-Jul 10.00-11.00 Virtual/WMA			21-Oct 16.00-18.00 Virtual/CWHB			27-Jan 16.00-17.00 External Venue		
COG Away Day 2020/21				22-Apr 14.30-15.55 Zoom											
COG Away Day 2021/22													27-Jan 09.30-15.30 External Venue		
Annual Members' Meeting							22-Jul 15.00-16.00 Virtual/West Mid								
NED/COG Informal Meeting				22-Apr 18.00-19.00 Zoom						21-Oct 18.00-19.00 Virtual/CWHB					
COG Agenda Sub-Committee			25-Mar 17.00-18:00 Zoom			24-Jun 17.00-18:00 Virtual/CWHB			16-Sep 17.00-18:00 Virtual/CWHB			16-Dec 17.00-18:00 Virtual/CWHB			25-Mar 17.00-18:00 Virtual/CWHB
COG Quality Sub-Committee			26-Mar 10.00-12.00 Zoom			25-Jun 10.00-12.00 Virtual/CWHB			24-Sep 10.00-12.00 Virtual/WMA			10-Dec 10.00-12.00 Virtual/CWHB			25-Mar 10.00-12.00 Virtual/WMA
COG Membership & Engagement Sub-Committee					19-May 10.30-12.30 Virtual/CWHB						18-Nov 10.30-12.30 WM Room A				
NED Nominations and Remuneration Committee				22-Apr 11.30-12.30 Zoom						21-Oct 14.00-15.00 Zoom					
NED/Governor Strategy and Representation Group				01-Apr 16.00-17.00 Zoom									27-Jan Part of Away Day		
Briefing sessions – performance, workforce, finance & quality			11-Mar 16.00-17.00 Zoom		20-May 16.00-17.00 Virtual/CWHB				23-Sep 16.00-17.00 Virtual/CWHB			09-Dec 16.00-17.00 Virtual/CWHB			24-Mar 16.00-17.00 Virtual/CWHB

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

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





**Council of Governors – Attendance Record 2020/21**

Governor	Category	Constituency	23.04.20	23.07.20	29.10.20	28.01.21	22.04.21	22.07.21	TOTAL	TOTAL %	2021 Away Day
Nowell Anderson	Public	Hounslow	✓	✓	✓	✓	✓	✓	6/6	100%	-
Richard Ballerand	Public	Kensington and Chelsea	✓	✓	✓	✓	✓	✓	6/6	100%	-
Juliet Bauer	Patient		✓	✓	✓	✓	✓	✓	6/6	100%	-
Jeremy Booth	Patient		N/A	N/A	N/A	X	✓	X	1/6	16.67%	-
Caroline Boulliat	Public	London Borough of Wandsworth	✓	✓	✓	✓	✓	✓	6/6	100%	-
Cass J. Cass-Horne	Public	City of Westminster	✓	✓	✓	✓	✓	✓	6/6	100%	-
Tom Church	Patient		✓	✓	✓	✓	✓	✓	6/6	100%	-
Nigel Davies	Public	Ealing	✓	✓	✓	✓	✓	✓	6/6	100%	-
Christopher Digby-Bell	Patient		✓	✓	✓	✓	✓	✓	6/6	100%	-
Simon Dyer	Patient		✓	✓	✓	✓	✓	✓	6/6	100%	-
Elaine Hutton	Public	Wandsworth	✓	✓	✓	✓	✓	✓	6/6	100%	-
Richard Jackson	Staff	Support, Administrative and Clerical	✓	✓	✓	✓	✓	✓	6/6	100%	-

Governor	Category	Constituency	23.04.20	23.07.20	29.10.20	28.01.21	22.04.21	22.07.21	TOTAL	TOTAL %	2021 Away Day
Paul Kitchener	Public	Kensington and Chelsea	✓	✓	✓	✓	✓	✓	6/6	100%	-
Minna Korjonen	Patient		✓	X	✓	✓	✓	✓	5/6	83.33%	-
Thewodros Leka	Staff	Allied Health Professionals, Scientific and Technical	✓	X	✓	✓	✓	✓	5/6	83.33%	-
Anthony Levy	Public	City of Westminster	✓	✓	✓	✓	✓	✓	6/6	100%	-
Rose Levy	Public	London Borough of Hammersmith and Fulham	N/A	N/A	N/A	✓	✓	X	2/6	33.33%	-
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	✓	✓	✓	✓	✓	✓	6/6	100%	-
Mark Nelson	Staff	Medical and Dental	X	✓	✓	✓	✓	✓	5/6	83.33%	-
Nicole Nunes	Staff	Contracted	N/A	N/A	N/A	✓	X	X	1/6	16.67%	-
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	✓	X	✓	✓	✓	✓	5/6	83.33%	-
David Phillips	Patient		✓	✓	✓	✓	✓	✓	6/6	100%	-
Catherine Sands	Staff	Management	N/A	N/A	N/A	X	X	X	0/6	0%	-
Jacquei Scott	Staff	Nursing and Midwifery	✓	X	✓	X	X	✓	3/6	50%	-



Governor	Category	Constituency	23.04.20	23.07.20	29.10.20	28.01.21	22.04.21	22.07.21	TOTAL	TOTAL %	2021 Away Day
Dr Desmond Walsh	Appointed	Imperial College	✓	✓	✓	✓	✓	✓	6/6	100%	-
Laura Wareing	Public	Hounslow	✓	✓	X	✓	✓	✓	5/6	83.33%	-
Trusha Yardley	Public	London Borough of Hammersmith and Fulham	✓	X	✓	✓	✓	✓	5/6	83.33%	-