

**Chelsea & Westminster Hospital NHS Foundation Trust
Board of Directors Meeting (PUBLIC SESSION)**

Zoom Conference: <https://zoom.us/j/7812894174>; Meeting ID 7812894174

4 March 2021 11:00 - 4 March 2021 13:30

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OR

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

Agenda

1.0		GENERAL BUSINESS		
11.00	1.1	Welcome and apologies for absence	Verbal	Chairman
11.02	1.2	Declarations of Interest, including register of interests	Paper	Chairman
11.05	1.3	Minutes of the previous meeting held on 5 November 2020	Paper	Chairman
11.10	1.4	Matters arising and Board action log, including e-governance	Paper	Chairman
11.15	1.5	Chairman's Report	Paper	Chairman
11.20	1.6	Chief Executive's Report	Paper	Chief Executive Officer
11.30	1.7	Patient / Staff Experience Story	Verbal	Chief Nursing Officer
2.0		FOR DISCUSSION		
11.50	2.1	Integrated Performance and Quality Report – January 2021	Paper	Deputy Chief Executive / Chief Operating Officer
12.00	2.2	COVID-19 Recovery Update	Paper	Deputy Chief Executive / Chief Operating Officer
12.10	2.3	Modern Slavery and Human Trafficking Statement – for approval	Paper	Chief Nursing Officer
12.20	2.4	BAME Network Lead update	Paper	Gubby Ayida
12.35	2.5	Business planning 2021/22	Paper	Chief Financial Officer
12.45	2.6	Board Committee Terms of Reference approval: <ul style="list-style-type: none"> • Quality Committee • Finance and Investment Committee • People and Organisational Development Committee • Audit and Risk Committee 	Paper	Director of Corporate Governance & Compliance
3.0		FOR NOTING – HIGHLIGHTS BY EXCEPTION		
12.55	3.1	Learning from Serious Incidents	Paper	Chief Nursing Officer
	3.2	People Performance Report – January 2021	Paper	Interim Director of HR & OD
	3.3	Mortality Surveillance Report Q3	Paper	Chief Medical Officer

	3.4	Guardian of Safe Working Report Q3	Paper	Chief Medical Officer
	3.5	Digital programme update	Paper	Chief Information Officer
	4.0	ITEMS FOR INFORMATION		
13.15	4.1	Questions from members of the public	Verbal	Chairman
13.25	4.2	Any other business	Verbal	Chairman
13.30	4.3	Date of next meeting: 6 May 2021; 11.00 – 13.30.		



**Chelsea and Westminster Hospital NHS Foundation Trust
Register of Interests of Board of Directors**

Name	Role	Description of interest	Relevant dates		Comments
			From	To	
Sir Thomas Hughes-Hallett	Chairman	Director of HelpForce Community CIC & Trustee of Helpforce Community Trust	April 2018	Ongoing	
		Chair of Advisory Council, Marshall Institute	June 2015	Ongoing	
		Trustee of Westminster Abbey Foundation	April 2018	Ongoing	
		Chair & Founder HelpForce	April 2018	Ongoing	
		Son and Daughter-in-law – NHS employees	April 2018	Ongoing	
		Visiting Professor at the Institute of Global Health Innovation, part of Imperial College	April 2018	Ongoing	
		Trustee, Civic	Jan 2020	Ongoing	
Aman Dalvi	Non-executive Director	Aman Dalvi Ltd (Housing & Planning Consultancy)	2017	Ongoing	
		Non-Executive Director of Fairplace Homes	2018	Ongoing	
		Non-Executive Chair of Goram Homes (Bristol)	2019	Ongoing	
		Chair of Homes for Haringey	2017	Until Mar 2021	
		Non-Executive Chair of Kensington & Chelsea TMO Residuary Body	2019	Ongoing	
		Non-Executive Chair of Aspire Housing (Staffordshire)	Jan 2021	Ongoing	
		Non-Executive Chair of Newlon HT	Jan 2021	Ongoing	
Nilkunj Dodhia	Non-executive Director	Directorships held in the following:			
		Express Diagnostic Imaging Ltd	Feb 2012	Ongoing	
		Macusoft Ltd - DigitalHealth.London Accelerator company	May 2017	Ongoing	
		Turning Points Ltd	Nov 2008	Ongoing	
		Examiner of St. John the Baptist Parish Church, Old Malden	April 2016	Ongoing	
		Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT	Jan 2019	Ongoing	
Nick Gash	Non-executive Director	Trustee of CW + Charity	Jan 2017	Ongoing	
		Lay Advisor to HEE London and South East for medical recruitment and trainee progression	Nov 2015	Ongoing	

		Chair North West London Advisory Panel for National Clinical Excellence Awards	Oct 2018	Ongoing	Lay Member of the Panel throughout my time as NED
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	Nov 2015	Ongoing	
		Associate, Westbrook Strategy	Feb 2020	Ongoing	
Stephen Gill	Non-executive Director	Owner of S&PG Consulting	May 2014	Ongoing	
		Chair of Trustees, Age Concern Windsor	Jan 2018	Ongoing	
		Shareholder in HP Inc	April 2002	Ongoing	
		Shareholder in HP Enterprise	Nov 2015	Ongoing	
		Shareholder in DXC Services	April 2017	Ongoing	
		Shareholder in Microfocus Plc	Sep 2017	Ongoing	
		Member of the Finance and Audit Committee (FAC), Phyllis Court Members Club	Aug 2019	Ongoing	
Eliza Hermann	Non-executive Director	Former Board Trustee and current Marketing Committee Chairman, Campaign to Protect Rural England, Hertfordshire Branch	2013	Ongoing	
		Committee Member, Friends of the Hertfordshire Way	2013	Ongoing	
		Close personal friend – Chairman of Central & North West London NHS Foundation Trust	Ongoing	Ongoing	
Ajay Mehta	Non-executive Director	Director and Co-Founder at em4 Ltd		Ongoing	Company works with international funders and investors to build the capabilities of their grantees and partners in order to increase social impact
		Owner of Ki-Rin consultancy		Ongoing	The agency works with leaders of non-profit organisations globally to build their capabilities.
		Trustee, Watermans		Ongoing	The organisation showcases and delivers arts programmes to communities in West London
		Partner employee of Notting Hill Housing Trust		Ongoing	The Trust commissions the provision of care services to vulnerable people in LB Hammersmith and Fulham
		Head of Foundation, The Chalker Foundation for Africa		Ongoing	The Foundation invests in projects that build the capacity of health-related organisations, in particular healthcare workers, in sub-Saharan Africa.

		Volunteer with CWFT	01/03/2020	Ongoing	
Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	Ongoing	
		Husband—consultant cardiology at Luton and Dunstable hospital	01/04/2018	Ongoing	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of Travill construction	01/04/2018	Ongoing	
		ICS CEO NWL	Apr 2020	Ongoing	
		Special Advisor to THHT Board	Aug 2020	Ongoing	Current and ongoing as part of NWL Integrated Care System mutual aid.
Robert Hodgkiss	Chief Operating Officer / Deputy Chief Executive	Lead Chief Operating Officer for NWL ICS	Feb 2020	Ongoing	
		Senior Responsible Officer for NWL Elective Care	Feb 2020	Ongoing	
Pippa Nightingale	Chief Nursing Officer	Trustee in Rennie Grove Hospice	2017	Ongoing	No direct conflict of interest.
		NWL ICS chief nurse and executive quality	Feb 2020	Ongoing	
Virginia Massaro	Chief Financial Officer	Director of Cafton Lodge Limited (Company holding the freehold of block of flats)	22/03/2014	Ongoing	
		Member of the Healthcare Financial Management Association London Branch Committee	Jun 2018	Ongoing	
		Director of Systems Powering Healthcare Limited	29/01/2020	Ongoing	
Dr Roger Chinn	Chief Medical Officer	Private consultant radiology practice is conducted in partnership with spouse Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)	1996	Ongoing	
		Providing support to The Hillingdon Hospitals NHS Trust executive team	Aug 2020	Ongoing	Current and ongoing as part of NWL Integrated Care System mutual aid.
Kevin Jarrold	Chief information Officer	CWHFT representative on the SPHERE Board	01/10/2016	Ongoing	
		Joint CIO role Imperial College Healthcare NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	01/10/2016	Ongoing	
		Joint CIO for the NW London Health and Care Partnership	01/01/2020	Ongoing	
Martin Lupton	Honorary NED, Imperial College London	Employee, Imperial College London	01/01/2016	Ongoing	
Chris Chaney	Chief Executive Officer CW+	Trustee of Newlife Charity	Jun 2017	Ongoing	
Susan Smith	Director of HR & OD	Joint Chief People Officer /Interim Director of HR & OD The Hillingdon Hospitals NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	13/10/2020	Ongoing	

Gubby Ayda	Equality, Diversity and Inclusion Specialist Advisor to Board	Director, Women's Wellness Centre private healthcare facility	2005	Ongoing	
		Board of Governors, Latymer Upper School, London Audit and Risk Sub-Committee of Board	2015	Ongoing	
		Interim Medical Director, The Hillingdon Hospitals NHS Foundation Trust	14/10/2020	Ongoing	
Serena Stirling	Director of Corporate Governance and Compliance	Local Authority Governor at Special Educational Needs School (Birmingham)	2019	Ongoing	
		Mentor on University of Birmingham Healthcare Careers Programme	2018	Ongoing	
		Leadership Mentor for Council of Deans for Health	2017	Ongoing	
		Partner is Princess Royal University Hospital site CEO at King's College Hospital NHS Foundation Trust	Feb 2020	Ongoing	
		CW+ Fundraising Governance Committee Trust representative	Jul 2020	Ongoing	



DRAFT
Minutes of the Board of Directors (Public Session)
Held at 11.00am on 5 November 2020, Zoom

Present:	Sir Thomas Hughes-Hallett	Chair	(THH)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Ajay Mehta	Non-Executive Director	(AM)
	Lesley Watts	Chief Executive Officer	(LW)
	Roger Chinn	Acting Medical Director	(RC)
	Rob Hodgkiss	Deputy Chief Executive/COO	(RH)
	Virginia Massaro	Acting Chief Financial Officer	(VM)
	Pippa Nightingale	Chief Nursing Officer	(PN)
	Martin Lupton	Honorary Non-Executive Director	(ML)
In attendance:	Kevin Jarrold	Chief Information Officer	(KJ)
	Sue Smith	Interim Director of HR & OD	(SSm)
	Gubby Ayida	Equality, Diversity and Inclusion Specialist Advisor	(GA)
	Sanjay Krishnamoorthy	Consultant, Acute Medicine	(SK)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)
Apologies	Serena Stirling	Director of Corporate Governance & Compliance	(SS)
	Chris Chaney	Chief Executive Officer CW+	(CC)

1.0	GENERAL BUSINESS
1.1	Welcome and apologies for absence THH welcomed the Board members and those in attendance to the Zoom Board public meeting. Apologies received as above were noted.
1.2	Declarations of Interest None
1.3	Minutes of the previous meeting held on 03 September 2020 The minutes of the previous meeting were approved as a true and accurate record of the meeting.
1.4	Matters Arising and Board Action Log The Board noted the action log.
1.5	Chairman's Report The Board noted the report. LW has asked THH to explore how volunteers could support CWFT and North West London (NWL) Integrated

	<p>Care System (ICS) staff health and wellbeing, and thus contributing to a patient's general wellbeing in the hospital. An update on this will be provided in due course.</p>
<p>1.6</p>	<p>Chief Executive's Report</p> <p>The Board noted the report.</p> <p>LW noted London has moved to Tier 2 - 'high' COVID-19 alert level after a further rise in cases of COVID-19 meaning that the community needs to abide by new rules. Evidence continues to show that the virus has spread across the County and hospital admissions have begun to increase as a result. The Trust continues to communicate with all other NWL healthcare providers to ensure a coordinated and timely response to any surge.</p> <p>In thanking staff for their continued commitment and support, LW highlighted that from both an operational and clinical perspective, we are in a much stronger position than earlier this year. We are aware of the challenge but are better equipped; more informed; and supported by strengthened working relationships across the sector.</p> <p>Measures have been put in place and the Trust has been successful in returning to a high level of elective, diagnostic and outpatient activity while playing a significant role in the sector's Fast Track Surgical Hubs, especially at our West Middlesex site. We have ensured our hospitals are safe for patients to attend appointments, through measures which include patient testing, and wherever possible separating Covid-positive from non-Covid patients.</p> <p>The Trust had been celebrating Black History Month in October, to mark the contributions of staff that are largely of African or Caribbean heritage. In addition, the Trust launched a year of celebrations to mark the 100th birthday of West Middlesex University Hospital.</p> <p>The Trust commenced its annual influenza vaccination program and staff have demonstrated continued dedication to keep well for themselves and for their patients and families.</p> <p>In response to AM's question, PN stated that 67% of agency staff have been vaccinated and added that 72% BAME staff have been vaccinated so far.</p> <p>In response to NG's question regarding COVID-19 related staff absence, PN stated that total sickness and absence is currently (at end of September) 3.2%, below the Trust ceiling of 3.3% and is the lowest in the sector.</p> <p>NG acknowledged that the weekly CEO/NED briefings, conducted via video conference, have been crucially important in providing a high degree of assurance to Non-Executive Directors in relation to COVID-19 related matters on the local and regional level.</p>
<p>1.7</p>	<p>Patient and Staff Experience Story – COVID-19 <i>Sanjay Krishnamoorthy, Consultant, Acute Medicine</i></p> <p>Sanjay Krishnamoorthy introduced himself to the Board and shared the real-life experience of working at the front door of an acute hospital, caring after COVID-19 patients and his lived experience of contracting Covid.</p> <p>He described his experience journey after contracting COVID-19, spending time in hospital as an inpatient and the emotional challenge of being separated from his wife who was about to deliver a baby.</p> <p>Reflections on the COVID-19 pandemic experience were:</p> <ul style="list-style-type: none"> • Loneliness of patients while in hospital bed • Importance of medical staff communicating decisions linked to patient treatment and care • Realising that medical staff can feel frightened as patients

	<ul style="list-style-type: none"> • Importance of communicating with patient’s partner/next of kin and the system support • Being honest and brave to seek professional counseling <p>ML sought Sanjay’s view on application of the government guidance within the medical professionals on keeping everyone safe by wearing a face mask or face covering. Sanjay stated that behaviors change and he and his colleagues got accustomed to wearing a mask as part of daily routine.</p> <p>THH highlighted the importance of staff and hospital visitors wearing a face mask to stop the transmission of COVID-19 and emphasised that the Trust will not tolerate non-compliance with its requirements.</p> <p>THH thanked Sanjay for presenting to Board and wished him well.</p>
2.0	QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE
2.1	<p>Trust Recovery Plan update</p> <p>RH stated that the paper updates on the progress with elective recovery plan and compliance against Phase 3 metrics and confidence levels of delivery by the Program Leads.</p> <p>RH commented that while the Trust performance position is improving week on week, the system as a whole is not meeting the targets. Highlights provided include:</p> <ul style="list-style-type: none"> • CWFT is leading the way of delivering electives. • CWFT is also leading the way on outpatients and have been for some time. • On diagnostics, data quality issues continue to impact Trust results. • Endoscopy continues to outperform. • Focus on elective patients receiving surgery through theatres. • From November 2020, being 12 months on from the rollout of Cerner, a true baseline will be available for the Elective Program (due to frontloading of Elective in September and October 2019). <p>SG referred to the financial arrangement for the ICS being based around achieving performance targets, and asked about the financial impact on the Trust for not achieving performance. VM stated that the Trust is in the process of assessing the impact and any underperformance will result in a loss of income. LW emphasised the sector’s commitment to: recover elective activity; continue improving its performance; work collaboratively across the NWL sector for the benefit of patient with focus on addressing inequality agenda and producing best possible outcome for patient; subsequent to this work would follow communication around finances.</p> <p>SG asked whether the work on achieving the Phase 3 recovery will be impacted by the second wave of COVID-19. RH stated the whole NWL sector has been working together on improving capacity for any potential future increases in demand for COVID-19 care and added that the impact is not yet certain. He assured that hospitals have taken extra precautionary steps to keep patients safe.</p> <p>EH stated the Quality Committee spends considerable time discussing elective recovery trajectory at every meeting and asked how capacity could be optimised. RH stated that there are established designated surgical hubs across the NWL offering service in COVID-19 secure environments to meet demand, including through the use of independent sector facilities where necessary.</p> <p>In response to THH’s question what was the biggest challenge with achieving elective recovery, RH stated it was patients attending their appointments. THH noted a consideration has been given to volunteers supporting the health sectors with contacting patients in relation to their appointments. LW added at the ICS level Local Authority Leaders are being asked to reassure the public that it is safe to access medical care.</p>
2.2	<p>Integrated Performance and Quality Report</p> <p>The Board noted that the report.</p>

	<p>RH provided the key highlights:</p> <ul style="list-style-type: none"> • A&E performance in September was not compliant at 93.9%; overall activity in the month was 79.4% of activity seen in 2019. • RTT performance was confirmed at 62.05%, which was an improvement of c4%; this is primarily due to the restart of elective care pathways and the increase in new demand. • Cancer final validated position for August was 65.45%; this had been caused by the delays on patient pathways during the pandemic period; recovery plans and robust clinical reviews are place; backlog continues to reduce and is at its lowest level since before the COVID-19 surge. The latest un-validated position for September is 67.42%; we are in the lower quartile nationally and the backlog is lower than pre-COVID-19. • Patient Tracking List has an increase of 1,179 in month, which is reflective of the increasing trend in referral across all services; recovery plans are in place, as well as clinical reviews to establish prioritisation of patients waiting to be seen. <p>LW acknowledged continued commitment from staff to achieve elective program whilst caring after COVID-19 patients; dealing with consequences of cases where patients do not attend appointments; and the Trust's determination to recover the position and deliver high quality care to patients.</p> <p>NG asked if an analysis of impact of delays on backlogged patients is available. RC advised that patients are treated in order of clinical priority, based on their clinical need; consideration is also given to whether there are any additional risks to delaying treatment and associated potential harm; the fast-track surgical hubs have been established in order to reduce the numbers of patients waiting for surgery.</p> <p>In response to SG's question relating to the difference in number of falls between Chelsea site and West Middlesex site, PN stated that this was reviewed and advised that the falls were associated with a specific cohort of patient (West Middlesex site) and relocation of wards (Chelsea site).</p> <p>THH referred to an earlier point regarding staffing and stated that data published the previous day by Helpforce and NHS England shows 58% of NHS volunteers agree that volunteering has increases their interest in working in the NHS. This indicates volunteering has a route into recruiting staff in the NHS.</p> <p>THH thanked the Executive Team for their hard work and determination combined with staff's teamwork to achieve best possible performance and expressed Board's support with the ongoing work on improving the Trust's position.</p>
<p>2.3</p>	<p>Medical Revalidation Annual Report – for approval</p> <p>The Board noted the report.</p> <p>SG advised that this report had been scrutinised by the People and Organisational Development Committee and recommended for approval by the Board.</p> <p>DECISION: The Board approved the Medical Revalidation Annual Report.</p>
<p>2.4</p>	<p>Annual People Equality and Diversity Report 2019/2020 – for approval</p> <p>SSm noted the comprehensive report which provides assurance of the Trust's compliance with the equality duty as outlined in the Equality Act 2019. The report covers compliance with the following mandatory frameworks:</p> <ul style="list-style-type: none"> • Workforce Race Equality Standards • Equality Delivery System 2 (standards for staff) • Gender Pay Gap • Workforce Disability Standard

	<p>GA highlighted Trust's key achievements from last year such as introduction of LGBT+ staff network, becoming a member of the Stonewall Diversity Champions program, commencement of a reciprocal mentoring program, working with Timewise to introduce best practice flexible working, launched diversity and inclusion champions, positive progress against Model Employer targets, new disciplinary checklist, held listening events, maintained disability confident status level 2 and reaching 100% compliance for individual risk assessments for all staff. As a consequence, we have seen some improvements in the outcomes; however, there is lots more work to do to achieve the outcomes the Trust is aspiring to.</p> <p>SG advised that this report had been reviewed and approved at the September People and Organisational Committee. He noted that a highlight summary report for staff will be produced.</p> <p>THH commended the report and asked for volunteer data to be included in future iteration of workforce report.</p> <p>Action: Include volunteer data in future iteration of workforce report. (SSm)</p> <p>THH noted in line with the Trust's long-standing aspiration, there should be as close match as possible between Trust front line staff and the patient population it serves in terms of ethnicity, age and gender, which in turn should result in better patient care and experience. SG (PODC Chair) and SSm agreed to take this forward in 2021 under the agenda of equality, diversity and inclusivity of staff.</p> <p>Action: SG / SSm to consider in 2021 how equality, diversity and inclusivity of staff could support better patient care and experience.</p> <p>DECISION: The Board approved the Annual People Equality and Diversity Report 2019/2020.</p>
2.5	<p>Seasonal Influenza Vaccination Program – for approval</p> <p>PN noted a very successful start of seasonal influenza program and advised that to date 70% of front-line staff have been vaccinated against a target of 90%.</p> <p>In response to ML's query, PN confirmed that in 2019/20 the Trust achieved the target of 90%; this year's program has been based on learning from the previous year campaign, taking into account the areas of good practice and learning from issues that arose during the campaign. She added that effective communications plans including availability of flu vaccine are vital for successful take up.</p> <p>DECISION: The Board approved submission of the Seasonal Influenza Vaccination Program 1 to NHSE/I, subject to an amendment in Appendix 1 (re Board Vaccination status) from EH.</p>
2.6	<p>Annual safeguarding update</p> <p>PN noted the summary report and stated the full report was presented to the Quality Committee.</p> <p>Key highlights included:</p> <ul style="list-style-type: none"> • Adult safeguarding training level 1 and 2 are compliant, however level 3 training had to be suspended during the COVID-19 pandemic. • Children safeguarding is compliant for all levels; a new named nurse is in post. • Domestic abuse referrals have increased significantly during COVID-19. • CWFT has an experienced and stable safeguarding team and a strong program for learning and disability. • Project SEARCH continued into a successful second year, with eight year 2 interns returning to the Trust post COVID-19. • Safeguarding alerts are flagged on Cerner and recorded on patient records.

	<p>EH stated the Quality Committee was satisfied the report provides assurance that CWFT continues having better grip around safeguarding on a year-to-year basis.</p> <p>The Board noted the update.</p>
2.7	<p>Business Planning 2020/21– update</p> <p>VM noted an update on 2020/21 budget covering funding and cash arrangements for the last 6 months of 2020/21, which was in line with the NHSE/I revised guidance published in September 2020.</p> <p>The key highlights included:</p> <ul style="list-style-type: none"> • The funding arrangements are based on a fixed financial envelope for the ICS, including fixed funding for COVID-19. • The overall NWL ICS gap is £62m, of which c£84m relates to lost non-NHS income. • The Trust’s plan for months 7-12 is a deficit of £5.2m, of which £10.8m relates to lost non-NHS income. • The Trust’s plan assumes delivery of £5.6m of Cost Improvement Programs (CIPs). • Key risks: scale and pace of activity recovery; and cost of future COVID-19 surges. <p>In response to THH’s question if there is the right level of visibility of costs, VM confirmed that there is a clear funds allocation and management process in place across NWL.</p>
3.0	FOR NOTING – HIGHLIGHTS BY EXCEPTION
3.1	<p>Guardian of Safe Working Report Q2</p> <p>RC presented the Q2 report and highlighted the reduction in exception reports which was is due to the number of rota gaps that have significantly reduced from last year and new junior doctors working in the Trust during the pandemic where they were able to build relationships and understand the organisation.</p> <p>In commending the report, which had been reviewed in detail at PODC, SG stated that there were no amber or red flags and no fines levied in this quarter.</p> <p>The Board noted the report.</p>
3.2	<p>Improvement program update Q2</p> <p>The Improvement program update Q2 was taken as read.</p> <p>PN highlighted the progress of the Improvement program which covers the following:</p> <ul style="list-style-type: none"> • Quality Priorities for 2020/21; • Improving patient experience; • Building the culture of innovation and improvement; • Continuous improvement: CQC improvement plan; • Q2 Focus topics: a) improving dementia care; and b) FFT improvement program. <p>THH praised the Executive Team’s efforts and ambition to achieve the targets and expressed the Board’s support to not curtail the ambition owing to the challenging COVID-19 situation.</p>
3.3	<p>Learning from Serious Incidents Report Q2</p> <p>The Board noted the Q2 report.</p> <p>PN highlighted the new format of the report which enables increased focus on learning and links frequently reported SI categories to quality improvement projects. She advised the report has been scrutinised by the Quality Committee.</p>

	<p>AD referred to couple of incidents that had happened outside the acute setting, and asked what assurance process is in place this does not happen again. PN stated that key to this is having patient record available electronically.</p>
3.4	<p>Mortality Surveillance Report Q2</p> <p>The Board noted the Q2 report.</p>
3.5	<p>Workforce Performance Report</p> <p>SSm presented the September 2020 Workforce Report and highlighted the following:</p> <ul style="list-style-type: none"> • The NHS staff survey response rate currently stands at 50%; • The Trust continues to maintain good performance for vacancy levels, temporary staffing and mandatory training compliance; <p>In response to THH's question regarding Trust staff hospitalised with COVID-19 and support to their partners/next of kin, PN stated that ward staff are keeping in touch with patients' next of kin on a daily basis; she recognised that there is a room for improvement and assured this will be considered.</p> <p>The Board noted the report.</p>
3.6	<p>NMC Revalidation Annual Report</p> <p>The Board noted the report.</p>
3.7	<p>Digital Programme update</p> <p>The Board noted the report.</p> <p>RH noted the update on Cerner EPR and other digital solutions and highlighted the following:</p> <ul style="list-style-type: none"> • Chelsea and West Middlesex hospitals now using same EPR system; • Improvements made on both Trust and Public websites to engage staff and inform patients of initiatives to enhance their care; • Patients adoption of Care Information Exchange (CIE) is increasing; • All patient appointment correspondence offered electronically; if patients do not access appointment correspondence via the link within 3 days, the letter is automatically posted by mail; circa 70% uptake from patients; • Upgrade of Radiology Information System enables clinicians' better access and support on-going integration within North West London; and • Continue to support patients and clinicians during the pandemic by offering of video consultations. <p>SG noted a paper presented by the Director of IT at the October Accessibility Working Group meeting on compliance of the Trust's public facing digital tools with the national guidelines. The Trust agreed to further review its virtual capabilities to ensure it reaches our most disadvantaged patients to enable an easy access to healthcare services. ND added that financial benefits of EPR are monitored by the Finance and Investment Committee.</p> <p>THH advised that KJ and CC are going to explore a concept of digital volunteer companion supporting those patients who could be monitored remotely to try to reduce flows to hospital where possible.</p>
3.8	<p>Board Assurance Framework (BAF) Report</p> <p>VD highlighted that the report has been through the Board sub-committees as outlined on the cover sheet</p>

	<p>noted the latest iteration of Board Assurance Framework was provided to Board for information.</p> <p>NG stated that the report was scrutinised by the Audit and Risk Committee.</p>
3.9	<p>Half-year report on use of the Company Seal 2020/21</p> <p>The Board noted the report.</p>
4.0	<p>ITEMS FOR INFORMATION</p>
4.1	<p>Questions from members of the public</p> <p>Governor David Phillips asked for Medical Director’s view on whether the Trust has satisfactory number of Junior Doctors. RC stated that assurance on this is taken from the Guardian of Safe Working report discussed earlier in the meeting. He emphasised that the number of rota gaps has significantly reduced from last year. In the context of this, discussions are underway to promote the greater utilisation of Physician Associates, medical students and volunteers to support Junior Doctors.</p>
4.2	<p>Any other business</p> <p>Nil of note.</p> <p>4.2.1 Disabled parking at West Middlesex</p> <p>SG stated that a paper on the financial impact and actions necessary to be compliant with changes in legislation with regards to disabled parking at West Mid was reviewed and approved at the 28 October Finance and Investment Committee.</p> <p>LW confirmed that the Trust will comply with the relevant legislation with regards to disabled parking.</p>
4.3	<p>Date of next meeting – 7 January 2021; 11.00 – 13.30.</p>

The meeting closed at 13.08.



Trust Board Public – 5 November 2020 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
Nov 2020	2.4	Annual People Equality and Development Report 2019/2020- for approval	Include volunteer data in future iteration of workforce report	SSm	Complete.
			SG to consider in 2021 how equality, diversity and inclusivity of staff could support better patient care and experience.	SG	Ongoing.



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Mar/21
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
REPORT HISTORY	N/A
SUMMARY OF REPORT	As described within the paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.



**Chairman's Report
March 2021**

The last quarter of our financial year has been one of significant challenge. The NHS and our own organisation experienced a second wave of Covid-19 over the Christmas and New Year period, with the pressures continuing in to January and February.

I am incredibly proud of how the whole organisation has worked together to deliver the best care possible to our patients. Throughout this period, the Non-Executive Directors have continued to meet weekly with the Chief Executive Officer to be briefed on COVID-19, recovery of services, and the resilience of our staff and the quality of our care.

Many of our staff have volunteered to be redeployed to areas of greatest pressure, and I want to thank them for putting patients first, being responsive to their needs, and truly living our organisational values.

Our organisation has continued to collaborate with health and care partners across North West London and London region, to support and deliver timely services through sharing learning, mutual aid and innovation. Related to this, you may be aware that the government recently published a White Paper on the future of the NHS, 'Integration and innovation: working together to improve health and social care for all'. We continue to engage with the work of the North West London Integrated Care System to improve patient care for local populations.

I am pleased to announce that the Board of Directors Nominations and Remuneration Committee have confirmed the substantive appointments of Virginia Massaro and Dr Roger Chinn to the Chief Finance Officer and Medical Director roles. I and my Non-Executive Director colleagues offer them our sincere congratulations, and wish them well in their service to our organisation.

As you will be aware, I am retiring, and this will be my last Board meeting as Chair of Chelsea and Westminster Hospital NHS Foundation Trust. Our Council of Governors met in January 2021 and approved the appointment of Steve Gill as Interim Chairman for 12 months whilst succession planning for a substantive Chair progresses. The Council also approved one year extensions to the terms of Eliza Hermann and Nilkunj Dodhia.

It has been a great privilege to have enjoyed seven wonderful years as Chair of this organisation, working alongside talented, dedicated and enthusiastic colleagues. I am incredibly proud of all that we have achieved together to improve the care for our local communities, and wish Lesley and the Trust very best wishes for the future.

Sir Thomas Hughes-Hallett
Chairman



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	1.6/Mar/21
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
REPORT HISTORY	N/A
SUMMARY OF REPORT	As described within the paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.



**Chief Executive's Report
March 2021**

Introduction

Since my last report to Public Board in November, we have experienced a significant second surge of Covid-19, predominantly in December and January. The Trust continued to treat a number of Covid positive patients in February, although saw a significant reduction in Covid admissions, allowing us to return a number of our wards back to their normal specialties.

As in the first surge of Covid-19, we have again worked collaboratively across the North West London Integrated Care System (ICS) with our health and care partners to provide a coordinated response to the pandemic.

Health and Care reforms - Integration and Innovation

On 11 February 2021, the government published a 'white paper' setting out a number of proposed reforms to health and care. Many of the measures embedded in the Health and Social Care Act 2012 are set to be abolished, with a move away from competition and internal markets towards integration and collaboration between services.

The proposals will bring NHS, local government and key partners closer together to improve care, and address health inequalities and the needs of their communities as a whole. The document sets out four key elements that will underpin the future structure of the health and care system:

- **ICS's** bringing together commissioners and providers of NHS services with local authorities and other partners to collectively plan and improve health and care;
- **Place-based partnerships** between local organisations that contribute to health and wellbeing in smaller areas within an ICS. For most areas (but not all), 'places' will be based on local authority boundaries;
- **Provider collaboratives**, bringing together NHS trusts and foundation trusts within places and across ICS's to work more closely with each other. The form these will take and their function remains to be seen, with further guidance expected in early 2021; and
- **The national and regional bodies**, including NHS England and NHS Improvement, the Care Quality Commission (CQC) and the Department of Health and Social Care, which will increasingly work through systems rather than individual organisations.

We are currently considering how this will inform our work at both Trust and North West London level. For the full paper, please follow this link:

<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>

Covid-19

As mentioned, to enable a robust and timely response to patient needs, we have worked with our sector partners in North West London to deliver mutual aid support to each other, share learning, and work differently to ensure patients receive the care they required during this surge period. In order to do this, our staff yet again, stepped up to work differently across our organisation. For example, our medical colleagues from the sexual health service volunteered to work in Critical Care to support their colleagues. I continue to be immensely proud of what our staff have achieved during this period, and their on-going commitment to deliver excellent patient care. We have also had superb help from military personnel across both of our hospitals, who have provided valuable support to our staff in many clinical and non-clinical areas.

Throughout these surge periods we must continue to be mindful of the impact which the pandemic is having on our staff, and we remain committed to developing our health and well-being support for staff. Such developments have included enhanced counselling services, encouraging active commutes, and providing support for transport and accommodation where the pandemic has restricted staff. I would like to thank local communities and businesses for their on-going support and donations to our organisation. Working with our charity, CW+, has provided invaluable support to the Trust throughout this pandemic and I acknowledge the hard work of the team, volunteers and donors during this challenging period.

We continue to hold weekly all staff webinars, led by the Executive Team, to keep staff informed of developments and enable regular opportunities to ask questions and share information. These have been well received and we are currently considering how to use this approach in our staff engagement programme.

Health and wellbeing for staff and our local communities also includes getting the Covid-19 vaccination. We have worked in partnership with our North West London colleagues to deliver an extensive vaccination programme, and I commend Pippa Nightingale our Chief Nurse for her commitment to leading the roll out of this programme in hospital hubs and mass vaccine centres. Getting vaccinated means protecting yourself from the virus so that you can be there for your family, friends and patients; and significantly reduce your chances of becoming seriously ill. Getting vaccinated only protects you from the virus, so you will still need to follow the government guidance of 'hands, face, space'. I urge our local communities to speak to their GP to discuss any concerns or questions about the vaccine.

Whilst the numbers of Covid positive admissions are reducing, I cannot stress enough the importance of not letting our guard down with good infection control behaviours. Please help to fight the spread of this highly infectious virus by getting vaccinated and continuing to comply with the strict government guidance. You will note that we are continuing to check temperatures and issue hand gel and face masks upon entry to our hospitals.

Research and Development

Researchers and staff at the Trust have played their part proving the effectiveness of the new Novavax COVID-19 vaccine. Novavax announced that the vaccine had been shown to be 89.3% effective. Our Clinical Research Facility and other research staff ran one of the 21 trial sites. Out of 15,000 participants in the UK, 575 participants were recruited to the Phase 3 (effectiveness) trial at the Trust—some of our participants were Trust staff or their family or friends.

Equality and Diversity

February saw LGBTQ+ History Month and the theme for this year was *Mind, Body, Spirit*. This was a great opportunity to raise awareness of the health inequalities and issues still disproportionately impacting LGBTQ+ people. We are so proud to be part of the conversations and in doing so tackling some of those inequalities. For instance, our sexual health service, specifically designed for the needs of trans* and non-binary people at Dean Street, is the first of its kind in the UK.

Staff achievement

Dr Tsitsi Chawatama, one of our consultant paediatricians, has been appointed as Chair of Save the Children. They say 'Tsitsi brings with her a wealth of experience in child health—and a deep commitment to child rights.' She already works with three other NGOs. I feel very proud of her and she has all our best wishes for the important work ahead.

Retirement of our Chairman

You will be aware that this is the last Board meeting for our Chairman, and I would like to thank him for his dedication and commitment to our organisation over the last seven years. He has been a fantastic champion for our organisation, and under his leadership, we have been able to develop and deliver outstanding care to our patients and local communities. I wish Sir Tom well for his retirement and future endeavours.

Lesley Watts
Chief Executive



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.1/Mar/21
REPORT NAME	Integrated Performance Report – January 2021
AUTHOR	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
LEAD	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
PURPOSE	To report the combined Trust’s performance for January 2021 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
REPORT HISTORY	This report has been reviewed by the Executive Management Board.
SUMMARY OF REPORT	<p>The Integrated Performance Report shows the Trust performance for January 2021.</p> <p>A&E 4 Hour Standard A&E performance was non-compliant in January at 83.47%. The departments remain challenged by the requirements of Infection Control guidance, both for managing the risk of infection within the department and when admitting patients to an inpatient area. Activity remains below that of 2020. If the Trust had been reporting we would be ranked 26th nationally. Based on the London COVID surge, the Trust continues to deliver ahead of its peers at a very challenging time.</p> <p>Cancer The final validated position for December was 84.42%. Recovery plans and robust clinical reviews are place, and pathway milestones are being monitored. Pre-validated position for January is currently 72.22%.</p> <p>RTT RTT performance is validated at 78.06% which is a further improvement of 1.27%. However, due to the most recent shut down of Elective Care for all apart from priority 1 and priority 2 patients, it is expected this position will deteriorate ahead of a full restart. Current Patient Tracking List stands at 33,598 which is a reduction of 238. The increased validation resource remains in place to support the trust retaining accurate visibility of waiters.</p> <p>RTT 52 Week waits The validated position at the end of January is 769 patients waiting over 52 weeks. Due to the cessation of routine elective activity the position against the Trust long waiters will remain challenged. All Long waiting patients have been clinically reviewed and will be treated in clinical priority order. This continues to be an on-going process as patients move through their pathway. The position across London and nationally continues to worsen. Following the most recent surge this will continue to be impacted and will further deteriorate.</p>

	<p>Diagnostic wait times <6weeks</p> <p>Performance has been impacted by the 2nd wave. While activity has been maintained at a higher level than the previous wave the recent improvements will be impacted. It is expected this will again improve in the coming months.</p>
KEY RISKS ASSOCIATED:	There are significant risks to the achievement of all of the main performance indicators, including A&E, RTT, Cancer & Diagnostics.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION / ACTION	The Board is asked to note the performance for January 2021.



TRUST PERFORMANCE & QUALITY REPORT

January 2021



NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	91.49%	87.10%	84.17%	91.37%	94.88%	88.68%	82.98%	92.41%	93.39%	88.01%	83.47%	83.47%	91.95%		!
RTT	18 weeks RTT - Incomplete (Target: >92%)	75.55%	77.32%	78.79%	67.12%	75.20%	75.93%	76.99%	69.68%	75.42%	76.79%	78.06%	78.06%	68.08%		!
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jan-21) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.79%	97.36%	97.61%	97.57%	97.93%	97.19%	95.16%	96.31%	97.87%	97.26%	96.14%	n/a	96.52%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	97.35%	98.97%	91.38%	99.01%	97.35%	98.97%	91.38%	n/a	99.01%		-
	31 days diagnosis to first treatment (Target: >96%)	96.55%	95.74%	82.61%	96.19%	94.12%	92.21%	85.51%	94.55%	95.41%	93.55%	84.35%	n/a	94.86%		!
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	n/a	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	100%	n/a	n/a	n/a	81.82%	n/a	n/a	n/a	n/a	83.33%		-
	62 days GP referral to first treatment (Target: >85%)	72.46%	86.79%	73.21%	64.16%	63.64%	83.17%	71.59%	73.21%	67.81%	84.42%	72.22%	n/a	69.91%		!
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	0	1	11	1	1	1	12	2	1	2	2	23		!
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 (Jan-21) and are not included in quarterly or yearly totals

A&E 4 Hour Standard

A&E performance was non-compliant in January at 83.47%.

The departments remain challenged by the requirements of IPC guidance, both for managing the risk of infection within the department and when admitting patients to an inpatient area. Activity remains below that of 2020. If the Trust had been reporting we would be ranked 26th nationally. Based on the London COVID surge the Trust continues to deliver ahead of its peers at a very challenging time.

Cancer

The Final validated position for December was 84.42%. Recovery plans and robust clinical reviews are place, and pathway milestones are being monitored. Pre validated position for January is currently 72.22%.

RTT

RTT performance is validated at 78.06% which is a further improvement of 1.27%. However due to the most recent shut down of Elective Care for all apart from priority 1 and priority 2 patients it is expected this position will deteriorate ahead of a full restart.

Current Patient Tracking List stands at 33,598 which is a reduction of 238. The increased validation resource remains in place to support the trust retaining accurate visibility of waiters.

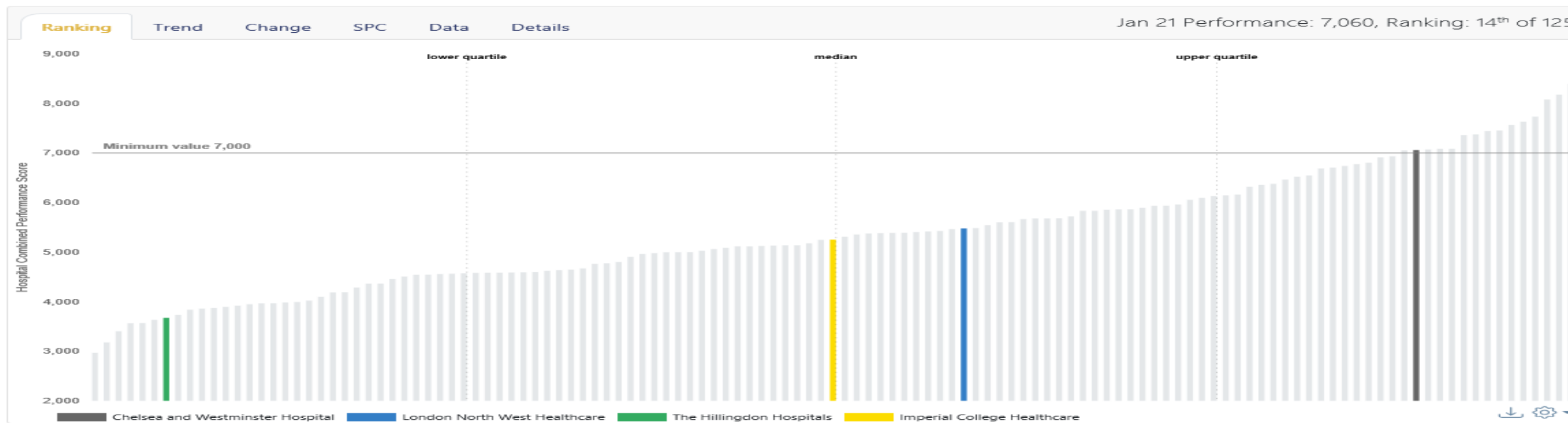
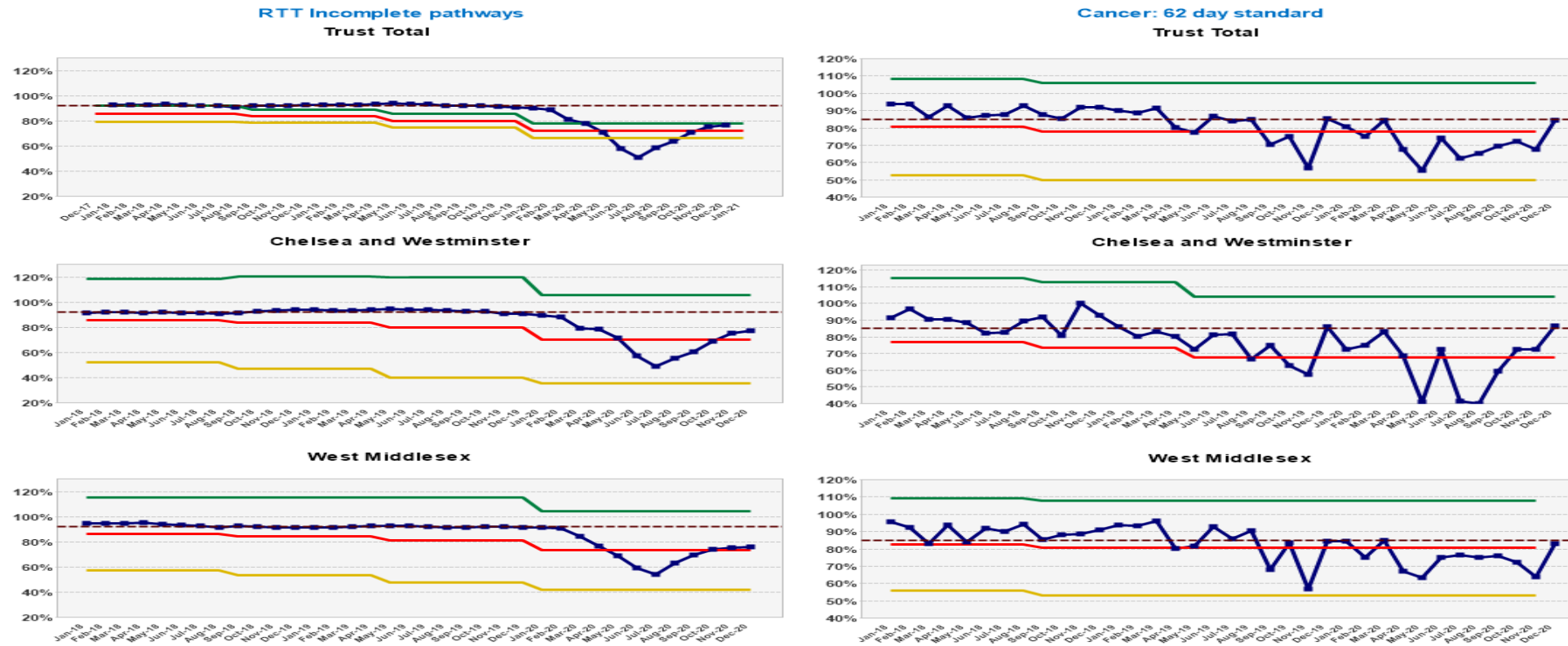
CDiff

There were 2 Trust attributed cases of CDI in January 2021, 1 case occurring at each site. The CW RCA meeting has not yet been held, the RCA meeting of the WM case identified that antibiotic prescribing and review were not in keeping with Trust guidelines and may have contributed to the development of this case. An audit of antibiotic prescribing on AMU will be conducted by the antimicrobial pharmacist to ascertain the scale of this issue.



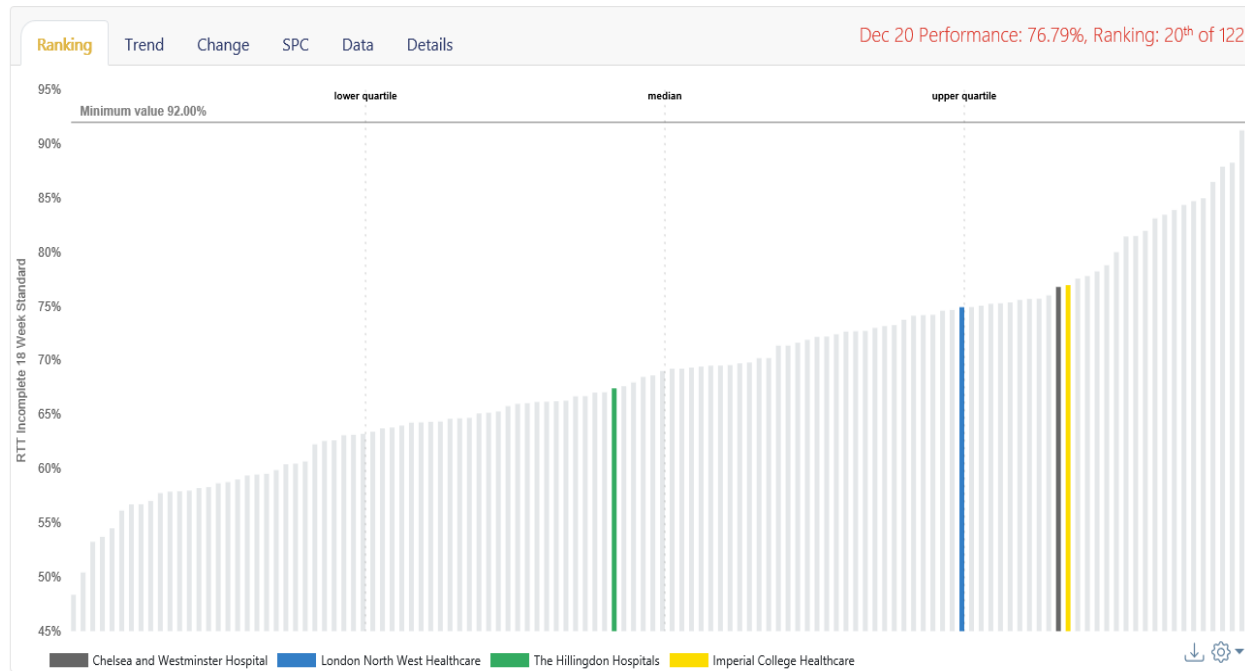
SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 37 months December 2017 to January 2021



This Chart presents the relative combined score across a number pertinent Acute Trust Metrics. Chelsea & Westminster Hospital Foundation NHS Trust Is currently ranked as the 14th best performing Trust in the country

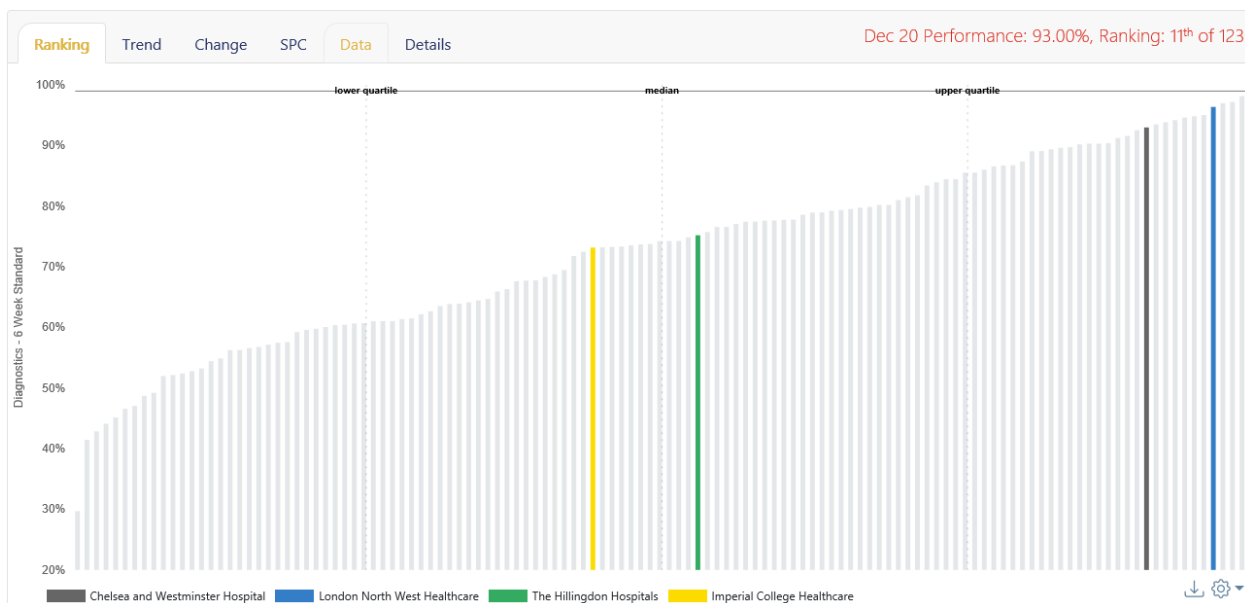
Please note, the below charts are for comparative purposes only and are 1 month retrospective



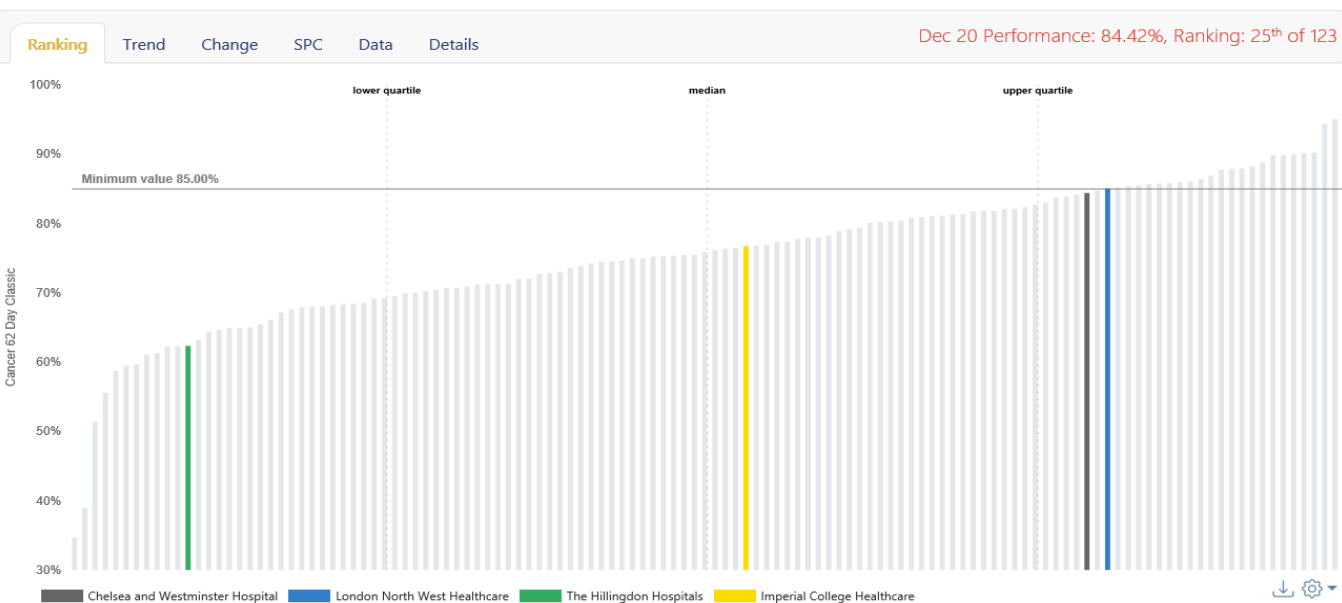
The chart above shows the relative ranking against the RTT 18 week standard. The Trust is currently ranked 20th of 124 Trusts nationally which is a positive improvement from 27th. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the RTT 52ww standard. The Trust is currently ranked 38th of 124 Trusts nationally which is a positive improvement from 41st. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the 6 Week Diagnostic Standard. The Trust is currently ranked 11th of 125 Trusts nationally which is a positive improvement from 13th. The chart also demonstrates the position across the ICS.



The chart above shows the relative ranking against the 62 Day Cancer Standard. The Trust is currently ranked 25th of 125 Trusts nationally which is a worsened position from 102nd. The chart also demonstrates the position across the ICS. Month on month performance against this standard improves as the legacy COVID backlog is cleared.



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	2	3	0	0	0	0	0	0	2	2	3	
	Hand hygiene compliance (Target: >90%)	97.5%	97.5%	82.1%	92.0%	97.7%	96.2%	88.0%	94.1%	97.6%	97.8%	84.5%	84.5%	93.0%	
Incidents	Number of serious incidents	4	3	2	35	4	2	1	23	8	5	3	3	58	
	Incident reporting rate per 100 admissions (Target: >8.5)	10.7	11.1	12.6	11.6	12.1	10.3	12.6	12.1	11.4	10.7	12.6	12.6	11.9	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.04	0.02	0.00	0.03	0.04	0.00	0.00	0.02	0.04	0.01	0.00	0.00	0.03	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.00	6.08	5.00	5.51	3.43	3.16	2.42	3.34	3.76	4.64	3.77	3.77	4.47	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	1.4%	0.6%	0.0%	0.0%	3.1%	1.1%	0.0%	0.0%	1.9%	1.9%	0.8%	
Harm	Never Events (Target: 0)	0	1	0	1	0	0	0	1	0	1	0	0	2	
	NEWS compliance %														
	Safeguarding adults - number of referrals	24	28	27	255	42	31	28	278	66	59	55	55	533	
	Safeguarding children - number of referrals	45	30	37	329	134	129	115	1061	179	159	152	152	1390	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.79	0.78	0.78	0.78	0.79	0.78	0.78	0.78	0.79	0.78	0.78	0.78	0.78	
	Number of hospital deaths - Adult	40	51	112	467	71	96	231	865	111	147	343	343	1332	
Mortality	Number of hospital deaths - Paediatric	0	1	1	7	0	0	0	0	0	1	1	1	7	
	Number of hospital deaths - Neonatal	2	1	3	14	0	1	1	8	2	2	4	4	22	
	Number of deaths in A&E - Adult	2	4	2	21	4	5	17	68	6	9	19	19	89	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	3	0	0	0	0	3	

Medication-related safety incidents

A total of 121 medication-related incidents were reported in January 2021. CW site reported 83 incidents, WM site reported 37 incidents and there was 1 incident reported in community. The number of incidents reported in January has reduced from the number of incidents reported in December (134 incidents).

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

The Trust position of medication-related incidents involving patients (NRLS reportable) for January 2021 was 3.58 per 1,000 FCE bed days which falls below the Trust target of 4.2 per 1,000 FCE bed days. CW site remains above target in the number of incidents reported in January, however WM site has again fallen below target. Strategies to improve medication-related incident reporting particularly at the WM site will continue to be a focal theme of discussion for the MSG, when meetings resume in due course.

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

The Trust had 1% of medication-related safety incidents with moderate harm and above in January 2021, which is in line with the Trust target of ≤2%. This accounts for one moderate harm incident involving missed doses of rotigotine patch in a patient nearing end of life.

MRSA

There were 2 reported cases of MRSA at the West Middlesex site in January and are under review.



Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
Complaints	FFT: Inpatient satisfaction % (Target: >90%)	97.9%	95.6%	95.4%	95.6%	96.6%	93.6%	96.1%	96.1%	97.2%	94.5%	95.9%	95.9%	95.9%		-
	FFT: Inpatient not satisfaction % (Target: <10%)		2.6%	3.5%	1.6%	0.5%	1.8%	2.1%	0.9%	0.3%	2.2%	2.5%	2.5%	1.2%		-
	FFT: Inpatient response rate (Target: >30%)	20.2%	50.0%	21.5%	19.2%	22.6%	65.9%	50.4%	25.0%	21.5%	57.2%	36.5%	36.5%	22.0%		-
	FFT: A&E satisfaction % (Target: >90%)	91.5%	88.6%	92.9%	89.9%	94.8%	87.1%	88.2%	92.3%	92.6%	88.1%	91.5%	91.5%	90.6%		-
	FFT: A&E not satisfaction % (Target: <10%)	5.5%	6.6%	4.8%	5.8%	4.1%	7.3%	9.1%	5.2%	5.1%	6.8%	6.1%	6.1%	5.6%		-
	FFT: A&E response rate (Target: >30%)	21.3%	14.2%	13.1%	20.0%	26.3%	16.6%	11.0%	22.1%	22.7%	14.9%	12.4%	12.4%	20.6%		!
	FFT: Maternity satisfaction % (Target: >90%)	90.5%	83.2%	93.9%	86.2%	96.4%	100.0%	100.0%	94.8%	91.2%	84.4%	94.4%	94.4%	87.8%		-
	FFT: Maternity not satisfaction % (Target: <10%)	6.3%	12.4%	4.0%	8.7%	3.6%	0.0%	0.0%	4.4%	6.0%	11.5%	3.7%	3.7%	7.9%		-
	FFT: Maternity response rate (Target: >30%)	23.6%	25.7%	26.0%	19.3%	9.4%	100.0%	33.3%	10.3%	20.2%	27.2%	26.5%	26.5%	16.6%		!
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	40	19	16	189	23	18	19	158	42	39	34	34	347		-
	Complaints formal: Number of complaints received	19	21	15	145	17	10	4	104	32	23	12	12	249		-
	Complaints formal: Number responded to < 25 days	15	13	8	389	28	31	15	379	68	50	31	31	768		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	1	0	0	0	0	1		-

Please note the following

blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months
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Regarding Friends and Family Tests: These metrics are currently suspended and will be re-instated if this report when brought back on line

PALS & Complaints

The number of complaints received and investigated has remained low again during January 2021. Our performance with responding to complaints within the 25 day KPI (95%) was met at 95%. Similarly the number of PALS concerns logged remains low and our performance with responding to the 5-day KPI (90%) during December exceeded this at 93%. We are aiming to resolve as many concerns instantly and for January 2021 this was 83% (190) of the concerns received for that month. We have four complaints with the PHSO. Two are for EIC and one each for PC and WCH Divisions.

FFT

The new patient experience portal is now completed after some initial start-up issues regarding the alignment of data extracts which fed into the system. All key staff have super-user access to the new system, which means they can view their area scores in real time; enabling them to influence and rectify any feedback immediately, rather than waiting for their monthly data to be sent to them. This additional functionality requires organisational culture change and the Patient Experience team are working with managers to use the real-time data proactively. Maternity and A&E response rates remain low, although there has been a month-on-month improvement. Uptake of patients responding to SMS surveys has been identified as the cause, so tablet devices and posters with QR codes have been displayed in areas which enables patients to provide feedback whilst in the departments. Managers are engaged with the improvement initiative and aware of importance of FFT opportunities for their patients. The Patient Experience team are currently redeployed to support Covid, however continue to support all areas across the Trust.



Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	11.18	2.22	1.92	4.81	2.11	1.38	2.50	2.77	10.24	2.12	1.97	1.97	4.65		-
	Average length of stay - non-elective (Target: <3.95)	4.56	4.31	5.97	4.14	3.29	3.21	3.89	3.27	3.84	3.67	4.76	4.76	3.65		!
	Emergency care pathway - average LoS (Target: <4.5)	5.35	6.09	7.17	4.90	3.97	3.68	4.63	3.84	4.44	4.47	5.48	5.48	4.22		!
	Emergency care pathway - discharges	166	172	172	1729	322	355	341	3096	489	527	513	513	4825		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.98%	5.54%	5.79%	5.89%	10.29%	11.45%	11.57%	11.46%	7.58%	8.69%	9.01%	9.01%	8.78%		!
	Non-elective long-stayers	359	350	197	3193	305	324	117	2719	664	674	314	314	5912		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	75.5%	84.2%	100.0%	80.4%	93.6%	94.9%	100.0%	95.4%	81.9%	86.7%	100.0%	100.0%	85.4%		-
	Operations cancelled on the day for non-clinical reasons: actuals	0	0	0	15	4	1	0	22	4	1	0	0	37		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.00%	0.00%	0.10%	0.35%	0.10%	0.00%	0.33%	0.11%	0.04%	0.00%	0.00%	0.17%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	3	0	17	2	1	0	5	2	4	0	0	22		-
	Theatre Utilisation (Target >85%)	66.9%	65.7%	35.3%	61.3%	69.8%	68.8%		67.5%	67.6%	66.6%	35.3%	35.3%	63.0%		!
Outpatients	First to follow-up ratio (Target: <1.5)	2.25	2.33	2.51	2.46	2.04	2.18	2.32	2.24	2.17	2.26	2.43	2.43	2.36		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.2	9.9	11.4	9.8	8.0	6.7	8.6	8.8	9.2	8.4	10.1	10.1	9.4		!
	DNA rate: first appointment	7.3%	8.6%	8.1%	8.0%	7.4%	7.1%	6.4%	6.4%	7.3%	7.9%	7.4%	7.4%	7.4%		-
	DNA rate: follow-up appointment	7.5%	8.0%	7.6%	7.9%	6.9%	7.1%	7.5%	6.1%	7.2%	7.6%	7.5%	7.5%	7.2%		-

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

Theatre Metrics

These indicators have been impacted by the cessation of activity over the period and are not comparable with recent months.

Outpatient

These indicators would have been impacted by the cessation of activity over the period and are not comparable with recent months



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	97.2%	84.4%	7.1%	75.6%	93.7%	86.1%	24.0%	69.3%	95.2%	85.1%	16.4%	16.4%	72.2%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	100.0%	100.0%	95.2%	100.0%	94.4%	58.8%	88.4%	100.0%	97.2%	78.1%	78.1%	91.2%		-
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	84.6%	83.3%	91.7%	81.5%	100.0%	91.7%	100.0%	92.5%	94.3%	90.0%	92.9%	92.9%	87.5%		-
VTE	VTE: Hospital acquired	1	1	0	3	4	1	1	12	5	2	1	1	15		-
	VTE risk assessment (Target: >95%)	89.6%	89.3%	78.2%	82.8%	96.2%	96.2%	72.2%	87.2%	92.7%	92.7%	75.2%	75.2%	85.0%		!
TB Care	TB: Number of active cases identified and notified	4	3	1	23	10	10	9	81	14	13	10	10	104		-

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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Dementia screening

Older adult team nurses (including lead nurse) have all been redeployed since December. The team are now coming back from redeployment, so we expect to see an improved position.

VTE Risk Assessment

The VTE recorded performance was significantly down on both sites in January. This coincided with the Cerner prompt and reminder being unintentionally turned off for a 3 week period in the month. For reassurance there was a retrospective manual audit on acute admissions performed on both hospital sites during this period, which showed a 98% concordance with VTE guidance (CW 100%; WM 97%). Currently February recorded data is in keeping with previous levels.



Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	283	334	469	2418	250	271	300	1553	533	605	769	769	3971		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	90.43%	91.06%	86.86%	62.18%	94.18%	94.71%	89.61%	60.87%	92.43%	93.01%	88.41%	88.41%	61.47%		!
	Diagnostic waiting times >6 weeks: breach actuals	277	258	310	16284	193	175	318	19724	470	433	628	628	36008		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.5%	9.6%	9.4%	9.5%	7.6%	8.1%	9.1%	8.3%	8.8%	9.0%	9.3%	9.3%	9.1%		!
	A&E time to treatment - Median (Target: <60')	00:31	00:34	00:43	00:35	00:49	00:55	00:56	00:49	00:40	00:46	00:51	00:51	00:44		-
	London Ambulance Service - patient handover 30' breaches	4	3	0	60	53	145	258	697	57	148	258	258	757		-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	33	61	94	0	33	61	61	94		-
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 52 Week waits

The Validated position at the end of January is 769 patients waiting over 52weeks. Due to the cessation of routine elective activity the position against the Trust long waiters will remain challenged. All Long waiting patients have been clinically reviewed and will be treated in clinical priority order. This continues to be an on-going process as patients move through their pathway. The position across London and nationally continues to worsen. Following the most recent surge this will continue to be impacted and will further deteriorate.

Diagnostic wait times <6weeks

Performance has been impacted by the 2nd wave. While activity has been maintained at a higher level than the previous wave the recent improvements will be impacted. It is expected this will again improve in the coming months.



Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021	Trend charts	
Birth indicators	Total number of NHS births	465	427	448	4540	365	381	374	3833	830	808	822	822	8373		-
	Total caesarean section rate (C&W Target: <27%; WVM Target: <29%)	37.8%	36.0%	35.8%	37.4%	39.4%	32.9%	33.8%	33.6%	38.5%	34.5%	34.9%	34.9%	35.6%		!
	Midwife to birth ratio (Target: 1:30)	1:29.5	1:27	1:27	1:29.5	1:29	1:28	1:28	1:29	1:29.25	1:27.5	1:27.5	1:27.50	1:28.82		-
Safety	Maternity 1:1 care in established labour (Target: >95%)	97.9%	98.5%	97.5%	97.5%	98.0%	97.8%	98.4%	97.7%	97.9%	98.1%	97.9%	97.9%	97.6%		-
	Admissions of full-term babies to NICU	21	18	8	154	n/a	n/a	n/a	n/a	21	18	8	8	154		-
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					

Caesarean Birth

Consistent across both sites and reflective of rates seen within the local network. Most frequent Indication for emergency cs was lack of progress in labour and fetal distress. Most frequent indication for an elective CS was previous CS.

WM - Elective CS 11.4% (42 births) and Emergency 22% (83 births)

CW - Electives CS 12.4% (55 births) and Emergency 23% (104 births)



62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months		
		Nov-20	Dec-20	Jan-21	2020-2021	YTD breaches	Nov-20	Dec-20	Jan-21	2020-2021	YTD breaches	Nov-20	Dec-20	Jan-21	2020-2021 Q4	2020-2021		YTD breaches	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		80.0%	100%	100%	77.6%	18.5	80.0%	100%	100%	n/a	77.6%	18.5		-
	Colorectal / Lower GI	81.0%	77.8%	100%	60.0%	18	71.4%	100%	37.5%	77.1%	13	78.6%	84.6%	50.0%	n/a	67.5%	31		!
	Gynaecological	100%	n/a	50.0%	64.7%	4	100%	77.8%	57.1%	73.8%	9.5	100%	77.8%	54.5%	n/a	71.8%	13.5		-
	Haematological	66.7%	100%	n/a	68.2%	3.5	50.0%	100%	60.0%	79.3%	5	57.1%	100%	60.0%	n/a	74.5%	8.5		-
	Head and neck	n/a	60.0%	n/a	60.0%	2	n/a	n/a	75.0%	30.8%	5	n/a	60.0%	75.0%	n/a	43.5%	7		-
	Lung	80.0%	100%	80.0%	76.2%	3	85.7%	0.0%	66.7%	65.2%	4.5	83.3%	25.0%	75.0%	n/a	70.5%	7.5		!
	Sarcoma	n/a	n/a	n/a	n/a		n/a	n/a	n/a	0.0%	1.5	n/a	n/a	n/a	n/a	0.0%	1.5		-
	Skin	95.7%	92.0%	81.0%	89.5%	10	80.0%	90.5%	55.6%	95.6%	4.5	92.9%	91.3%	73.3%	n/a	92.1%	14.5		-
	Upper gastrointestinal	0.0%	100%	100%	52.4%	5	n/a	0.0%	0.0%	68.4%	4	0.0%	62.5%	50.0%	n/a	60.0%	9		!
	Urological	-57.1%	83.3%	60.0%	18.5%	37	64.9%	79.4%	100%	58.4%	46	45.5%	80.0%	81.4%	n/a	47.7%	83		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		n/a	100%	n/a	88.2%	1	n/a	100%	n/a	n/a	88.2%	1		-

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 (Jan-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 December 2020 were as follows:

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			0	9
Gynaecology			1	4.5
Haematology	0	1	0	3
Head and Neck	0	2.5	1	0
Colorectal	1	4.5	0	2
Lung	0	0.5	1.5	1.5
Skin	1	12.5	1	10.5
Testicular			0	1
Upper GI	0	2.5	1.5	1.5
Urology	0.5	3	3.5	17
Other			0	0.5
Total:	2.5	26.5	9.5	50.5



Safe Staffing & Patient Quality Indicator Report – Chelsea Site

January 2021

Month	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	January 21 Vacancy Rate	January 21 Voluntary Turnover			Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FFT December 2020/21
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	Moderate		Severe		Month	YTD	Month	YTD		
												Month	YTD	Month	YTD						
Maternity	101%	80%	100%	97%	11.4	4	15.3	15.3	3%	9%	13%		5								
Annie Zunz	189%	129%	136%	215%	5.2	2.5	7.7	7.8	6%	12%	0%	2	11							100.0%	
Apollo	67%	-	54%	-	11.3	0	11.6	10.9	13%	24%	0%										
Jupiter	-	-	-	-	-	-	-	10.9	53%	52%	0%	1									
Mercury	113%	127%	113%	-	7.5	0.6	8.2	9.3	17%	3%	40%										
Neptune	-	-	-	-	-	-	-	10.9	17%	18%	67%	1									
NICU	93%	-	92%	-	14	0	14	26	6%	14%	21%										
AAU	115%	68%	112%	92%	8	1.8	10	7.8	9%	12%	43%	11	56		2		1			96.8%	
Nell Gwynne	98%	58%	125%	77%	4.8	3.4	8.2	7.3	6%	0%	35%	6	29							81.8%	
David Erskine	138%	102%	169%	170%	6	4.3	10.3	7	-6%	8%	10%									90.9%	
Edgar Horne	100%	83%	112%	91%	3.5	2.7	6.1	6.9	12%	6%	18%	7	16							96.9%	
Lord Wigram	69%	73%	76%	83%	4.8	3.5	8.4	7	3%	3%	5%	1	24							92.0%	
St Mary Abbots	86%	64%	94%	102%	3.5	2	5.8	7.2	13%	9%	0%		4							100.0%	
David Evans	95%	112%	110%	341%	4.1	2.1	6.5	7.2	7%	1000%	12%	2	14							94.8%	
										0%											
Chelsea Wing	-	-	-	-	-	-	-	7.2	31%	7%	18%	1	2								
Burns Unit	60%	104%	76%	100%	9.3	3.3	12.7	N/A	10%	18%	15%	1	11							96.0%	
Ron Johnson	105%	120%	106%	134%	6.3	4.1	10.4	7.4	6%	10%	20%									95.8%	
ICU	286%	101%	287%	101%	30.5	3.5	34.3	26	-1%	16%	133%	1	5								
Rainsford Mowlem	104%	41%	106%	67%	3.5	2	5.7	7.3	11%	9%	14%	8	81	1	2					90.3%	



Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

January 2021

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy Rate	January 21 Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FFT December 2020/21		
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA				Qualified	Un- Qualified	Moderate		Severe		Month	YTD	Month	YTD		Month	YTD
												Month	YTD	Month	YTD							
Lampton	99%	101%	102%	98%	3.4	3.1	6.5	7.3	1.2%	0.0%	6.4%	1	32					1	17			
Richmond	-	-	-	-	-	-	-	7.2		3.9%	0.0%											
Syon 1 cardiology	86%	92%	76%	137%	3.9	2.5	6.4	8	9.4%	0.0%	0.0%	8						3	24			
Syon 2	92%	91%	89%	90%	3.3	2.8	6.4	7.3	13.9%	11.4%	20.0%	8	51					2	27			
Starlight	88%	-	89%	-	7.7	0.4	8.1	10.9	4.4%	22.3%	0.0%							1	23			
Kew	94%	75%	98%	88%	3.1	2.3	5.6	6.9	-3.7%	9.5%	12.1%	12	49	1	1							
Crane	96%	71%	99%	81%	3.2	3	6.2	6.9	12.8%	3.3%	7.5%	5	46		2							
Osterley 1	74%	68%	65%	102%	2.8	2.4	5.4	7	-3.8%	14.8%	0.0%	7	40					1	19			
Osterley 2	56%	65%	58%	98%	3.3	2.6	6.1	7.2	10.0%	2.7%	17.5%	1	30		1			1	12			
MAU	114%	151%	121%	154%	6	2.8	8.9	7.8	9.3%	11.4%	0.0%	8	92					4	70			
Maternity	104%	67%	106%	87%	7.2	1.9	9.1	15.3	2.0%	5.6%	1.2%		1		1			3	22			
Special Care Baby Unit	90%	100%	79%	100%	8	3	11	10.9	8.3%	3.8%	0.0%											
Marble Hill 1	111%	88%	87%	165%	3.3	2.6	6	7.3	20.7%	7.0%	12.5%	10	56		1			5	29			
Marble Hill 2	100%	85%	99%	152%	3.5	2.9	6.4	6.5	0.4%	20.7%	14.9%	10	65					3	23			
ITU	371%	103%	255%	101%	28.5	6.2	35.1	26	-3.2%	11.4%	0.0%		2					2	26			



Safe Staffing & Patient Quality Indicator Report

January 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, staffing vacancy/turnover 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.

During this second wave of the COVID pandemic elective surgery was paused prior to Christmas. Chelsea Wing and the Day Surgery Unit at the West Mid Site closed during January. As numbers of admitted patients reduced throughout the month of January other wards were closed as bed capacity allowed. This allowed staff to be deployed to other wards to maintain patient safety. HCA fill rates were low across many wards but following intensive recruitment in December and January this position will be rectified shortly. At West Mid Site, in particular, the sickness levels on the medical and surgical wards was high. On both sites, staff were booked, redeployed and agency staff were allocated to wards/hospital sites on arrival on a shift by shift basis. This process was overseen by a twice daily dedicated nursing staffing meeting across site. Extra staff were redeployed from outpatients and the Specialist Nurse teams to cover gaps. It was not possible to make all changes in relation to staff deployment on Healthroster due to the complexity of the situation and work pressures.

David Erskine and AMU had high fill rates due to the additional staff required to care for the increased number of COVID patients on non-invasive ventilation in their areas. Jupiter remained closed and Neptune was designated as an adult ward hosting Ron Johnson. This ward had an increased number of unwell, immobile patients and thus increased staffing levels. Annie Zunz relocated to David Erskine and the increased bed capacity from 12 to 28 beds is reflected in the high planned and actual fill rates. Nursing ratios were reduced on Apollo due to lower acuity patients being cared for in this area.

Saint Mary Abbots had low fill HCA rates as HCAs were deployed to higher acuity areas with COVID positive patients such as Edgar Horne and bank was unable to backfill. RN shifts were supported by Specialist Nurses for Stoma and Urology. David Evans had high staffing fill rates on nights as it increased its bed base to 28 (where as they are normally staffed to 22 beds). Paediatric nurses worked HCA shifts to increase the fill rate. Lord Wigram fill rates were due to changes to the ward profile and the number of beds, staff were deployed accordingly. Nell Gwynne had high RN fill rates at night due to patients requiring tracheotomy care.

Marble Hill 1 had higher fill rates for HCAs due to patients requiring 1 to 1 care. Osterley 1 and Osterley 2 had low RN fill rates due to sickness and 7 and 12 RNs respectively being deployed to ICU. Bank were not able to backfill all shifts. There were also a fluctuating number of filled beds, particularly on Osterley 2. The high RN fill rate on WM ICU and CW ICU was due to the rise in numbers of COVID19 patients, three-fold increase in bed base and the deployment of bed buddies. Burns staffing levels were supplemented by ICU staffing and burns patients were managed as day cases wherever possible.

In January there were two falls with moderate harm; one on Rainsford Mowlem and one on Kew ward.

The Family and Friends report for the Chelsea site relates to December as January figures were unavailable at the time of the report. Annie Zunz and St Mary Abbots both scored 100% with only one ward scoring below 90%. The figures for the West Mid site were not available as QlikView is being updated.

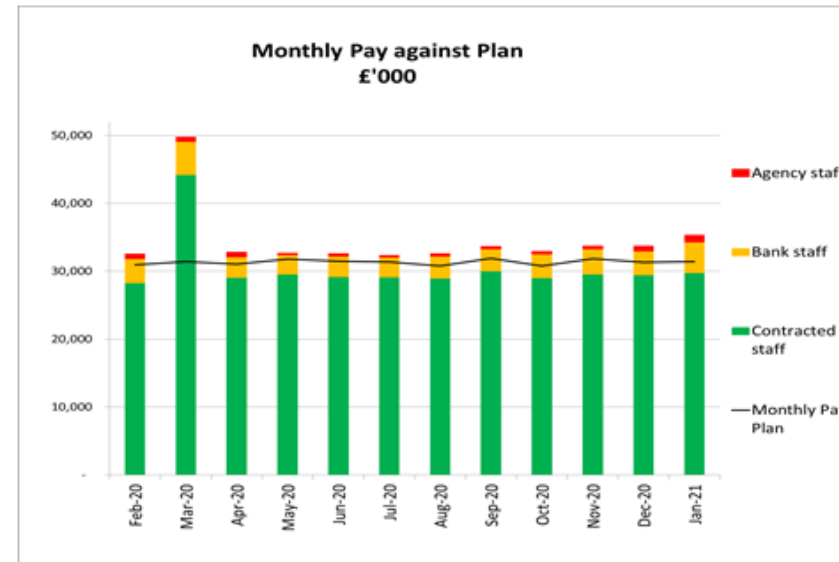


Finance Dashboard M10 2020/21

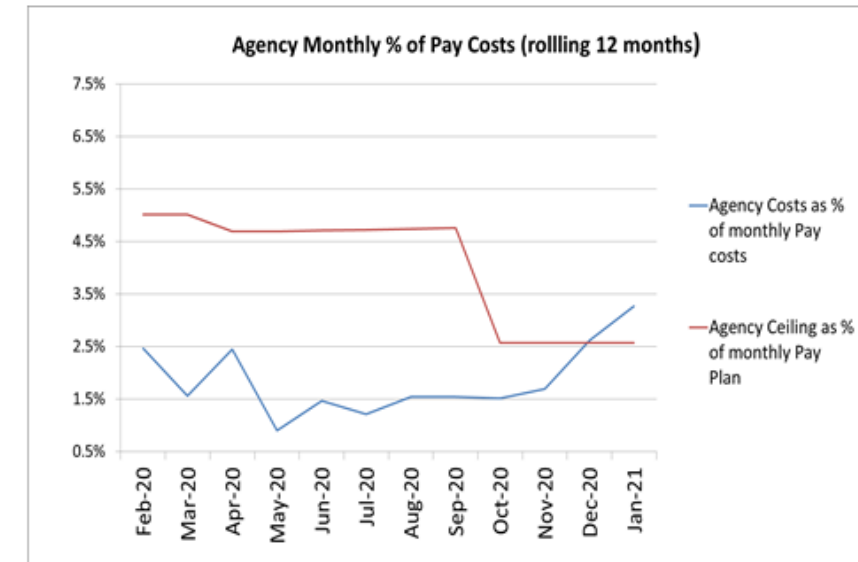
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	556,427	592,631	36,204
Expenditure	(313,878)	(332,888)	(19,010)
Pay	(214,620)	(233,885)	(19,266)
Non-Pay	(214,620)	(233,885)	(19,266)
EBITDA	27,930	25,858	(2,072)
EBITDA %	5.02%	4.36%	-0.7%
Depreciation	(17,848)	(17,837)	12
Non-Operational Exp-Inc	(13,479)	(37,396)	(23,917)
Surplus/Deficit	(3,398)	(29,375)	(25,977)
Control total Adj - Donated asset, Impairment & Other	(82)	24,605	24,687
Adjusted Surplus/Deficit	(3,480)	(4,770)	(1,290)

The Trust is reporting a £4.77m deficit against the control total which is £1.29m behind plan. The position includes an accrual/actual income of £22.9m to address shortfalls in our funding model and expenditure related to our COVID-19 response. The YTD position includes an impairment charge of £24.69m, this does not impact the Trust control total.

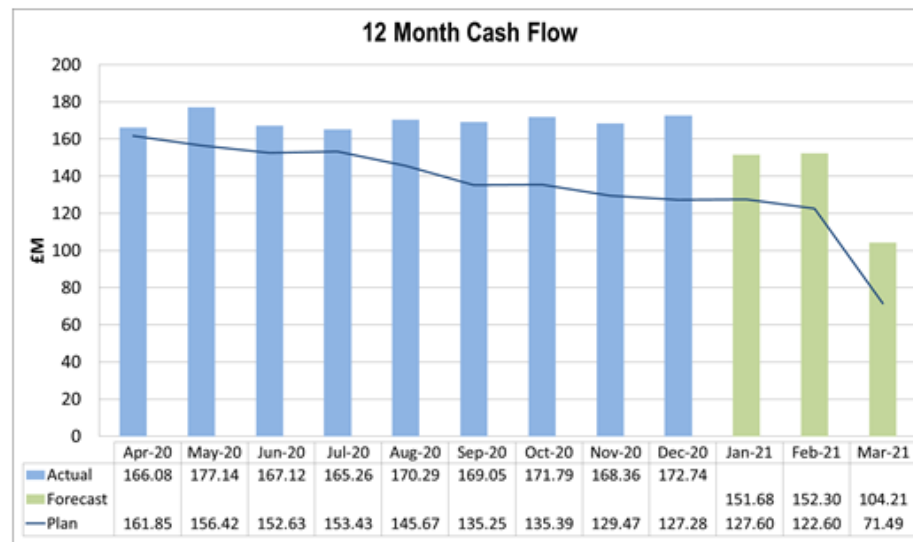
Income: Contractual income from CCG and NHS England continues on a block at the same level as M1-6. Activity levels continue to decrease compared to M9, the reductions were seen in A&E, elective, outpatient and diagnostics, however outpatient virtual activity has increased in M10. Maternity deliveries and ante natal booking remain fairly stable. Critical care is the only areas where we saw the highest levels of activity to date. Local authority income, which is two months behind schedule has recovered considerably. NHS Non-contracted activity income has been added to the sector baseline and added to the top up now received from CCGs (M7-12), but sexual health is being billed as normal.



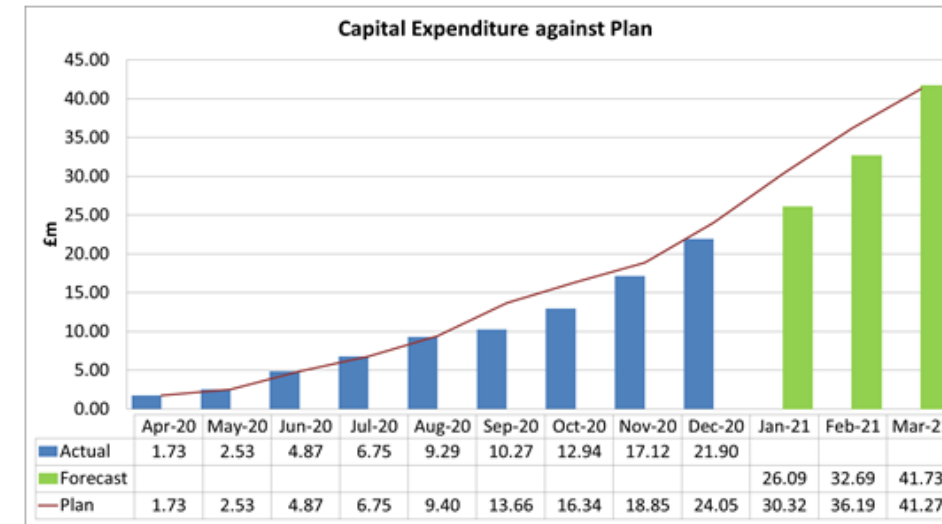
Comment
The pay cost spike in March 2020 includes two exceptional items of £14.6m full year notional charge for 6.3% employer Pension contributions and £2m COVID-19 holiday accruals costs.



Comment
The Trust submitted a revised plan for M7-12, this included a change to the agency plan which is more reflective of Q1/Q2 trends. At M9 & 10 the Trust is overspent in month however, remains within the revised target YTD.



Comment:
The favourable cash variance to plan in M10 of £45.66m is favourable cash variance b/fwd from M9 of £45.47m, lower cash receipts to plan of £3.51m (Extra CCG (£4.52m) + Extra Donations/Grant (£0.03m) + Extra PDC (3.26m) offset by lower FT Income 2.6m, lower PP Income £0.61m, lower Non NHS Income £0.85k, Lower Health Education £6.24m, lower NHS England £1m offset by Higher cash outflows to plan £3.71m (Lower Creditor Payments + VAT return delayed to M11).



Comment:
The Trust has spent £1.08m in period 10 compared to the September 2020 plan forecast of £5.02m, resulting in an underspend of £3.94m. The underspend is mainly due to the backdated maintenance works. A number of schemes have now been approved and will shortly be in delivery, although some works may be affected by the Covid-19 surge and these works will take place once access can be given to the relevant areas. The other underspends relate to schemes that have been delivered and spend incurred in previous months such as A&E and Richmond Ward upgrade work. The refurbishment/ICU expansion projects at the Neil Gwynne, Marjory Warren, St Marys and Richmond wards are now complete together with the air conditioning project also at Marjory Warren ward. The CT scanners and IR Radiology equipment will be manufactured by 31.3.2021 and the installation of the MRI scanner at West Middx and endoscopy ventilation works are due to be completed by the end of the financial year.



CQUIN Dashboard

2020/21 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.



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Mar/21
REPORT NAME	COVID-19 Recovery Update
AUTHOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
LEAD	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer
PURPOSE	To provide the Board with an overview of Covid-19 recovery and our current waiting list position across all aspects of the Elective Care Programme.
REPORT HISTORY	Elective care recovery has been regularly reviewed and discussed by the Executive Management Board and Quality Committee.
SUMMARY OF REPORT	As attached.
KEY RISKS ASSOCIATED	As noted in the paper.
FINANCIAL IMPLICATIONS	As noted in the paper.
QUALITY IMPLICATIONS	As noted in the paper.
EQUALITY & DIVERSITY IMPLICATIONS	As noted in the paper.
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Deliver high quality patient centred care• Delivering better care at lower cost
DECISION/ ACTION	For information and discussion.

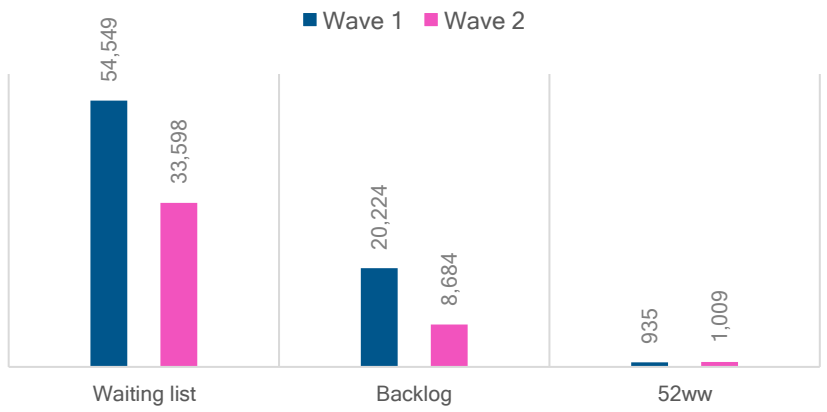
COVID-19 Recovery

25 Feb 2021

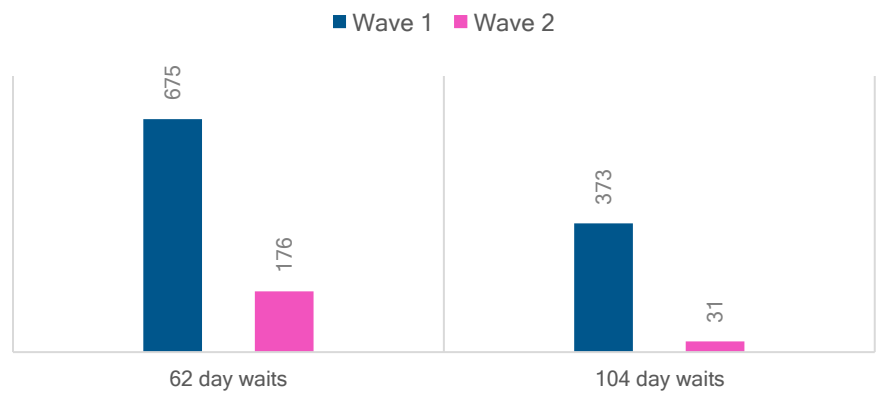


Our backlog position is significantly better than Wave 1

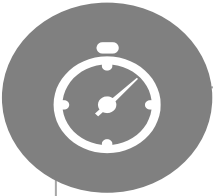
RTT WAITING LIST



CANCER BACKLOG



We have managed to continue a significant amount of activity despite the challenges of Wave 2



220%
increase

Referrals per week
Wave 1: 1,850
Wave 2: 4,074



223%
increase

Outpatients per week
Wave 1 : 5,899
Wave 2: 13,185



405%
increase

IP/DC per week
Wave 1: 132
Wave 2: 534



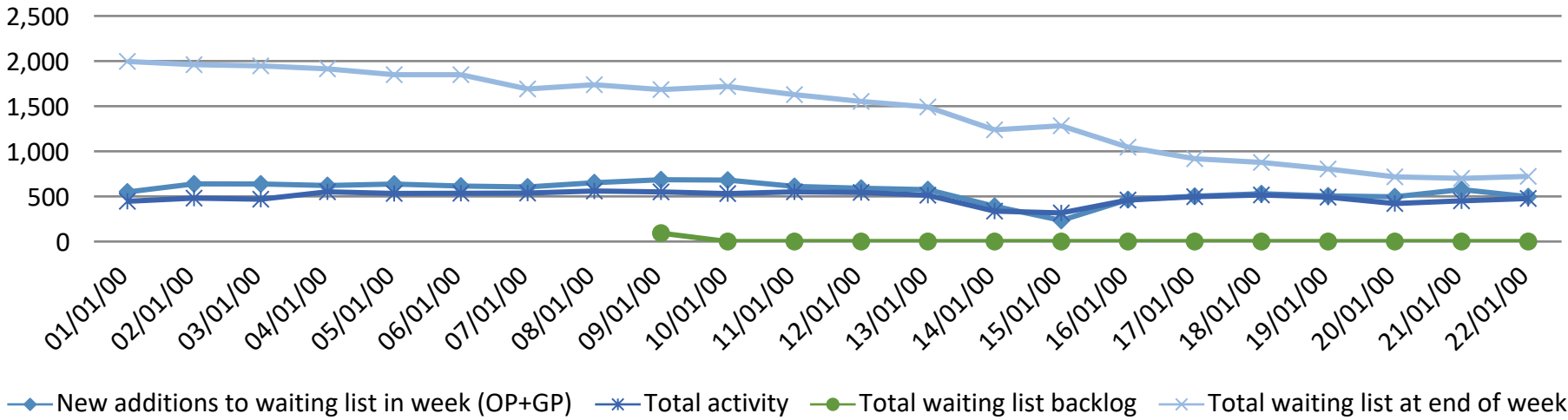
75%
Decrease in W/L

Diagnostics W/L reduction
MRI: - 64% Dexa: - 75%%
CT: - 58% Non-Ob: - 66%

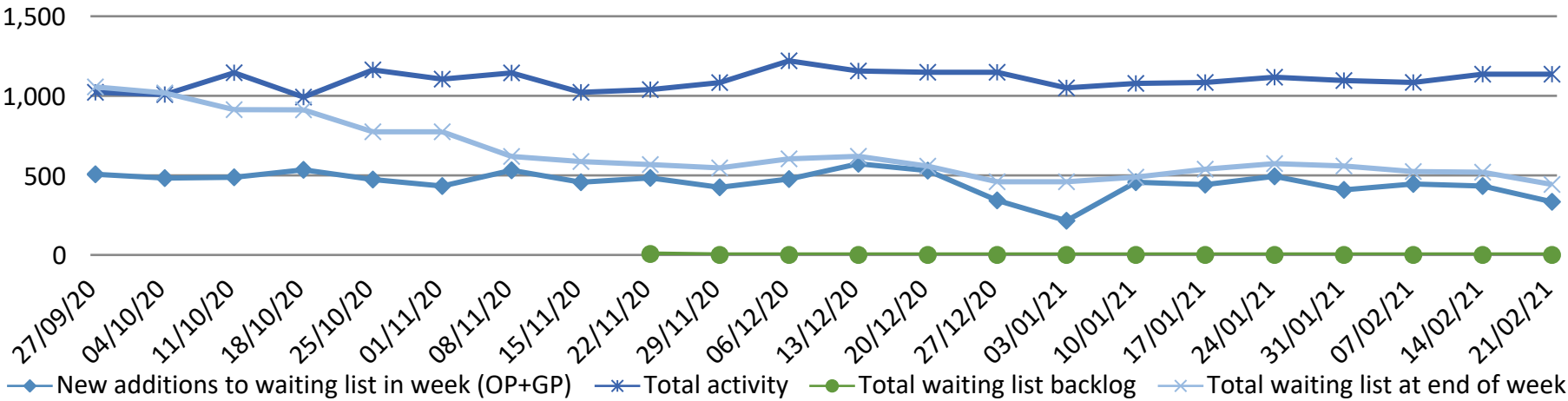


Imaging - MRI/CT

MRI

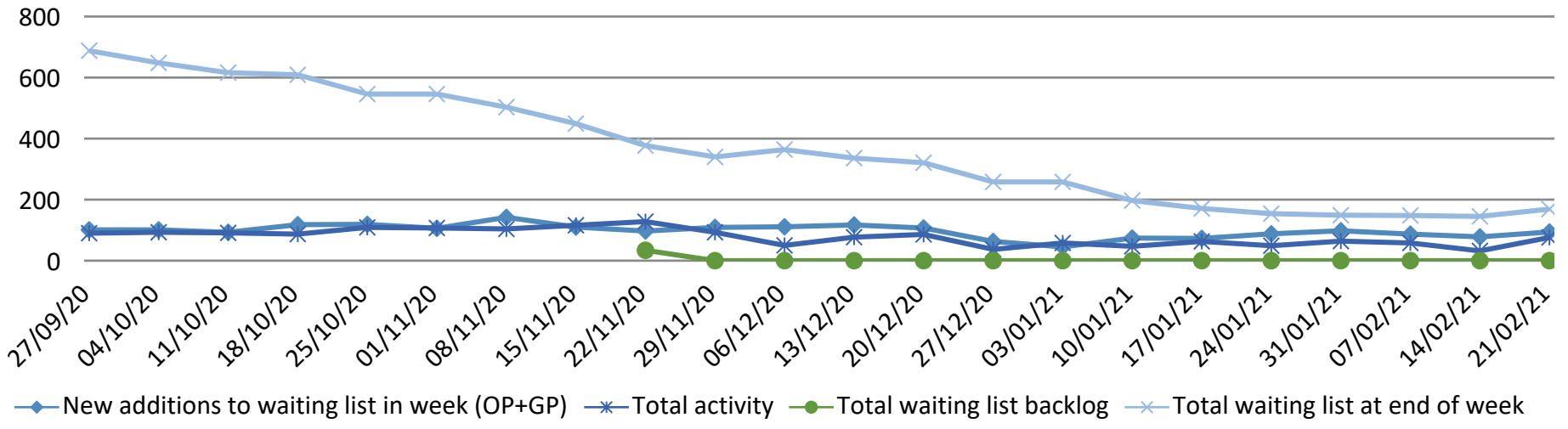


CT

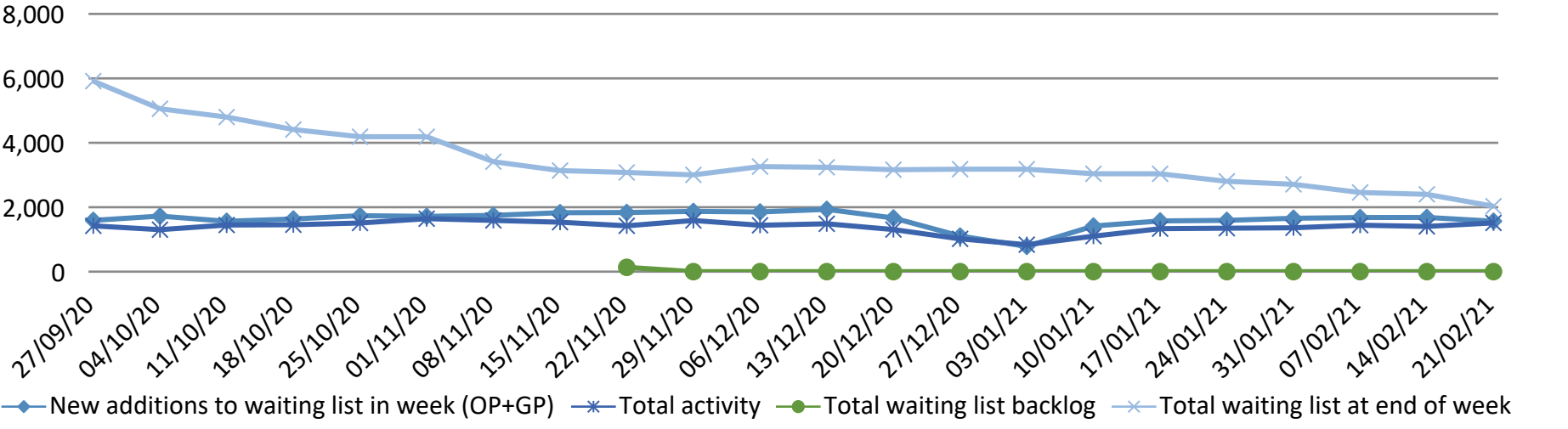


Imaging - Dexa/US

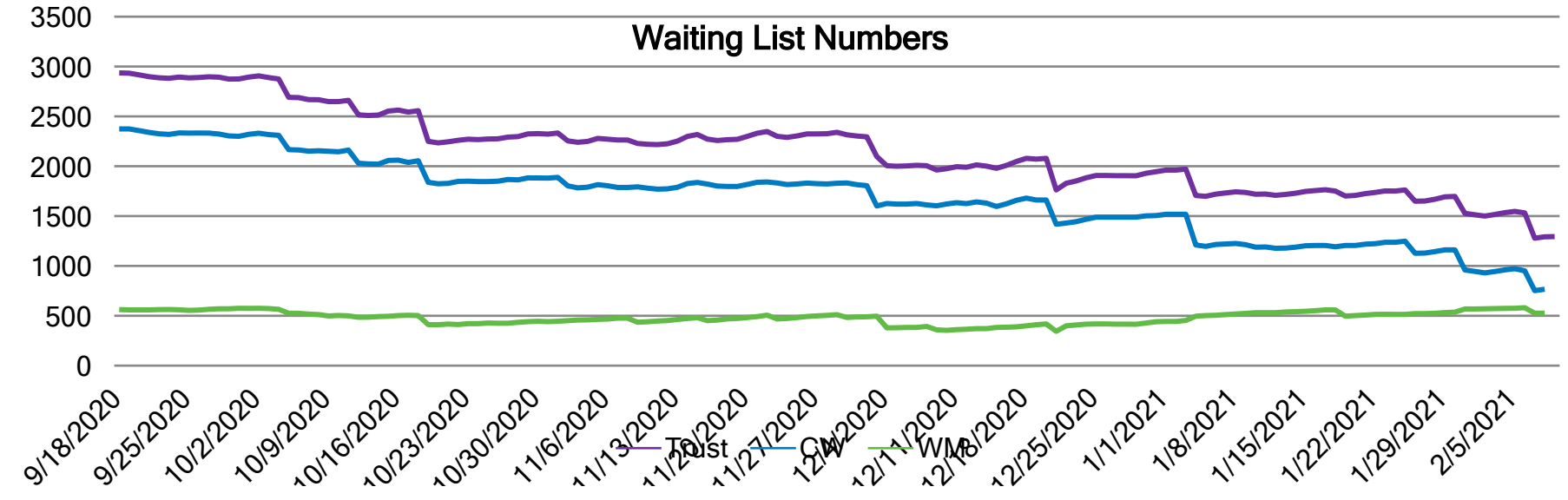
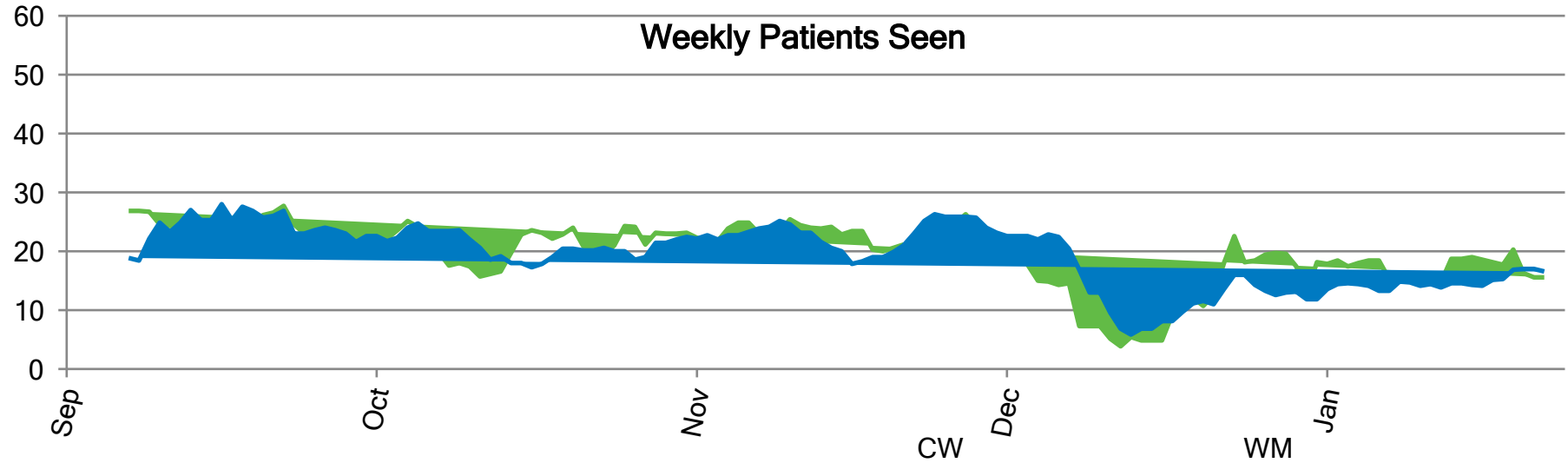
Dexa



Non Ob US



Endoscopy



Recovery will be driven by a number of key activities

- **Return of Elective activity**

- As COVID Occupancy returns to more manageable levels
- Plans in place to increase on site activity to manage priority demand
- Use of the Independent sector where available
- Restart of NWL fast-track surgical hubs

- **Clinical prioritisation**

- Prioritisation built into Cerner to allow clinical prioritisation of all surgical pathways
- Clinical review at referral
- Referral assessment and referral review services in place

- **Validation**

- Project commenced to review all waiting patients with the Hospital
 - Improving waiting times and access to care
 - Ensuring patients are communicated with
 - Ensuring priority capacity is used for patients that are most at need
 - Reduce DNA rates
 - Reduce cancellation rates
 - Providing care in the most appropriate setting (Primary Care)



Purpose	<ul style="list-style-type: none">• All ICS will need a plan to set out how they intend to recover from the Wave 2 Covid position in the short term ahead of the longer term National planning round (beginning in Q1 21/22).• NHS London is requesting sight of these plans to gain assurance that plans exist and are credible and ensure equity and consistency of approach across London.
Planning Domains	<ol style="list-style-type: none">1 Evidence based Staff wellbeing and recovery2 Plans to de-surge critical care including repatriations where appropriate setting out staffing ratios expected to be achieved3 Elective recovery plans for specialised and non specialised services (including use of the IS, fast track surgical hubs, kit and diagnostics, cancer and cardiac)4 Plans for another possible Wave 3 Surge later in 2021 (separate submission date TBC)
Timescale	<ul style="list-style-type: none">• We are asking for plans 1-3 to be completed by midday 12 March 2021
Format	<ul style="list-style-type: none">• Later in March / early April we will ask for systems to begin to plan for 4: A possible wave 3 Covid surge.• Alongside this we are requesting a minimum excel dataset to be able to track delivery of elective and diagnostic recovery, profiled weekly to match current reporting.



CONFIDENTIAL
Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Mar/21
REPORT NAME	Modern Slavery and Human Trafficking Statement – for approval
AUTHOR	Lee Watson, Director of Nursing
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	In accordance with the Modern Slavery Act 2015 the Trust is required to annually review and publish the Modern Slavery and Human Trafficking Statement. The Trust's annual statement the financial year ending 31 March 2021 is presented to the Board for review and approval.
REPORT HISTORY	Executive Management Board, 03.03.2021
SUMMARY OF REPORT	The Trust is required to ensure that safeguards are in place to prevent incidents of modern slavery, including through its supply chain and associated providers of services. The position statement for approval by the Board and publication on the website is enclosed.
KEY RISKS ASSOCIATED	There is a requirement of the Trust to produce and publish these reports in the prescribed style, there is therefore a reputational risk if this is not completed.
FINANCIAL IMPLICATIONS	None associated to this paper.
QUALITY IMPLICATIONS	None associated to this paper.
EQUALITY & DIVERSITY IMPLICATIONS	None associated to this paper.
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Deliver high quality patient centred care• Be the employer of choice• Delivering better care at lower cost
DECISION/ ACTION	For approval.



MODERN SLAVERY ACT STATEMENT

Slavery and Human Trafficking Policy Statement

Apr 2021

1. Introduction

At Chelsea and Westminster Hospital NHS Foundation Trust ('the Trust') we are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain. This statement sets out actions taken by the Trust to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls.

2. Organisational structure

The Trust delivers specialist and general hospital care at Chelsea and Westminster Hospital and West Middlesex University Hospital. Both hospitals have major A&E departments and the Trust also provides the second largest maternity service in England.

Our specialist hospital care includes the burns service for London and the South East, children's inpatient and outpatient services, cardiology intervention services and specialist HIV care. We also manage a range of community-based services, including our award-winning sexual health clinics which extend to outer London areas.

The Trust serves a catchment area in excess of one million people. The Trust's main health commissioning and social care partnerships cover two Sustainability and Transformation Partnership (STP) footprints and the following areas:

- West London CCG
- Hounslow CCG
- Hammersmith and Fulham CCG
- Central London CCG
- Ealing CCG
- Richmond CCG
- Wandsworth CCG
- NHS England (NHSE) for Specialised Services Commissioning

The Trust values are firmly embedded. They demonstrate the standard of care and experience our patients and members of the public should expect from any of our services. They are:

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

We are a leading Trust for teaching, training and research, with close links to Imperial College London and Imperial College Health Partners, as well as other Higher Education Institutions (HEIs).

Our supply chains enable the procurement of a wide range of goods and services on behalf of our clients and service users.

3. Our policy on slavery and human trafficking

We are fully aware of the responsibilities we bear towards our service users, employees and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (ie all companies we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking. Staff are expected to report concerns about slavery and human trafficking and management are expected to act upon them in accordance with our policies and procedures.

4. Due diligence

To identify and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain we:

- Undertake appropriate pre-employment checks on directly employed staff, and agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff
- Implement a range of controls to protect staff from poor treatment and/or exploitation, which complies with all respective laws and regulations—these include provision of fair pay rates, fair terms of conditions of employment, and access to training and development opportunities
- Consult and negotiate with trade unions on proposed changes to employment, work organisation and contractual relations
- Purchase most of our products from UK- or EU-based firms which may also be required to comply with the requirements of the UK Modern Slavery Act (2015) or similar legislation in other EU states
- Purchase a significant number of products through the NHS Supply Chain, whose 'supplier code of conduct' includes a provision around forced labour
- Since January 2017, require all suppliers to comply with the provisions of the UK Modern Slavery Act (2015) through our purchase orders and tender specifications, which set out our commitment to ensuring no modern slavery or human trafficking in relation to our business
- Uphold professional codes of conduct and practice relating to procurement and supply, including through our procurement team's membership of the Chartered Institute of Procurement and Supply
- When possible and consistent with public contracts regulations, build long-standing relationships with suppliers

5. Training

Advice and training about modern slavery and human trafficking is available to staff through our safeguarding children and adults training, our safeguarding policies and procedures and our safeguarding leads.

6. Board of Directors' approval

This statement has been approved by the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust, who will review and update it on an annual basis.

Further information about the Trust can be found at www.chelwest.nhs.uk.



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Mar/21
REPORT NAME	BAME Network Lead update
AUTHOR	Gubby Ayida, Advisor EDI Harry Sarsah, EDI Lead
LEAD	Gubby Ayida, Advisor EDI
PURPOSE	To demonstrate a tangible commitment to Equality, Diversity and Inclusion (EDI) within the organisation ensuring all staff are provided with a positive working environment and staff networks have a voice and an influence in the organisation.
REPORT HISTORY	N/A
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	None associated to this paper.
FINANCIAL IMPLICATIONS	None associated to this paper.
QUALITY IMPLICATIONS	None associated to this paper.
EQUALITY & DIVERSITY IMPLICATIONS	Addresses EDI agenda.
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Be the employer of choice
DECISION/ ACTION	For Information.

Chelwest BAME Network

During 2020 the network has grown to over 170 members, improved presence on the Trust intranet pages and launched its own Twitter account. During 2020 when the disproportionate effect of COVID19 on BAME communities becoming evident and the rise of the Black Lives Matter movement the network established itself as a voice for and a path for staff engagement, communication and inclusion across the organisation having input to staff risk assessments, holding regular and extraordinary meetings and webinars and a series of executive led listening events for BAME staff. Towards the end of 2020 the network undertook a review of the year and presented to the Trust Executive Management Board.

BAME Trust wide

The BAME network was instrumental in 2020 launching the Diversity and Inclusion Champions programme on interview panels at Band 8a and above specifically to address the under representation of BAME staff at these grades. The representation of BAME staff as Freedom to Speak Up Champions within the organisation increased from one to five in 2020 following a presentation to the network. It also was a forum at which the NHS People Plan and the Chelwest People Strategy were discussed and input sought. The network has also encouraged its members to become mental health first aiders and health and well-being champions ensuring representation in these areas and spreading awareness of the Trusts health and well-being message including BAME specific offers.

BAME Sector Wide

The Trust has representation at the North West London Inclusion Board and input into its four critical areas of delivery: Leadership, Action, Culture and COVID and sharing information to address vaccination hesitancy. The planned WRES Expert training where Trust participation was secured postponed. The Trust is seeking to be one of the participating Trusts in the pilot Leadership Ladder Programme which has been developed through the inclusion board. Working with National Institute of Health Research and Imperial and newly formed Race and Ethnicity Research Unit to address the concern of COVID-19 vaccine hesitancy within BAME communities.

EDI

The staff network Leads (BAME, LGBTQ+ and Womens) together selected the successful applicants and matched the partnerships as part of the Reciprocal Mentoring for Inclusion Programme. Networks to monitor, review Equality and Diversity Action plan. Bringing together the work of the networks, having quarterly meetings with network leads, Trust EDI lead and communications team exploring opportunities for joint initiatives and joint working. The Disability Network, name to be confirmed, is still embryonic whilst having a chair requires an executive sponsor. Network chairs / vice or co- chairs to be members of the Workforce Development Committee so they can have an input into workforce developments, initiatives and plans.

2021 Plans

- To review themes from Executive listening events to inform actions.
- To evaluate the Diversity and Inclusion Champions initiative and roll out to other grades and include medical appointments.
- Evaluate Reciprocal Mentoring for Inclusion programme and consider continuation.
- Participate in the NWL Leadership Ladder Programme.
- Roll out training for staff from diverse backgrounds to support disciplinary investigations and hearings.
- Incorporate network specific wellbeing champions/mental first aiders.
- Produce a video promoting diversity and inclusion to include areas such as flexible/part time working, those with caring responsibilities.
- Establish a budget for the staff networks to enable participation in local/national learning and networking events and seminars.
- Revision of the EDI online learning package.



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.5/Mar/21
REPORT NAME	Business planning 2021/22
AUTHOR	Virginia Massaro, Chief Financial Officer
LEAD	Virginia Massaro, Chief Financial Officer
PURPOSE	To outline the approach to 2021/22 business planning and high level financial plan.
REPORT HISTORY	<ul style="list-style-type: none"> Executive Management Board, 17.02.2021 Finance & Investment Committee, 24.02.2021
SUMMARY OF REPORT	<ul style="list-style-type: none"> Although NHS England & Improvement (NHSI/E) has not yet released its planning guidance or financial envelopes for 2021/22, they have provided some high level information regarding funding arrangements. The current block funding arrangements in 2020/21 will roll forward into the first quarter of 2021/22 (until the end of June 2021). There will then be a separate planning process for the remaining 9 months of 2021/22. It is likely that Trusts will be funded on a blended payment mechanism which will have a fixed and variable element linked to activity. Detailed planning guidance will be published in April 2021 and Q2-4 plans will be due for submission in June 2021. ICs are likely to receive funding to commission services and there is likely to be an overall ICS control total Overall capital allocations/ budgets will be set at an ICS level The Trust has an underlying deficit and therefore will need to continue to deliver savings in 2021/22 and beyond to improve financial sustainability There will be a coordinated approach to business planning, including operational divisional plans, quality priorities, workforce planning, budget setting and CIP planning. This year business planning will be lighter touch with many of the programmes rolling over from 2020/21.
FINANCIAL IMPLICATIONS	As mentioned above
QUALITY IMPLICATIONS	None noted. Business plans will be reviewed by the Quality, Equality and Health Inequalities Analysis panel.
EQUALITY & DIVERSITY IMPLICATIONS	None noted. Business plans will be reviewed by the Quality, Equality and Health Inequalities Analysis panel.
LINK TO OBJECTIVES	<ul style="list-style-type: none"> Deliver high quality patient centred care Be the employer of choice Delivering better care at lower cost
DECISION/ ACTION	For information and discussion only.

2021/22 business planning approach

1. Purpose

This paper sets out our approach to 2021/22 business planning.

2. 2021/22 National Funding Arrangements

Although NHS England & Improvement (NHSE/I) has not yet released its planning guidance or financial envelopes for 2021/22, they have provided some high level information regarding funding arrangements. Further guidance is expected in the coming month. The key messages are:

- The current block funding arrangements in 2020/21 will roll forward into the first quarter of 2021/22 (until the end of June 2021). The actual funding will be confirmed to Trusts in early March 2021.
- There will then be a separate planning process for the remaining 9 months of 2021/22. It is likely that Trusts will be funded on a blended payment mechanism which will have a fixed and variable element linked to activity. Detailed planning guidance will be published in April 2021 and plans will be due for submission in June 2021.
- NHSE/I have signalled that there is an expected return to the 2021/22 trajectories provided to Trusts in October 2019 (excluding any on-going impact of covid or elective recovery)
- ICSs are likely to receive funding to commission services and there is likely to be an overall ICS trajectory
- Capital allocations/ budgets will be set at an ICS level

3. Impact on NWL ICS and CWFT

The North West London (NWL) ICS's draft plans for 2020/21; before the covid-19 financial arrangements were put in place; had a significant gap to the NHSE/I trajectories. Therefore the return to this financial regime is likely to be challenging for NWL in 2021/22. The NWL ICS has set a financial strategy to put the cost base as the focus and CFOs have agreed ways to look at run rates, efficiency and spend in all areas.

The Trust reported an overall surplus of £29.5m in 2019/20, however had an underlying deficit position due to the non-recurrent transaction funding and Provider Sustainability Funding.

Therefore, while funding arrangements for 2021/22 are still unknown, the Trust will need to continue to deliver CIPs, improve productivity and recover and grow non-NHS income to return to financial sustainability in the medium term.

The key focus over the next couple of months is on the recurrent exit run-rate from 2020/21 and the recurrent/ medium term impact of covid-19, such as the impact of on-going social distancing and infection protection and control rules on productivity.

4. Approach and timeline

Due to Covid19 many business plans this year have been paused, delayed or reviewed as priorities changed. In some cases schemes have been accelerated and over-delivered. The approach to business planning for 2021/22 is intended to be light touch, with many programmes of work from 2020/21 to roll-over into the next financial year.

Divisions are asked to review their 2020/21 business plan and use to draft their business plans for 2021/22 using the operational plan template. This will set out:

- Strategic objectives
- Quality priorities
- Workforce priorities

- Pathway re-design
- Cost improvement schemes

The draft milestone plan for the 2021/22 planning round is set out below (dates are draft, pending receipt of the planning guidance and timetable):

Milestone	Date
2021/22 Tariff Engagement published	Oct/ Nov 2020
Planning guidance/ financial envelopes to be published for Q1 2021/22	March 2021
Divisional business plans	Feb – March 2021
2021/22 Budgets sign-off by Divisions	Mar 2021
Planning guidance/ financial envelopes to be published for Q2-4 2021/22	April 2021
Draft Submission of Q2-4 2021/22 ICS and Trust Operating Plans	May 2021
Review Trust Q2-4 2021/22 budgets	May/ June 2021
Trust Boards to sign off Trust Q2-4 2021/22 plans	June 2021
Final Submission of Q2-4 2021/22 ICS and Trust Operating Plans	June 2021

5. Key Risks

There are a number of financial risks to the financial plan for 2021/22, including:

- On-going impact of Covid-19
- Delivery of CIP target and financial plan
- Loss of non-NHS income
- Scale and pace of activity recovery
- Uncertainty over funding arrangements beyond 2020/21

6. Decision/action required

For information and discussion only.



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	2.6/Mar/21
REPORT NAME	Board Committee Terms of Reference approval: <ul style="list-style-type: none">• Quality Committee• Finance and Investment Committee• People and Organisational Development Committee• Audit and Risk Committee
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Serena Stirling, Director of Corporate Governance & Compliance
PURPOSE	To maintain good governance.
REPORT HISTORY	Each Terms of Reference have been reviewed by the relevant Committee.
SUMMARY OF REPORT	The Board Committee Terms of Reference were updated and reviewed by its committees, scheduled as a rolling programme of annual review. The Board Committees propose the attached terms of reference.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	All
DECISION/ ACTION	For approval.



**Quality Committee
Terms of Reference**

1. Constitution

The Quality Committee is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

All members of staff are directed to co-operate with any request made by the Quality Committee.

The Quality Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.

2. Authority

The Quality Committee is directly accountable to the Trust's Board.

The Quality Committee is authorised by the Board of Directors to act within these terms of reference. In doing so, the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to the fulfilment of its functions.

3. Aim

3.1 The Quality Committee provides the Trust's Board with assurance that quality within the organisation is being delivered to the highest possible standards and that there are appropriate policies, processes and governance in place to continuously improve care quality, and to identify gaps and manage them accordingly. This aim applies to all forms of delivery of care equally, whether face to face, remotely or by using a digital pathway, and these Terms of Reference should be read accordingly.

4. Objectives

4.1 This Committee oversees the three themes that define quality:

- **The EFFECTIVENESS of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes
- **The SAFETY of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivering
- **The EXPERIENCE patients have of the treatment and care they receive** – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

4.2 The Committee's objectives are:

- To have oversight of the Trust's Quality Strategy and Plan including to agree the annual quality priorities and monitor progress against them;
- To monitor the impact on quality of any strategic change programme such as reconfiguration of clinical pathways, national initiatives such as Getting it Right First Time, and Sustainability and Transformation Partnership (STP) led changes in clinical services.
- To approve the Trust's annual quality account before submission to the Board;

- To monitor the Trust's Quality and Performance Dashboard;
- To consider matters referred to the Quality Committee by its sub-groups as shown below;
- To monitor Trust compliance with statutory Health and Safety requirements
- To monitor the extent to which the Trust meets the requirements of commissioners and regulators.

In relation to **EFFECTIVENESS**

- To have oversight of the annual clinical audit programme
- To make recommendations to the Audit and Risk Committee concerning the annual programme of internal audit work, to the extent that it applies to matters within these terms of reference;
- To have oversight of Trust-wide compliance with clinical regulations and Central Alert System requirements;
- To ensure the review of patient safety incidents (including near-misses, complaints, claims and Coroner Prevention of Future Deaths reports) from within the Trust and wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning;
- To monitor the impact on the Trust's quality of care of the Improvement Programme and any other significant reorganisations;
- To ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.

In relation to **SAFETY**

- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas;
- To have oversight of and review quality related risks on the Trust's Risk Assurance Framework;
- To review and monitor the Quality Committee elements of the Trust's Board Assurance Framework.
- To scrutinise serious incidents, analyse patterns and monitor trends and to ensure appropriate follow up within the Trust;
- To monitor progress and approve the Trust quality priorities such as the Trust work plan on sepsis and deteriorating patients;
- To provide the Board with assurance regarding Adult and Child Safeguarding requirements and processes;
- To monitor nurse staffing levels in accordance with safe staffing benchmarks;
- To have oversight of infection protection and control and to scrutinise the annual Infection Protection and Control report on behalf of the Board;
- To have oversight of health and safety and environmental risk and monitor progress;

- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the trust's policy on reporting issues of concern and monitoring the implementation of that policy;
- To ensure compliance with standards set by statutory and regulatory bodies;
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust.

In relation to **EXPERIENCE**:

- To have oversight of the Trust's performance against the 5 key areas as described by the Care Quality Commission: Safe, Effective, Caring, Responsive and Well Led.
- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement;
- To monitor the Trust's Friends and Family Test response rates and recommendation rates;
- To provide the Board with assurance that complaints are handled both a timely and effective manner;
- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALS data, and ensure appropriate actions are put into place;
- To oversee the Trust's work progress on Patient Experience.

5. Method of Working

5.1 All Committee Members will:

- Be open in making their contributions
- Be honest and transparent with comments, criticism and compliments
- Listen to advice and comments
- Make their contributions concisely and keep focused on the desired outcomes
- Ensure that every decision or question should be viewed from the perspective of the service-user.

5.2 The Quality Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

1. Apologies for absence
2. Declarations of interests
3. Minutes of the previous meeting
4. Business to be transacted by the Committee
5. Any other business
6. Date of next meeting

5.3 All Minutes of the Quality Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

6. Membership

6.1 The membership of the Quality Committee shall consist of:

- One Non-Executive Director who will Chair the meeting
- A minimum of two other Non-Executive Directors
- Chief Medical Officer
- Chief Nursing Officer
- Deputy Chief Executive / Chief Operating Officer
- Associate Director of Quality Governance
- Medical Director, WM
- Director of Corporate Governance and Compliance

6.2 The Chief Nursing Officer, Chief Medical Officer and Deputy Chief Executive / Chief Operating Officer need to have a deputy in their absence.

6.3 The Chief Executive Officer and Deputy Chief Nurse have a standing invitation to attend meetings of the Committee.

7. Quorum

7.1 The Quality Committee will be deemed quorate to the extent that the following members are present:

- Two Non-Executive Directors, one of whom should Chair the meeting
- Chief Medical Officer or deputy
- Chief Nursing Officer or deputy
- Deputy Chief Executive / Chief Operating Officer or deputy
- Associate Director of Quality Governance or deputy

7.2 For the avoidance of doubt, Trust employees who serve as members of the Quality Committee do not do so to represent or advocate for their respective department, division or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

7.3 If a meeting is not quorate it may still proceed, however any decisions taken in principle at a non-quorate meeting must be ratified subsequently by a quorum of members.

8. Frequency of Meetings

8.1 The Committee will meet at least six times each year at suitable intervals.

8.2 Additional meetings may be held on an exceptional basis at the request of any three members of the Quality Committee.

8.3 Urgent items may be handled by email or conference call.

8.4 Members are expected to attend a minimum of 75% of Committee meetings throughout the year.

9. Secretariat

9.1 Meeting minutes, agendas and forward work plans to be maintained by the Clinical Governance Team.

10. Reporting Lines

- 10.1 The Quality Committee will report to the Trust Board after each meeting. The minutes of all meetings of the Quality Committee shall be formally recorded and submitted to the next Board. Matters of material significance in respect of quality will be escalated to the following meeting of the Board of Directors. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Quality Committee minutes.
- 10.2 The following groups shall report to the Quality Committee:
- Patient Safety Group
 - Patient & Public Experience Group
 - Clinical Effectiveness Group
 - Health and Safety and Environmental Risk Group
- 10.3 The above groups will report as per the Quality Committee Work plan, and also at times when requested by the Quality Committee. The reports provided by the groups should be in written format unless agreed by the chair.
- 10.4 The above groups' Terms of Reference will be reviewed by the Quality Committee annually.
- 10.5 The Quality Committee has key relationships with all other Board committees via its membership. In addition, there are links to Commissioners and other providers through the Chief Medical Officer and Chief Nursing Officer.

11. Openness

- 11.1 The agenda, papers and minutes of the Quality Committee are considered to be confidential.

Reviewed by: Quality Committee
Date: 7 January 2020
Approved by: Board of Directors
Date: March 2020
Review date: December 2020



**Finance and Investment Committee
Terms of Reference**

1. Constitution

The Finance and Investment Committee (FIC) is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

All members of staff are directed to co-operate with any request made by the FIC.

The FIC will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.

2. Authority

The FIC is directly accountable to the Board of Directors.

The FIC is authorised by the Board of Directors to act within these terms of reference. In doing so, the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to the fulfilment of its functions.

3. Aim

The Finance and Investment Committee shall conduct objective review of financial and investment policy, estates, IM&T and commercial development issues on behalf of the Board.

4. Objectives

4.1 In relation to: Oversight of financial planning and performance

- To consider the Trust's medium-term financial strategy, in relation to both revenue and capital.
- To consider the Trust's annual financial targets and performance against them.
- To review the annual budget, before submission to the Trust Board of Directors.
- To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets.
- To review proposals for business cases over £200,000 revenue funding or costs and/or over £200,000 capital investment, where no budget has been previously approved by Trust Board and their respective funding sources prior to submission to the Board and any business cases greater than £1m within budget.
- Maintain an oversight of the robustness of the Trust's key income sources and contractual safeguards, including oversight of major income streams.
- Conduct post investment reviews of major investment's and/ or business cases

4.2 In relation to: Investment Policy, Management and Reporting

- To approve and keep under review, on behalf of the Board of Directors, the Trust's investment strategy and policy (including the Trust's treasury policy)
- To maintain on oversight of the Trust's investments, ensuring compliance with the Trust's policy and regulatory requirements.

4.3 Other

- To consider business cases, in line with the medium term strategy agreed at the Board
- To make arrangements to inform the Board on the undertakings of the Finance and Investment Committee and minutes.
- To examine any other matter referred to the Committee by the Board of Directors.
- To consider every capital expenditure for the business case where the proposed capital expenditure is > £1m
- In line with NHSI requirements, review all business cases for wholly owned subsidiaries (and joint ventures and partly-owned subsidiaries that will operate as separate and distinct legal entities) to inform Board approval for submission to NHSI.
- To consider the performance and effectiveness of Joint Ventures and Joint Operations.

5. Method of working

5.1 The Finance and Investment Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

- Apologies for absence
- Declarations of Interest
- Minutes of the previous meeting
- Business to be transacted by the Committee (under the item headings: Strategy and Performance)
- Any Other Business
- Date of next meeting

5.2 All Minutes of the Finance and Investment Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

6. Membership

6.1 The membership of the Finance and Investment Committee shall consist of:

- One Non-Executive Director who will Chair the meeting
- Two other Non-Executive Directors
- Chief Executive Officer
- Deputy Chief Executive/Chief Operating Officer
- Chief Financial Officer

6.2 The Committee may invite other Trust staff to attend its meetings as appropriate.

6.3 The Committee is authorised by the Board of Directors to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

6.4 Members are expected to attend a minimum of 75% of all meetings.

7. Quorum

7.1 The Finance and Investment Committee will be deemed to be quorate to the extent that the following members are present:

- Non-Executive Chair; if the Chair unavailable a second Non-Executive Director must be present

- One other Non-Executive Director
- The Chief Executive Officer or the Chief Operating Officer deputing for CEO, providing the Chief Financial Officer present

8. Frequency of meetings

- 8.1 Meetings shall be held monthly (except for June, August and December), with additional formal meetings as deemed necessary.
- 8.2 Urgent items may be handled by email or conference call.

9. Secretariat

- 9.1 Minutes and agenda to be circulated by the Trust Secretary.

10. Reporting Lines

- 10.1 The Finance and Investment Committee will report to the Board of Directors after each meeting. The minutes of all meetings of the Finance and Investment Committee shall be formally recorded and submitted to the next Board. Oral reports will be made to the Board as appropriate as part of the monthly finance report.
- 10.2 Matters of material significance in respect of finance issues will be escalated to the following meeting of the Board of Directors. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Finance and Investment Committee minutes.
- 10.3 The Capital Programme Board will routinely report to the Finance and Investment Committee.

11. Openness

- 11.1 The agenda, papers and minutes of the Finance and Invest Committee are considered to be confidential.

Reviewed by: Finance and Investment Committee

Date: 25 November 2019

Approved by: Board of Directors

Date: 05 March 2020

Review date: November 2020



**People and Organisational Development Committee
Terms of Reference**

1. Constitution

The People and Organisational Development Committee (PODC) is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

All members of staff are directed to co-operate with any request made by the PODC.

The PODC will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.

2. Authority

The PODC is directly accountable to the Board of Directors.

The PODC is authorised by the Board of Directors to act within these terms of reference. In doing so, the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to the fulfilment of its functions.

3. Aim

3.1 Strategic Aims

The vision for the Trust is to deliver excellent experience and outcomes for our patients and be the employer of choice. Supporting this are a number of strategies including quality and clinical services. The People and Organisational Development Strategy is as follows;

“We aim to have a workforce that puts patients first, is responsive and supportive to our patients and each other, is open, welcoming and honest, is unfailingly kind, respectful and compassionate, treating our patients with dignity. We are also determined to develop the skills of our people. This will ensure we achieve our objectives of providing the best quality care and become an employer of choice.”

3.2 Specific Aims

To provide the Trust Board of Directors with assurance on matters related to its staff, and the development thereof to the highest standards and that there are appropriate processes in place to identify any risks and issues and manage them accordingly. It is also there to ensure opportunities are not missed and are capitalised upon for the benefit of patients, our people and the organisation.

In particular, the Committee will consider the following work areas:

- People and Organisational Development Strategy and planning (including recruitment and retention)
- Leadership development and talent management
- Education, skills and capability (clinical and non-clinical, statutory and mandatory)

- Performance, reward and recognition
- Culture, values and engagement
- Health and well-being

4. Objectives

4.1 To ensure the Trust's People and Organisational Development Strategy and plans link into the Trust's overall objectives and reflect the culture and values of the organisation we aspire to be.

4.2 To have oversight of the Trust's People and Organisational Development Strategy and plan.

4.3 To consider matters referred to the PODC by its sub-groups and by other Trust Committees; in particular, matters raised by the Improvement Board relating to the management of people through the Cost Improvement Programme (CIP) and transformation agendas.

4.4 To ensure the Trust's Employee Value Proposition is fit for purpose.

4.3.1 In relation to: PEOPLE STRATEGY AND PLANNING

- To ensure that the Trust has a robust People Strategy and that it, and the associated plans, are aligned and focused on meeting the needs of the Trust's strategic priorities including the Clinical Strategy.
- To ensure that the organisation has a grip on critical workforce issues such as people in posts, time to fill, retention and essential training.
- To set and monitor the Key Performance Indicators (KPIs) relating to staff.
- To ensure that appropriate recruitment and retention strategies are in place.

4.3.2 In relation to: LEADERSHIP DEVELOPMENT AND TALENT MANAGEMENT

- To oversee the identification, nurturing and development of leaders within the organisation; to establish and monitor the strategy for leadership development in the Trust.
- To ensure that the Trust is developing an appropriate process to manage its succession planning and talent management.

4.3.3 In relation to: EDUCATION, SKILLS AND CAPABILITY

- Have oversight of the education agenda in the context of the future strategy.
- Have oversight of the annual training needs analysis including rationalisation of requirements to fit the funding allocation.
- Have an overview of the process to identify skills and competency development required for staff to meet the changing needs of the organisation providing appropriate training as required within national and local budgets.

- To keep under review the Trust's general skill mix/balance and workforce capacity/capability, identifying key strengths as well as 'skills gaps', taking action to address such gaps, as appropriate.
- To receive the annual educational cost collection report and note its contents.
- To receive reports on apprenticeships and progress to meeting national standards.
- To receive reports on educational quality performance and national trainees surveys and associated action plans.
- Review the objectives for the Education Strategy Board and receive regular progress reports.

4.3.4 In relation to: **PERFORMANCE, REWARD AND RECOGNITION**

- To ensure that performance, reward and recognition policies support the Trust's overarching people (recruitment, development and retention) strategy.
- To receive and review reports to give assurance that key workforce policies are being appropriately applied and to make recommendations to change policy as appropriate.
- To review and scrutinise the effectiveness of risk mitigation plans, based upon the people risks detailed within the Risk Assurance Framework.
- To ensure the Trust acts with speed where inappropriate behaviour or performance is identified.

4.3.5 In relation to: **CULTURE, VALUES AND ENGAGEMENT**

- To ensure strategies are in place that engage the Trust's people in understanding the vision for the organisations future.
- To oversee the embedding of the Trust's organisational values within all aspects of the Trust's people strategies, policies and procedures, ensuring a 'golden thread' and ensure they are embedded across the organisation.
- To ensure the review of the annual NHS staff survey results and monitor the associated action plans.
- To receive and review reports to provide assurance that appropriate and effective policies and practices are in place to meet the Trust's obligations to encourage, support and protect its staff in raising concerns about the safe and proper running of the Trust.
- To receive reports to provide assurance that the Trust is delivering its commitment to diversity and inclusion including by meeting its legal duty to promote workforce equality and combat unlawful discrimination.

- To receive reports on progress towards the Trust's commitment to support the health and wellbeing of its staff. To ensure the review of the staff Friends and Family Test and monitor associated action plans.

4.3.6 Other

- To scrutinise and provide assurance to the Board of Directors on the Trust's compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and The Care Quality Commission (Registration) Regulations 2009 (as amended) in so far as they relate to the aims and objectives of the Committee.
- To scrutinise and provide assurance on the self-certification to NHS Improvement of: Continuity of services condition 7 - Availability of Resources; and the Corporate Governance Statement in so far as they relate to the aims and objectives of the Committee.

5. Method of working

5.1 The PODC will have a standard agenda, but on occasion, the meetings will address a strategic issue so will not conform to the standard agenda. At every meeting, the following item headings will be on the agenda:

1. Apologies for absence
2. Declarations of Interest
3. Minutes of the previous meeting
4. Business to be transacted by the Committee
5. Key Performance Indicators/Performance report
6. Review of organisational P&OD priorities
7. Any Other Business
8. Date of next meeting

5.2 All minutes of the PODC will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.

6. Membership

6.1 The membership of the PODC shall consist of:

- One Non-Executive Director who will Chair the meeting
- Two other Non-Executive Directors
- Chief Executive or suitable deputy
- Director of HR & OD or suitable deputy
- Chief Medical Officer or suitable deputy
- Chief Nursing Officer or suitable deputy
- Chief Operating Officer or suitable deputy
- Deputy Chief Nurse
- Director of Corporate Governance and Compliance or suitable deputy
- Deputy Director of HR

6.2 The Chief Executive Officer, Director of HR & OD, Chief Medical Officer, and Chief Operating Officer must send a deputy in their absence.

7. Quorum

7.1 The Committee will be deemed quorate to the extent that the following members are present:

- Two Non-Executive Directors (one of whom may be the Chair of the Committee)
- Two Executive Directors or suitable deputies
- Either the Director of HR & OD or suitable deputy

8. Frequency of meetings

8.1 Meetings shall be held monthly (except for June, August and December), with additional formal meetings as deemed necessary.

8.2 Urgent items may be handled by email or via conference call.

8.3 Members are expected to attend a minimum of 75% of all meetings within one year.

9. Secretariat

9.1 Minutes and agenda to be circulated by the Board Governance Manager.

10. Reporting Lines

10.1 The PODC will report to the Board of Directors after each meeting. The minutes of all meetings of the PODC shall be formally recorded and submitted as a draft to the next Board.

10.2 Matters of material significance in respect of people issues will be escalated to the following meeting of the Board of Directors. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the PODC minutes.

10.3 The following groups shall report to the People and Organisational Development Committee:

- Education Strategy Board
- Workforce Development Committee
- Health and Well-being Committee
- Partnership Forum (for the purposes of policy approval only)

Other groups may be invited to report into or attend the meeting on an ad hoc basis.

10.4 The above groups will report as per the PODC forward plan, and also at times when requested by the Committee. The reports provided by the groups should be in written format unless agreed by the Chair.

10.5 The above groups' Terms of Reference and the Committee's effectiveness will be reviewed by the Committee annually.

- 10.6 The Committee has key relationships with other committees and groups via its membership.
- Members will facilitate information gathering and sharing with other key committees such as the Quality Committee and the Trust Executive Team.
 - In addition, there will also be links to Health Education England and the “HR for London” network in relation to London-wide streamlining initiatives.

11. Openness

- 11.1 The agenda, papers and minutes of the PODC are considered to be confidential.

Reviewed by: People and OD Committee

Date: 27 November 2019

Approved by: Board of Directors

Date: 05 March 2020

Review date: November 2020



Audit and Risk Committee Terms of Reference

1. Constitution

The Audit and Risk Committee (ARC) is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

The ARC will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.

2. Authority

The ARC is directly accountable to the Board of Directors.

The ARC is authorised by the Board of Directors to act within these terms of reference. In doing so, the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to the fulfilment of its functions.

3. Aim

This Committee provides the Trust Board with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the foundation trust's activities (clinical and non-clinical), both generally and in support of the annual governance statement.

4. Objectives

- 4.1 Support the Trust's Values and objectives.
- 4.2 Review the establishment and maintenance of effective systems of internal control, establishment of value for money and risk management including fraud and corruption.
- 4.3 Assure the Board on completeness and compliance of required disclosure statements and policies.
- 4.4 Review the Trust's Annual Report, including Quality Report and financial statements, Annual Governance Statement and Head of Internal Audit Opinion and the External Assurance on the Trust's Quality Report and assure the Board on compliance.
- 4.5 Assure the Board on judgements and adjustments relating to annual financial statements.
- 4.6 Review the Trust's self-certification as required by NHS Improvement or its successors to comply with any conditions of its foundation trust licence
- 4.7 Assure the Board on the appropriateness and effectiveness of the internal audit service its fees, findings and co-ordination with external audit.
- 4.8 Assure the Board on the appropriateness, effectiveness and co-ordination of external auditors, and the Trust's management response and outcomes.
- 4.9 Assure the Board on the appropriateness and effectiveness of the local counter fraud specialist service, their fees, findings and co-ordination with internal audit and management.

- 4.10 Make recommendations to the Council of Governors on the appointment, re-appointment and remuneration and terms of engagement of the external auditors.
- 4.11 Assure the Board on the appropriateness and effectiveness of the Trust's Risk Assurance Framework and of the processes for its implementation.
- 4.12 Ensure that arrangements are in place for investigation of matters raised, in confidence, by staff relating to matters of financial reporting and control, clinical quality, patient safety or other matters.
- 4.13 Assure the Board on the appropriateness and effectiveness of the Trust's approach to mitigate and manage cyber security related risks.
- 4.14 Undertake such other tasks as shall be delegated to it by the Board in order to provide the level of assurance the Board requires.
- 4.15 Report to the Council of Governors on significant matters where these matters are not notified to the Council of Governors via other means.

5. Method of working

- 5.1 The Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:
1. Apologies for absence
 2. Declarations of Interests
 3. Minutes of the previous meeting
 4. Business to be transacted by the Committee
 5. Any Other Business
 6. Date of next meeting
- 5.2 All Minutes of the Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up.
- 5.3 In carrying out its duties, the Committee may take account of the work of other Committees within the organisation whose work can provide relevant assurance to the Committee's own scope of work.

6. Membership

- 6.1 The membership of the Committee shall consist of:
- Non-Executive Chair
 - 2 other Non-Executive Directors
- 6.2 In Attendance: Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Company Secretary or equivalent, Head of Internal Audit, External Audit representatives and a Counter Fraud representative. Other Directors or appropriate deputy will attend when required. Deputies have to attend if the Chief Executive or Chief Financial Officer cannot.

7. Quorum

- 7.1 The Committee will be deemed quorate to the extent that the following members are present:
- 2 Non-Executive Directors one of whom will chair the meeting

8. Frequency of meetings

- 8.1 Meetings shall be held quarterly, aligned with Trust Board and Quality Committee and additionally if requested by auditors.
- 8.2 Urgent items may be handled by email or conference call.
- 8.3 Members are expected to attend a minimum of 75% of Committee meetings throughout the year.

9. Secretariat

- 9.1 Minutes and agenda to be circulated by the Company Secretary or equivalent.

10. Reporting Lines

- 10.1 The Committee will report to the Board of Directors after each meeting. The minutes of all meetings of the Committee shall be formally recorded and submitted to the next Board.
- 10.2 Matters of material significance in respect of audit issues will be escalated to the following meeting of the Board of Directors. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Committee minutes.
- 10.3 The Committee shares some items with the Quality Committee.
- 10.4 Internal and External Auditors and Counter Fraud representatives report to each meeting of the Committee.

11. Openness

- 11.1 The agenda, papers and minutes of the ARC are considered to be confidential.

Reviewed by: Audit Committee
Date: 23 January 2020
Approved by: Board of Directors
Date: March 2020
Review date: January 2021



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Mar/21
REPORT NAME	Serious Incident report (Dec/Jan data) – including themes & learning
AUTHOR	Stacey Humphries, Quality and Clinical Governance Assurance Manager Alex Bolton, Associate Director of Quality Governance
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper provides an update on the process compliance, key metrics and learning opportunities arising from Serious Incident investigations.
REPORT HISTORY	Executive Management Board, 03.03.2021 Quality Committee, 02.03.2021
SUMMARY OF REPORT	<p>During December 2020 and January 2021 the Trust declared 8 External Serious Incidents:</p> <ul style="list-style-type: none"> • Maternal, fetal, neonatal (4) • Operations / procedures (2) • Patient falls (1) • Imaging/Radiation (1) <p>There were 12 SI reports approved by the Divisional Serious Incident panel and the Chief Nurse/Medical Director and submitted to the NWL Collaborative (Commissioners).</p> <p>Root causes analysis is utilised to identify the causal factors associated with each incident; an action plan it developed to address these factors. Action plan completion is monitored by the Patient Safety Group and the Executive Management Board to ensure barriers to completion are addressed and change is introduced across the organisation (when required).</p> <p>Quality improvements projects have been commenced to embed the learning identified from the Trusts highest reported SI categories including; Maternity Safety and Patient falls. Outcomes from QI and deep dives will be reported up through the Patient Safety Group and Executive Management Board.</p> <p>Serious Incident investigations explore problem in care, the contributing factors to such problems, and the root cause(s)/fundamental issues. To support understanding a process of theming across these areas has been undertaken to identify commonalities across Serious Incidents. Key themes arising from investigation relate to; incomplete documentation, sub-optimal processes, adherence to guidance/process/policy. Key themes will be submitted to the Patient Safety Group and the Executive Management Group for consideration of requirement for further Quality Improvement Projects, deep-dives, or targeted action.</p>
KEY RISKS ASSOCIATED	Critical external findings linked patient harm Reputational risk associated with Never Events. Delayed delivery of action plans associated with serious incident investigations.
FINANCIAL IMPLICATIONS	Penalties and potential cost of litigation relating to serious incidents and never events
QUALITY IMPLICATIONS	Serious Incident investigation provides clinical teams with a structured approach to care and service delivery evaluation and supports the identification of learning opportunities designed to reduce the risk of harm to patients, staff and the public.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Delivering high quality patient centred care
DECISION/ ACTION	This paper is for information/discussion.

**Serious Incident report:
December 2020 /January 2021 data**

1. Introduction

The Chelsea and Westminster NHS Foundation Trust is committed to the provision of high quality, patient centred care. Responding appropriately when things go wrong is one of the ways the Trust demonstrates its commitment to continually improve the safety of the services it provides.

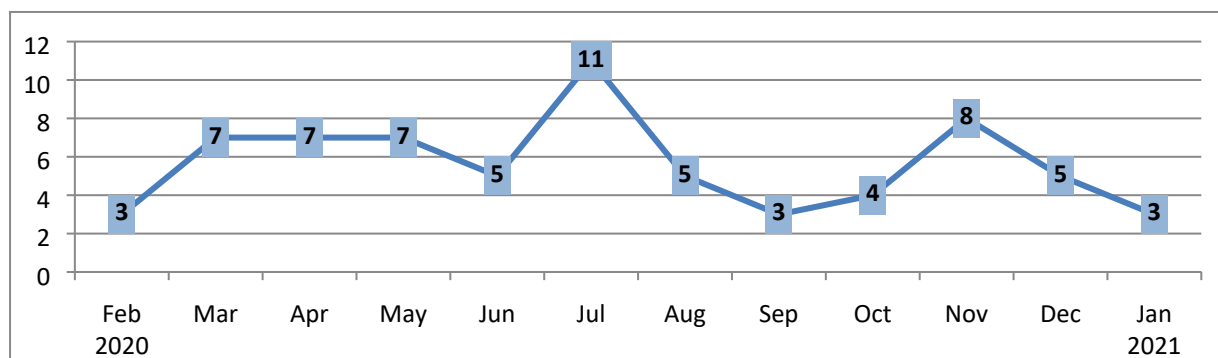
Serious Incidents are adverse events where the consequences to patients, families, staff or the organisations are so significant or the potential for learning so great, that a heightened level of response is justified. When events of this kind occur the organisation undertakes comprehensive investigations using root cause analysis techniques to identify any sub-optimal systems or processes that contributed to the occurrence. The Trust is mandated to report these events on the Strategic Executive Information System (StEIS) and share investigation reports with our commissioners; for this reason these events are referred to as External Serious Incidents within the organisation.

Outcomes from Serious Incident Investigations are considered at Divisional Quality Boards, Patient Safety Group, Executive Management Board, and the Quality Committee so that learning can be shared and improvements enacted.

2. External Serious Incident identification - 12 month period

Between February 2020 and January 2021 the Trust:

- Reported 68 External Serious Incidents (30 WM / 38 CW)



Graph 1: External SIs declared by level and month declared, February 2020 – January 2021

A Never Event was reported in June 2020 relating to the unintentional connection of a patient requiring oxygen to an air flowmeter (ref 2020/10575). A second never event occurred in December 2020 concerning the retention of a guide wire (ref 2020/23436).

3. Serious Incidents declared December 2020 and January 2021

The Trust started 8 External Serious Incident Investigations:

Site	Specialty	Ref	Sub category
WM	Imaging	INC72892	Imaging reporting discrepancy
WM	Maternity / Obstetrics	INC73137	Neonatal - Unexpected admission to SCBU
CW	Anaesthetics	INC73264	Unexpected/Unintended outcome or injury
CW	ITU	INC73292	Foreign body left in situ (never event)
CW	Acute Medicine	INC73357	Fall whilst walking/standing
WM	Maternity / Obstetrics	INC74029	Neonatal - Apgar < 6 at 5 minutes @ 37+ weeks
CW	Maternity / Obstetrics	INC74357	Neonatal - Unexpected admission to SCBU
WM	Maternity / Obstetrics	INC75240	Maternal - Maternal Death

Table 1: External SIs declared in December 2020 and January 2021



The investigations into these events will seek to identify any care or service delivery problems that impacted the outcome and establish actions to reduce the risk or consequence of the event recurring.

4. Serious Incident completed December 2020 and January 2021

Following review and agreement by the Divisional Serious Incident Panel and the Chief Nurse / Medical Director 12 Serious Incident reports were submitted to the NWL Collaborative (Commissioners).

Site	Speciality	StEIS ref	StEIS Category	Degree of harm
WM	Emergency Department	2020/18519	Accident e.g. collision/scald (not slip/trip/fall)	Death
WM	ITU	2020/17079	Sub-optimal care of the deteriorating patient	Death
WM	Acute Medicine	2020/18962	Sub-optimal care of the deteriorating patient	Low harm
CW	Gynaecology	2020/18320	Medication incident	Low harm
CW	Maternity / Obstetrics	2020/15932	Maternity/Obstetric incident: baby only	No harm
CW	Maternity / Obstetrics	2019/12900	Maternity/Obstetric incident: baby only	Moderate
CW	Maternity / Obstetrics	2019/26669	Maternity/Obstetric incident: baby only	Moderate
CW	Maternity / Obstetrics	2020/10730	Maternity/Obstetric incident: baby only	Moderate
CW	Maternity / Obstetrics	2020/13123	Maternity/Obstetric incident: baby only	Moderate
CW	Maternity / Obstetrics	2020/7227	Maternity/Obstetric incident: baby only	Severe
CW	Maternity / Obstetrics	2020/9161	Maternity/Obstetric incident: baby only	Moderate
WM	Maternity / Obstetrics	2020/17555	Maternity/Obstetric incident: baby only	Moderate

Table 2: External SI reports submitted to the Commissioners in December 2020 and January 2021

5. Learning from Serious Incidents

The Serious Incident investigations are designed to identify weaknesses in our systems and processes that could lead to harm occurring. It is incumbent on the Trust to continually strive to reduce the occurrence of avoidable harm by embedding learning from these events into our improvement plans.

5.1. Individual action plans

The RCA methodology seeks to identify the causal factors associated with each event; an action plan is developed to address these factors. Action plan completion is monitored by the Patient Safety Group and the Executive Management Board to ensure barriers to completion are addressed and change is introduced across the organisation (when required).

5.2. Quality Improvement projects

Action plans arising from individual incidents do support organisation wide improvement, however, to offer enhanced assurance that the outcome from serious incidents is leading to change the themes identified are linked to Quality Improvement Programmes.

Quality improvements projects have been commenced to embed the learning identified from the Trusts highest reported SI categories including; Maternity Safety and Patient falls. Outcomes from QI and deep dives will be reported up through the Patient Safety Group and Executive Management Board.

5.2.1. QI Project: Maternity Safety

Computerised CTG provides an objective CTG interpretation and allows the communication of robust, numeric facts instead of opinion. The Dawes/Redman analysis has a database of 100,000 traces; by using this vast numeric data and relating it to outcomes, it acts as an expert assistant for CTG interpretation and accurate interpretation criteria. Whilst final clinical judgement will be based on the entire clinical assessment the introduction of cCTG will support decision making, reduce risk of human error, and address a key theme identified through maternity SIs.

Theme	Clinical lead	Aims/ key indicators
Reduce the risk of human error through the use of computerised antepartum cardiotocogram (CTG) for women who present with reduced fetal movements after 28 weeks	Director of Midwifery & Gynaecology Service Director WM	<p>1) SMART Improvement objective 1: 95% of women who present with reduced fetal movements have a computerised CTG [cCTG] undertaken by August 2021</p> <p>2) SMART improvement objective 2: 95% of women given the reduced fetal movement information leaflets by 28 weeks & documented that this has been given in the notes by August 2021</p> <p>3) SMART improvement objective 3: 95% of women who present for the 1st time with reduced fetal movements and no other risks factor to have a computerised CTG undertaken and no growth ultrasound scan by August 2021</p> <p>4) SMART improvement objective 4: If a cCTG does not meet the Dawes-Redman criteria escalation is followed 95% of the time in line with local cCTG guidance by August 2021</p> <p>5) Balancing measure: Monitor the % of induction of labour when reduced fetal movements is the only indication before 39+0</p>
Project plan / milestones		Progress update (Metric/ + commentary)
<ul style="list-style-type: none"> Oct 2020: Set up cross-site maternity working group Jan 2021: Procure Dawes-Redman cCTGs - Feb 2021: Develop education package for staff Feb 2021: Develop guideline March 2021: Implement training package 		<p>December 2020 Update: Procurement process on-going</p> <p>Audit compliance with smart objectives from Feb 2021.</p>

5.2.2. QI Project: Patient Falls

Reducing in-patient falls was set as a two-year quality priority in 2018/19 and formed part of the Trust's overall frailty improvement plan; the trust achieved its aim to reduce fall rate through successful educational programmes and the introduction of standardised falls assessment care plans. The falls steering group indent to continue this trajectory through quality improvement project designed to address key themes identified within serious incidents.

Theme	Clinical lead	Aims/ key indicators
Reduction of Patient Falls from beds	Divisional Director of Nursing EIC	<p>1) SMART improvement objective 1: Reduce the no. of falls from beds by 30% by April 2021 (Compared to falls occurring 2019/20)</p> <p>2) SMART improvement objective 2: Reduce the use of bed rails</p> <p>3) SMART improvement objective 3: Increase Hi-Lo bed usage</p>
Project plan / milestones		Progress update (Metric/ + commentary)
<p>The QI project will include the following wards:</p> <ol style="list-style-type: none"> 1) Rainsford Mowlem (CW) 2) Crane (WM) 3) Acute Assessment Unit (CW) <ul style="list-style-type: none"> Set up a Task group which will include senior nursing membership from all three wards Identify measures Design the baseline assessment to audit current usage of bed rails and Hi-Lo beds Review the availability of Hi-Lo beds to support the proposed increased usage Develop a list for keys changes required to embed learning 		<p>Objective 1: October 20 – A review of incidents reported on Datix has been undertaken to identify areas with a high number of falls. These wards have been selected for inclusion in the QI project.</p> <p>Object 2: October 20 - A baseline assessment is being designed to identify the current usage of bed rails</p> <p>Objective 3: October 20 - A baseline assessment is being designed to identify the current usage of Hi-Lo beds.</p>



5.3. Thematic review

Serious Incident investigations explore problem in care (what?), the contributing factors to such problems (how?) and the root cause(s)/fundamental issues (why?). To support understanding a process of theming across these areas has been undertaken to identify commonalities across External Serious Incidents submitted to commissioners since 1st April 2020 (excluding maternity SIs).

The review did not seek to weight the themes according to their influence on an event but merely to identify their occurrence; this provided increased insight into the more common factors associated with serious incident investigation and increased the opportunity to identify overarching improvement actions.

A review of the 35 reports submitted to the CCG between 1st April 2020 and 31st January 2021 identified 196 themes. Key themes contributing to the serious incident were:

- Documentation: Incomplete/missing – **16**
- Process - Non-adherence to guidance/process/policy – **15**
- Staff: Knowledge/awareness - **14**
- People: Patient factors - **13**
- Process – Sub-optimal guideline/ process/ policy - **12**
- Communication Internal – Communication failure between different specialties or teams - **10**
- Treatment/Care: Lack of planning (Including Care, Management, Contingency) - **9**

16 (48%) of the Serious Incidents reviewed identified issues with incomplete or missing documentation; the identification of this theme does not mean missing documentation led to the event occurring but did impact on the ability to investigate the occurrence. Internal communication issues were identified within 10 (29%) of cases, in addition 4 cases of inadequate handover were identified.

A codified theming list has now been added to the Datix incident system; following submission of all external SIs (excluding maternity) themes will be identified.

Key themes will be submitted to the Patient Safety Group and the Executive Management Group for consideration of requirement for further Quality Improvement Projects, deep-dives, or targeted action. Updates on these programmes of work will be reported to the Quality Committee.

6. Conclusion

Patient safety incidents can have a devastating impact on our patients and staff; the Trust is committed to delivering a just, open and transparent approach to investigation that reduces the risk and consequence of recurrence. Correctable causes and themes are tracked by the Patient Safety Group and the Executive Management Board to ensure change is embedded in practice.



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	3.2/Mar/21
REPORT NAME	Workforce Performance Report – January 2021
AUTHOR	Karen Adewoyin, Deputy Director of People and OD
LEAD	Sue Smith, Interim Director of HR & OD
PURPOSE	The People and OD Committee KPI Dashboard highlight's current KPIs and trends in workforce related metrics at the Trust.
REPORT HISTORY	Executive Management Board – e-governance 19.02.2021
SUMMARY OF REPORT	<p>The dashboard is to provide assurance of workforce activity across eight key performance indicator domains;</p> <ul style="list-style-type: none"> • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance • Volunteering <p>This month's report also includes information on COVID response work related to staff.</p>
KEY RISKS ASSOCIATED	Risks associated with mandatory training and PDRs, sickness levels and impact on health and wellbeing of staff post wave 2 of COVID 19
FINANCIAL IMPLICATIONS	Costs associated with turnover and sickness and the impact on staff of COVID-19
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability and the impact on staff of the pandemic.
EQUALITY & DIVERSITY	The report highlights key areas of focus for EDI for example in terms of monitoring the disproportionate number of BAME staff who are subject to a disciplinary

IMPLICATIONS	process and highlights the actions being taken to address WRES, WDES and Gender Pay Gap results.
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Be the employer of choice
DECISION/ ACTION	For noting.



Workforce Performance Report to the People and Organisational Development Committee

Month 10 – January 2021

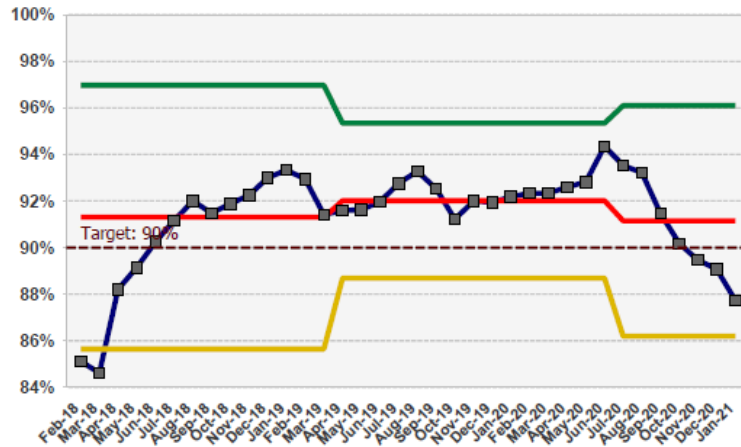
Statistical Process Control – Feb 2018 to Jan 2021



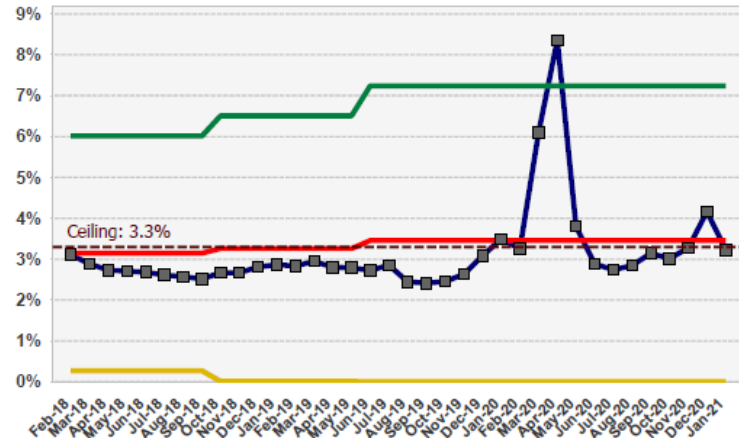
WORKFORCE INDICATORS

Statistical Process Control Charts for the last 36 months

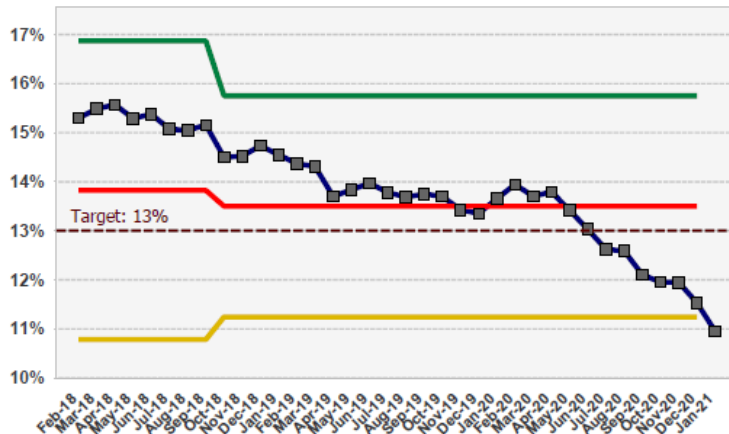
Mandatory Training compliance



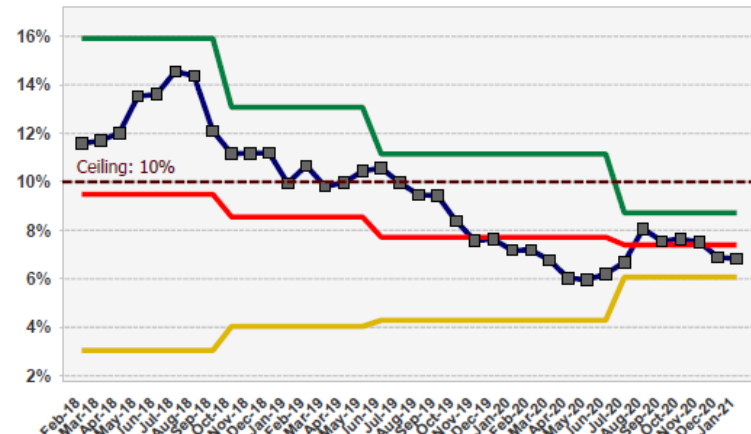
Sickness absence



Staff voluntary turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report January 2021

Key Performance Indicators

Item	Units	This Month Last Year	Last Month	This Month	Target / Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.	6357.33	6,372.28	6,412.32					↑
1.2 Whole time equivalent	No.	5871.76	5933.10	5971.89					↑
1.3 Headcount	No.	6365	6410	6456					↑
1.5 Overpayments (Number)	No.	15	16	94					↑
1.4 Overpayments (Costs)	£	81,924.96	120,180.47	114,360.02					↓
2. HR Indicators									
2.1 Sickness absence	%	3.08%	4.16%	3.23%	<3.3%			Green	↓
2.2 Long Term Sickness absence	%	1.41%	1.56%	2.48%					↑
2.3 Short Term Sickness absence	%	1.67%	2.60%	0.75%					↓
2.4 Gross Turnover	%	17.86%	17.32%	16.60%	<17%			Green	↓
2.5 Voluntary Turnover	%	13.35%	11.53%	10.95%	<13%			Green	↓
3. Employee Relations									
3.1 Live Employment Relations Cases	No.	141	106	108					↑
3.2 Formal Warnings	No.	1	0	1					↑
3.3 Dismissals	No.	1	0	0					↔
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.	13691	14190	16113					↑
4.2 Bank Shifts Filled	No.	11944	12532	14086					↑
4.3 Agency Shifts Filled	No.	1747	1658	2027					↑
5. Vacancy									
5.1 Trust Vacancy Rate	%	7.64%	6.89%	6.82%	<10%			Green	↓
5.2 Corporate	%	1.98%	0.79%	1.96%	<10%			Green	↑
5.3 Clinical Support Services	%	10.64%	11.19%	10.22%	<10%		Amber		↓
5.4 Emergency & Integrated Care	%	9.12%	7.11%	6.97%	<10%			Green	↓
5.5 Planned Care	%	9.72%	5.06%	5.39%	<10%			Green	↑
5.6 Women's, Children and Sexual Health	%	5.02%	7.18%	7.12%	<10%			Green	↓
6. Recruitment (Non-medical)									
6.1 Offers Made	No.	104	157	157					↔
6.2 Pre-employment checks (days)	No.	25	18.4	24.5	<20	Red			↑
6.3 Time to recruit (weeks)	No.	8.6	7.42	9.56	<9		Amber		↑
7. PDRs Undertaken (AFC Staff over 12 months)									
7.1 Trust PDRs Rate (AFC Staff)	%	89.95%	88.72%	89.43%	≥90%		Amber		↑
7.2 Corporate	%	95.33%	81.22%	84.56%	≥90%	Red			↑
7.3 Clinical Support Services	%	87.04%	90.10%	90.46%	≥90%			Green	↑
7.4 Emergency & Integrated Care	%	92.73%	89.43%	90.59%	≥90%			Green	↑
7.5 Planned Care	%	93.54%	92.41%	90.93%	≥90%			Green	↓
7.6 Women's, Children and Sexual Health	%	85.93%	88.23%	88.87%	≥90%	Red			↑



January 2021 SICKNESS									
Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE hours	Absence WTE hours	Episodes	Long Term (WTE hours)	% Long Term	Prev. Month	% +/-
Corporate	1.90%	Green	18509.91	352.08	61	248.08	1.34%	2.59%	-0.69%
Clinical Support	4.33%	Red	30669.67	1327.07	193	1064.80	3.47%	5.08%	-0.75%
Emergency & Integrated Care	3.28%	Green	51067.08	1675.95	257	1229.57	2.41%	4.49%	-1.21%
Planned Care	3.25%	Green	32612.86	1058.74	153	873.78	2.68%	3.19%	0.06%
Women's, Children and Sexual Health	2.99%	Green	52292.87	1562.23	244	1176.14	2.25%	4.46%	-1.47%
Trust	3.23%	Green	185152.39	5976.07	908	4592.37	2.48%	4.16%	-0.93%

January 2021 Core Training					
Course	Last Month	This Month	Target	RAG Status	Trend
Core Training Compliance Overall	89%	88%	<90%	Yellow	↓
Theory Adult BLS	75%	71%	<90%	Red	↓
Practical Adult BLS	71%	70%	<90%	Red	↓
Conflict Resolution - Level 1	96%	96%	<90%	Green	↔
Equality & Diversity	95%	94%	<90%	Green	↓
Fire	90%	88%	<90%	Yellow	↓
Health & Safety	95%	94%	<90%	Green	↓
Infection Control (Hand Hygiene)	94%	92%	<90%	Green	↓
Infection Control - Level 2	91%	89%	<95%	Yellow	↓
Information Governance	92%	88%	<95%	Yellow	↓
Moving & Handling - Level 1	92%	92%	<90%	Green	↔
Moving & Handling - Level 2 Theory	80%	78%	<90%	Red	↓
Moving & Handling - Level 2 Patient	62%	62%	<90%	Red	↔
Safeguarding Adults Level 1	94%	94%	<90%	Green	↔
Safeguarding Adults Level 2	93%	92%	<90%	Green	↓
Safeguarding Adults Level 3	84%	84%	<90%	Red	↔
Safeguarding Children Level 1	95%	94%	<90%	Green	↓
Safeguarding Children Level 2	94%	91%	<90%	Green	↓
Safeguarding Children Level 3	80%	81%	<90%	Red	↑

January 2021 Employee Relations		
Category	Metric	Number / %
No of Disciplinary cases opened in month	Number	0
No of current, live disciplinary cases	Number	3
Length of Disciplinary cases	Days <60	112
Total Disciplinary cases in year (from April 20)	Number	15
% BAME Disciplinary Cases in year	%	67%
% BAME Disciplinary Cases in month	%	0%
Exclusions - No. of live in month	Number	1
Grievance - No. of live cases in month	Number	7
Grievance - Average length of case	Days	74.5
B&H cases - included in grievance numbers	Number	6
Sickness - No. of cases in month	Number	95
Long Term - sickness cases in month	Number	57
Short Term - sickness cases in month	Number	38
No. of Employment Tribunals (ET)	Number	10
Managers having ER training (from April 20)	Number	20
No. of informal queries (disciplinary process)	Number	5
MHPS cases	Number	7

January 2021 Vacancy / Bank and Agency Ratio on "Fill Rate"								
Division	Budgeted WTE	Staff in Post (WTE)	Vacancy (WTE)	Bank Usage (WTE)	Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status
Corporate	611.42	599.46	11.96	43.69	2.00	629.89	-18.47	Red
Clinical Support	1103.78	991.03	112.75	118.04	0.00	1085.16	18.62	Green
Emergency & Integrated Care	1771.71	1648.14	123.57	219.20	53.68	1872.75	-101.04	Red
Planned Care	1108.19	1048.44	59.75	59.63	16.83	1098.25	9.94	Green
Women's, Children and Sexual Health	1817.22	1687.82	129.40	139.96	16.26	1779.55	37.67	Green
TRUST	6412.32	5974.89	437.43	580.52	88.77	6465.60	-53.28	Red

January 2021 Voluntary Turnover			
Division	Turnover	Prev Month	% +/-
Corporate	12.38%	13.58%	-1.20%
Clinical Support	10.36%	11.87%	-1.51%
Emergency & Integrated Care	13.08%	13.35%	-0.27%
Planned Care	8.40%	8.83%	-0.43%
Women's, Children and Sexual Health	10.32%	10.43%	-0.11%
TRUST	10.95%	11.53%	-0.58%

Key to Sickness Figures
Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months (days x ave FTE)
Episodes = number of incidences of reported sickness
A Long Term Episode is greater than 27 days
**Total WTE Used Adjusted to account for staff currently on maternity leave & establishment adjustments



People and Organisation Development Workforce Performance Report

Workforce Covid-19 Response Activity - January 2021

Recruitment Covid Related Activity	
Vaccination Recruitment Programme (Mass Vaccination sites)	4323
Health Care Support Worker Programme	84 wte

Medical Staff Recruitment Covid Related Activity	
Medical students (Paid)	46
External medical staff employed to support Covid-19 response	11

No. of Additional Temporary Staff in April	
Health Care Assistants	15
Administrative and Clerical	18
Allied Health Professionals	15
Medical and Dental	151
Nursing and Midwifery Reg	46
Trust Total	245

BAME Webinars / Meetings (Zoom)	
Date	Number of participants
07/10/2020	35
20/11/2020	25
13/01/2021	30

Workforce Covid Queries			
Week	Calls received	Calls after 5pm	Emails received
Week of 11/01/2021	24	0	75
Week of 18/01/2021	20	0	70
Week of 25/01/2021	15	0	60
Week of 01/02/2021	10	0	58
Week of 08/02/2021	8	0	50

Welfare calls		
Week	Calls Made	Calls Answered
Week of 11/01/2021	419	216
Week of 18/01/2021	248	130
Week of 25/01/2021	219	127
Week of 01/02/2021	121	72
Week of 08/02/2021	85	39
Total	1092	584

Systems (ESR / Healthroster) Covid-19 Activities	
Healthroster	
No. of Staff redeployments	323
No. of Shifts redeployed	2363
ESR	
Divisional structure updates / changes	6
New Cost centres created	10
Positions / Roles created	14
Covid related reporting	128

Redeployment	
Activity	Number
Number of staff who have been redeployed	284
Number of staff who have been redeployed to support clinical areas	256
Number of staff who have been redeployed to support non-clinical areas	28
Number of staff who volunteered and are still available to be placed	21
Number of requests filled during wave 2	10
Number of requests currently on-going	1

Staff engagement	
Updates to the Health and Wellbeing intranet page	
Updates to staff via MyChelWest app	
Promotion of health and wellbeing offer through Rob's bi-weekly comms and all staff bulletins	
Attendance at staff networks to promote health and wellbeing offer	
Monthly Mental Health First Aiders and Health and Wellbeing Champions forum	
Health and Wellbeing updates are provided through the all staff webinars	



People and Organisation Development Workforce Performance Report

Workforce Covid-19 Response Activity - January 2021

Staff Health and Wellbeing Offer

Healthy Mind

Psychological and emotional wellbeing support service

- 189 requests for individual support in total (10 in February and 6 in January)
- 200 participants for team support (60 in February and 59 in January).

Dialogue Counselling Service = 147 sessions between Oct – end of January

- 31 clients (average 3 sessions each)

Mental Health First Aid = 50 champions trained in the Trust

EAP usage (support line and new telephone counseling) =

- 9 non clinical signposting calls in Jan and 5 new clinical client usage
- 17 telephone counseling sessions in January
- 47 visits to the face to face counseling page between November and January and 37 visits to the self help workbook pages

Healthy Body and Living

Vivup Usage = 2382 total registrations, 53 in January, 64 in December and 91 in November.

Health and Wellbeing Champions = 30 champions trained

Back up Care service = 299 substantive / bank staff registered and 30.5 days of Back Up Care have been booked since launch in Q3 2020.

Wagestream Salary Advance = 220 staff signed up to service since launch on 9th Feb.

Cycling = cycle to work scheme and bike servicing

- 8 cycle to work scheme orders in December and 1 in Jan
- 120 cycle servicing slots provided to staff in February following bike servicing in November (50 bikes serviced)

Practical Support

Staff accommodation = 154 staff have used the temporary staff accommodation service

Taxi service = 49 staff members have requested this service - 332 bookings for the month of January 2021

- 583 bookings made (so far) for the month of February 2021
- 18 bookings (so far) for the month of March 2021

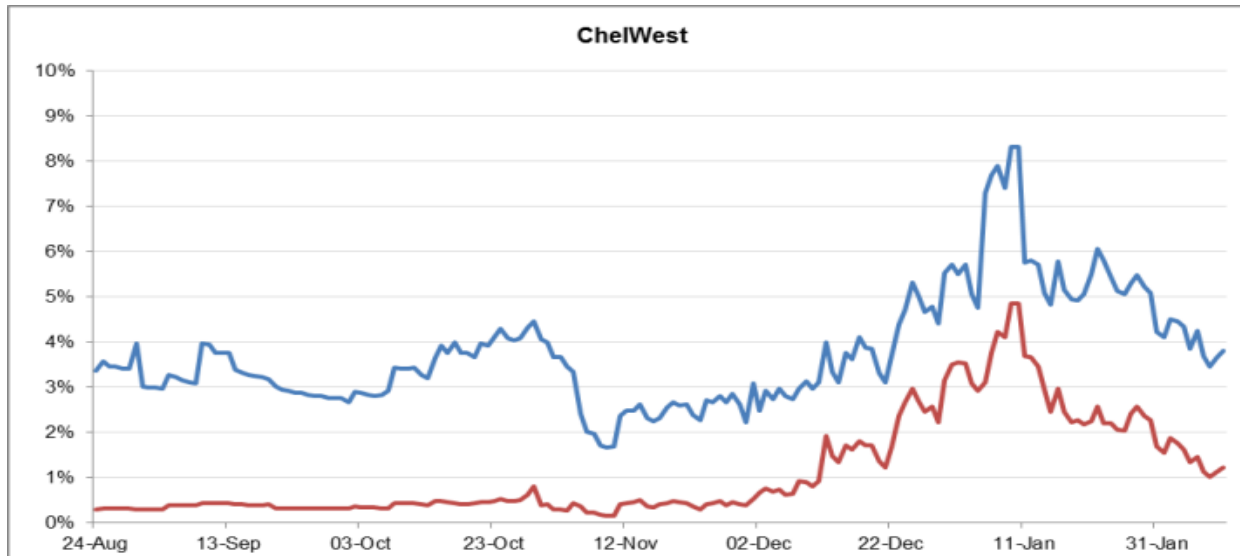
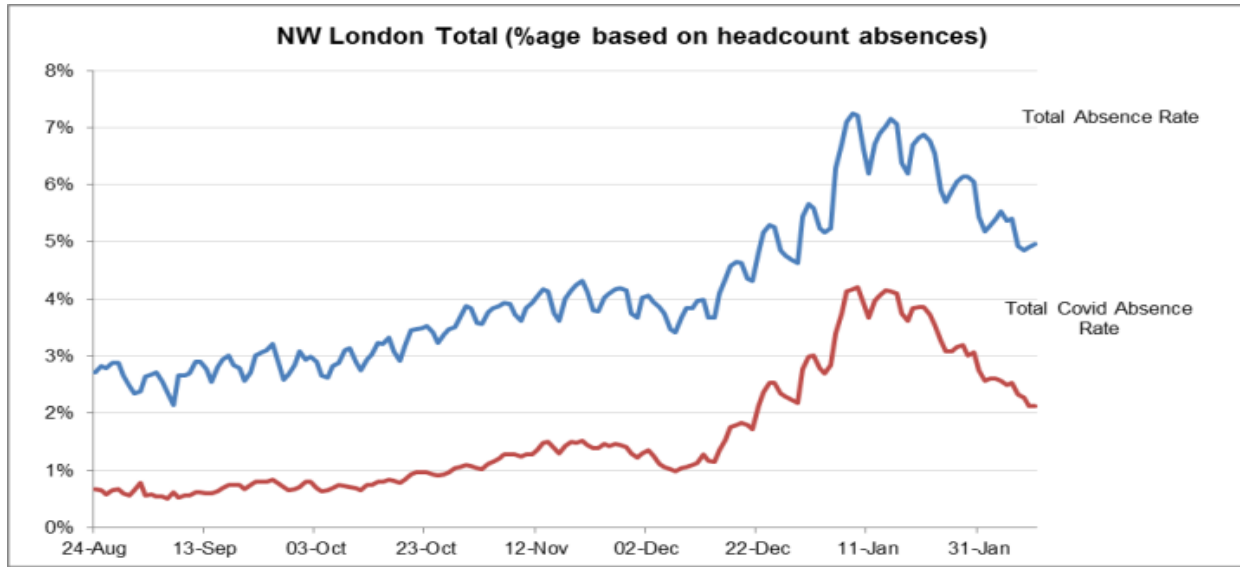
Parking = No current charge for permit holders. C&W continued to support staff with free street parking, 1,450 staff now have the free parking app Hounslow Borough have offered street parking until end of March 2021, circa 250 staff are using this offer Syon Park have given the Trust 300 parking spaces with no end date set

Food and Drink = Free meals for Trust staff between 18th January – 12th February, circa 400-600 meals are served daily at each site.



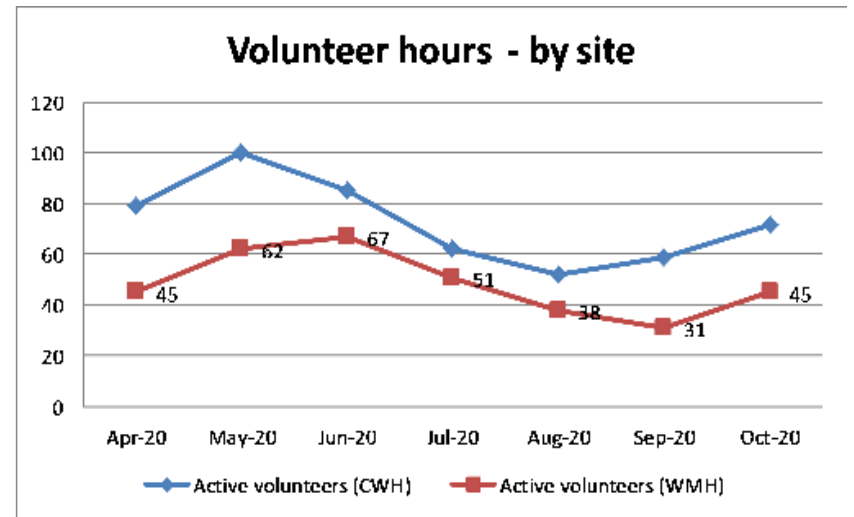
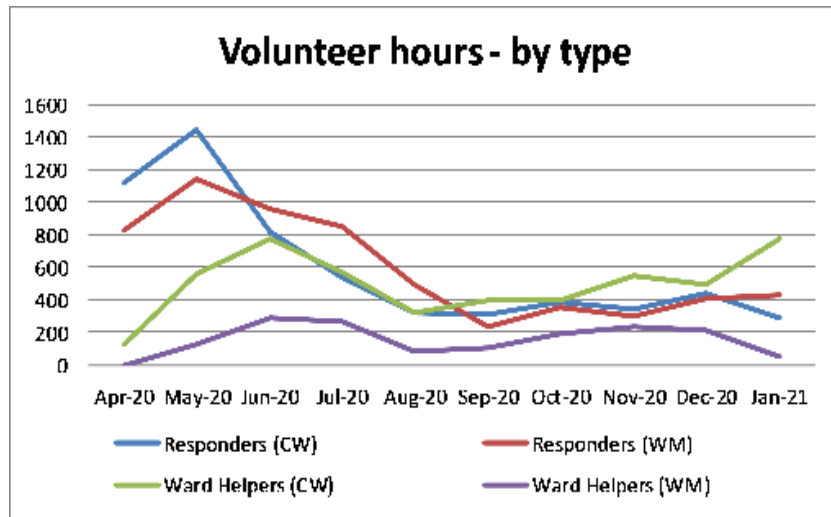
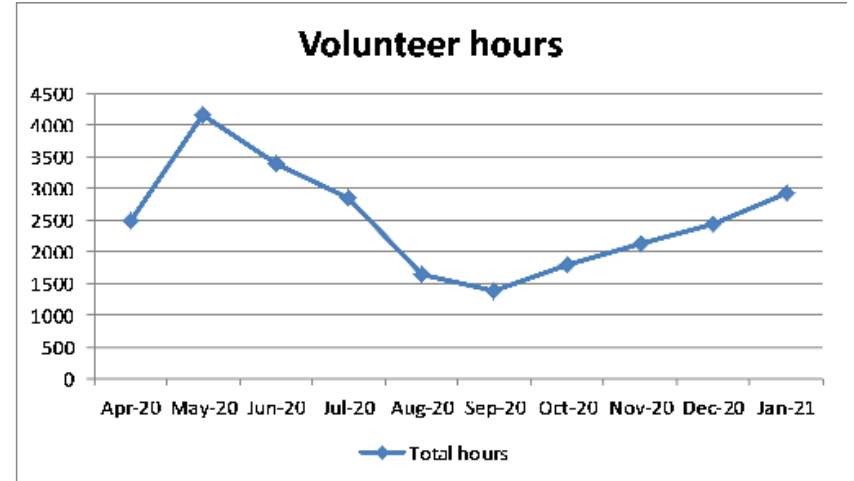
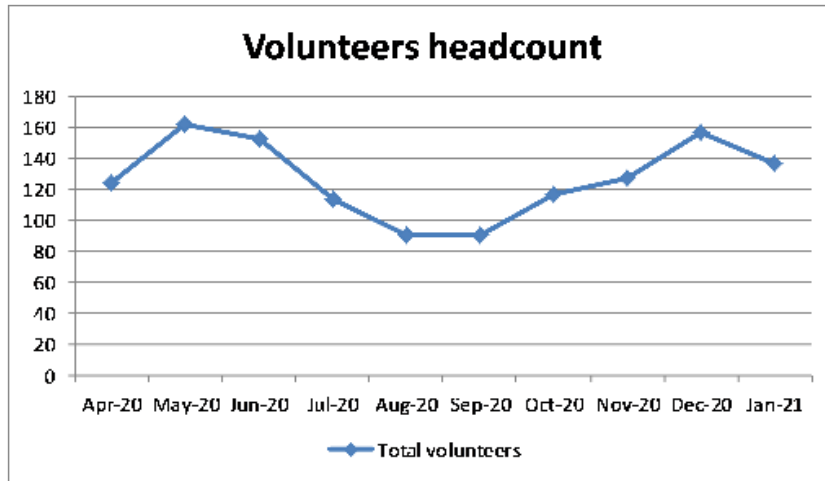
People and Organisation Development Workforce Performance Report

Sickness Profile Chelwest and our sector – January 2021



People and Organisation Development Workforce Performance Report

Volunteer Staff Activity Profile – January 2021



People and Organisation Development Workforce Performance Report

January 2021

Establishment, Staff in Post and Vacancies:

The Trust currently employs 6456 people working a whole time equivalent of 5974.89 which is 41.79 WTE higher than December. This equates to 103.13 wte more permanent members of staff than this time last year. There has been a decrease in the vacancy rate for January, 6.82% against the Trust ceiling of 10% and a small improvement since the same time last year which was 7.64%. The qualified nursing vacancy rate is 4.92% and remains one of the lowest in the country with a national median of 12.75%. The medical vacancy rate is 2.49% and is in quartile 2 in Model Hospital with a national median of 7.43%. Further work is continuing to review historical gaps of trainee doctors so pro-active recruitment can be taken at an early stage. AHP (7.45%) S&T (8.48%) are also in line with the national median but AHP at this level sits in quartile 3.

Temporary Staffing:

Demand for temporary staff rose significantly in January, up 18% compared to December and up 14.5% compared to January last year. Our bank performance improved year on year (number of shifts filled up 6.6%) however our overall increase in demand meant that bank rate fill dropped 5%. Agency usage was significant again, as we utilised additional supply lines to fill the gaps in the rotas caused by the COVID surge. Agency spend increased 30% in January, predominantly in the Nursing staff group. We continue to see the benefit of the North West London collaborative Bank for Medics, with more than 137 shifts worked on our bank by Drs registered at other banks within the region; more shifts have been completed at ChelWest than at any other Trust within NWL.

Similar to our rostering surge plan, we had a pre-planned Temporary staffing surge plan, which we have been able to utilise. This involved maximising the availability of our current bank workforce and fast tracking new recruits. In addition, during this surge we have employed a bank incentive scheme, aimed at improving the attractiveness of bank shifts and ensuring we were competitive with neighbouring Trusts who have utilised similar incentives or increased their rates. We are continuing to analyse the impact of this incentive, but can see evidence of an increase in critical care shifts following our ITU incentive. We also moved to initiate the pre-planned expansion our agency supply by engaging with multiple new agencies, including both those who we used during the first wave and new agencies on boarded for specialist areas. This significantly increased our flow of available staff which has resulted in more shifts filled each week.



Sickness Absence:

The Trust's sickness rate has reduced to 3.23%, which is lower compared to last month and higher than this time last years due to COVID19 related challenges. Our sickness target of 3.3% has been breached five times during the last 29 months peaking in April '20 due to Covid-19. This compares favorably with peers and the Trust remains in the lower quartile on Model Hospital. The three most common reasons for sickness were, Chest & respiratory problems which include Covid-19 related absence, Anxiety/depression/other and gastrointestinal problems. The top sickness reason for the number of days lost has now returned from chest and respiratory due to COVID back to anxiety, depression and is the highest reason for both number of episodes and days lost.

Staff Turnover Rate: Voluntary

Voluntary turnover has decreased to 10.95% and is below the Trust target for the seventh consecutive time and lowest it's been in recent years. The third highest reason for leaving (preceded by promotion and relocation) is work/life balance. The recently approved health and well-being strategy has a key focus on solutions to help all our staff enjoy a good work-life balance, such as a better availability of flexible working options, offering a backup care service for staff who have children or care for elderly or vulnerable adults, as well as a nursery partnership to enable staff to afford childcare in London. Retention – the Trust has established a Staff Retention Group which has been paused for Covid19. but will restart in March.

PDRs

The PDR rate for January was 89.43%, increased by 0.71% from the previous month, however PDR's have been paused for 6 months during Wave 2 from January onwards. A key part of re-introducing PDR's will be including the EDI objectives for all managers from April and also ensuring managers are having wellbeing conversations with staff and recording these happen through the PDR reporting process.

Core Training Compliance :

Overall compliance has dropped to 88% this month, a further drop of 1% and the lowest we have been since May 2018. The impact of Covid and staff not being able to be released to do their training has seen this continued fall in compliance. As we begin to return from the peak of COVID19 additional sessions are scheduled in both Resus and Moving and Handling to support staff to complete their training and we are identifying those staff who have been non compliant the longest for these sessions. We continue to be limited on the number of people that can attend a session due to social distancing. The Moving and Handling team are now at full capacity and the resus team only has one staff member off compared to three last month. Reminders are also going in the staff bulletins to gently remind staff to complete their on line training when they are able to do so.

People and Organisation Development Workforce Performance Report

January 2021

Race Equality Plan & Inclusion :

Key highlights in the last month included the first BAME network meeting of 2021 which was well attended. Topics on the agenda included looking after yourself during COVID, reviewing risk assessments and the Trusts enhanced Health and Well Being offer. Also discussion around and encouragement that BAME staff take the opportunity to have the Covid vaccine. Following training in December the number of FTSU champions increased by six of which four were BAME increasing representation to five in total. The LGBTQ+ network also had their first meeting of the year and appointed a network secretary, two policy officers and a social media officer to support the co- chairs in the running and functioning of the network. Plans were also underway to celebrate LGBTQ+ history month in February, members of staff volunteered to make video contributions and will also hopefully include the distribution of pronoun name badges. The meeting also covered the Health and Well Being offer. The Women's Network held a meeting in December focusing on women's health and during January have also ensured that network members were aware of the health and well being offer. Work continues to establish a disability staff network The network leads are meeting in March to further discuss bringing the work of the networks together.

Leadership and Development:

Work is being done to look to turn the management fundamentals programme into an apprenticeship at level 3 or 4 and to work in partnership so we can be paid as a Trust for the delivery of the programmes.

Apprenticeships:

Week commencing the 8th of February was National Apprenticeship week and the Trust celebrated this. We had a video for staff on the intranet telling them what apprenticeships are, and launched a new intranet site to make staff aware of the apprenticeship available. We also celebrated as we awarded twenty staff with their certificates who have completed their apprenticeships in the past 12 months. Finally we launched the new Innovation apprenticeship. Last month we utilised 62% of the apprenticeship levy.

Health and Wellbeing:

Over recent months we have ensured that the mental wellbeing support has been put at the forefront of all HWB communication. Our PTS service is continuing and expanding its provision to staff. Various recurring themes have emerged from this service such as:

- Isolation of home-working and feeling of disconnect
- Bereavement, as patient mortality increased
- Work intensity - difficult to down-regulate from in the transition from work to home
- Value – younger staff struggled with a sense of worth
- Higher levels of anxiety
- Depression- resulting from the existence of the issues above

Our EAP service (which provides a telephone support line, face to face counselling and self help CBT workbooks) has seen just 5 new clinical clients using the service this month, however 17 telephone counselling sessions have been conducted and there has been increasing interest in the counselling and self help workbook pages, especially relating to anxiety and depression and low mood. We have 50 Mental Health First Aid trained staff in the Trust, with 16 more booked in for the next course in April. All mental health first aiders and wellbeing champions have been invited to a monthly wellbeing forum, to raise any issues or concerns in their department. We continue to promote the national and regional support provided through NHS E&I and Keeping Well.

The Trusts back up care service is continuing to support staff meet their work commitments and overcome any care difficulties – 299 staff are now registered for this benefit with 30.5 days of back up care so far used. In January we expanded the service to bank staff. We also recently launched a salary advance service where 220 staff are signed up since the launch on the 9th Feb. We have organised four cycle servicing days for February, allocating 120 cycle servicing slots for staff. Our employee benefits platform Vivup has a total of 2382 registrations, 53 of which were new in January.



People and Organisation Development Workforce Performance Report

January 2021

Transactional Plan:

Recruitment time to hire has increased to an average of 9.56 weeks in the month of January due to national pressures on the DBS system and the impact of the vaccination hub project.

The Trust has been selected as the lead employer for recruitment to the North West London mass vaccination sites. The recruitment and staff bank teams are currently processing over 4300 candidates for deployment to various hubs across the sector. The first mass vaccination centre was opened in mid-January and so far the teams have successfully cleared over 1000 candidates for deployment including volunteers from the Imperial Medical School. Some site openings have been temporarily delayed and we are awaiting confirmation of revised opening dates from the central teams. The NHS England and Improvement Nursing Directorate has made funding available to accelerate recruitment, on boarding and on-going support for new HCSWs without prior health or social care experience, in order to significantly reduce established vacancies as close to zero as operationally possible. This additional supply of staff will help to address the on-going challenges of COVID-19 and winter pressures. In response, the recruitment team is working with the corporate nursing team to recruit approximately 84 WTE healthcare Support workers by March 2021.

Employee Relations

During January 2021 some ER activity was paused due to covid-19 and the need to redeploy some of the team to other roles to support with sickness reporting and welfare calls to staff. Support for complex disciplinary, grievance and MHPS cases did however continue, and the team has now started to see an increase in activity, in particular with the number of grievance and grievance appeal cases. The average time frame for disciplinary cases is high at 112 days – this is related to significant sickness absence for two of the three cases that were live which has delayed progress. Both cases are due to conclude in February 2021. The average timeframe for grievance cases is 74.5 days, which has increased due to the team pausing several cases during January.

The team continue to triangulate with FTSU concerns on a monthly basis to identify areas where further support and input may be required. Where applicable, the team are employing a proactive, resolution focused approach with the management of these cases and support with the use of mediation to resolve conflict. This approach will be further strengthened with the implementation of a programme to train more in-house mediators and providing managers with skills and tools to manage ER issues through resolution.



Organisational Change

The HR team continue to support an increasing number of organisational change programmes, Currently no live consultations, due to these being paused during COVID but a number are in the pipeline. The Sphere TUPE consultation affecting 20 staff has closed although staff do not transfer to CW until 1st April 2021 so there is still significant work still taking place.

Volunteering and Redeployment

Since 1st April 2020 the Trust has benefited from the support of 354 active volunteers contributing 24,796 hours of volunteering in total. There were 136 active volunteers in January, contributing 2931 hours of volunteering across both sites. Volunteer responders have superseded the bleep role and contributed 720 hours across both sites in January. Another recruitment campaign was carried out in September/October with an average recruitment time of 34 days. Average hours per volunteer per month has almost doubled since January 2019.

To support staff deployment staff were asked to register interest and availability to be redeployed during wave 2. This was recorded centrally, with potential suitability reviewed on receipt of requests across the Trust. Staff availability ranged from staff offering full time release from substantive roles, to evening and weekends, or one or two hours before or after shifts. Requests for support included; Prep for IP Phlebotomy rounds, ward helpers (including red areas), counting and stocking of PPE on wards (including red areas), ICU Pharmacy ordering and putting away of stock, welfare phone calls to staff, data input, bed buddies in AGP areas, fit testers, admin for maternity, vaccine admin support, catering support, main reception temperature checks, delivering items around the Trust, support with staff welfare hubs. Volunteers (co-ordinated through the Volunteering Team, have also provided support for filling some of these requests. Requests have been reducing and some staff are beginning to advise they are being required back in their substantive roles.



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	3.3/Mar/21
REPORT NAME	Mortality Surveillance Report Q3
AUTHOR	Alex Bolton, Associate Director of Quality Governance
LEAD	Roger Chinn, Chief Medical Officer
PURPOSE	This paper updates the Board on key metrics relating to the Trust's learning from death approach.
REPORT HISTORY	Executive Management Board, 17.02.2021 Quality Committee, 02.03.2021
SUMMARY OF REPORT	<p>The Trust-wide SHMI relative risk of mortality between October 2019 and September 2020 demonstrates that both sites have outcomes significantly below the expected range; the CWH site has a SHMI value of 0.7259, the WHUH site 0.8124. Overall the Trust SHMI is 0.7784; this is the 6th lowest value in NHS England.</p> <p>Mortality case review was undertaken following all in-hospital deaths (adult, child, neonatal, stillbirth, late fetal loss). In response to increasing clinical demand and impact on staffing as a result of the covid-19 pandemic the organisation's mortality review process remains paused. Assurance in the Trust learning from death approach and identification of potentially suboptimal care is supported by the Medical Examiner's Office who continue to scrutinise all in-hospital deaths.</p> <p>Covid-19 has had a significant impact on crude mortality but current trends indicate the rate returning to 5 year mean average.</p> <p>A step change (improvement) in the relative risk of mortality has been experienced since March 2017 and has continued within Q3 2020/21; this is an indicator of improving outcomes and safety.</p> <p>The outcome of mortality review has provided a rich source of learning; the resumption of the Trust wide review process will support the organisation's improvement objectives and improve assurance reporting to the Board.</p>
KEY RISKS ASSOCIATED	The paused mortality review process could impact the recognition and response to learning from death; key mitigations for this risk are robust medical examiner scrutiny processes.
FINANCIAL IMPLICATIONS	Limited direct costs but financial implication associated with the allocation of time to undertake reviews, manage governance process, and provide training.
QUALITY IMPLICATIONS	Mortality case review following in-hospital death provides clinical teams with the opportunity to review expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes / service delivery.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Deliver high quality patient centred care
DECISION/ ACTION	The Board is asked to note and comment on this report.

Mortality Surveillance Report

1. Background

In response to increasing clinical demand and impact on staffing as a result of covid-19 the organisations mortality review process is paused. The following arrangements provide assurance that the Trust continues to learn from deaths and has processes in place to recognise and respond to sub-optimal care.

- All in-hospital deaths logged to the mortality module by the Medical Examiner's Officers
- Medical Examiners (MEs) commissioned to scrutinise in-hospital deaths and provide an opportunity for the bereaved to raise concerns
- Where ME scrutiny identifies the potential for Trust learning specialty case review or clinical governance input to be sought; this process is overseen by the Clinical Governance Department
- Potential learning opportunities identified via Medical Examiner scrutiny are reported to the Mortality Surveillance Group
- Weekly monitoring of crude mortality relating to covid reported to gold command

2. Relative risk of mortality

The Trust uses the Summary Hospital-level Mortality Indicator (SHMI) to monitor the relative risk of mortality within our hospitals. This tool was developed by NHS Digital to calculate the relative risk of mortality for each patient and then compare the number of observed deaths to the number of expected deaths; this provides a relative risk of mortality ratio (where a number below 1 is lower than expected mortality).

Population demographics, hospital service provision, intermediate / community service provision has a significant effect on the numbers of deaths that individual hospital sites should expect; the SHMI is designed to reduce this impact and enable a comparison of mortality risk across the acute hospital sector. By monitoring relative risk of mortality the Trust is able to make comparisons between our sites and peer organisations and seek to identify improvement areas where there is variance.

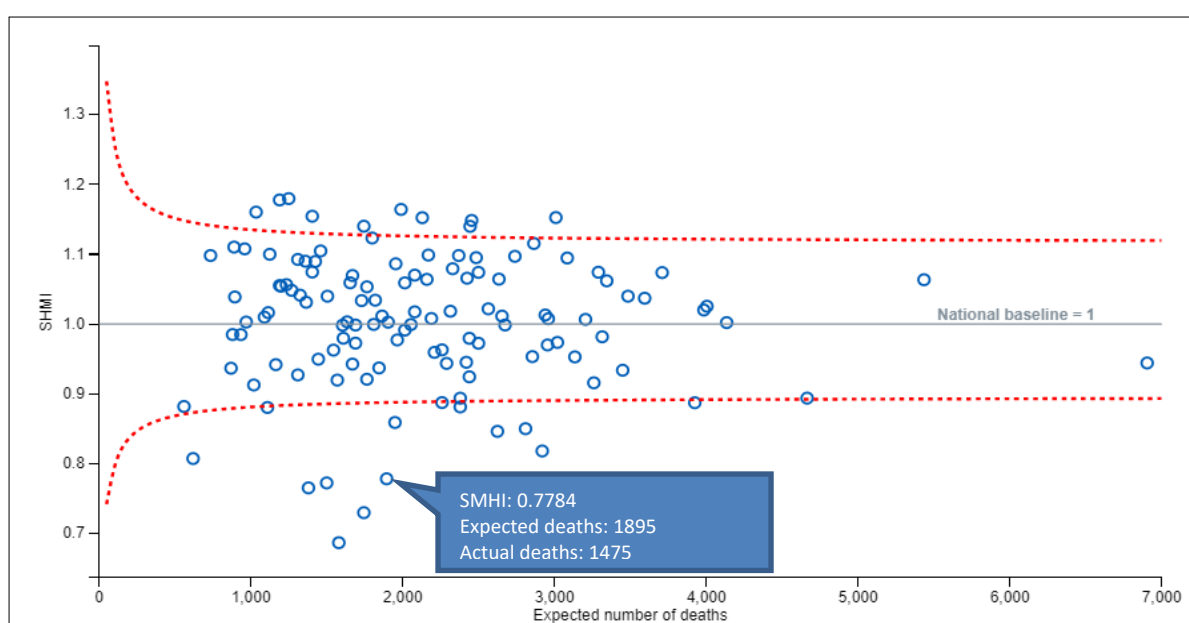


Fig 1 – SMHI relative risk, regional acute provider comparison

Between October 2019 & September 2020 the Trust remained one of the best performing in terms of relative risk of mortality; the Trust remains within the 14 organisations with lower than expected numbers of deaths for this period. The lowest SHMI values reported during this period were:

- UCLH 0.6869
- Guy's and St Thomas' 0.7299
- Imperial 0.7247
- Kingston 0.7654
- Royal Surrey 0.7725
- Chelsea and Westminster 0.7784

This positive assurance is reflected across the Trust as both sites continue to operate below the expected relative risk of mortality:

- WestMid, expected 1150 deaths, observed 935, SHMI value 0.8124
- ChelWest, expected 745 deaths, observed 540, SHMI value 0.7259

Covid-19 activity is excluded from the SHMI as the tool was not designed for this type of pandemic activity. Significant national data modelling is taking place regarding the relative risk of mortality associated with Covid-19; outcomes from these publications will be monitored by MSG and CEG.

3. Crude mortality

Emergency spells (activity) and the deaths associated with those spells (crude number) can be used to calculate the rate of in-hospital deaths per 1000 patient spells (this calculation excludes elective and obstetric activity).

Crude mortality rates must not be used to make comparisons between sites due to the effect that population demographics, services offered by different hospitals, and services offered by intermediate / community care has on health outcomes (e.g. crude mortality does not take into account the external factors that significantly influence the relative risk of mortality at each site). Crude mortality is useful to inform resource allocation and strategic planning; for this reason it is reported to gold command on a weekly basis during the covid-19 response period.

During the last 52 weeks (23/02/2020-14/02/2021) there were 1641 deaths associated with emergency activity; the crude rate over this entire period was 34.8 deaths per 1000 spells.

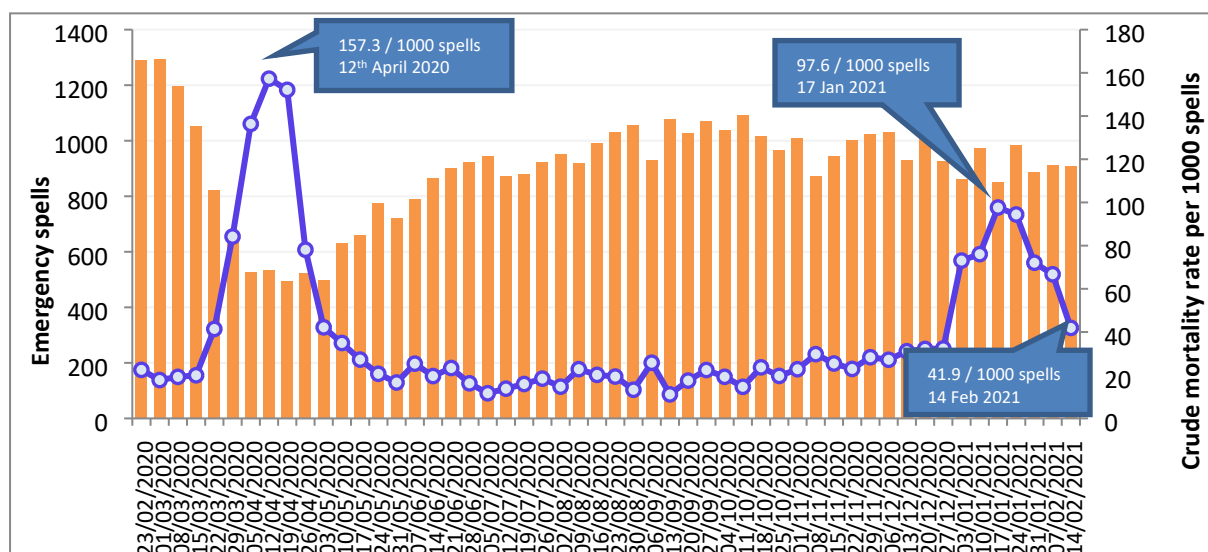


Fig 2: Crude Mortality– Trust Level. Period WE 23/02/2020 to WE 14/02/2021

Significant variation in weekly crude mortality rates have been experienced during this 52 week period; during the first covid-19 surge in March / April 2020 activity dropped sharply and the crude mortality rate rose to a high of 157.3 deaths per 1000 emergency spells. A second sharp increase in crude rate was experienced in January, activity was maintained but the crude rate peaked at 97.6 on the 17th January before rapidly reducing in February.

The count of in-hospital deaths demonstrates that the highest single week for mortality of the last 52 weeks was experienced week ending 24 January 2021 where the raw number of deaths that week was 93 (Trust wide). Overall numbers of deaths reduced sharply in week ending 31 January 2021 and the trend is now approaching the 5 year mean value.

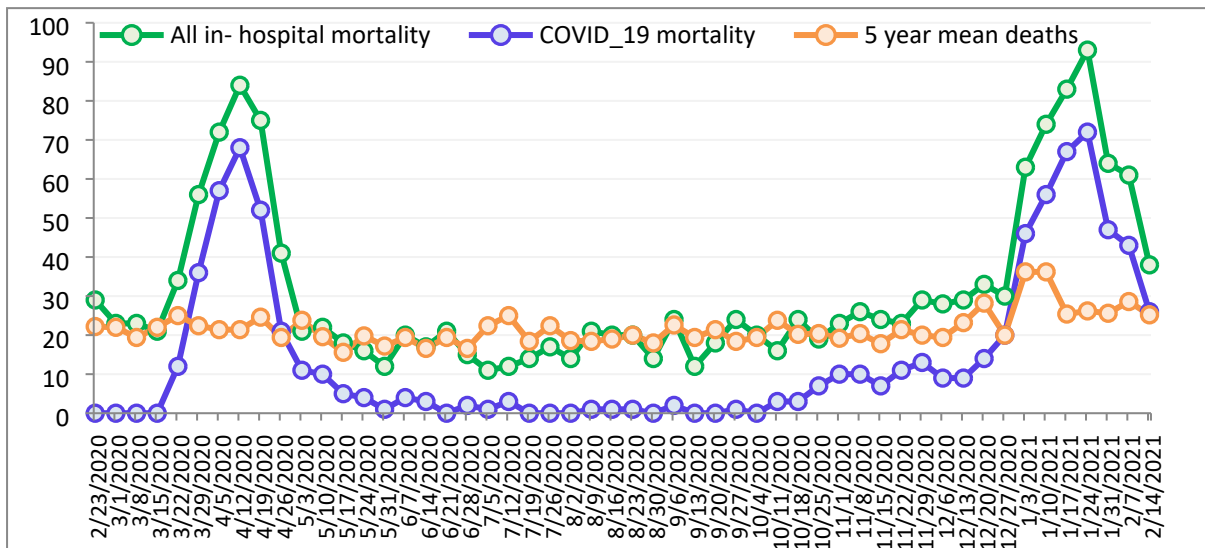


Fig 3: Weekly count of in-hospital mortality, Covid-19 deaths and mean deaths over previous 5 years.

It is recognised that the crude count of deaths is higher at the West Middlesex University Hospital site; this is a continuing trend associated with differing patient demographics, patient requirements, and variance in use of services. However, it should be noted that the crude rate at each site is similar (the line) between the two covid surge events but the number of completed hospital spells (the bars) are significantly higher at the WestMid site.

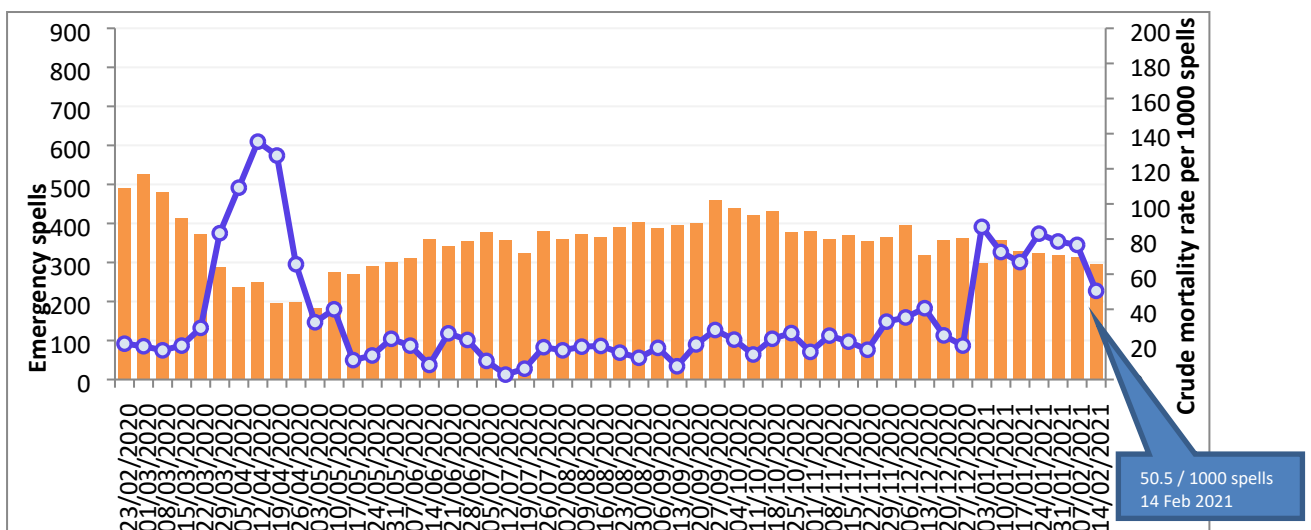


Fig 4: Weekly count of completed emergency spells and crude mortality rate (ChelWest site)

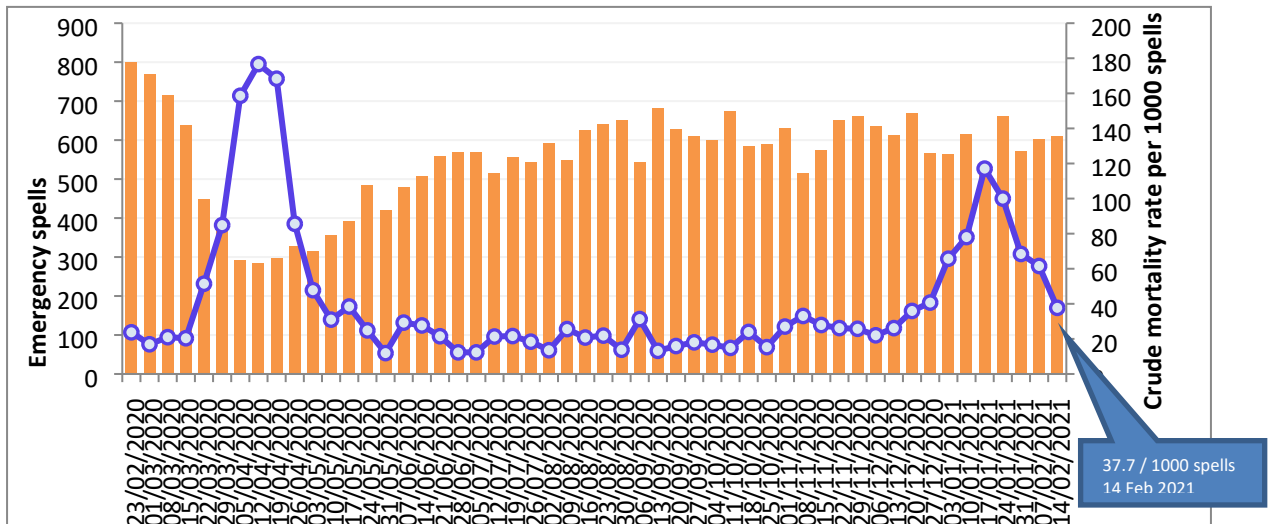


Fig 5: Weekly count of completed emergency spells and crude mortality rate (WestMid site)

4. COVID-19 mortality

Year to date there have been 13,871 Covid-19 associated deaths in London hospitals.

COVID-19 related deaths at North West London Trust’s peer organisations for week ending 24th January (published 25th Jan):

- Chelsea and Westminster Hospital NHS Foundation Trust: **805** (6% of London total)
- Imperial College Healthcare NHS Trust: **790** (6% of London total)
- London North West University Healthcare NHS Trust: **1123** (8% of London total)
- The Hillingdon Hospitals NHS Foundation Trust: **375** (3% of London total)

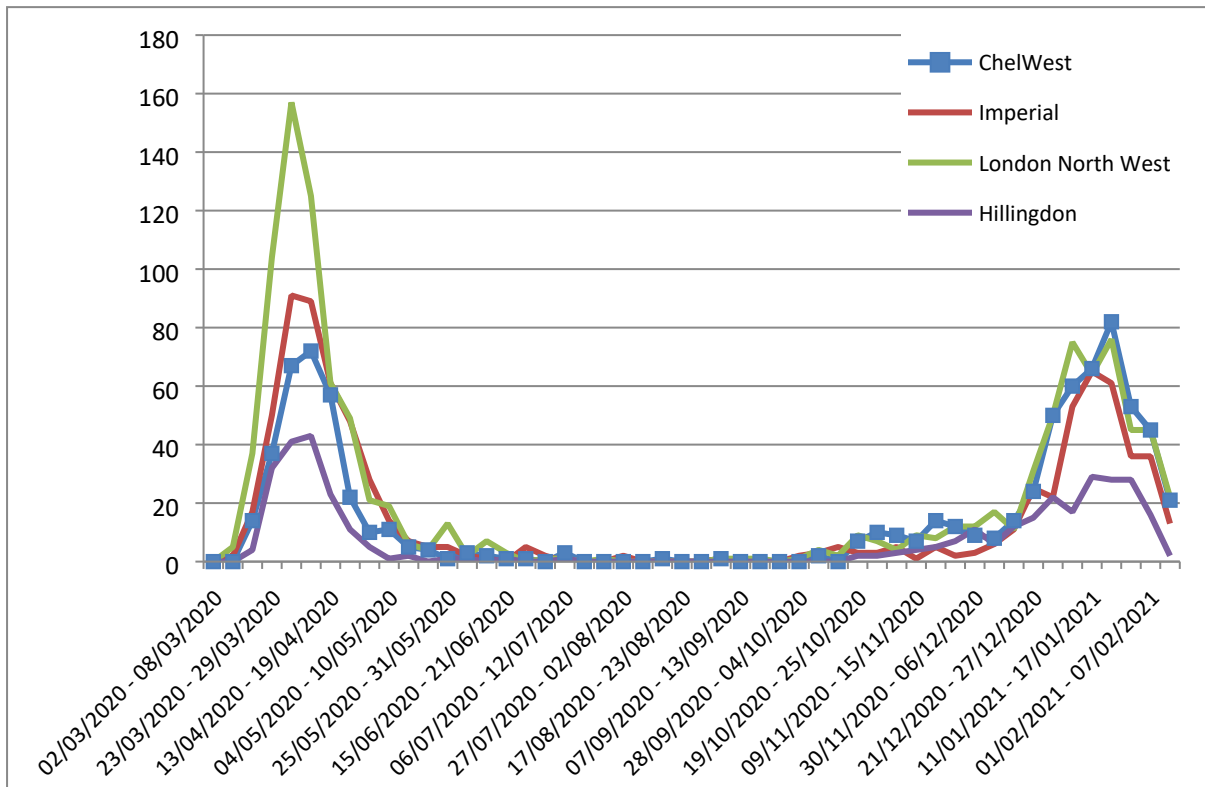


Fig 5: Weekly count of COVID-19 deaths reported to COVID-19 Patient Notification System by selected Trusts

The Trust's sites have experienced different trends in terms of crude count of Covid-19 associated deaths; these figures must not be used to make comparisons between the two sites (or with other organisations) due to the significant impact external variation plays on health outcomes.

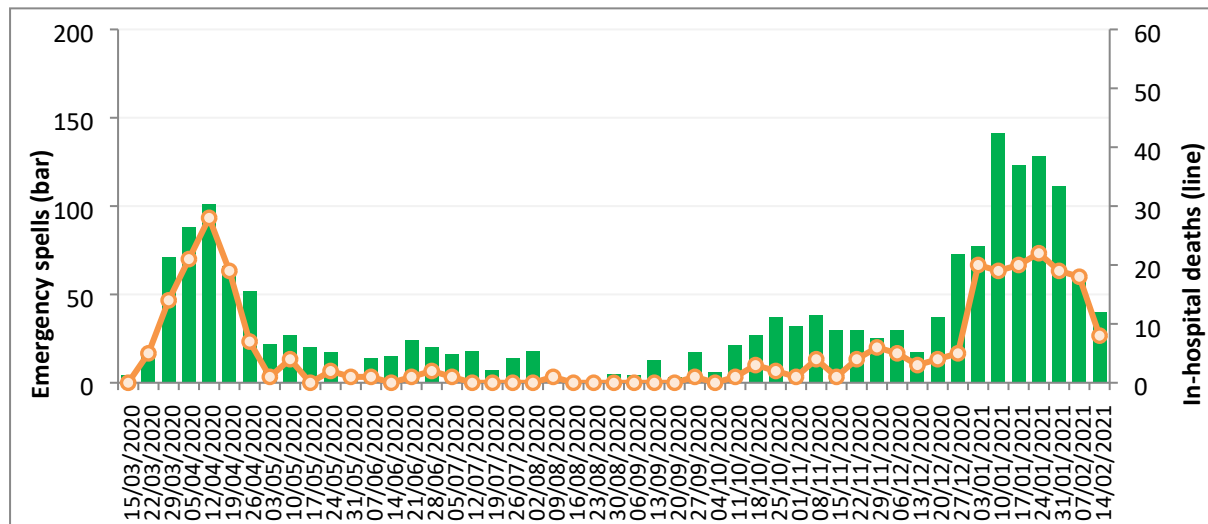


Fig 6: Weekly count of emergency spells and in-hospital deaths where a COVID 19 infection has been recorded (CW)

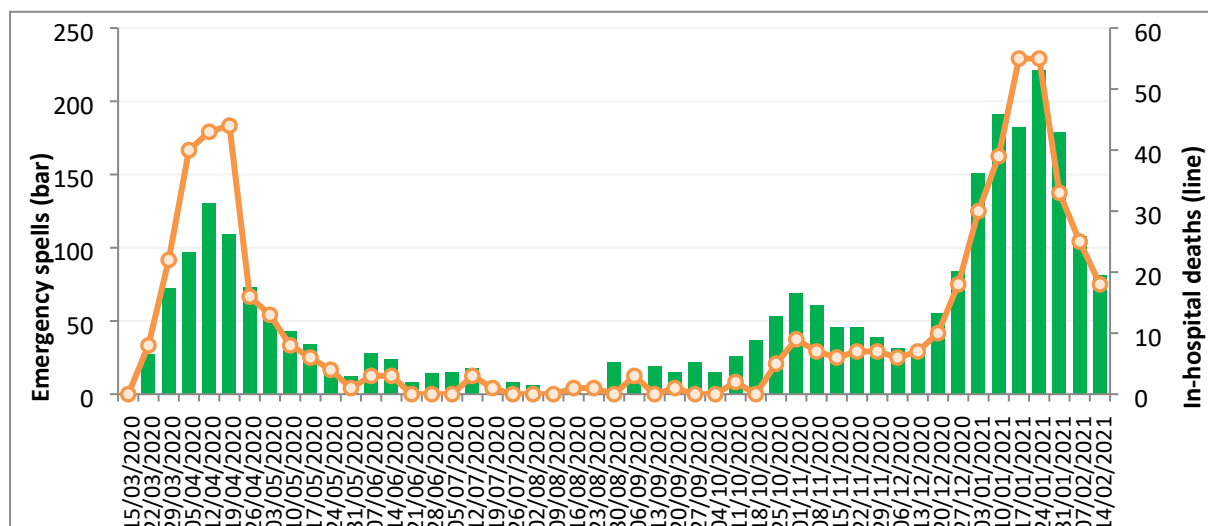


Fig 7: Weekly count of emergency spells and in-hospital deaths where a COVID 19 infection has been recorded (WM)

National research is being undertaken to support understanding of the impact health economics has on infection rate and mortality associated with COVID-19 but the following factors are recognized to be significant influencers on mortality risk.

- Community infection rates
- Ethnicity: Black, Asian or minority ethnic background
- Comorbidities
- Age

Significant variation within the local communities surrounding the two sites is evidenced; further public health review would be required to consider population demographics and health inequalities impacting COVID-19 outcomes.

5. Conclusion

Improving relative risk of mortality has been experienced across both sites since March 2017. The SHMI provides an indicator of improving outcomes and safety that is evidenced at both sites; this position is monitored by the Mortality Surveillance Group.



Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

AGENDA ITEM NO.	3.4/Mar/21
REPORT NAME	Guardian of Safe Working Report Q3 2020/21
AUTHOR	Dr Rashmi Kaushal & Shamima Chowdhury, Head of Medical Workforce
LEAD	Dr Roger Chinn, Chief Medical Officer & Sue Smith, Interim Director of HR & OD
PURPOSE	Provide assurance of the safe working hours and working conditions for all junior doctors and dentists employed by the Trust.
REPORT HISTORY	People and OD Committee, 24.02.2021
SUMMARY OF REPORT	<p>Senior Trust management and HR have focused on robust preparations to support and ensure the safe working of the junior doctor workforce during the second wave of the COVID-19 pandemic.</p> <p>A total of 208 Exception reports have been submitted for this quarter reflecting the significantly reduced staffing levels (junior doctors) due to staff isolation or staff sickness from COVID 19 infection.</p>
KEY RISKS ASSOCIATED	<p>Significantly reduced staffing levels (junior doctors) due to staff isolation or staff sickness from COVID 19 infection.</p> <p>Financially, all 208 exception reports submitted were resolved by additional payment to the junior doctors concerned in accordance with the 2016 Junior Doctors TCS.</p>
FINANCIAL IMPLICATIONS	Please see previous point.
QUALITY IMPLICATIONS	NA
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Deliver high quality patient centred care• Be the employer of choice• Delivering better care at lower cost
DECISION/ ACTION	This paper is submitted for information.

Guardian of Safe Working Hours Q3 2020

1. Executive Summary

This report is presented to the Executive Board with the aim of providing context and assurance of safe working hours and conditions for all junior doctors and dentists employed by the Trust.

The emphasis of this report is to address the changes that have been put in place to support services, patient care and junior doctors as the Trust navigates through the second wave of the pandemic.

The senior management has focused on robust preparation to support the junior doctor workforce at this time. Senior clinical leads from all relevant specialties have been consulted to identify factors that will be different from the first wave whilst highlighting levels of support that are required to ensure safe working for junior doctors at all times.

Additional measures have included bi weekly lateral flow tests for all frontline staff. Stringent compliance to track and trace for exposure to infected persons outside of the ward and hospital setting. COVID19 vaccination made available to all frontline staff on both sites from December 23rd.

It is understood from the outset that many junior doctors will have been impacted in different ways by the first wave. Many have lost training opportunities, the morale is somber and anxiety levels have been growing as a very busy winter is anticipated. The junior doctor forum has now become a monthly meeting with ample support and guidance from the Medical Directors, HR and the Directors of Medical Education. Weekly meetings run by the DME's, Foundation school leads and GOSW have been taking place for the month of December.

A total of 208 Exception reports have been submitted for this quarter.

Exception reports have reflected significantly reduced staffing levels due to staff isolation or staff sickness from COVID 19 infection.

119 junior doctors have had to isolate during this quarter resulting in a substantial loss of working days (estimated at over 1000).

Rota gaps are static with a total of 11 across both sites.

Junior Doctor Surge planning for the second wave has been impacted by a loss of a 100 medical student resource that was made available in March 2020. There has however been redeployment of staff from HIV and sexual health to support ITU and NIV patients.

Redeployment of staff was commenced in December with the movement of 7 day working for consultants from Thursday 31st December 2020

There are no Red Flag areas.

There are no Amber Flag areas.

There have been no fines levied for this quarter.

2. Rota Gaps

Rota Gaps continue to be a national problem. The Trust has responded by ensuring that existing gaps have been filled promptly to ensure patient safety and maintain desired standards of clinical care.

Our Rota gap status has remained the same as in Q2 2020.

This Trust has not been as adversely affected by Deanery vacancies; many juniors have chosen to return at higher grades having completed foundation and core training as part of career progression.

Site	Department	Gaps for Q3 2020	Solutions
C&W	Paediatrics SPR, FY2	2	Recruitment in process
C&W	O&G FY2/CT1	1	Recruitment in process
C&W	General Surgery FY2/SHO	1	Recruitment in process
WM	Endocrinology	1	Locum ad hoc cover
WM	COTE	1	Locum ad hoc cover
WM	Anaesthetics SHO/SPR	4	Recruitment in process

In regards to anticipated gaps for Q4, the junior doctors' rotation for core training was paused by Health Education England (HEE) on 3 February 2021 in order to assist NHS Trusts with their response to COVID-19. The core training rotations will now take place on 3 March 2021 along with all other rotations which usually take place in March. Confirmation of the total number of gaps for Q4 will be confirmed in the Q4 report.

3. The Junior Doctor Forum

The Junior Doctor forum has evolved since becoming a virtual meeting to become a cross site virtual event. There has been active attendance by senior management who has willingly shown dedication to provide support, direction and counsel during this time.

Meetings are hosted by each site on alternate months and take place on the third Wednesday of each month from 1-2pm. The Education fellows at both sites have kindly agreed to take meetings for these meetings and circulate them to relevant members of the forum.

The Forum has been considered to be the most successful JDF in the UK based on the BMA Junior doctor survey and this feedback is a reflection of the wider Trust working as a unified team to support our juniors.

For this quarter, the junior doctor body has requested an open agenda to ensure that all their questions are answered. The emphasis has remained on the pandemic and safe working conditions.

Junior doctors have been sign posted to safety through risk assessments and fit testing

There has been very well received question and answer sessions with:

Dr Roger Chinn Executive Medical Director

Robert Hodgkiss Deputy CEO

Dr Gary Davies Medical Director has provided monthly updates for planning and preparation for the second surge of the pandemic.

Dr Ryan Dhunnoochand Junior doctor coaching has joined the team to sign post doctors who need support or coaching during this time.

Dr Tina Cotzias and Dr Orhan Orhan, DME's have actively contributed to provide further support for ongoing training and education at this time. Weekly meetings have commenced with the junior doctor body from the third week in December to ensure that re deployment is well planned and clearly understood by all involved.

Other issues dealt with:

Providing more locker space and shower resources outside of the doctors mess areas

Providing more robust security to prevent theft of cycles

Providing accommodation to doctors who are unable to work from home (December 2020)

4. Exception Reporting

A total of 207 reports were submitted for the quarter. 123 were at C&W site and 84 at WM site.

The Exception Reporting data has been broken down to demonstrate a monthly analysis.

The outcome for all exception reports was payment to the junior doctor who had submitted the exception report.

October 2020: A total of 79 reports were submitted. No Fines Levied.

Division	C&W: 50	WMUH: 29
EIC	AMU, 10; Cardiology, 1; COTE, 9; Endocrinology, 2; Gastroenterology, 4; Neurology 11;	Cardiology,4 ; Endocrinology, 9; Gastroenterology, 8; Respiratory 2
Planned Care	Anaesthetics, 1; General Surgery, 10; Urology , 1	ENT, 2; General surgery, 2

November 2020: A total of 53 reports were submitted. No Fines Levied.

Division	C&W: 24	WMUH: 29
EIC	COTE 4 , AMU 3, Neurology 8, Gastroenterology, 1	Endocrinology, 9, Cardiology 1,

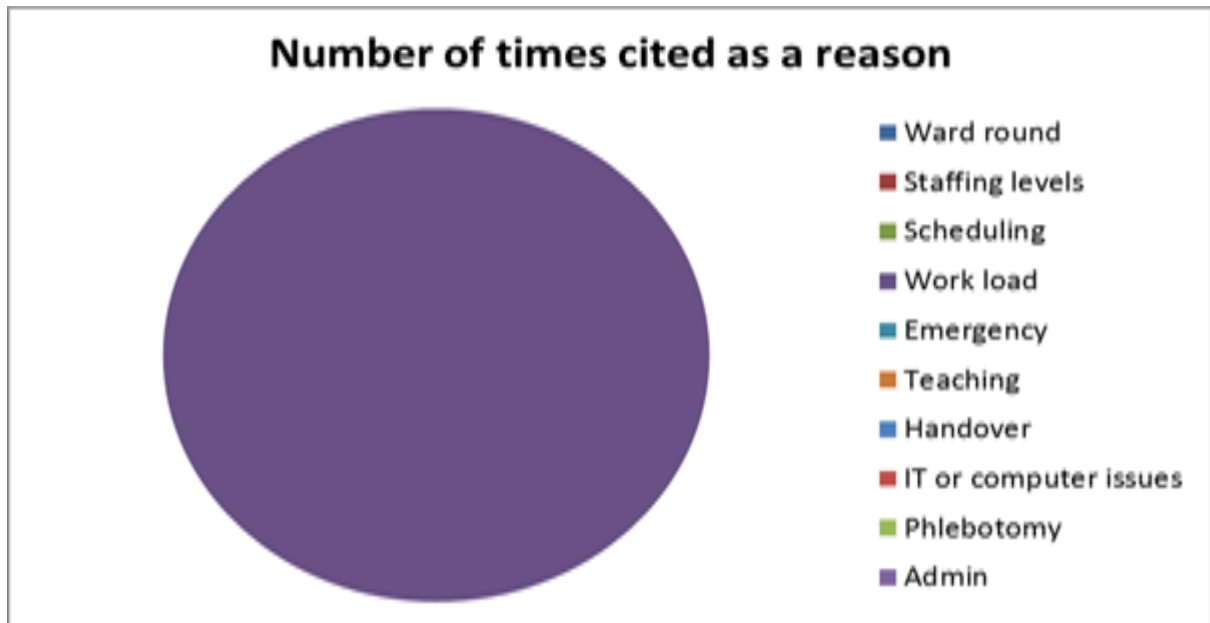
		Gastroenterology, 4, COTE, 1
Planned Care	General Surgery 2, T&O 1. Urology 2	General Surgery 5
Women & Children	O&G, 2; Paediatric Surgery, 6	

December 2020: A total of 56 reports were submitted

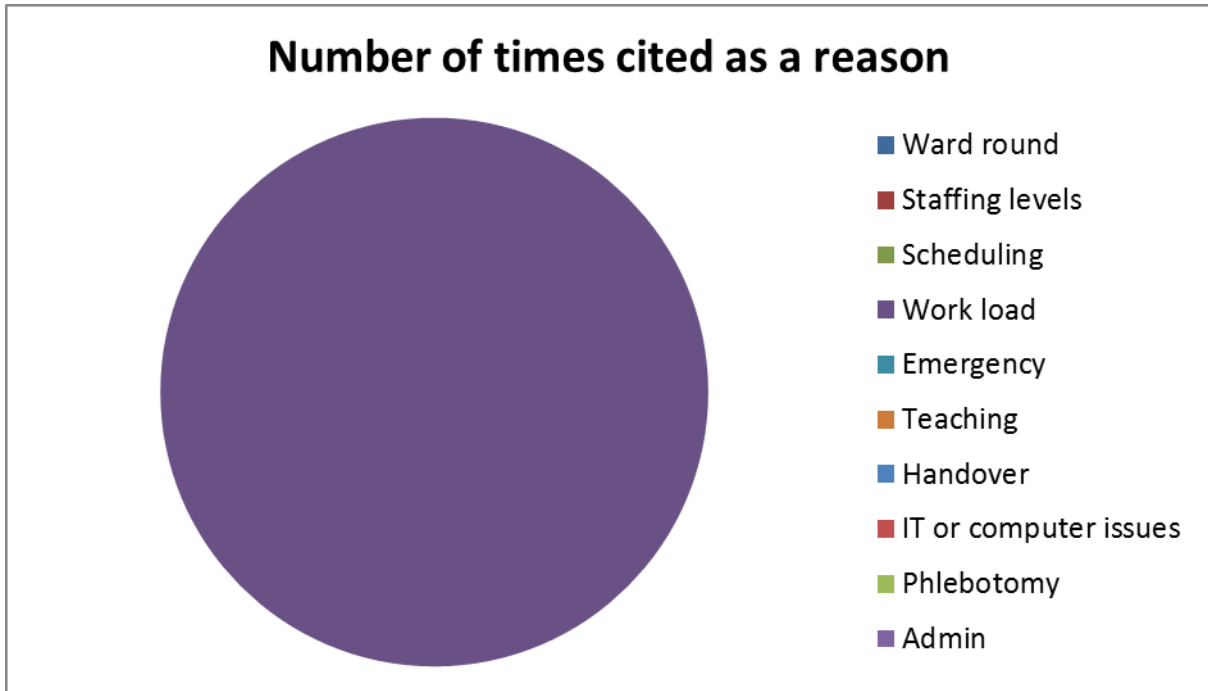
Division	C&W: 31	WMUH: 25
EIC	AMU, 9. COTE 2, Neurology, 8	Cardiology 1, COTE, 4, Endocrinology, 7
Planned Care	General surgery 6, Urology, 2	General surgery 10, Urology, 3
Education	Paediatric Surgery, 4	1

In terms of the reasons listed by junior doctors for their exception reports in Q3, as illustrated in the pie chart below, the sole reason for both sites and all rotas was workload.

CW Site



WM Site





Board of Directors Meeting, 4 March 2021

PUBLIC SESSION

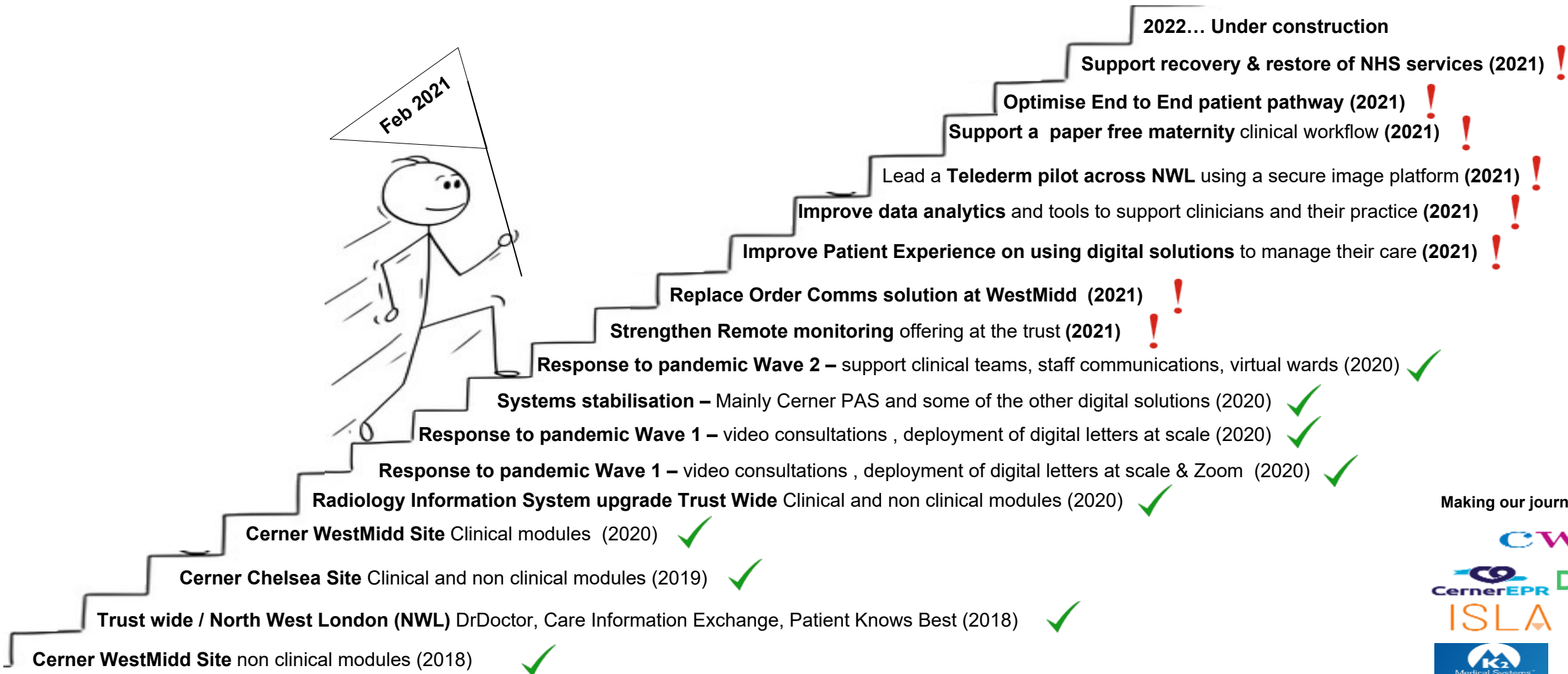
AGENDA ITEM NO.	3.5/Mar/21
REPORT NAME	Digital Programme Update
AUTHOR	Bruno Botelho, Director of Digital Operations
LEAD	Rob Hodgkiss, Deputy Chief Executive/Chief Operating Officer Kevin Jarrold, Chief Information Officer
PURPOSE	The purpose of the paper is to provide the Trust Board with an update on the Cerner Electronic Patient Programme and other digital programmes.
REPORT HISTORY	Executive Management Board, 17.02.2021
SUMMARY OF REPORT	As attached.
KEY RISKS ASSOCIATED	The main risks associated with the implementation of a complex EPR solution have been addressed or mitigated.
FINANCIAL IMPLICATIONS	
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	<ul style="list-style-type: none">• Deliver high quality patient centred care• Be the employer of choice• Delivering better care at lower cost
DECISION/ ACTION	For noting.



Digital & Innovation Update

February 2021

1. What have we done and what is in the pipeline ?



Making our journey possible:



2. Updates relevant for Board members

Video Photo Pathway to support Telederm across North West London

- **Project led by Dr Claire Fuller and General Manager Adam Gray**, both Chelsea and Westminster staff
- Novel project that will see patients, primary care and acute trusts **using the same platform to upload images**
- **Started on 22/02/2021** and will be funded by NHS Digital over a 12 month period (£340,000)

End to End Pathway Management

- Data-driven tools **to enable clinicians** to reduce their waiting lists.
- **Streamlining the patient pathway management** process, by enabling clinical and non-clinical users to collaboratively make patient-level decisions based on live, accurate information;
- **Engagement of patients with their care**, by keeping patients informed and involved throughout the their whole journey;
- **Optimising the allocation of resources** by providing visibility into supply and demand; and
- **Strengthen remote monitoring** and integration of this new technology/ data in to pathways

Paper free Maternity Services

- **As one of the largest providers of Maternity Services in the country** and the largest provider within North West London, we secured funding to digitise both inpatient and community services.
- **Project to start in March 2021** with implementation planned for Q4 2021/22

Digital & Innovation 2021/ 2022 and beyond

Strengthen Chelsea & Westminster Hospital NHS Foundation Trust as leader in Healthcare for Digital and Innovation

NETWORK INFRASTRUCTURE

Ensure in-hospital are 100% covered by reliable and high speed connectivity, building a digital infrastructure that will be the foundation for transforming Healthcare. Use what we have, invest in the new and take control of the future

SMARTER MANAGEMENT AND DELIVERY OF CARE

Cutting-edge Data Analytics to support machine learning and AI to power clinical and non clinical decisions. All done in real time and predicting the future

CARE WITHOUT WALLS

Continuum of care outside of the four walls of the hospital with virtual consultations, digital care plans and remote novel sensor technologies.

PATIENT EMPOWERMENT

Putting the right technology in the hands of patients to take control of their own healthcare enabling remote monitoring and reporting of symptoms, access to their electronic health records, and booking appointments etc.

For more information, please visit our Trust Public website <https://www.chelwest.nhs.uk/about-us/digital-solutions> where we will be publishing regular updates