


















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

6 January 2022 11:00 - 6 January 2022 13:30

AGENDA

#	Description	Owner	Time
1	General Business  1.0 Board Public Agenda.doc 7		
1.1	Welcome and apologies for absence Verbal	Interim Chairman	11:00
1.2	Declarations of Interest, including register of interests Paper	Interim Chairman	11:01
1.3	Minutes of the previous meeting held on 4 November 2021 Paper  1.3 Board Minutes 04.11.21 PUBLIC SG approved.... 9	Interim Chairman	11:02
1.4	Matters arising and Board action log Paper  1.4 Board action log PUBLIC.doc 23	Interim Chairman	11:05
1.5	Interim Chairman's Report Paper  1.5 Interim Chair's Report.docx 25	Interim Chairman	11:10
1.6	Chief Executive's Report Paper  1.6 Chief Executive's Report.docx 31	Chief Executive Officer	11:15
2	For Discussion		
2.1	Trust Elective Recovery Plan update Paper  2.1 Elective Recovery Programme Covernote.docx 37  2.1a Elective Care Recovery 1312 21.pptx 39	Deputy Chief Executive / Chief Operating Officer	11:25

#	Description	Owner	Time
2.2	<p>Integrated Performance and Quality Report</p> <p>Paper</p> <p> 2.2 Performance and Quality Report Covernote.docx 57</p> <p> 2.2a Performance and Quality Report.docx 61</p>	Deputy Chief Executive / Chief Operating Officer	11:45
2.3	<p>Implementing the Midwifery Continuity of Care (MCoC) Pathway</p> <p>Paper</p> <p> 2.3 Maternity continuity of care report.docx 79</p>	Chief Nursing Officer	11:55
3	For approval		
3.1	<p>Guardian of Safe Working Q2 Report</p> <p>Paper</p> <p> 3.1 Guardian of Safe Working Report Q2 covernote... 87</p> <p> 3.1a Guardian of Safe Working.docx 89</p>	Chief Medical Officer	12:05
3.2	<p>Q2 Improvement Programme Report</p> <p>Paper</p> <p> 3.2 Improvement Programme Covernote.docx 95</p> <p> 3.2a Improvement Programme Update.docx 97</p>	Chief Nursing Officer	12:15
4	For Noting - Highlights by Exception		
4.1	<p>Learning from Serious Incidents</p> <p>Paper</p> <p> 4.1 Serious Incident Report.docx 105</p>	Chief Nursing Officer	12:30
4.2	<p>People Performance Report</p> <p>Paper</p> <p> 4.2 People KPI report Board November 2021.docx 113</p> <p> 4.2a POD HR KPI's Nov 2021 (003).pptx 115</p>	Director of Human Resources & Organisations Development	12:30
5	Items for Information		
5.1	<p>Questions from members of the public</p> <p>Verbal</p>	Chairman	13:15

#	Description	Owner	Time
5.2	Any other business Verbal		13:25
5.3	Date of next meeting: 3rd March 2022		

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Board of Directors Meeting (PUBLIC SESSION)

Date: 6 January 2022

Time: 11.00 – 13.30

Location: Via Zoom (<https://zoom.us/j/7812894174>)

Agenda

	1.0	GENERAL BUSINESS		
11.00	1.1	Welcome and apologies for absence	Verbal	Interim Chairman
11.01	1.2	Declarations of Interest, including register of interests	Paper	Interim Chairman
11.02	1.3	Minutes of the previous meeting held on 4 November 2021	Paper	Interim Chairman
11.05	1.4	Matters arising and Board action log	Paper	Interim Chairman
11.10	1.5	Interim Chairman's Report	Paper	Interim Chairman
11.15	1.6	Chief Executive's Report including Covid and Vaccination Programme Update	Paper	Chief Executive Officer
	2.0	FOR DISCUSSION		
11.25	2.1	Trust Elective Recovery Plan update	Paper	Deputy Chief Executive / Chief Operating Officer
11.45	2.2	Integrated Performance and Quality Report	Paper	Deputy Chief Executive / Chief Operating Officer
11.55	2.3	Implementing the Midwifery Continuity of Care (MCoC) Pathway	Paper	Chief Nursing Officer
	3.0	FOR APPROVAL		
12.05	3.1	Guardian of Safe Working Q2 Report	Paper	Chief Medical Officer
12.15	3.2	Q2 Improvement Programme Report	Paper	Chief Nursing Officer
	4.0	FOR NOTING – HIGHLIGHTS BY EXCEPTION		
12.30	4.1	Learning from Serious Incidents	Paper	Chief Nursing Officer
	4.2	People Performance Report	Paper	Director of Human Resources & Organisational Development
	5.0	ITEMS FOR INFORMATION		
13.15	5.1	Questions from members of the public	Verbal	Chairman
13.25	5.2	Any other business	Verbal	Chairman
13.30	5.3	Date of next meeting – 3rd March 2022		



Minutes of the Board of Directors (Public Session)

Held at 11.00am on 4th November 2021 via Zoom

Present	Stephen Gill	Chair (Interim)	(SG)
	Aman Dalvi	Non-executive Director	(AD)
	Nilkunj Dodhia	Non-executive Director	(ND)
	Nick Gash	Deputy Chair (Interim)	(NG)
	Eliza Hermann	Senior Independent Director (interim)	(EH)
	Ajay Mehta	Non-executive Director	(AM)
	Lesley Watts	Chief Executive Officer	(LW)
	Roger Chinn	Chief Medical Officer	(RC)
	Rob Hodgkiss	Deputy Chief Executive and Chief Operating Officer	(RH)
	Virginia Massaro	Chief Financial Officer	(VM)
Pippa Nightingale	Chief Nursing Officer	(PN)	
In Attendance	Dawn Clift	Interim Director of Corporate Governance and Compliance	(DC)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Sue Smith	Interim Director of Human Resources and Organisational Development	(SSm)
	Gubby Ayida	Equality, Diversity and Inclusion Specialist Advisor to the Board	(GA)
Chris Chaney	Chief Executive Officer CW+	(CC)	
Members of the Public/Observers	Anthony Levy	Governor	
	Dr Paul Kitchener	Governor	
	Richard Ballerand	Governor	
	Minna Korjonen	Governor	
	Ross Lydall	Media	
	Emer Delaney	Director of Comms Chelwest	
	Anon	Anon	
	Anisah Lawman	Occupational Therapist Chelwest (Patient Story)	
Mary Regan	Patient (Patient Story)		
Apologies for Absence	Serena Stirling	Director of Corporate Governance and Compliance	(SS)
	Vida Djelic	Board Governance Manager	(VD)

Minute Reference		Action
1.0	GENERAL BUSINESS	
1.1	Welcome and Apologies for Absence	



	<p>SG welcomed the Board members, those in attendance and members of the public to the Zoom Board Public Meeting.</p> <p>Apologies received as above were noted.</p>	
1.2	Declarations of Interest including the Board Register of Interest	
	<p>SG confirmed 2 additions to the Board Register of Interest since the public Board last met in September 2021. These were confirmed as follows:-</p> <ul style="list-style-type: none"> • Non-executive Director Nilkunj Dodhia having assumed the position of General Manager (London) for Cerner Limited with effect from 27 September 2021. • Chief Financial Officer Virginia Massaro having assumed the position of Managing Director of CW Medicines which was noted to be an outpatient pharmacy wholly owned subsidiary of Chelwest, scheduled to operate from 1 April 2022. <p>There were no further declarations of interest.</p>	
	<p>Resolution: The Board resolved to approve the Board Register of Interests subject to the above amendments by DC and to publish the revised register on the Trust Website.</p>	DC – Nov 21
1.3	Minutes of the Previous Meeting held on 9 September 2021	
	<p>The minutes of the previous meeting held on 9 September 2021 were approved as a correct and accurate record of proceedings.</p>	
1.4	Matters Arising and Board Action Log	
	<p>It was noted and agreed that there were no outstanding issues to address on the action log.</p>	
1.5	Interim Chair's Report	
	<p>SG presented the report and reiterated on behalf of the Trust Board his thanks to staff for their continued commitment to patient care.</p> <p>SG advised the Board of the sad and unexpected death of Governor Nowell Anderson who had passed away on 19 October 2021. The Board reflected on the tremendous passion and contribution that Nowell had demonstrated during his time as a Governor of the Public Borough of Hounslow, stating that he will be very sadly missed by all. Condolences were expressed to the Anderson family and it was noted that SG would represent the Chelwest Board and Council of Governors at the funeral on 5 November 2021.</p>	



	<p>SG highlighted that elections were open for a number of seats on the Council of Governors, noting that voting closes at 5pm on 24 November with results announced on 25 November 2021.</p> <p>There were no additional questions and the report was taken as read.</p>	
	Resolution: The Board resolved to note the content of the report	
1.6	Chief Executive's Report	
	<p>LW presented her report and echoed her thanks to all staff across the organisation who continue to provide excellent care during very challenging times.</p> <p>LW made reference to plans for Winter preparedness (to be discussed later on the agenda) to provide assistance in managing increasing demand for emergency care whilst also sustaining the elective recovery programme, the vaccination programme, and the impact of Covid wave 3.</p>	
	<p>She reminded all present of the continued importance of infection control across all Trust sites including the need for staff and the public to wear face masks, sanitise their hands and to have temperature checks whenever attending a Trust Building. Social distancing measures were also in place to protect public and staff and adherence to these was requested. AD expressed his concerns that there seemed to be a reduction in the use of facemasks by members of the public generally which was evident for example when utilising public transport. LW recognised this and assured the Board that protective measures continue to be mandated on all Trust sites.</p> <p>She recognised the anxiety that patients and the public can sometimes experience when they are attending Trust sites and remarked on a recent increase in incidents of violence and aggression to staff. The importance of the safety and wellbeing of staff and the need for kindness and respect to each other was highlighted. AM supported this comment and sought clarification on any training given to staff to respond to difficult situations. LW confirmed that de-escalation training was in place for staff. AM queried whether additional security measures were being explored at West Middlesex Hospital. LW confirmed that business cases were currently under development to strengthen security at both West Middlesex and also Chelsea.</p> <p>LW congratulated PN on her successful appointment as CEO of London North West University Hospital NHS Trust. It was noted that PN would be taking up post in mid-February 2022. The Board expressed their congratulations stating how incredibly proud they were of PN.</p>	
	<p>In addition to the documented detail of her report, LW appraised the Board and members of the public that ongoing meetings had taken place between Chief Executive Officers and Chairs in North West London along with meetings with MPs of North West London to drive forward the integrated care system (ICS). She confirmed that the system development</p>	



	<p>plan had been centrally submitted which included the governance, constitutional and oversight arrangements for the ICS. LW expressed her thanks to system colleagues for their contribution to this plan. EH questioned whether the existing communications around the ICS were sufficient to reduce uncertainty with staff around the ICS and the provider collaborative. She recommended strong messaging around the safety of jobs and that patients will continue to be treated in the way we already do but with the added support of mutual aid to patients across North West London. LW advised that the recurrent communications were in place around the ICS including dedicated time for discussion at 'All Staff Webinars'. In addition, it was noted that staff leading clinical care were also involved in the development of any collaborative patient pathways and mutual aid arrangements.</p> <p>ML asked about plans across the sector to ensuring adequate ventilation in hospital and community sites. PN advised that North West London have completed a benchmarking exercise against national recommendations on ventilation and that Capital expenditure (Capex) is included in the financial plan to support developments. The importance of basic ventilation methods was also highlighted including the opening of windows and doors to improve air circulation.</p> <p>In closing her report, LW confirmed that interviews had taken place for the ICS CEO position and the outcome was awaited.</p> <p>Resolution: With there being no further questions, the Board resolved to note the content of the report.</p>	
<p>1.7</p>	<p>Patient Story – Ms Mary Regan a Patient of the Post Covid Assessment Clinic</p>	
	<p>RC welcomed Mary Regan and Anisah Lawman to the Board meeting. Mary was a patient of the Post Covid Assessment Clinic (PCAC) and Anisah was an Occupational Therapist who formed part of the Multi-Disciplinary Team delivering the service. It was noted that the clinic had been established with a focus on patients experiencing long covid symptoms exceeding 12 weeks. Weekly clinics had been established on a rotational basis between the West Middlesex Hospital site and the Chelsea and Westminster Hospital site, with a capacity of 7 patients per clinic.</p> <p>The clinic was led and supported through a multi-disciplinary team comprising a Respiratory Consultant, a Psychologist, a Physiotherapist and an Occupational Therapist. Following clinical assessment, the team were able to rule out other medical causes that may be attributable to symptoms experienced by patients and refer on to services such as English National Opera (ENO) Breathing services, Improving Access to Psychological Therapies (IAPT) and Sleep Services.</p>	
	<p>Mary advised that she had utilised the service after she had become Covid positive in March 2020 and following extensive self isolation (whilst living alone), continued to experience symptoms which impacted on her</p>	



	<p>physical and mental health wellbeing. She described the clinic as a 'lifeline' and described the empathy, understanding and listening approach of the multi-disciplinary team. Mary stated that this was the first time that she had felt understood and listened to since contracting Covid and made reference to the joint learning of long covid which was developed from disclosures made by other patients in the clinic, which in turn enabled themes and trends to be understood. She commended the professional advice given by the team and the support that she received with breathing difficulties, along with psychological support.</p> <p>LW thanked Mary for sharing her experience and asked for her view on any opportunities for improvement within the clinic. Mary stated that improved timeliness of access to the clinic for initial assessment would be beneficial for patients. RC agreed to explore opportunities for rapid assessment, noting that there are currently circa 1.5million people across the UK struggling with long covid.</p> <p>The Board thanked Mary for her bravery and were pleased to hear of her ongoing recovery. EH thanked Mary for her courage in sharing her story and congratulated Anisah for her role in establishing the clinic. She questioned whether the clinic had sufficient capacity to meet rising demand. Anisah advised that wherever possible flexibility is given to adjust the clinic to meet the presenting demand.</p>	
2.0	FOR DISCUSSION	
2.1	Elective Recovery Plan Update	
	<p>RH presented the progress in delivering the elective recovery plan which had been considered in detail at the Quality Committee earlier in the week. He highlighted the following:-</p> <ul style="list-style-type: none"> • Chelwest was operating above activity levels experienced in 2019/20 for outpatient care and elective inpatient activity • Priority 2 waiters had remained stable across North West London in recent weeks • The cancer backlog of 62 days+ had continued to reduce in volume <p>EH raised a question from the Quality Committee asking whether the increased level of activity throughput was placing any aspect of quality of care at risk. RH stated that this was not the case and that the increased throughput was as a result of smarter working approaches by clinical teams.</p> <p>AD referred to a number statistics relating to 34-62 day waiting times and noted that these were remaining static which RH confirmed was a positive output. Reference was also made to the significant reduction in patients waiting more than 62 days which had reduced from 700 some months ago to just under 100. Performance was commended in this regard.</p> <p>ML questioned whether there would be a point in time when the system would ask Chelwest to assist more Trusts across North West London to</p>	



	ensure greater equity in access to care for patients. RH advised that work is already ongoing through the acute provider collaborative in North West London to provide mutual aid and joint pathways to ensure equity in access to care and improvements in population health.	
	Resolution: - The Board resolved to take assurance of the status of the Elective Recovery plan against planned trajectory.	
2.2	Integrated Performance and Quality Report	
	<p>RH presented the Integrated Performance Report which had been considered in detail at the Quality Committee on 2 November 2021. It was noted that activity levels for September 2021 exceeded levels experienced pre-covid pandemic by 5%. With regard to emergency care, Chelwest continued to report against the 4 hour waiting time standard albeit no longer a national requirement. The rationale to support this was to assure access, flow and quality of care.</p> <p>RH made reference to recent media attention relating to Ambulance Handover times and gave assurance that Chelwest perform well when benchmarked nationally, there was however a need to implement further measures to improve resilience including constant clinical oversight of bed management to enable professionally and clinically informed decisions regarding the flexibility of capacity requirements.</p> <p>With regard to theatre utilisation RH advised the Board of ongoing work with the Model Hospital Team to assure data quality. He advised that there are some opportunities to improve theatre utilisation further in certain specialties.</p> <p>AD referred to page 53 of the dashboard and triangulated this with patient satisfaction data on page 56 of the report. He questioned why there appears to be a low level of experience of maternity care through the Family and Friends Test (FFT). PN stated that there were data quality issues associated with all FFT data in the report and that this would be resolved by December 2021.</p> <p>AM reflected that the figures for A&E waiting times vs. targets had been worsening over the past few months. He queried what intelligence was available to the Board to understand whether this is impacting on patient experience, particularly given the increased level of incidents of violence and aggression referred to earlier in the meeting by the Chief Executive. PN advised that complaints and Patient Advice and Liaison Service (PALS) concerns had reduced within emergency care however there are a number of initiatives being taken forward to help improve the patient experience including the installation of electronic screens in waiting rooms to explain how long people may have to wait to be seen and to give an explanation of the clinical priority system.</p>	
	Resolution: As there were no further questions, the Board resolved to take assurance from the report on the current performance of the organisation.	



2.3	Business Planning for H2 2021-22	
	VM presented the report which had been considered in detail at the Finance and Investment Committee meeting earlier in the month. The report was taken as read and VM highlighted that Chelwest were planning a breakeven position for the end of 2021-22.	
	Resolution: The Board resolved to approve the Business Plan for H2 2021-22	
3.0	ITEMS FOR APPROVAL	
3.1	Equality, Diversity and Inclusion (EDI) Annual Report 2020-2021	
	<p>SSm presented the report and advised the Board that a number of changes were required to the report following detailed review and consideration at the People and Organisational Development Committee the previous week. These included:-</p> <ul style="list-style-type: none"> • The percentage of staff from a Black Asian and Minority Ethnic (BAME) background • The percentage of staff from a white background • Adjustments to the Board configuration to reflect voting Directors only <p>AM noted that the declaration of staff with disabilities was very low and suggested that communications including our website pages on inclusion required refresh. EH sought assurance from SSm that all errors in the report had now been identified and were being addressed. She recommended that as a public document, all acronyms should be fully explained to ensure the content is meaningful to the reader. She also recommended broadening the narrative in some areas to explain the purpose of certain initiatives and acronyms referred to in the document.</p> <p>AD felt that the report would have benefitted from a grading analysis for BAME and non BAME staff. He referred to the level of BAME staff involved in disciplinary cases and how this appeared disproportionate and had been a longstanding issue. GA advised that work continued in order to address and understand this matter including the establishment of a checklist of disciplinary cases and the inclusion of equality advisors in interview processes. Plans are also established for middle management to receive inclusion training in 2022/23.</p> <p>LW requested that we stop referring to groups as BAME and non BAME stating that this was too generic as it did not recognise all cultural differences. AD agreed with this view.</p> <p>With regard to the gender pay gap aspect of the report, it was noted that the average hourly rate for females was 16.4% lower than for males. The Board discussed this matter in more detail and SSm advised that the key causation factor for this variation was the application of Clinical Excellence Award Payments for Medical Staff (a professional group that has a higher</p>	



	proportion of males). The Board requested that this rationale for the variation be clearly explained in the report.	
	Resolution / Action: The Board resolved to delegate approval of the EDI Annual Report to the Chair of the People and OD Committee (AM) and the Executive Lead (SSm) on the basis that the above amendments were made.	AM/SSm
3.2	Safeguarding Annual Report	
	<p>PN presented the 4 statutory reports and gave an overview of the key headlines to the Board. She gave assurance that all of the reports had been scrutinised at the Quality Committee meeting and were recommended for approval by the Board.</p> <p>Matters of note were:-</p> <ul style="list-style-type: none"> • A considerable increase in the number of safeguarding incidents and domestic abuse incidents and referrals since the covid pandemic • 657 Adult Safeguarding Referrals had been made during the year • 589 Children’s Safeguarding Referrals had been made during the year (largely associated with mental health crises including a rise in Eating Disorders amongst children) • The establishment of an Independent Domestic Violence Service (IDVS) within the organisation had been deemed to be very helpful <p>EH as Chair of the Quality Committee confirmed that the Committee were very assured of the robustness of safeguarding in the organisation including effective and strong relationships with stakeholders and recommended approval of the reports to the Board.</p> <p>NG made reference to some information being absent from the report. PN confirmed that this was because national guidance on particular indicators for reporting were still awaited.</p>	
	Resolution: The Board resolved to: -	
	<ul style="list-style-type: none"> • Approve the 4 Statutory Annual Reports 	
3.3	Winter Plan 2021-22	
	<p>RH presented the Winter Plan for 2021-22 and gave an overview of key initiatives to help support patients in attaining good access to services during the Winter period. He highlighted that £800K additional funding had been secured to provide:-</p> <ul style="list-style-type: none"> • Additional inpatient beds for patients • Additional staff • Enhanced cover for medics • Patient streaming and ward rounds at weekends to assure quality and safety of care and patient flow. 	



	<p>The plan had been shared and developed in partnership with the NWL Sector. LW commented that social care and care provision for residential care in under huge stress in North West London and that this was a real risk in relation to our ability to discharge patients in a timely manner.</p> <p>RH confirmed that the David Erskine Ward will complete during the first week of December 2021 which will also give extra capacity and support at the Chelsea and West Middlesex Hospital sites.</p>	
	Resolution:- The Board resolved to approve the Winter Plan 2021-22	
3.4	Sustainability Strategy	
	<p>VM presented the Sustainability Strategy and highlighted the 4 key underpinning workstreams to delivery. It was noted that there had been strong engagement, interest and support from staff in the development of the strategy. In addition, the Patient and Public Engagement Group had also considered and contributed to the Strategy content.</p> <p>ND confirmed that the Strategy had been discussed in detail at the Finance and Investment Committee who had welcomed the progression of this important agenda. AD commended the Strategy and questioned how performance of implementation and impact would be monitored. VM confirmed that this would be in the form of the Improvement Board reporting into the Finance and Investment Committee. EH commended the Strategy and confirmed that she was happy to approve the content. EH raised a question about solar panels for Estate rooftops and VM confirmed that these were being explored along with other options to improve energy efficiency. VM confirmed that this was an option being explored for the Ambulatory Diagnostic and Treatment Centre at West Middlesex Hospital.</p>	
	Resolution: The Board resolved to approve the Sustainability Strategy, noting delivery and effectiveness would be monitored via the Finance and Investment Committee.	
3.5	People Strategy	
	<p>SSm presented the People Strategy for Board approval. It was noted that this had been formulated following extensive engagement within the organisation and that varying iterations had been presented previously to the People and OD Committee for comment.</p> <p>SSm expressed her thanks to Karen Adewoyin for her leadership on the development of the strategy and advised that work was ongoing with the Communications Team and senior leaders to publicise and share the content to assure shared ownership moving forward.</p> <p>AM confirmed that the People and OD Committee would monitor the implementation of the strategy and its associated impact/effectiveness.</p>	



	Resolution: The Board resolved to approve the People Strategy.	
4.0	FOR NOTING – HIGHLIGHTS BY EXCEPTION	
4.1	Improvement Programme Report Q2 2021-22	
	VM presented the report which was taken as read following more detailed consideration at the Finance and Investment Committee.	
	Resolution: - There being no questions on the report, the Board resolved to note the content of the report and take assurance that the Trust continues to govern its Improvement Programme appropriately.	
4.2	Learning from Serious Incident Report Q2 2021-22	
	PN presented the above report which had been considered and discussed in detail at the Quality Committee on 2 November 2021. PN highlighted the process of learning from serious incidents and the associated hierarchy of outcomes.	
	Resolution: - The Board resolved to note the Serious Incident Report.	
4.3	Mortality Surveillance Report Q2, 2021-2022	
	<p>RC presented the report which had been considered and discussed at the Quality Committee earlier in the week. The Board noted that the mortality indices were some of the lowest in the Country which was a positive patient safety and clinical effectiveness measure.</p> <p>RC confirmed that Chelwest are working in collaboration with others across North West London to conduct a mortality review of patients who contracted Covid in hospital during the pandemic. The aim is to identify any themes or learning. RC advised that raw data currently suggested:-</p> <ul style="list-style-type: none"> • 183 inpatients acquired Covid in hospital (determined by a positive test associated with an inpatient stay of 15 days or over) of which 62 died in hospital (not necessarily as a result of Covid). • 214 inpatients probably acquired Covid whilst in hospital (determined by a positive test associated with an inpatient stay between 8 and 14 days) of which 64 died in hospital (not necessarily as a result of Covid). • These deaths represented less than 7% of the Trusts total number of Covid patients and were lower than preliminary national benchmarks. <p>RC advised the Board that once the validation and detailed consideration of all data was complete, opportunities for learning would be reported back through the Board in partnership with the findings of the wider North West London Sector. He reminded the Board to note that Covid 19 is highly transmissible and whilst many proactive measures are established to prevent spread, transmission cannot be entirely mitigated. It was noted that over 90% of patients admitted with Covid were discharged successfully back to their homes</p>	



	Resolution: - The Board resolved to note the content of the report and the verbal update on Covid related mortality provided by the Chief Medical Officer.	
4.4	People Performance Report	
	SSm presented the report and confirmed that this had been considered in detail at the People and OD Committee.	
	Resolution: The Board resolved to note the content of the report.	
4.5	Digital Programme Update	
	KJ presented the report which was taken as read.	
	Resolution: The Board resolved to note the content of the report.	
4.6	Board Assurance Framework – Half Yearly Report	
	DC presented the Board Assurance Framework. It was noted that each of the strategic risks assigned to the governance of Board Committees had been reviewed and updated resulting in an increase in the risk score for BAF Risk 2 associated with demand and capacity. In addition, BAF risk 9 had been closed and moved to the risk register as a business as usual matter for management in relation to the impact of the Covid pandemic. DC advised that there was consensus amongst Board Committees that a refresh of the Board Assurance Framework should take place at the Board Development Session on 2 December 2021 to ensure it continues to be reflective of all emerging strategic matters and risks.	
	Resolution / Action: The Board resolved to approve the Board Assurance Framework noting a refresh at the Board Development Session on 2 December 2021	DC
4.7	Half Yearly Report on the Use of the Company Seal 2021-22	
	DC presented the report which confirmed that the Company Seal had been used on one occasion during the previous six months as detailed in the report. EH requested further clarification on the rationale for the Deed of Variation to which the Seal was affixed. VM advised that this related to a PFI variation.	
	Resolution:- The Board noted the content of the report.	
4.8	Committee Effectiveness Review	
	DC presented a paper which had been submitted and considered by the Audit and Risk Committee relating to the process for reviewing Committee Effectiveness.	



	Resolution: The Board resolved to approve the process for Committee Effectiveness Reviews 2021/22	
5.0	ITEMS FOR INFORMATION	
5.1	Questions from Members of the Public	
	<p>SG invited any questions from the public, governors and any other attending the meeting.</p> <p>AL (Governor) expressed thanks to the Board for the updates at the meeting and the update relating to Covid. He posed a question regarding the methods by which carers and the public are being involved in the development of ICS pathways of care. LW advised that the majority of the work was under the leadership of Clinical Reference Groups across the system and that to date only minor changes had taken place. With regard to carer and public involvement it was noted that this had been more limited than usual due to the Covid pandemic.</p> <p>AL (Governor) commended the patient story that was heard earlier in the meeting and the establishment of the Post Covid Assessment Clinic. He reflected that self-management education has a big role to play when considering opportunities to reduce demand and pressure on hospitals. RC advised that a large cohort of patients were being managed and referred to services in the community to help manage their symptoms and that self management was an underpinning requirement to patient-initiated follow-up.</p> <p>RB (Governor) questioned the organisational approach to scanning technology. RC confirmed that a rolling programme for replacement of scanning kit was in place and formed part of the North West London Imaging Improvement Programme. He also advised that bids had been made for additional Radiologists recognising there was a shortfall across the Country. RC added that the North West London Imaging Programme were working collaboratively to consider the future workforce needs of imaging services and the associated recruitment, retention and training needs. LW added that there was much work ongoing to explore opportunities for artificial intelligence in this arena.</p>	
5.2	Any Other Business	
5.2.1	<p><u>Health and Safety Executive Inspection</u></p> <p>PN confirmed that the organisation had received notification of a planned inspection from the Health and Safety Executive during 23-25 November 2021 focussing on covid control measures and violence and aggression to staff/staff safety.</p>	
5.3	Date of the Next Meeting	
	The next meeting will take place on 6 January 2022 at 11.00am until 1.30pm.	



	The meeting closed at 13.24 hours.	
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Glossary of Terms

NHS	National Health Service
MPs	Members of Parliament
ICS	Integrated Care System
NWL	North West London
ITU	Intensive Treatment Unit
P2	Priority 2 Patients (Elective Patients)
IP	In-Patient
DC	Day Case
HVLC	High Volume, Low Complexity
OP	Out Patient
WW	Week wait
BAU	Business as Usual
A&E	Accident and Emergency
RTT	Referral to Treatment Time



Trust Board Public –Action Log

Meeting Date	Minute number	Subject	Action	Current status	Lead
4 November 2021	1.2	Board Register of Interests	Update the Board Register of Interests in accordance with the minutes and publish on Trust website	Complete	DC
4 November 2021	3.1	EDI Annual Report	Delegate approval of the EDI Annual Report to the Chair of the People and OD Committee (AM) and the Executive Lead (SSm) on the basis that the amendments agreed at the Board meeting on 4 November 21 were made.	Complete	SSm/AM
4 November 2021	4.6	Board Assurance Framework	Refresh at the Board Development Session on 2 December 2021	Deferred to February 2022 due to cancellation of Board Dev Session in Dec 21.	DC



TITLE AND DATE (of meeting at which the report is to be presented)	<i>Public Meeting of the Board of Directors, 6 January 2022</i>										
AGENDA ITEM NO.	1.5										
TITLE OF REPORT	Interim Chair's Report										
AUTHOR NAME AND ROLE	Steve Gill, Interim Chair										
ACCOUNTABLE EXECUTIVE DIRECTOR	Steve Gill, Interim Chair										
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		To provide assurance of the key high level affairs of the Chair in governing the organisation during December 2021		
Decision/Approval											
Assurance	X										
Info Only											
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	N/A										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> • Extensive thanks are given to the hard work and commitment of the staff of Chelwest for their ongoing dedication to patients despite a challenging 2 years. • Our staff have again made us PROUD by going the extra mile to respond to the demands driven by the latest Covid variant Omicron and have been pivotal in boosting the capacity of the vaccination programme. • Our Governor elections have now closed and we will welcome newly elected governors to our Council of Governors meeting on 27 January 2022 • Systemwide work continues in relation to the North West London ICS and the Acute Care Collaborative • NHS England have published new guidance on Non-Executive Director Champion Roles and areas of delegation through Board Committees. We are compliant with the requirements for NED Champion Roles and are reviewing our governance for Board Committees to ensure that it meets the latest guidance. 										
KEY RISKS ARISING FROM THIS REPORT											
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)											
Deliver high quality patient centred care	X										

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

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td>Y</td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td>Y</td> </tr> <tr> <td>Operational Performance</td> <td>Y</td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td>Y</td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality	Y	People (Workforce or Patients/ Families/Carers)	Y	Operational Performance	Y	Finance		Public Consultation		Council of Governors	Y	
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Operational Performance	Y														
Finance															
Public Consultation															
Council of Governors	Y														

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

Interim Chair's Report to the Public Meeting of the Board of Directors to be held on 6th January 2022

(1)-NHS priorities – Thank you to our staff and Executive Team:

The current NHS focus areas are:

(A)-The accelerated Covid Booster Programme to offer a booster vaccination to everyone eligible by the end of December 2021. Examples of the additional actions taken as a part of the accelerated booster programme include:

- The Trust worked with Chelsea FC for their stadium to be a high profile 'pop-up' centre on Saturday 18th December delivering over 5500 vaccinations on the day.
- The Trust has facilitated the reopening of the Science Museum as a mass vaccination centre open 7 days a week.
- The West Mid vaccination centre is open to staff and the public 7 days a week.
- The Trust is coordinating the volunteers for North West London (NWL) supporting the accelerated booster programme which is operating at 49 sites across NWL.

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

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

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

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

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

The entire organisation has now been operating at or above capacity for over two years since the start of the winter pressures in October 2019 and is potentially facing major challenges over the next 4-6 weeks dealing with the Omicron variant wave.

Significant investment has been made in Health and Well-being (H&WB) programmes to support staff through this unprecedented period. A number of specific actions are also in place over the Christmas and New Year period including free parking, support with taxis if required, on-site accommodation, Christmas meals and Bonus payments for working on Christmas Day, Boxing Day, New Year's Eve and New Year's Day.

(2)-Council of Governors (COG):

(A)-COG Elections – September-November 2021.

The COG is a highly valued and important part of our Trust. The Trust COG comprises 30 seats:

-8 Patient Governors.

-13 Public Governors.

-6 Staff Governors.

-3 Appointed Governors: 1 from Imperial College London; plus 1 from the Royal Borough of Kensington & Chelsea, or the Borough of Hammersmith & Fulham, or Westminster City Council, on a rotational basis; plus 1 from the Borough of Hounslow, or the Borough of Richmond upon Thames, or the Borough of Wandsworth, on a rotational basis.

The COG holds the Trust Board to account and help to ensure that the services we provide reflect the needs and priorities of our patients, staff and local communities.

12 seats were eligible for election in 2021. The COG election nomination process opened in September 2021. Voting closed in late November 2021.

The 12 seats eligible for election were:

5 Patient seats.

2 public seats representing Hounslow.

1 public seat representing Wandsworth.

1 public seat representing Ealing.

2 public seats representing Richmond upon Thames.

1 staff seat representing Nursing and Midwifery.

The Election results are as follows:

Lisa Addison	Patient Constituency (5)
Simon Dyer – Lead Governor (re-elected)	
Stella Macaskill	
David Phillips (re-elected)	
Minna Korjonen (re-elected)	
	Public Constituency (6)
Laura Jane Wareing (re-elected)	Hounslow
Pravinder Singh Garcha	Hounslow
Stuart Flemming	Wandsworth
Julie Carter (unopposed)	Ealing
Bernard Casey (unopposed)	Richmond Upon Thames
VACANCY (uncontested)	Richmond Upon Thames

The Trust is currently reviewing the next steps re the uncontested vacancy for 1 public seat in Richmond Upon Thames.

Jacquei Scott was re-elected as Staff Governor for Nursing and Midwifery (1).

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

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

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

The induction programme for all new Governors will be communicated in January 2022.

(B)-COG 'Away Day'

The Annual COG 'Away Day' scheduled for January 2022 has been postponed until April to allow for the opportunity to hold an 'in person Away Day' rather than the 'virtual Away Day' which was held in January 2021.

(C)-COG Briefing Sessions – December 2021-March 2022.

The COG briefing session on 9th December 2021 was an update on IT and Digital, presented by the Trust Chief Information Officer (CIO), Kevin Jarrold.

The next COG briefing session is scheduled for 24th March, topic TBC.

(3)-North West London (NWL) Integrated Care System (ICS) / Acute Provider Collaborative:

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

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

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

The Executive Search firm - Saxton Bampfylde were appointed in October 2021 to lead the recruitment of a 'Chair in Common' for the four NWL Acute Trusts. Candidate applications closed on 24th December 2021. Saxton Bampfylde will propose short-listed candidates by mid-January. Stakeholder Events are planned for late January and Selection Panel interviews in early February 2022.

(4)-Chair Meetings:

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

COVID-19 and the emergence of the significantly more transmissible Omicron variant; The accelerated Booster Vaccination programme; The ongoing Elective Recovery programme; the NWL ICS Development plan and 'road map'; NHSE/I guidance on Provider collaboratives and Non-Executive Director Champion roles (see point 5 below).

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

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

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

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

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

The Trust has NED Champions for the applicable roles listed above, this is documented in the NED Champions Register. We are currently undertaking a governance review to ensure that we are fully compliant with aspects of the guidance related to delegated Committee responsibilities. This includes mapping the guidance against our relevant Board sub-Committee Terms of Reference (ToR) to ensure delegated areas are clearly documented as relevant sub-Committee responsibilities and included in the sub-Committee forward plans.

Stephen Gill.

Interim Chair – December 2021.



TITLE AND DATE (of meeting at which the report is to be presented)	<i>Public Meeting of the Board of Directors, 6 January 2022</i>										
AGENDA ITEM NO.	1.6										
TITLE OF REPORT	Chief Executive's Report										
AUTHOR NAME AND ROLE	Dawn Clift, Interim Director of Corporate Governance and Compliance										
ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts, Chief Executive Officer										
THE PURPOSE OF THE REPORT	To provide assurance of the key high level affairs of the Trust during December 2021										
<table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice				
Decision/Approval											
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Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	N/A										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> Sincere and genuine thanks to each and every member of staff for their contribution to the delivery of care during a very challenging year Continued commitment to the Covid Vaccination Programme from Chelwest both internally and at system level Despite the challenges of Covid and of Winter, our Winter plan and the continued dedication of staff enabled us to safely operate throughout the Christmas and New Year period Appointment of Rob Hurd as Chief Executive Officer of the North London Integrated Care System 										
KEY RISKS ARISING FROM THIS REPORT	The omicron impact on staffing absence and delivery of care.										
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)											
Deliver high quality patient centred care	X										
Be the employer of Choice	X										



Deliver better care at lower cost	X
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<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td>Y</td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td>Y</td> </tr> <tr> <td>Operational Performance</td> <td>Y</td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td>Y</td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality	Y	People (Workforce or Patients/ Families/Carers)	Y	Operational Performance	Y	Finance		Public Consultation		Council of Governors	Y	
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Quality	Y														
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Operational Performance	Y														
Finance															
Public Consultation															
Council of Governors	Y														

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



Chief Executive's Report to the Trust Board, 6 January 2022

1. Thank You

As 2021 draws to a close, and we begin to reflect on our achievements over the last 12 months, I want to say an enormous thank you to each and every member of staff here at Chelwest. We have a lot to be proud of. The last number of weeks have really tested us. The news of the Omicron variant rapidly spreading in our capital has pushed us to new limits. I have been astounded by the perseverance and resilience of everyone, committed to doing what is right for our patients and each other when faced with what can feel like a relentless challenge. During December our teams across North West London delivered more than 180,000 vaccines, an amazing achievement. Events at Chelsea Football Club and Wembley Stadium saw us deliver nearly 10,000 of these in a turbo sprint. To be part of the vaccination programme at this point felt like a defining moment. The vaccination and booster vaccines remain the best countermeasure to tackling the Omicron variant.

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

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

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

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

In addition for our staff, we have a system of staff testing, whereby clinical staff are required to use a lateral flow test when starting work. Testing takes place twice a week, but daily on wards with outbreaks.

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

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



3. Performance and Elective Recovery

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

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

4. Christmas decoration competition winners

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

5. System Wide Working

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

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

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

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

Speaking of his appointment, Rob said: "I am delighted to be joining the North West London health and care leadership community for the next critical stage of this partnership journey, to improve quality of life and reduce the inequalities facing our residents, service users, patients and staff. I look forward to working with NHS and local authority colleagues and our local residents to build on what has been achieved to date and address these critical challenges."



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

Meetings continue to be held with:

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

6. Concluding Remarks

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

END



TITLE AND DATE (of meeting at which the report is to be presented)	<i>Public Meeting of the Board of Directors, 6 January 2022</i>											
AGENDA ITEM NO.												
TITLE OF REPORT	Elective Recovery Programme											
AUTHOR NAME AND ROLE	Rob Hodgkiss, Deputy CEO and Chief Operating Officer											
ACCOUNTABLE EXECUTIVE DIRECTOR	Rob Hodgkiss, Deputy CEO and Chief Operating Officer											
THE PURPOSE OF THE REPORT <table border="1" data-bbox="113 817 518 1019"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		To provide assurance of the delivery of the Trust's elective recovery programme.			
Decision/Approval												
Assurance	X											
Info Only												
Advice												
REPORT HISTORY Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Quality Committee</td> <td>13.12.21</td> <td>Noted</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Quality Committee	13.12.21	Noted					
Name of Committee	Date of Meeting	Outcome										
Quality Committee	13.12.21	Noted										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	Data relates to w/e 28 th Nov 2021 <ul style="list-style-type: none"> • Priority 2 waiters continues to remain stable across NWL with reductions seen in CWFT and increases in others. • Elective IP/DC – is 128.7% of BAU 19/20 • HVLC – refreshed position presently unavailable. 104.8% of BAU 19/20 • Elective OP – is 121.7% of BAU 19/20 • The number of 52w+ has increased from 538 to 540 as at 08/12/21. The number of 104w+ has reduced from 10 to 5 patients. Three on an admitted pathway , the remaining being non admitted pathways. • Cancer Backlog 63 days+ has continued to decrease from 91 last week to 89 week ending 05/12/21 • Endoscopy Activity – 149.9% of 19/20 BAU • Imaging Activity – 111.7% of 19/20 BAU Echocardiograph Activity – 91.9% of 19/20 BAU											
KEY RISKS ARISING FROM THIS REPORT												
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)												

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

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1" style="width: 100%;"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td>Y</td> </tr> <tr> <td>People (Workforce or Patients/Families/Carers)</td> <td>Y</td> </tr> <tr> <td>Operational Performance</td> <td>Y</td> </tr> <tr> <td>Finance</td> <td>Y</td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td></td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality	Y	People (Workforce or Patients/Families/Carers)	Y	Operational Performance	Y	Finance	Y	Public Consultation		Council of Governors		
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REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	Y/N
Patient Confidentiality	Y/N
Staff Confidentiality	Y/N
Other Exceptional Circumstances (please describe)	



Chelsea and Westminster Elective Care Recovery

Recovery Update - Summary 13th December 2021



P2 waiting list size across NWL Trusts

Trusts	05.11.21	12.11.01	19.11.21	26.11.21
CWFT	471	453	418	351
ICHT	1,051	1,016	1,088	1,117
LNWUHT	462	431	447	506
THHT	29	25	23	88
NWL Total	2,013	1,925	1,976	2,062

Source: [OnePTL](#)

CWFT has experienced a decrease in the number of P2s on the waiting list this week.

Other three Trusts have experienced increases in the number of P2s on their waiting lists.



This report includes unvalidated operational data which needs to be viewed in conjunction with exception reports from trust teams.
Confidential information - not for further distribution

Prioritisation of admitted patients: Data source and quality

'Null' data across NWL

Dates	Total number of patients on the PTL	Nulls (n)	Nulls (%)
05.11.21	22,301	3,732	17%
12.11.21	22,314	3,657	16%
19.11.21	22,595	3,764	17%
26.11.21	22,670	3,288	15%

'Null' % by Trust

Trusts	05.11.21	12.11.21	19.11.21	26.11.21
CWFT	7%	7%	6%	6%
ICHT	17%	17%	17%	17%
LNWUHT	16%	17%	17%	14%
THHT	32%	30%	33%	23%

Source: [OnePTL](#)

This week:

- At THHT percentage of Nulls is 23%. Trust confirmed internal reporting shows percentage of Nulls for previous weeks as 20% (12.11.21) and 23% (19.11.21).
- Discussion at RTT Technical Group to capture diagnostics as both D and P codes which will help to reduce percentage of Nulls. Changes are likely to be seen in the coming weeks.



P2 patients waiting 6 weeks or more

Number of P2 patients waiting 6 weeks or more

Trusts	05.11.21	12.11.21	19.11.21	26.11.21
CWFT	10	12	16	23
ICHT	105	105	77	92
LNWUHT	152	147	163	190
THHT	15	18	20	27
NWL Total	282	282	276	332

Source: Exception reporting from Trusts

Undated P2 patients waiting 6 weeks or more

Trust	05.11.21	12.11.21	19.11.21	26.11.21
CWFT	1	1	2	2
ICHT	25	28	25	32
LNWUHT	95	87	90	113
THHT	9	11	15	16
NWL Total	130	127	132	163

Source: Exception reporting from trusts

All Trusts have reported (26 Nov 21) increases in the number of total P2s waiting 6 wks or more.

ICHT, LNWUHT and THHT have reported (26 Nov 21) increases in the number of undated P2s waiting 6 wks or more.

Executive summary



	Latest Freeze Position (w/e 28-Nov)					Latest Freeze Position - % BAU by ICS				
	Activity	Var	% BAU ⁽¹⁾	London Regional Rank ⁽²⁾	Weekly Change in Activity	NWL	NCL	NEL	SEL	SWL
Elective	23,577	▼	86.7%	5	-0.5%	91.4%	90.3%	84.9%	79.4%	87.6%
Outpatients	268,885	▼	94.9%	4	-0.6%	101.9%	95.4%	93.6%	95.0%	87.6%
Endoscopy	4,499	▼	106.2%	3	-0.9%	100.2%	96.1%	104.9%	120.3%	105.7%
Imaging	63,109	▼	102.5%	2	-0.2%	100.8%	101.5%	102.0%	105.0%	103.5%
Echocardiography	6,462	▼	106.7%	2	-1.1%	99.7%	110.4%	90.4%	110.0%	129.8%

- (1) Prior year baselines from March are based on unadjusted data submitted to SUS by providers for 2019/20
- (2) Regional Rank is based on % BAU
- (3) Diagnostic waitlists show latest freeze position and variance on prior week

Headlines

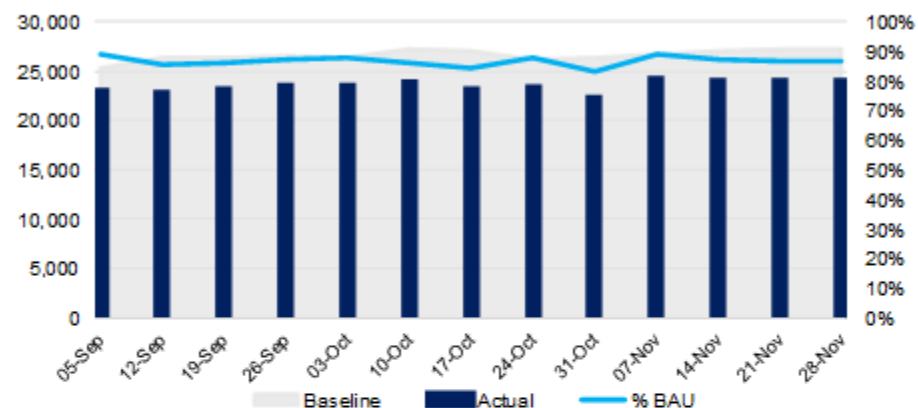
- **Summary:** Stable week on week. Highlights include a c. 2,500 reduction in non-admitted PTL alongside reductions in 104ww and 52ww. Imaging PTL (MRI and CT) remains a key risk, especially in NEL.
- **Activity:** As per previous weeks, activity levels have been generally stable.
- **Clock starts/stops:** Clock starts at 87.4% of BAU [48,958] with Clock Stops at 94%* [44,245]. There is still a wide disparity between systems on BAU Clock Stops.
- ***Clock stops DQ issues:** DQ issues at Kings has caused an artificial decline in baseline and as a result an increase in London's % BAU position. If Kings' baseline position was carried over from last week, London clock stops % BAU would be 87.5% not 94%. Note that this does not affect the clock stop volumes.
- **PTL:** The PTL has decreased by c. 2,500, 100% of this reduction is from the non-admitted PTL.
- **104+ ww:** A small decrease of 13 104+ ww pathways.
- **52ww:** This week saw a reduction of 209 pathways; London continues to reduce its 52ww pathways and has not increased since w/e 22 August 2021.
- **Diagnostics:** Although activity volumes and % BAU have been generally stable, there is overall concern on the growth of non-elective demand in imaging.
- **Cancer:** Total backlog this week has seen a small decrease from 3,455 to 3,446. Total backlog remains in the 3,400-3,500 range.

		28-Nov	05-Dec	Var
104 ww	NWL	78	74	-4
	NCL	374	374	0
	NEL	633	621	-12
	SWL	6	5	-1
	SEL	171	175	4
	London	1,262	1,249	-13
52 ww	NWL	4,173	4,064	-109
	NCL	11,834	11,681	-153
	NEL	9,365	9,439	74
	SWL	1,269	1,250	-19
	SEL	4,432	4,430	-2
	London	31,073	30,864	-209
Waitlist	Admitted PTL	122,341	122,383	42
	Non-Admitted PTL	863,301	860,767	-2,534
	Cancer DTT Backlog	351	338	-13
	Cancer No DTT Backlog	3,104	3,108	4
	Cancer 104 Day Waits	873	850	-23
	Endoscopy Waitlist ⁽³⁾	19,426	-	-440
Imaging Waitlist ⁽³⁾	149,343	-	127	
Echo Waitlist ⁽³⁾	19,946	-	175	

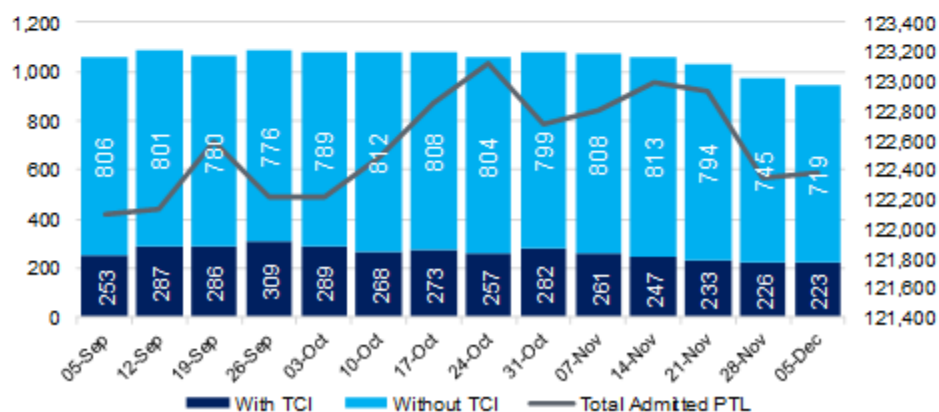
Elective Activity



Elective Activity Volumes and % of Baseline



Admitted Pathway: 104 ww and Total PTL



Total Electives (Latest Freeze Data: w/e 28-Nov)

Provider	% BAU	Actual Activity	Weekly Var (%)
NEL	84.9%	3,209	10.4%
Barts	80.1%	1,658	17.0%
BHRUT	96.1%	1,023	7.8%
Homerton	81.7%	528	-2.4%
NCL	90.3%	6,466	-1.3%
RFL	87.0%	1,336	-3.5%
UCLH	93.3%	2,355	0.0%
GOSH	91.1%	727	-4.7%
NMUH	99.0%	715	13.5%
Moorfields	86.6%	679	-4.9%
RNOH	64.4%	203	3.6%
Whittington	94.0%	451	-11.0%
NWL	91.4%	5,063	-2.6%
LNW	81.4%	1,373	-7.0%
Hillingdon	88.9%	472	4.2%
Imperial	85.9%	2,114	-1.4%
CheWest	128.7%	1,104	-1.8%
SEL	79.4%	5,358	-1.7%
LGT	75.1%	816	-5.4%
Kings	79.0%	2,035	-2.6%
GSTT	81.1%	2,507	0.3%
SWL	87.6%	3,481	-3.2%
St George's	84.1%	1,157	-2.1%
Croydon	100.8%	604	-6.8%
Epsom	75.5%	800	-6.9%
Kingston	91.0%	526	-1.5%
Royal Marsden	108.5%	394	5.6%
LONDON	86.7%	23,577	-0.5%

Source: Weekly Activity Return

Latest Data: w/e 05-Dec

Provider	Admitted PTL Size	Weekly Var (%)	Admitted 104ww	Weekly Var (%)
NEL	20,399	-0.3%	516	-3.7%
Barts	13,148	-0.3%	514	-3.9%
BHRUT	3,949	-1.9%	2	100.0%
Homerton	3,302	1.3%	0	-
NCL	30,325	0.0%	244	-1.2%
RFL	8,250	0.5%	182	-1.6%
UCLH	8,741	-1.1%	52	6.1%
GOSH	1,882	-0.5%	5	-28.6%
NMUH	1,171	-0.9%	4	-20.0%
Moorfields	5,911	0.6%	1	-
RNOH	2,287	0.8%	0	-
Whittington	2,083	1.7%	0	-
NWL	22,737	0.7%	54	-5.3%
LNW	4,849	0.6%	26	4.0%
Hillingdon	3,183	0.2%	16	-15.8%
Imperial	9,350	1.3%	12	9.1%
CheWest	5,355	0.0%	0	-100.0%
SEL	31,798	-0.7%	124	-0.8%
LGT	5,624	-1.4%	60	3.4%
Kings	12,221	-0.6%	54	-3.6%
GSTT	13,953	-0.5%	10	-9.1%
SWL	17,124	0.9%	4	-33.3%
St George's	6,248	0.6%	4	-33.3%
Croydon	1,923	-1.6%	0	-
Epsom	5,196	1.7%	0	-
Kingston	3,528	1.6%	0	-
Royal Marsden	229	3.2%	0	-
LONDON	122,383	0.0%	942	-3.0%

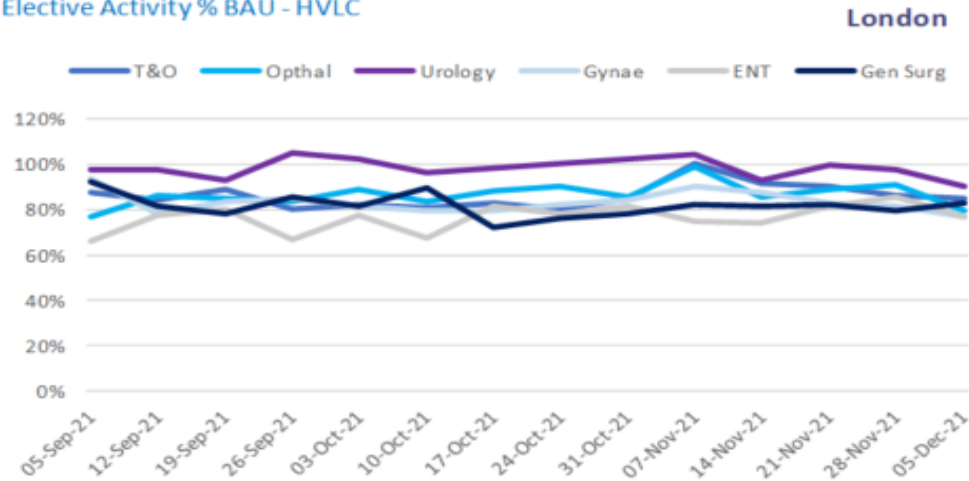
Source: RTT Weekly PTL

London elective activity in the equivalent baseline period: 27,207.

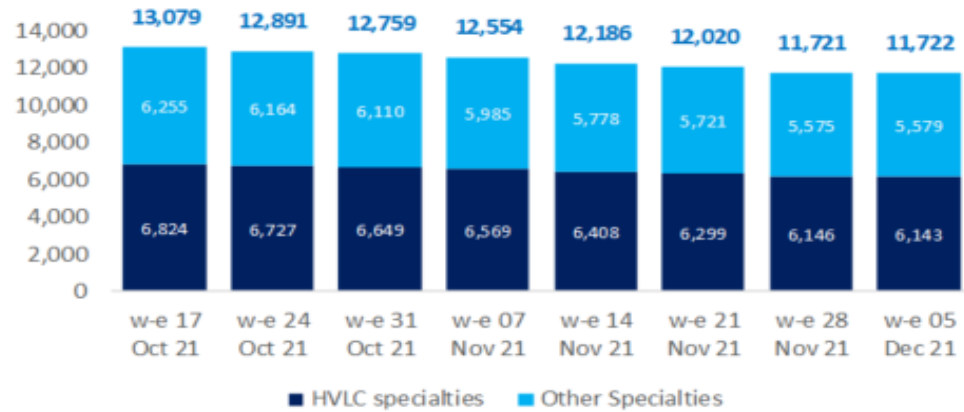
London Elective – HVLC Specialties



Elective Activity % BAU - HVLC



London - 52+ ww - HVLC specialties proportion of Admitted 52 ww

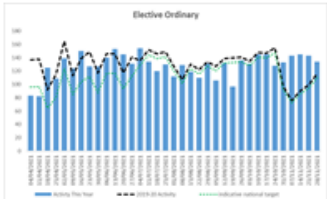
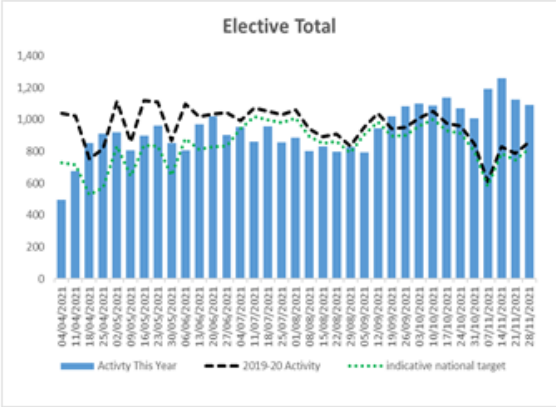


London - HVLC specialties Elective Activity

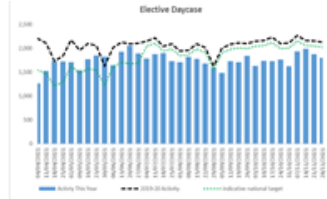
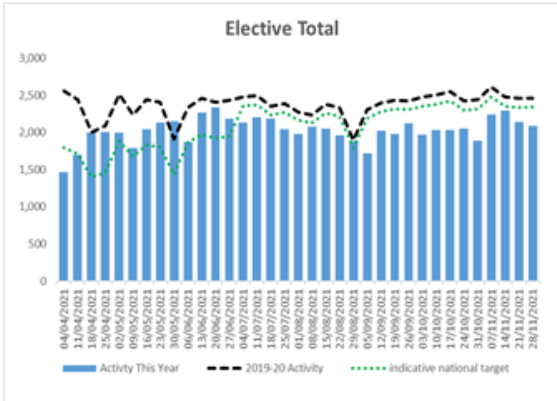
Rank	Provider	Flex Week (Current)	Freeze Week (Last)	Freeze Week (Previous)	Change between Freeze Weeks	Current Elective Activity volume	5 week Trend
1	Royal Marsden	135.6%	175.8%	158.6%	▲	80	
2	ChelWest	104.8%	115.6%	129.3%	▼	305	
3	BHRUT	98.7%	126.6%	97.3%	▲	451	
4	LNW	97.5%	83.7%	113.1%	▼	437	
5	Homerton	93.3%	95.2%	108.3%	▼	235	
6	Croydon	90.0%	88.5%	110.6%	▼	208	
7	Epsom	90.0%	78.8%	86.8%	▼	568	
8	Hillingdon	89.7%	99.1%	75.1%	▲	175	
9	Whittington	88.0%	82.9%	104.6%	▼	95	
10	UCLH	87.3%	86.3%	87.9%	▼	338	
11	Moorfields	84.3%	86.6%	90.2%	▼	657	
12	Kingston	83.5%	88.2%	97.4%	▼	177	
13	GSTT	81.0%	81.6%	96.8%	▼	353	
14	NMUH	77.1%	90.1%	57.4%	▲	168	
15	Barts	75.2%	68.2%	69.9%	▼	446	
16	RNOH	74.0%	71.0%	77.5%	▼	142	
17	Kings	72.1%	81.8%	87.6%	▼	572	
18	Imperial	69.9%	88.0%	78.3%	▲	337	
19	St George's	66.7%	81.7%	78.5%	▲	152	
20	LGT	65.8%	67.0%	62.4%	▲	150	
21	RFL	60.8%	90.5%	77.2%	▲	271	
1	NWL	88.6%	93.6%	97.3%	▼	1,254	
2	SWL	87.1%	86.8%	94.6%	▼	1,185	
3	NEL	86.9%	91.1%	86.6%	▲	1,132	
4	NCL	78.5%	85.8%	82.1%	▲	1,671	
5	SEL	73.8%	79.1%	85.0%	▼	1,075	
	London	82.4%	87.0%	88.3%	▼	6,317	

Phase 2: Recovery Plan. Elective Weekly performance by Trust against Plan

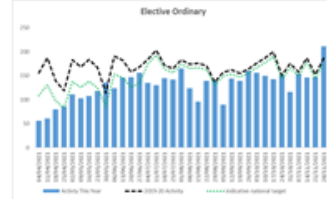
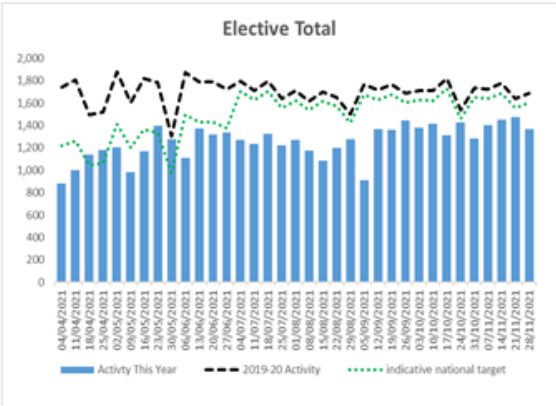
CWFT



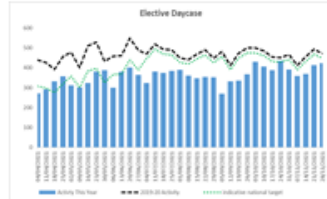
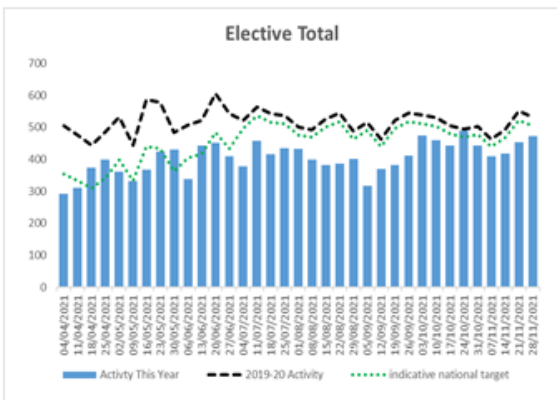
ICHT



LNWUHT



THHFT



Phase 1: NHS Theatre throughput NHS theatre activity in numbers

NHS activity / capacity		1,636 elective patients received surgery in NHS theatres last week							
W/E	Peak Recovery 06/12/2020	10/10/2021	17/10/2021	24/10/2021	31/11/2021	07/11/2021	14/11/2021	21/11/2021	28/11/2021
Trust	Week 49	Week 26	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33
CWHFT	540	502	568	551	474	613	601	534	562
ICHT	521	536	514	517	501	538	543	502	508
LNWUHT	484	355	357	418	357	437	415	415	395
THHFT	168	209	183	197	162	191	148	185	207
TOTAL	1,713	1602	1622	1683	1494	1779	1707	1636	1672

*half term week
wc/01-11-2021

Outpatient Activity

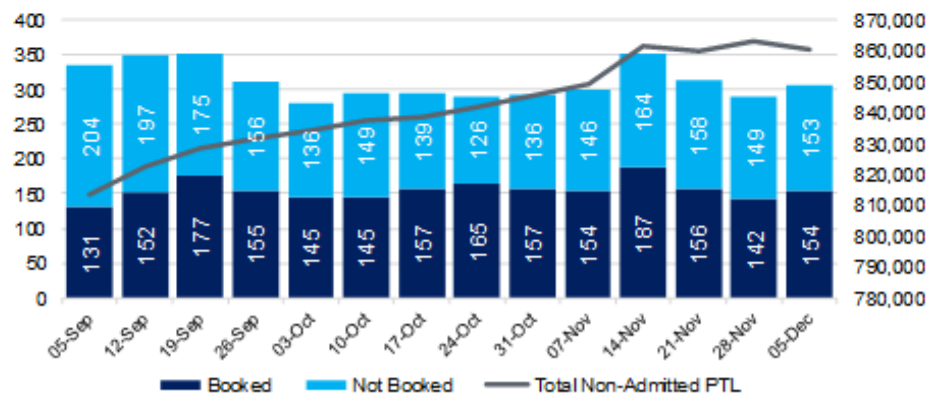
Note: Epsom has been removed whilst baselines are updated in national dataset (see page 4). We are also investigating a potential discrepancy in the way radiology is captured (see page 4).



Outpatient Activity Volumes and % of Baseline



Non-Admitted Pathway: 104 ww and Total PTL



Outpatients (Latest Freeze Data: w/e 28-Nov)

Provider	% BAU	Actual Activity	Weekly Var (%)
NEL	93.6%	36,426	1.7%
Barts	92.2%	22,372	2.9%
BHRUT	87.1%	7,811	4.4%
Homerton	110.0%	6,243	-5.5%
NCL	95.4%	76,604	-2.7%
RFL	78.6%	16,559	-5.2%
UCLH	108.7%	28,379	-0.5%
GOSH	108.1%	3,911	-3.4%
RNOH	81.2%	1,819	-15.9%
Moorfields	89.7%	11,685	-2.6%
NMUH	109.9%	8,630	2.7%
Whittington	87.9%	5,621	-7.9%
NWL	101.9%	51,368	3.1%
LNW	103.7%	14,960	11.7%
Hillingdon	86.7%	4,474	-0.4%
ChelWest	121.7%	15,240	-1.1%
Imperial	91.1%	16,694	1.1%
SEL	95.0%	64,046	-0.5%
LGT	103.8%	11,350	4.8%
GSTT	82.3%	26,702	-2.8%
Kings	108.0%	25,994	-0.3%
SWL	87.6%	40,441	-2.9%
Croydon	90.1%	7,561	-10.0%
Kingston	90.3%	7,059	-0.1%
Royal Marsden	96.1%	5,069	2.1%
St George's	89.1%	13,933	-4.5%
LONDON	94.9%	268,885	-0.6%

Source: Weekly Activity Return

Latest Data: w/e 05-Dec

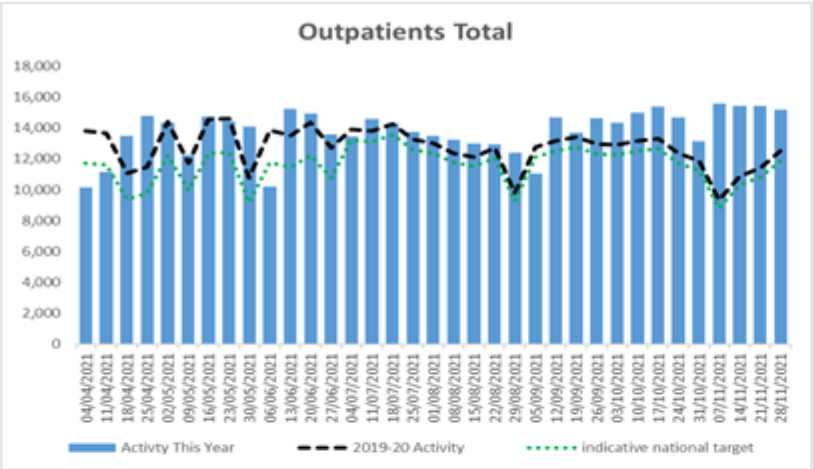
Provider	Non-Adm. PTL Size	Weekly Var (%)	Non-Adm. 104ww	Weekly Var (%)
NEL	157,971	-0.6%	105	8.2%
Barts	86,280	-0.7%	96	7.9%
BHRUT	49,886	-0.6%	9	12.5%
Homerton	21,805	0.3%	0	-
NCL	210,508	-0.3%	130	2.4%
RFL	93,302	-0.4%	122	3.4%
UCLH	48,089	-0.3%	6	-
GOSH	4,917	-1.8%	1	-
RNOH	4,289	1.1%	1	-50.0%
Moorfields	28,836	0.2%	0	-
NMUH	15,271	-1.2%	0	-100.0%
Whittington	15,804	0.3%	0	-
NWL	185,225	-0.6%	20	-4.8%
LNW	51,087	-0.7%	10	11.1%
Hillingdon	19,314	-0.1%	4	100.0%
ChelWest	40,389	-0.3%	3	-57.1%
Imperial	74,435	-0.7%	3	-
SEL	184,875	-0.1%	51	10.9%
LGT	55,447	1.5%	43	2.4%
GSTT	71,730	-0.8%	4	33.3%
Kings	57,698	-0.8%	4	300.0%
SWL	122,188	0.2%	1	-
Croydon	23,886	0.7%	1	-
Kingston	21,611	2.3%	0	-
Royal Marsden	1,426	-0.7%	0	-
St George's	40,501	-1.3%	0	-
LONDON	860,767	-0.3%	307	5.5%

Source: RTT Weekly PTL

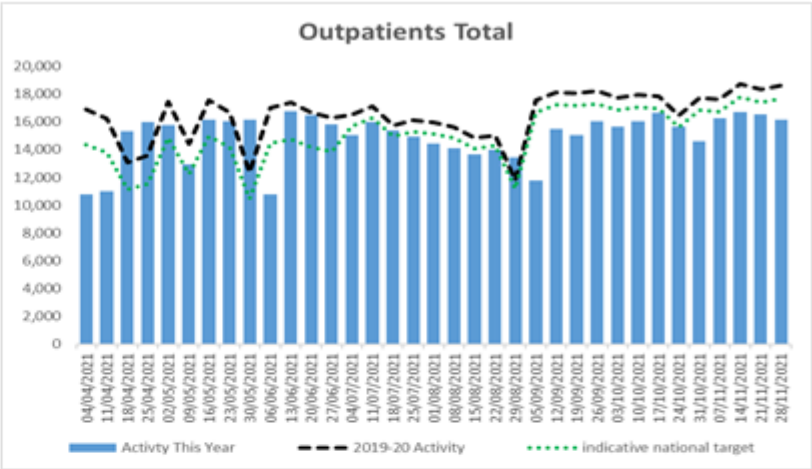
London outpatient activity in equivalent baseline period: 283,199.

Phase 2: Recovery plan Outpatients Weekly performance by Trust against Spring Recovery Plan

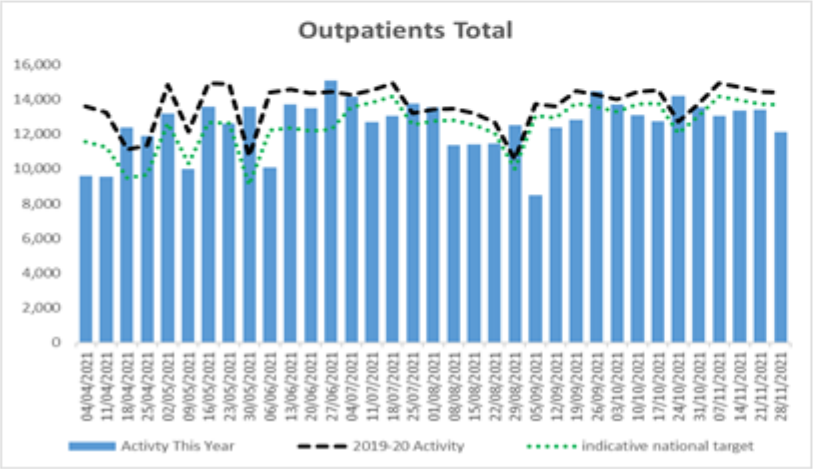
CWFT



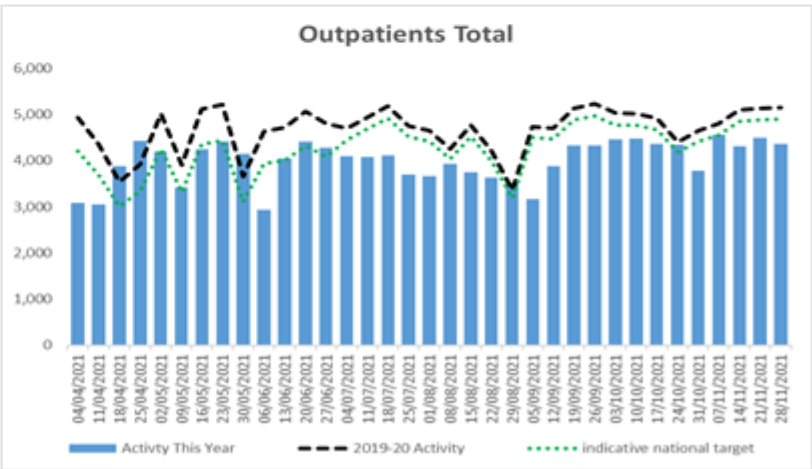
ICHT



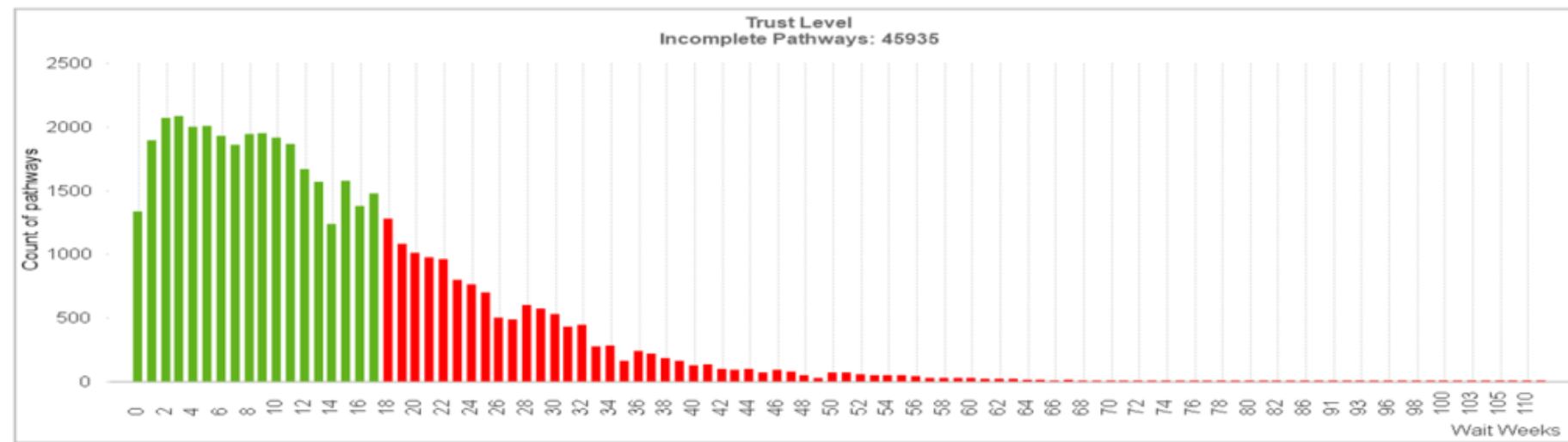
LNWUHT



THHFT



Current PTL Position Performance 69.63% (Last Week 69.47%)



Trust PTL Total: ↓ 45,935 (46,135)
 Undated Total: ↑ 18,272 (18,191)
 39.4%
 Dated Total: ↓ 27,663 (27,899)
 60.2%
 52w+ ↑ 540 (538)
 104w+ ↓ 5 (10)

Admitted Pathways: ↓ 5,305 (5,336)
 Dated: ↓ 1,207 (1,328)
 Undated: ↑ 4,098 (4,008)
 52w+: ↓ 215 (221)
 104+ ↑ 3 (2)

Non-Admitted: ↓ 40,630 (40,799)
 Dated: ↓ 26,456 (26,616)
 Undated: ↓ 14,174 (14,183)
 52w+ : ↑ 325 (317)
 104+ ↓ 2 (8)

As a 25/11/21

NWL 104+ week waiting patient System Heatmaps

104+ week waiting Patient System Heatmaps

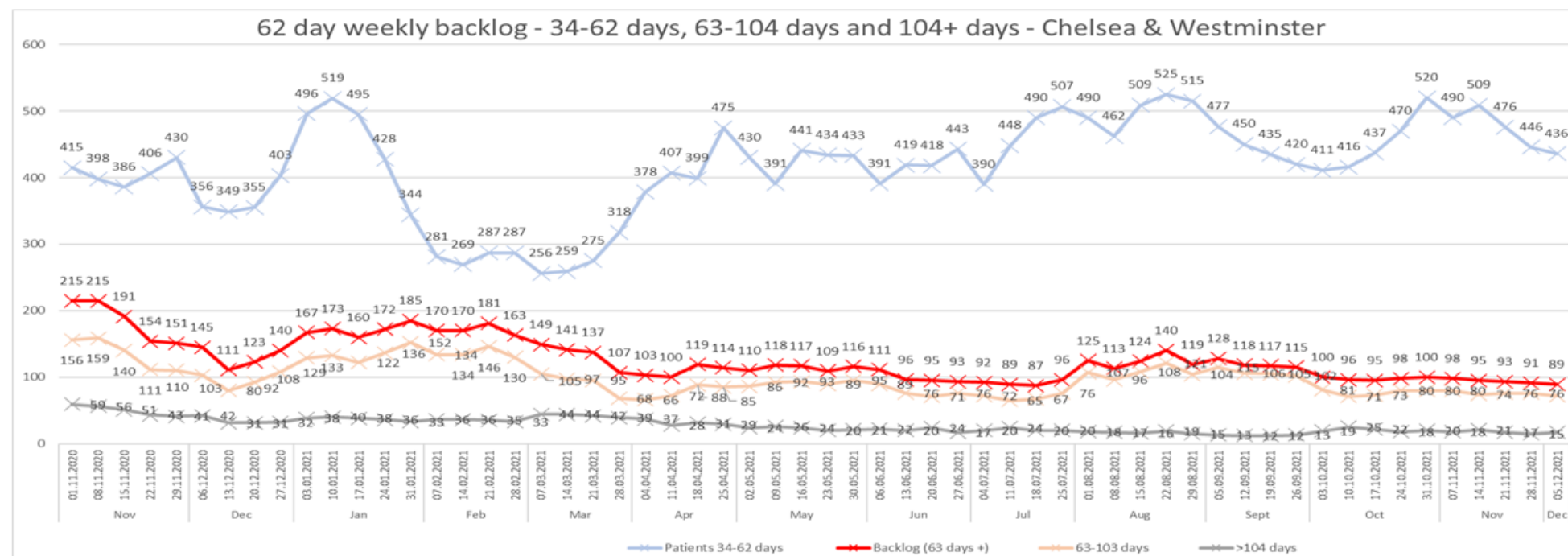


Latest Data: w/e 05-Dec

Specialty	Total		Admitted							Non-Admitted						
	Total	Change	Admitted Total	Change	NCL	NEL	NWL	SEL	SWL	Non-Adm. Total	Change	NCL	NEL	NWL	SEL	SWL
Other	388	▼ -3	313	▼ -18	55 ▲	219 ▼	17 ▼	22 ▼		75	▲ 15	33 ▲	34 ▲	6 ▲	2 ▲	
ENT	258	▲ 3	202	▲ 4	2 ▲	187 ▲	1 ▼	12 ▲		56	▼ -1	3 ▼	35 ▼	1 ►	16 ▲	1 ▲
Plastic Surgery	159	▼ -5	145	▼ -8	126 ▼	13 ▼	1 ►	4 ▲	1 ►	14	▲ 3	13 ▲			1 ►	
Trauma & Orthopaedics	134	▲ 1	76	▼ -1	23 ►	30 ▲	4 ▼	19 ▼		58	▲ 2	37 ▼	10 ▲	1 ▲	10 ▲	
Gynaecology	102	▼ -15	75	▼ -5	14 ▼	23 ▼	9 ▲	29 ►		27	▼ -10	4 ▼	7 ▼	6 ▼	10 ▼	
General Surgery	76	▼ -3	56	▼ -2	3 ▼	11 ▼	19 ▲	23 ▼		20	▼ -1	3 ▼	4 ▲	5 ▲	8 ►	
Dermatology	37	▲ 4	8	▼ -1	7 ▼		1 ►			29	▲ 5	29 ▲				
Urology	35	▲ 2	25	► -	8 ►	17 ▲				10	▲ 2	3 ▲	6 ►		1 ▲	
Ophthalmology	24	▲ 2	19	▲ 2	5 ▲			14 ▲		5	► -	5 ►				
Oral Surgery	20	▲ 2	14	▲ 1	1 ▲	13 ►				6	▲ 1		6 ▲			
Cardiology	5	▼ -2	4	▼ -2			1 ▼		3 ►	1	► -				1 ►	
Cardiothoracic Surgery	3	▲ 2	1	► -				1 ►		2	▲ 2				2 ▲	
Gastroenterology	3	► -	1	▲ 1		1 ▲				2	▼ -1		1 ▲	1 ►		
Neurosurgery	3	▼ -1	3	► -		2 ►	1 ►			0	▼ -1					
Neurology	1	► -	0	► -						1	► -		1 ►			
Rheumatology	1	► -	0	► -						1	► -		1 ▲			
General Medicine	0	► -	0	► -						0	► -					
Geriatric Medicine	0	► -	0	► -						0	► -					
Thoracic Medicine	0	► -	0	► -						0	► -					
Total	1,249	▼ -13	942	▼ -29	244 ▼	516 ▼	54 ▼	124 ▼	4 ▼	307	▲ 16	130 ▲	105 ▲	20 ▼	51 ▲	1 ▲

Chelsea and Westminster Hospital NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust – w/e 5th December 2021



Change in last week:

c&w	34-62 days	63-103 days	104+ days	63 days +
% change	-2.2%	-5.3%	+13.3%	-2.2%
Number of patients	-10	-4	+2	-2

Totals:

NWL	34-62 days	63-103 days	104+ days	63 days +
RMP w/e 05.12.2021	436	72	17	89
Baseline (w/e 16.02.20)	467	240	83	323
Difference to baseline	-31	-168	-66	-234

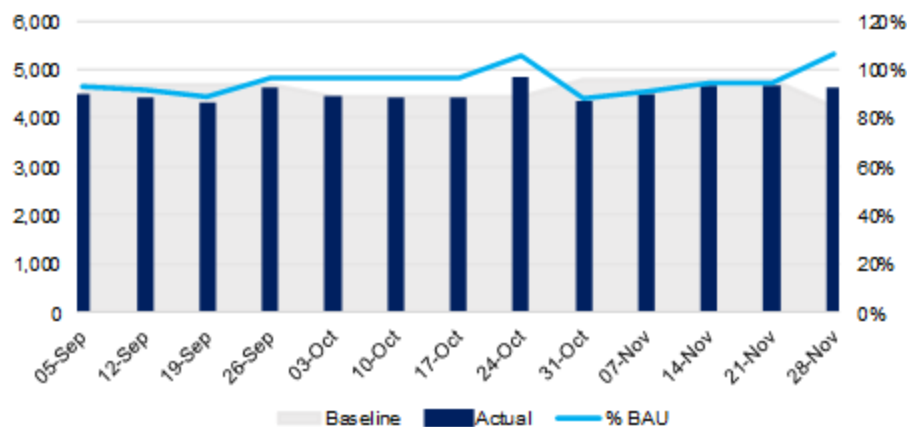
9

Endoscopy Activity

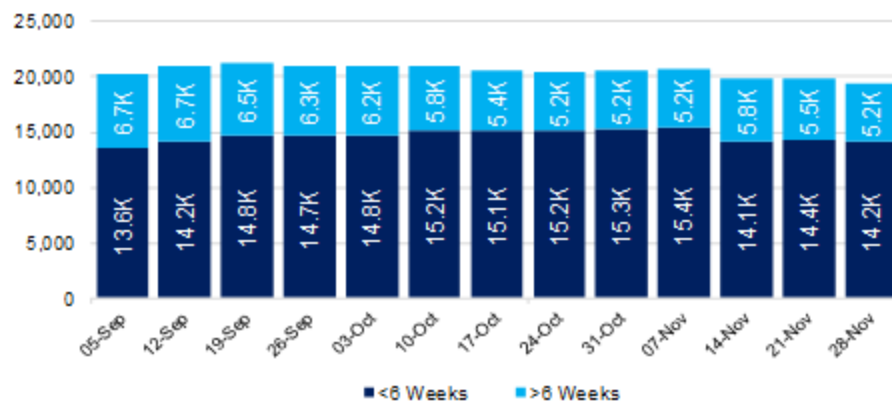


Below table note: Royal Free current year and baseline activity has been removed from Endoscopy calculations.

Endoscopy Activity Volumes and % of Baseline



Endoscopy: Total Wait List



Endoscopy (Latest Freeze Data: w/e 28-Nov)

Provider	% BAU	Actual Activity	Weekly Var (%)
NEL	104.9%	1,002	4.6%
Barts	123.5%	578	11.4%
Homerton	79.6%	167	-8.7%
BHRUT	92.7%	257	0.4%
NCL	96.1%	549	-10.0%
RFL	-	-	-
UCLH	93.5%	248	12.7%
NMUH	103.7%	162	-8.5%
GOSH	98.1%	13	-31.6%
Whittington	92.5%	126	-35.1%
NWL	100.2%	1,012	-4.0%
Imperial	113.3%	318	1.0%
Hillingdon	116.4%	147	4.3%
LNW	60.8%	243	-21.6%
ChelWest	149.9%	304	5.6%
SEL	120.3%	1,135	6.7%
Kings	86.1%	423	-9.0%
GST T	202.3%	349	10.8%
LGT	129.8%	363	27.8%
SWL	105.7%	801	-6.3%
Croy don	157.5%	191	2.7%
Epsom	125.0%	204	-21.8%
Royal Marsden	110.9%	28	12.0%
St George's	67.3%	186	-16.6%
Kingston	111.6%	192	20.0%
LONDON	106.2%	4,499	-0.9%

Source: Weekly Activity Return

Latest Data: w/e 28-Nov

Waitlist	Weekly Var (%)	>6 Weeks	Weekly Var (%)
3,278	-6.8%	502	-23.4%
1,864	-8.7%	456	-24.0%
716	-8.6%	41	-18.0%
698	0.7%	5	0.0%
5,176	-2.1%	2,654	-2.8%
1,533	0.0%	1,103	0.0%
2,145	0.2%	1,049	0.2%
982	-8.6%	457	-13.9%
102	0.0%	36	-12.2%
414	-5.3%	9	12.5%
5,264	-1.2%	1,267	-1.4%
2,236	-1.8%	808	0.7%
897	-2.8%	266	-4.7%
1,138	-2.0%	98	-14.8%
993	2.6%	95	6.7%
2,927	-0.1%	531	-5.2%
1,068	-7.8%	311	1.0%
952	-0.7%	169	-17.2%
907	11.6%	51	6.3%
2,781	-0.8%	260	-8.5%
892	-0.8%	193	-0.5%
802	5.2%	58	-25.6%
109	-4.4%	6	0.0%
467	5.9%	2	100.0%
511	-12.9%	1	-80.0%
19,426	-2.2%	5,214	-5.4%

Source: Weekly Activity Return

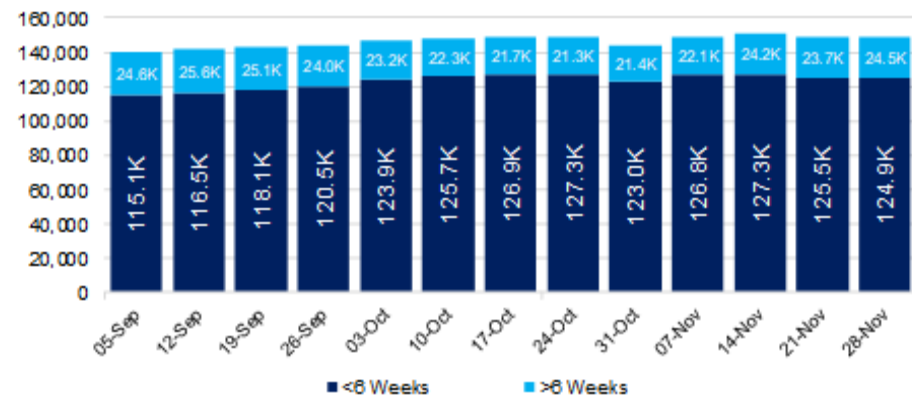
London Endoscopy Activity in equivalent baseline period: 4,237.

Imaging Activity

Imaging Activity Volumes and % of Baseline



Imaging: Total Wait List



Imaging (Latest Freeze Data: w/e 28-Nov)

Provider	% BAU	Actual Activity	Weekly Var (%)
NEL	102.0%	13,331	-0.7%
Barts	116.8%	7,313	-4.3%
BHRUT	81.6%	3,953	7.9%
Homerton	105.1%	2,065	-2.5%
NCL	101.5%	12,625	-0.4%
UCLH	114.4%	3,714	4.4%
RFL	91.5%	4,878	-1.6%
RNOH	86.4%	398	-14.8%
GOSH	99.2%	402	14.5%
Whittington	118.1%	1,531	-3.0%
NMUH	99.3%	1,563	-5.6%
Moorfields	108.0%	139	23.0%
NWL	100.8%	13,106	0.3%
Hillingdon	100.4%	1,478	-2.4%
LNW	78.6%	3,186	-1.4%
Imperial	113.8%	5,326	1.8%
ChelWest	111.7%	3,116	0.9%
SEL	105.0%	12,986	0.4%
GSTT	105.0%	4,388	-4.2%
Kings	107.4%	5,313	5.0%
LGT	101.2%	3,285	-0.2%
SWL	103.5%	11,061	-0.8%
Epsom	121.4%	2,577	-5.5%
Croydon	111.5%	2,316	-2.2%
Kingston	89.0%	1,676	5.1%
St George's	87.2%	2,742	0.2%
Royal Marsden	119.5%	1,750	1.8%
LONDON	102.5%	63,109	-0.2%

Source: Weekly Activity Return

Latest Data: w/e 28-Nov

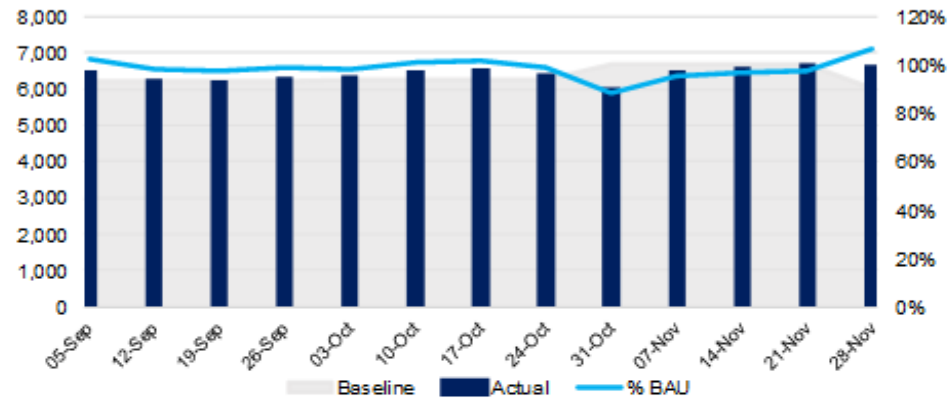
Waitlist	Weekly Var (%)	>6 Weeks	Weekly Var (%)
49,823	0.0%	16,722	4.5%
34,037	1.4%	12,116	2.7%
9,294	-4.2%	4,334	8.0%
6,492	-0.5%	272	48.6%
26,228	0.4%	2,249	4.0%
8,889	0.4%	1,447	-0.5%
8,376	-2.7%	405	21.6%
1,913	5.3%	241	31.7%
964	4.9%	92	0.0%
3,123	0.3%	53	-42.4%
2,756	4.6%	11	57.1%
207	19.0%	0	-
23,906	-0.3%	1,025	-6.5%
4,114	-0.3%	830	-13.1%
6,289	0.0%	144	38.5%
8,522	-0.9%	41	51.9%
4,981	0.5%	10	0.0%
22,981	-0.2%	2,284	0.4%
9,270	1.8%	1,294	10.1%
8,205	-4.3%	956	-8.8%
5,506	2.9%	34	-34.6%
26,405	0.5%	2,189	0.3%
6,258	3.8%	870	-1.5%
7,705	-1.5%	692	-11.3%
4,297	1.5%	356	37.5%
7,570	0.0%	270	5.1%
575	-7.6%	1	-66.7%
149,343	0.1%	24,469	3.2%

Source: Weekly Activity Return

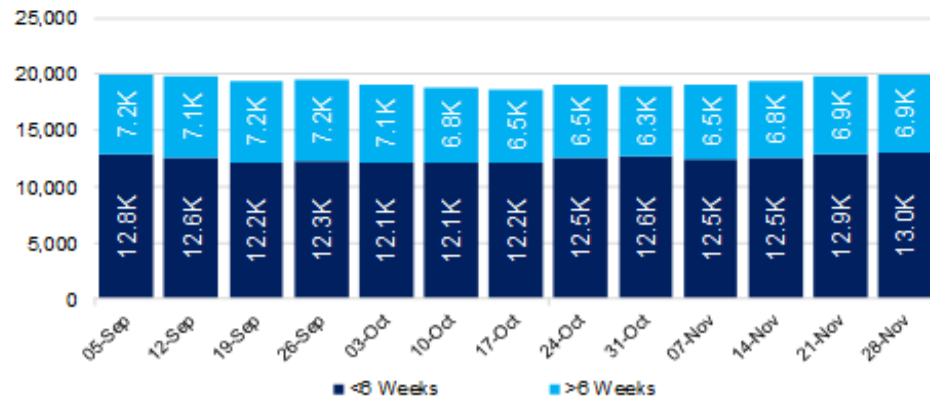
London Imaging Activity in the equivalent baseline period: 61,580.

Echocardiography Activity

Echocardiography Activity Volumes and % of Baseline



Echocardiography: Total Wait List



Echocardiography (Latest Freeze Data: w/e 28-Nov)

Provider	% BAU	Actual Activity	Weekly Var (%)
NEL	90.4%	1,242	-9.9%
Barts	106.8%	986	-8.4%
Homerton	88.4%	134	-17.8%
BHRUT	40.8%	122	-11.6%
NCL	110.4%	1,120	-0.6%
RFL	131.9%	274	-5.8%
UCLH	125.0%	335	10.9%
GOSH	110.1%	330	2.2%
Whittington	85.7%	99	-16.8%
NMUH	66.3%	82	-10.9%
NWL	99.7%	1,001	-7.1%
Hillingdon	120.0%	141	-18.0%
ChelWest	91.9%	174	-16.3%
Imperial	93.4%	498	3.5%
LNW	114.1%	188	-13.0%
SEL	110.0%	1,985	3.3%
GSTT	122.7%	1,212	7.6%
Kings	100.8%	605	-1.5%
LGT	78.0%	168	-7.2%
SWL	129.8%	1,114	8.2%
Kingston	79.5%	95	5.6%
Croydon	104.2%	197	-10.0%
Epsom	229.2%	298	41.9%
St George's	128.8%	481	5.5%
LONDON	106.7%	6,462	-1.1%

Source: Weekly Activity Return

London Echo Activity in the equivalent baseline period: 6,055.

Latest Data: w/e 28-Nov

Waitlist	Weekly Var (%)	>6 Weeks	Weekly Var (%)
8,180	2.0%	4,801	0.8%
7,238	1.6%	4,723	1.0%
759	10.8%	78	-7.1%
183	-12.9%	0	-
2,564	1.1%	464	-5.3%
1,077	0.0%	414	0.0%
458	-3.6%	19	-54.8%
114	6.5%	14	-
411	2.5%	9	800.0%
504	5.9%	8	-75.8%
2,766	3.6%	525	-7.2%
813	2.0%	244	11.4%
484	11.0%	143	-18.3%
411	-0.2%	111	3.7%
1,058	3.3%	27	-58.5%
3,229	-0.2%	552	-5.8%
1,227	1.9%	492	0.8%
1,535	-2.7%	55	-36.0%
467	2.9%	5	-58.3%
3,207	-3.1%	571	11.5%
446	5.9%	283	1.1%
1,150	5.2%	195	37.3%
701	-17.8%	60	9.1%
910	-3.5%	33	-5.7%
19,946	0.9%	6,913	0.0%

Source: Weekly Activity Return



TITLE AND DATE (of meeting at which the report is to be presented)	Public Meeting of the Trust Board of Directors, 6 January 2022
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AGENDA ITEM NO.									
TITLE OF REPORT	Integrated Performance Report – November 2021								
AUTHOR NAME AND ROLE	Rob Hodgkiss Deputy CEO & COO								
ACCOUNTABLE EXECUTIVE DIRECTOR	Rob Hodgkiss Deputy CEO & COO								
THE PURPOSE OF THE REPORT <table border="1" data-bbox="108 719 518 920"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>x</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	x	Info Only		Advice		To provide assurance on the combined Trust's performance for November 2021 for the Trust, highlighting risk issues and identifying key actions going forward.
Decision/Approval									
Assurance	x								
Info Only									
Advice									
REPORT HISTORY (Committees/Meetings where this item has been considered)	Executive Management Board, December 2021								
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>November continued to be a challenging month with various struggles across both inpatient and outpatient areas especially with staff sickness and absence. This affected service delivery in various areas of the trust, specifically from a non-elective position.</p> <p>Despite local pressures (echoed nationally and across the ICS) the Trust has continued to exceed OP activity plans, seen a reduction in total PTLs, a reduction in 104w+ and the second month of compliance with DM01 targets. The Trust also remains one of the best performing trust nationally.</p> <p>A&E 4 Hour Standard Trust level performance has remained stable between October and November 2021. Performance for the month of November was 81.48%. A&E attends have levelled-out to parity with Nov 2019. There were 29,103 UEC Attends reported in the month of November; a reduction from 31,371 the month before. This performance would have seen the trust ranked 10th Nationally.</p> <p>Cancer 31 Days Diagnosis to First Treatment: Performance against this metric has improved on the previous month from 90.71% to 91.41% for November 2021. The non-compliance with this target is driven by the 200% increase in suspected skin cancer GP referrals but there have been improvements to the booking process, which are supporting a gradual improvement against this target. 62 Days GP Referral to First Treatment: Performance has remained stable in the month of November, with performance of 75.7% (un-validated). The non-compliant performance continued to be predominantly driven by patient initiated delays to diagnostics, and delays in NWLP histology turnaround for the Gynaecology and Urology pathways.</p>								

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

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1" data-bbox="108 1899 384 2085"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or</td> <td>Y</td> </tr> </table>	Equality And Diversity		Quality		People (Workforce or	Y	<ul style="list-style-type: none"> - Excel in providing high quality, efficient clinical services - Improve population health outcomes and integrated care - Deliver financial sustainability
Equality And Diversity							
Quality							
People (Workforce or	Y						

Patients/ Families/Carers)		
Operational Performance	Y	
Finance		
Public Consultation		
Council of Governors		
<p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>		

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



TRUST PERFORMANCE & QUALITY REPORT

November 2021



NHSI Dashboard

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

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

A&E Waiting Times

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

RTT 18 Weeks – Incomplete

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

Cancer

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

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

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

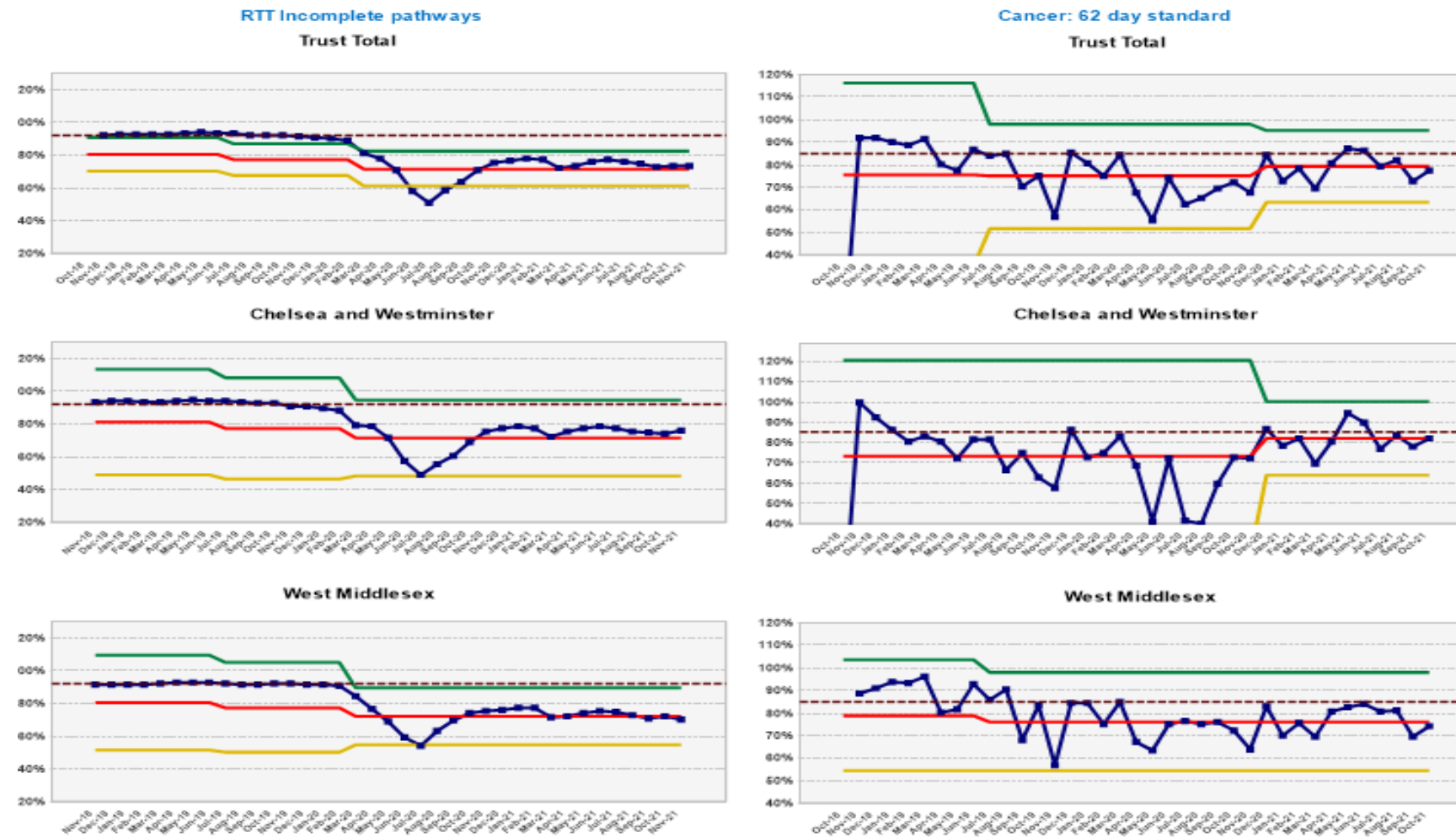
FDS: Performance is just shy of the 75% target, sitting at 74.32% for November at present. However, on-going validations and backdated clock stops will see this improve over the coming weeks. Otherwise, performance was challenged due to an increase in referrals to the gynaecology and colorectal services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

C-Diff

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



SELECTED BOARD REPORT NHSI INDICATORS

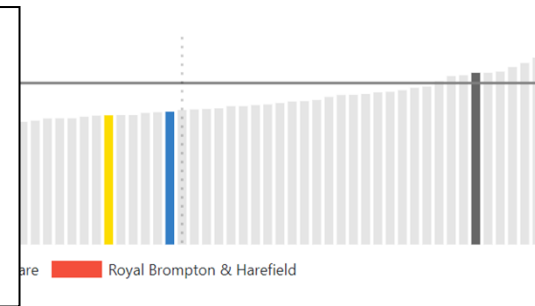


Statistical Process Control Charts for the last 37 months Sep 2018 to Nov 2021

HOSPITAL COMBINED PERFORMANCE SCORE – NOVEMBER 2021

Hospital Combines Performance Score

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

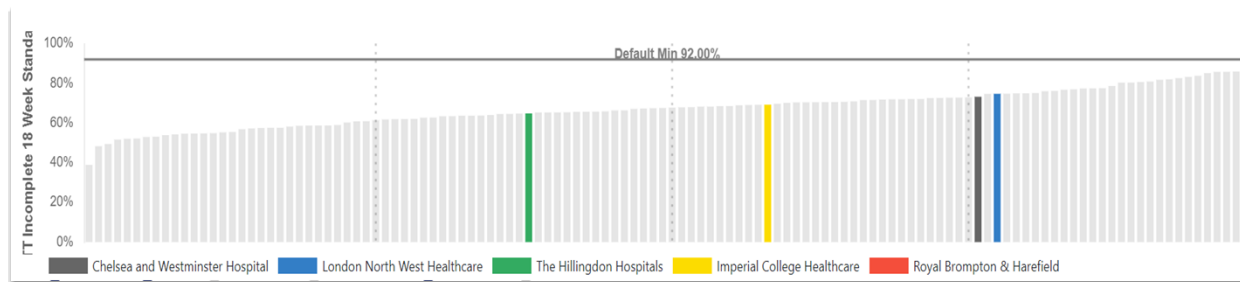


Hospital Combines Performance Score

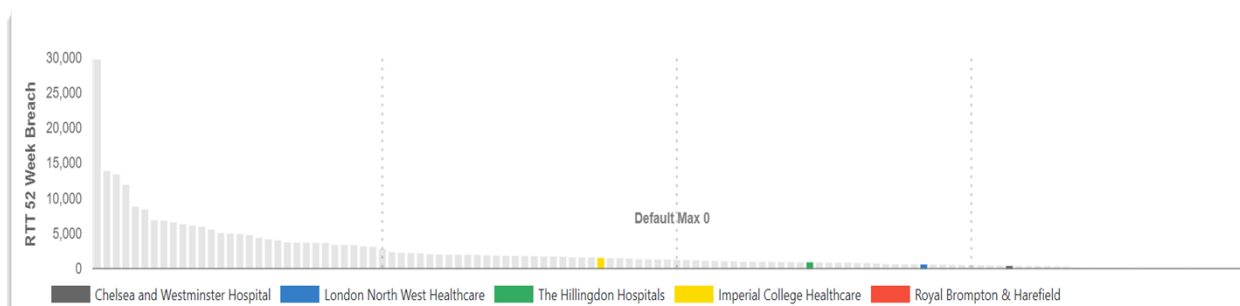
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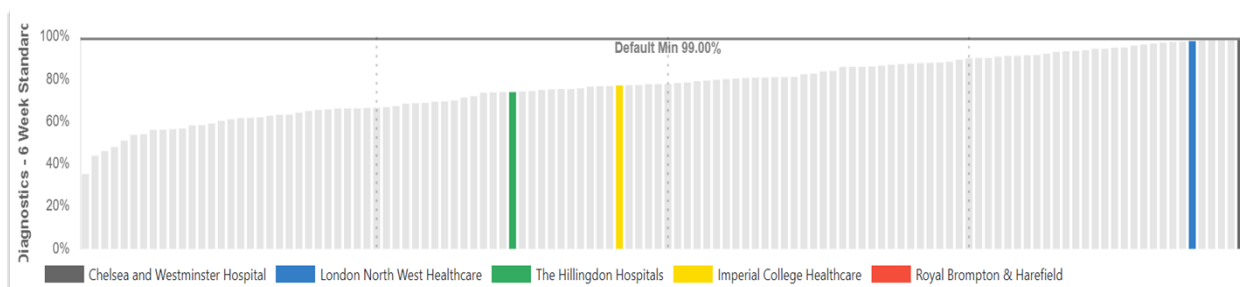
The below has been sourced from Public View and represents the Trust Performance for October 2021 (November data not yet available)



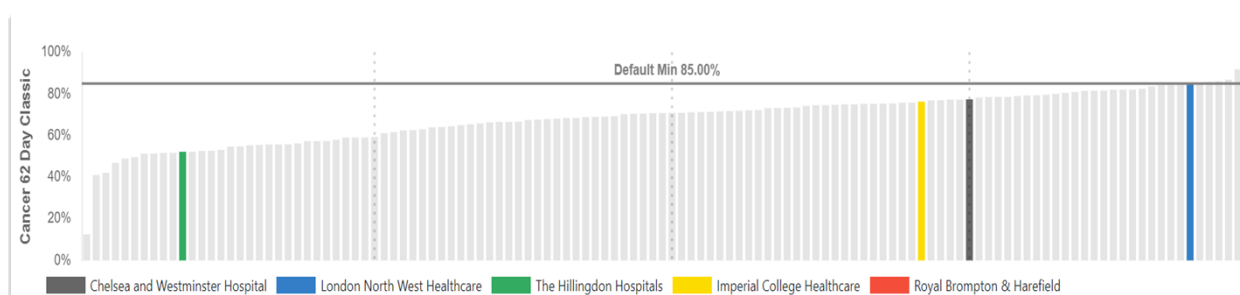
RTT 18 Week Standard: The chart above shows the relative ranking against the RTT 18 Week Standard. The Trust has improved in position from 37th position in September to 29th of 122 Trusts nationally.



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



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



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



Safety Dashboard

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

Please note the following: 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

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

Incidents – Medication Related Safety Incidents

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

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

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

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

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



Patient Experience Dashboard

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

Please note the following

blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months
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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 increased to 42 in November from 40 the previous month. Our performance with responding to complaints within the 25 day KPI (95%) fell just below the target at 93%. The number of PALS concerns logged and resolved during November has increased to 146 (from 129 in October) and our performance with responding to the 5-day KPI (90%) during November was 84% - just below the target, in part due to the complexity of some of the concerns raised. We aim to resolve as many concerns instantly and for November 2021 this was 67% (304) of the 451 concerns received in total for that month. We have two open complaints for investigation with the PHSO - one each for CSS and EIC Division.

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



Efficiency & Productivity Dashboard

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

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Out Patients

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

Theatres

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



Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022	Sep-21	Oct-21	Nov-21	2021-2022 Q3	2021-2022	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	94.0%	94.2%	96.0%	93.3%	93.1%	97.4%	92.9%	95.0%	93.5%	95.9%	94.1%	95.0%	94.3%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	83.3%	66.7%		84.4%	92.9%	87.5%		86.7%	87.5%	77.4%		77.4%	85.7%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	110.0%	100.0%	98.0%	90.0%	90.9%	90.5%	93.2%	93.5%	96.9%	93.8%	95.3%	95.0%	
VTE	VTE: Hospital acquired	1	0	1	2	3	0	2	6	4	0	3	3	8	
	VTE risk assessment (Target: >95%)	87.6%	89.6%	90.4%	89.7%	96.0%	96.5%	96.9%	96.0%	92.1%	93.1%	93.7%	93.4%	93.1%	
TB Care	TB: Number of active cases identified and notified	1	3	3	23	4	6	5	43	5	9	8	17	66	
Sepsis	ED % of patients with high NEWS score screened for Sepsis	94.3%	92.4%	93.7%	92.5%	81.6%	83.2%	78.4%	85.2%	89.2%	89.1%	87.6%	88.4%	89.4%	
	ED % of patients at risk of developing sepsis receiving antibiotics	47.1%	41.9%	50.2%	54.7%	87.1%	84.1%	84.4%	84.5%	66.1%	59.8%	66.8%	63.1%	70.2%	
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	21.7%	18.4%	20.4%	26.2%	55.7%	54.6%	55.0%	58.0%	37.9%	33.7%	37.2%	35.3%	42.8%	
	A, AU/AMU % of patients with high NEWS score screened for Sepsis	74.5%	84.4%	89.9%	83.4%	93.6%	91.1%	91.1%	92.7%	83.8%	87.3%	90.6%	89.0%	87.8%	
	A, AU/AMU % of patients at risk of developing sepsis receiving antibiotics	96.3%	93.4%	97.2%	93.7%	98.0%	98.9%	97.3%	96.7%	97.4%	96.5%	97.3%	96.9%	95.6%	
Improving outcomes for inpatient diabetes patients	Inpatient Wards % of patients with high NEWS score screened for Sepsis	80.6%	84.0%	86.1%	84.4%	91.4%	92.4%	92.6%	92.0%	85.7%	88.0%	89.4%	88.7%	88.1%	
	% of patients identified and triaged as having diabetes														
	Number of inpatient nurses/HCAs that have received 10-point training	7	9	0	36	4	8	0	26	11	17	0	17	62	
Improving clinical handover	Length of stay for elective (surgical specialties only) patients with recorded diabetes	3.0	4.2	7.2	4.0	2.4	3.6	3.3	3.4	2.7	4.0	5.4	4.7	3.7	
	% staff trained on the principles of safe and effective handover (Target >=50%)														
	% of handover meetings-medical downstream ward (Target >=95%)														

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Dementia screening

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

#NoF Time to Theatre

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

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

VTE Risk Assessments

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

Improving Clinical Handover

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



Access Dashboard

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

RTT Incomplete – 52 Weeks

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

Diagnostic Waiting Times

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

A&E and LAS

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



RTT Positions Dashboard

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

RTT 52 week waiters Specialty Dashboard

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



Maternity Dashboard

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

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

Workforce

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

Birth indicators

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

Safety

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



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

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

Outcomes

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



62 day Cancer referrals by tumour site Dashboard

Target of 85%

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

Improving personalised cancer care at diagnosis

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

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

Trust commentary

Cancer

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

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

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

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

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



Safe Staffing & Patient Quality Indicator Report – Chelsea Site

November 2021

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



Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

November 2021

Month	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	November 21 Vacancy	November Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3.4.unstable		Medication incidents		FFT December 2020/21
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total	Qualified		Un-qualified	Moderate		Severe							
											Month	YTD	Month	YTD	Month	YTD	Month	YTD		
Lampton	99%	131%	103%	168%	3.4	4.6	6	7.7	4%	4.59%	12.36%	2	25							93.33%
Richmond	50%	10%	83%	77%	5.7	1.1	6.9	7.2	15.72%	0.00%	29%	3	5							98.25%
Syon 1 cardiology	94%	93%	88%	125%	4	2.2	6.2	8.8	13.51%	3.94%	29%	3	35							92.86%
Syon 2	94%	83%	95%	92%	3.4	2.7	6.2	8.6	18.36%	23.07%	0%	8	37		1					94.23%
Starlight	77%	63%	92%	38%	8.3	0.6	9.1	15	22.91%	14.41%	0%		1							100%
Kew	97%	110%	100%	143%	3.3	3.9	7.2	7.9	8.70%	5.00%	21.42%	6	71					1		100%
Crane	78%	45%	94%	99%	3.8	2.5	6.7	7.7	7.18%	0.00%	5.95%	2	22							100%
Osterley 1	97%	98%	99%	112%	3.4	2.7	6.2	7	8%	16.18%	20.11%	2	39							96.55%
Osterley 2	104%	86%	99%	140%	4	2.7	6.7	7.2	-1.10%	4%	7.94%	1	28		1					100%
MAU	85%	89%	99%	101%	5.8	2.5	8.4	9.4	17.58%	16.55%	17.54%	6	43		1			1	1	100%
Maternity	96%	74%	97%	94%	8.2	2.4	10.5	0	6.64%	6.34%	8.67%									90.62%
Special Care Baby Unit	93%	105%	96%	133%	8.5	1.2	9.7	15	1.73%	3.99%	11.05%									0
Marble Hill 1	101%	124%	91%	198%	3.6	3.8	7.5	6.9	8.95%	10.32%	7%	8	65		1					69.43%
Marble Hill 2	88%	106%	91%	193%	3.2	3.7	7.1	6.8	6%	29.69%	7.46%	2	35		1					100%
ITU	119%	-	127%	-	31.2	0	31.2	26	13%	4.50%	0.00%		1							0



Safe Staffing & Patient Quality Indicator Report

November 2021

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

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

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

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

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

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

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

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

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

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



Finance Dashboard M7 2021/22

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



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

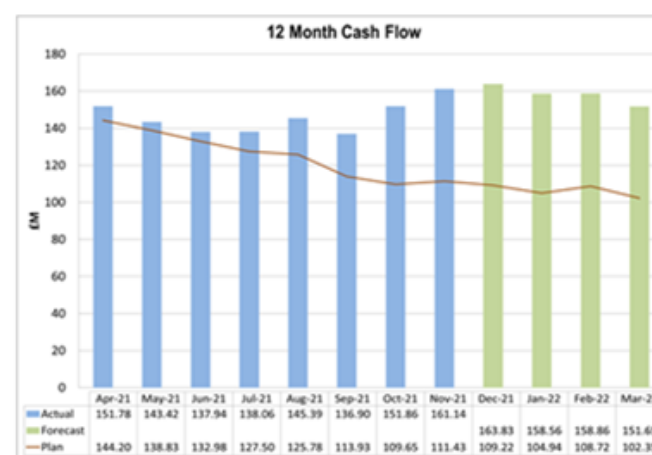
Finance Dashboard M8 2021/22

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

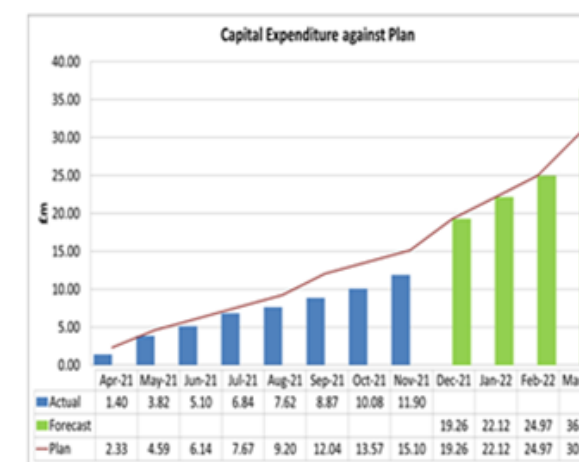
Pay: Pay is overspend by £6.59m YTD. The position includes £4.36m unidentified, red or amber CIP schemes.

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

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



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



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

CQUIN Dashboard

2021/22 CQUIN Schemes

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



Public Board of Directors Meeting, 6 January 2022

AGENDA ITEM NO.	Agenda item 2.3
REPORT NAME	Midwifery Continuity of Care (MCoC) as the default model of care within maternity services at the Chelsea & Westminster NHS Foundation Trust
AUTHOR	Natalie Carter (Consultant Midwife) & Victoria Cochrane (Director of Midwifery & Gynaecology)
LEAD	Pippa Nightingale (Chief Nurse)
PURPOSE	<p>Provide the board with the background, current position and implementation plan for the adoption of midwifery MCoC as the default model of care in the maternity services on both sites. The national requirement is that each Trust board has approved the trust implementation plan to achieve this by 2023 at their public board by the end of January 2022.</p> <p>The paper provides the background, the current position, the plan for implementation and equality and equity considerations to achieve 100% of women and birthing people receiving midwifery MCoC.</p>
SUMMARY OF REPORT	<p>The national ambition for maternity services in England is that all women living within the local geographical area of each hospital will be booked onto a Midwifery Continuity of Care (MCoC) pathway by March 2023. At present on average 16-18% of women at 29 weeks of pregnancy are booked onto a MCoC pathway across the two maternity services at Chelsea and Westminster NHS Foundation Trust.</p> <p>This paper provides the background to these national recommendations, the Trust current position, the plan for implementation with the timeline to achieving this, the equality and equity considerations and the standards required to achieve true MCoC.</p> <p>The Trust supports the adoption of this model of care but is clear it is not possible to transition all women to this model of care by 2023 and is recommending that this service transformation occurs in a phased way to be fully achieved by 2026.</p>
KEY RISKS ASSOCIATED	<ul style="list-style-type: none"> Failure to implement and sustain this model of care means key quality improvements and outcome measures will not improve for women and babies. Improved outcomes include a reduction in baby loss, pre-term birth, certain interventions in labour and birth and improved experience.

	<ul style="list-style-type: none"> • Safe staffing must be achieved prior to any change taking place as the restructuring of the midwifery workforce has the potential to destabilise certain core services if certain ratios of care are not maintained throughout the change and implementation process. • Not all midwives will want to work in this model of care and staff engagement throughout this process is essential, however there may be resignations as a result of the change. • Unlikely to meet the target of MCoC as the default model by March 2023.
FINANCIAL IMPLICATIONS	<ul style="list-style-type: none"> • The success of this model demonstrated in the national evidence achieves financial sustainability by reducing preterm birth by 19% therefore reducing neonatal admission and Length of stay. • The financial model will be calculated in detail and approved by executive board once the final workforce plan is agreed.
QUALITY IMPLICATIONS	This model of care is driven by a national recommendation to improve safety and outcomes for women and babies by providing MCoC as set out in the <i>Better Births</i> and <i>NHS Long Term Plan</i> recommendations and maternity transformation programme.
EQUALITY & DIVERSITY IMPLICATIONS	Women and birthing people from the lowest areas of deprivation and those from Black, Asian and mixed ethnicity backgrounds experience poorer outcomes than their counterparts and therefore these groups of women will be prioritised to receive MCoC in the first waves of implementation.
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Excel in providing high quality, efficient clinical services • Improve population health outcomes and integrated care
DECISION/ ACTION	<ul style="list-style-type: none"> • This paper is for noting by the board • Support maternity service in delivery of transformed model of care including funding of birthrate+ establishment • National guidance requires quarterly monitoring of this plan – agree for return of plan to board on a quarterly basis for review

Midwifery Continuity of Carer as the default model of care in maternity services

Background

Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services, and available to all pregnant women in England. Where safe staffing allows, and the building blocks (detailed implementation plan/communication and engagement with staff/education programme for new teams including team building/estate and equipment) are in place this should be achieved by March 2023 – with rollout prioritised to those most likely to experience poorer outcomes first.

Women who receive MCoC are:

- Seven times more likely to be attended at birth by a known midwife
- 16% less likely to lose their baby
- 19% less likely to lose their baby before 24 weeks
- 15% less likely to have regional analgesia
- 24% less likely to experience preterm birth
- 16% less likely to have an episiotomy
- Increased maternal satisfaction

Sandall, J. (2016) Cochrane Review

In line with *Better Births* and the *NHS Long Term Plan*, all women should be offered the opportunity to receive the benefits of MCoC across antenatal, intrapartum, and postnatal care. Not all women will be in a position to receive MCoC, as some will have chosen to receive some of their care at another maternity service and in a small number of cases women will be offered a transfer of care to a specialist service for maternal / fetal medicine reasons.

Providing Continuity of Carer by default therefore means:

1. Offering all women Midwifery Continuity of Carer as early as possible antenatally; and
2. Putting in place clinical capacity to provide Midwifery Continuity of Carer to all those receiving antenatal, intrapartum and postnatal care at the provider.

This plan includes:

- The **number of women** that can be expected to receive continuity of carer, when offered as the default model of care.
- **Building blocks** that demonstrate readiness for implementation and sustainability assessment – ensuring all the key building blocks are in place.
- **When** this will be achieved, with a redeployment plan into MCoC teams to meet this level of provision that is phased alongside the fulfilment of safe staffing levels within the acute service.
- **How** continuity of carer teams are established in compliance with national principles and standards, to ensure high levels of relational continuity.
- How **rollout will be prioritised** to those most likely to experience poor outcomes.
- **How care will be monitored locally**, and providers ensure accurate and complete reporting on provision of continuity of carer using the Maternity Services Data Set

Current Position

The following table shows the number of women who booked at both hospital sites for the 2020/21 financial year who live either within area or who choose to book from out of area. It also highlights the number of births that took place at both sites and in which birth setting – showing level of attrition.

Table 1:

	<i>Chelsea</i>	<i>West Middlesex</i>
Total bookings 20/21 of which;	7542	5775
In area	2972	4758
Out of area	4600	1017
Total births 20/21 of which;	5362	4524
Homebirth	101	120
MLU	798	698
Labour ward	4563	3699
Attrition rate (approx.)	28.9% *	22%*

*Pandemic year

Women who book from out of area do not receive postnatal care from our service and do not therefore meet the requirement for MCoC because they do not receive all elements of care with us (antenatal, intrapartum, postnatal care). At Chelsea this is a particularly high number of women (60%), more so than those who live within area (40%) and in the future re-assessing our community boundaries is an important piece of work to undertake to understand the choices women are making and why, for example a significant number of women book out of area at Chelsea who live just below the river because actually it is their nearest hospital.

Women and birthing people eligible for MCoC at Chelsea is therefore around 2972 and at West Middlesex this is 4758. Women from a Black, Asian or mixed ethnic group equal approximately 23% of those who book for care at Chelsea and 50% of those who book for care at West Middlesex. A heat map has been produced which also includes deprivation data for women booked in the services to assess geographically in the community where these groups of women live and therefore where the priority is for the first waves of MCoC teams in the current implementation plan. Around 1-2% of women live in the lowest decile of deprivation at both sites.

Attrition due to women leaving care fluctuates significantly and can be high as identified in table 1. This proves challenging with MCoC models to know the safest ratio of midwife to women to book to and an on-going measure of this is crucial throughout the implementation of each wave to ensure any changes in attrition are identified and addressed in a timely way. Women experiencing MCoC may be less likely to leave the service when it is not related to outcomes such as miscarriage.

The Birthrate + national midwifery staffing assessment tool was completed in May 2021 and recommendations have been made for increasing the workforce at each site based on the activity and acuity of women receiving care. Achieving these increases is an essential building block that needs to be in place for the readiness of the service to adopt MCoC. A recruitment plan is in the process of being developed and at present the service are continually recruiting to their vacancies. Staff communication and engagement is a crucial component of the building blocks and a detailed engagement plan has been written.

The plan for implementation

Chelsea Hospital aims to provide MCoC to 3266 women and birthing people while at West Middlesex Hospital the plan is to provide care for 4758 women and birthing people.

The building blocks required for readiness of implementation include a fully recruited workforce, completed staff engagement and a plan for equipment and training needs. As part of the recruitment plan it is essential that the recommendations from the recent Birthrate+ assessment are funded. To minimise the risk of destabilising the core services as they are currently and impacting on safe staffing there must be safe establishment in the areas of intrapartum care and community settings prior to commencing MCoC improvements.

It is anticipated that the Maternity Transformation Project (MTP) funding year on year will be utilised to support equipment and training needs. The Practice Development Midwives and Professional Midwifery Advocates will support personal training needs analysis and tailored support plans for midwives. Some training may be able to take place in current work time, however some funding will be required to backfill staff time for training prior to launch of the teams. It is anticipated that this will come from the MTP funding. This programme will be developed once training needs analysis is completed for each wave.

The workforce plan outlines in detail how the service would transition to this workforce model. It is expected that in order to embed and evaluate each wave, a period of 3 months will be required followed by a period of 6 months planning and recruiting to the next teams, therefore each wave will take approximately 9 months with the potential for this to get quicker as confidence and scale increases. A suggested timeline is in the table below including the number of MCoC teams in each wave and % of MCoC reached:

Aim & Objective	Milestone	Due Date
Phase 1 - Readiness	Acceptance of Birthrate+ Staff engagement Recruitment	March 2022
Phase 2 – Wave 1	Total 6 teams: CW – 18% (2 teams) & WM – 21.02% (4 teams)	November 2022
Phase 3 – Wave 2	Total 10 teams: CW – 36% (4 teams) & WM – 32% (6 teams)	July 2023
Phase 4 – Wave 3	Total 15 teams: CW – 63.01% (7 teams) & WM – 44.56% (8 teams)	March 2024
Phase 5 – Wave 4	Total 19 teams: CW – 81.02% (9 teams) & WM – 56.33% (10 teams)	November 2024
Phase 6 – Wave 5	Total 21 teams: CW – 99.02% (11 teams) & WM – 56.33% (10 teams)	July 2025
Final phases wave 6&7 for West Mid	Total 28 teams: CW – 99.02% (11 teams) & WM – 100.04% (17 teams)	March 2026 November 2026

It will be essential that support for staff considers both those entering MCoC models and those remaining in the core areas across maternity. Skill mix is an important consideration in the workforce planning and the aim is that no more than 1 band 5 preceptorship midwife will be placed in a MCoC at any one time to ensure their own adequate support and the safety of the team. The band 7 labour ward co-ordinators are an integral part of the communication strategy making sure they are fully informed and involved in the changes, the reassurance around safe staffing and mechanisms for feedback and escalation.

Maternity Continuity of Care Standards

In meeting the standards set out nationally for MCoC we will ensure the teams reflect true MCoC with the following:

- 7 WTE, no more than 8 midwives per team
- Caseload ratio of 1:42 at Chelsea & 1:40 at West Middlesex taking into account attrition meaning the birth ration for midwives will be 1:36.
- The team of midwives will be known to women and birthing people through ‘meet the midwives’ initiatives but the aim will be that an individual woman or birthing person will meet only 3 different midwives across their pathway of care and that their named midwife will provide 70% of their care. A certain level of autonomy will be provided to the team in managing their diaries and ‘availability’ rotas but there will be a reasonable chance across all teams that the named midwife may be present for their woman’s birth.
- Every team will have a link obstetrician for obstetric continuity and continued relational care.

- A Standard Operating Procedure (SOP) guide will be agreed for the working practices of the teams.
- It is essential midwives are remunerated appropriately for working in these models, particularly model 1 (availability model) and national support is being sought in this matter as there is a wide variation on how Trusts are supporting this. Currently at Chelsea & Westminster NHS Foundation Trust midwives working in model 1 complete time sheets at the end of each month detailing their on call periods and any unsocial hours worked. This ensures fairness of pay while a working group look at the potential for a standard uplift to their salaries.
- Community based MCoC teams already in existence currently see women at home for antenatal care and therefore clinic locations have not been required. It is anticipated that it will not be appropriate for all teams to work this way and therefore finding additional community spaces will be essential and may require the support of the ICS. A community base also supports team working and potentially classes for women and birthing people as well as 'meet the midwife' sessions.

Equality and Equity

Rollout of the teams will be prioritised to women and birthing people residing in the lowest areas of deprivation and those who are Black, Asian or mixed ethnicity background as these groups of people have the worst outcomes currently including baby loss and pre-term birth as well as maternal mortality rates. They are therefore a priority for this model of care which has been proven to improve these outcomes. For the purposes of this project a heat map was devised from 2 year's of data that enables us to observe the geographical areas of where these women and birthing people reside. This allows us to identify the geographical boundaries for team implementation at each wave.

We intend to under-take an evaluation at each phase to check that all our systems and processes work as per our expectations and plans. We also want to observe if there are any emerging patterns such as a reduction in foot fall/length of stay in antenatal ward, postnatal ward and triage. We will also continually review the impact of the change on all other services to understand if there have been any unintended consequences. The Trust has taken a decision to invest in an end to end digital solution for maternity documentation and data collection. It is expected that this will be implemented by June 2022 and will enable high quality data reporting on the National Maternity Services Data Set (MSDS). This will enable effective and efficient evaluation of each wave of the implementation phases. In order to ascertain the quality improvement outcomes we will be able to collect data on birth outcomes, midwifery appointments and levels of continuity and named midwife involvement, personalised care and support plans and levels of intervention and acuity. A maternal satisfaction evaluation will also take place through the use of a survey to assess experience. At each phase of implementation a reflection on the data will take place and any necessary modifications to the plan will be made before any further waves launch.

Conclusion

Midwifery Continuity of Carer has been proven in research evidence to achieve safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services, and available to all pregnant women in England. This plan sets out how the organisation aims to achieve this model of care for local women and birthing people, supported

by a detailed service redesign plan, staff engagement plan and a workforce planning tool along with a recruitment plan. The leadership team are committed and support this model of care to achieve safer maternity care for women and babies. The business case to achieve this in a staged approach will be taken to executive board for approval once finalised.

References

Cumberlege J (2016) The National Maternity Review. Better Births: Improving outcomes of maternity services in England. NHS England. <https://www.england.nhs.uk/wp-content/uploads/2016/02/nationalmaternity-review-report.pdf>

NHS England (2019) The NHS Long Term Plan. [NHS Long Term Plan v1.2 August 2019](#).

Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2016, Issue 4, Art. No. CD004667.



TITLE AND DATE (of meeting at which the report is to be presented)		<i>Public Meeting of the Board of Directors, 6 January 2022</i>											
AGENDA ITEM NO.													
TITLE OF REPORT		Guardian of Safe Working Report, Quarter 2, 2021-2022											
AUTHOR NAME AND ROLE		Julian Collinson, Guardian of Safe Working											
ACCOUNTABLE EXECUTIVE DIRECTOR		Roger Chinn, Chief Medical Officer											
THE PURPOSE OF THE REPORT		To provide assurance of the safe working hours and working conditions for all junior doctors and dentists employed by the Trust.											
<table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>					Decision/Approval		Assurance	X	Info Only		Advice		
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REPORT HISTORY Committees/Meetings where this item has been considered)		<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Executive Management Board</td> <td>24.11.21</td> <td>Noted</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name of Committee	Date of Meeting	Outcome	Executive Management Board	24.11.21	Noted			
Name of Committee	Date of Meeting	Outcome											
Executive Management Board	24.11.21	Noted											
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND		<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 recovery period following the COVID-19 pandemic.</p> <p>A total of 171 exception reports have been submitted for this quarter.</p>											
KEY RISKS ARISING FROM THIS REPORT		Financially, the majority of exception reports submitted were resolved by additional payment to the junior doctors concerned in accordance with the 2016 Junior Doctors TCS.											
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)													
Deliver high quality patient centred care		X											
Be the employer of Choice		X											

Deliver better care at lower cost	X
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<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td>X</td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td>X</td> </tr> <tr> <td>Operational Performance</td> <td></td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td></td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality	X	People (Workforce or Patients/ Families/Carers)	X	Operational Performance		Finance		Public Consultation		Council of Governors		
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Quality	X														
People (Workforce or Patients/ Families/Carers)	X														
Operational Performance															
Finance															
Public Consultation															
Council of Governors															

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



Guardian of Safe Working Hours Q2 2021/2022

1. Executive Summary

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

As was confirmed in the Q1 (2020/2021) report the trust is navigating its way through recovery from the COVID-19 Pandemic.

Measures continue to include bi weekly lateral flow tests for all staff, continued compliance with track and trace guidance for exposure to infected persons outside of the ward and hospital setting. COVID-19 booster vaccinations have been made available to all staff on both sites.

The majority of junior doctor rotas have now returned to BAU rotas.

The new cohort of foundation doctors started in August 2021.

A total of 171 exception reports have been submitted for this quarter – 113 (66%) of which were submitted by Foundation Year 1 doctors. This is a significant increase in reporting compared to the previous quarter.

There are no Red Flag areas.

There are no Amber Flag areas.

There have been no fines levied for this quarter.

2. Trainee Vacancies

Rota gaps continue to remain a national problem. The trust continues to ensure that existing gaps are recruited to as soon as the gap is confirmed by HEE in order to ensure patient safety and maintain desired standards of clinical care. Trainee gaps are outlined below. Once all doctors are using the e-rostering system rota gaps will be able to be reported in more detail.

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Site	Department / Grade	Gaps for Q2 2021
CW	Core Surgery CT1/2	2
CW	Geriatric Medicine	1
CW	GUM ST3+	1
CW	IMT 1	2
CW	IMT3	2
CW	Paediatric Dentistry Post CCT	1
CW	Paediatrics ST1-5	1 Neonatal Medicine 1 Paediatric Emergency Medicine
CW	Paediatrics ST6-8	2 Neonatal Medicine 1 Paediatric Emergency Medicine 1 Paediatric Neurology 1 General Paeds
CW	Respiratory Medicine ST3+	2
CW	Emergency Medicine ST1/2	1
WM	IMT1	2
WM	Geriatric Medicine	1

3. The Junior Doctor Forum

The Junior Doctor forum continues to be held virtually on a monthly basis. Meetings are hosted by each site on alternate months and take place on the third Wednesday of each month from 1200-1300 hrs. The Education fellows at both sites take the minutes for these meetings and circulated them to relevant members within the forum. There are plans in place to strengthen the structure of these meetings going forward and to encourage more junior doctors to attend,

Dr Julian Collinson – Guardian of Safe Working – 14.10.21



including plans for face to face meetings with a virtual option, to allow juniors from both sites to attend going forward.

4. Exception Reporting

A total of 171 exception reports were submitted for the quarter. 141 at CW site and 30 at WM site.

July 2021: A total of 16 exception reports were submitted. No fines levied

Division	C & W: 13	WMUH: 3
EIC	General Medicine F1 (1) AAU F2 /ST1-2 (6 F2 / 4 CT)	General Medicine F2/ST1-2 (1 CT)
Planned Care	Surgery F1s (2)	Surgery F1s (2)

August 2021: A Total of 61 exception reports were submitted. No fines were levied

Division	C & W: 48	WMUH: 13
EIC	Acute Med F1s (2); General Medicine F1s (37); Gastro CT3 (1);	General Medicine F1s (CoE 2; General Medicine 2; Gastro 2); General Medicine F2/ST1-2s (3)
Planned Care	Surgery F1s (ES 8)	Surgery F1s (4)

September 2021: A total of 94 exception reports were submitted. No fines levied.

Division	C & W: 81	WMUH: 13
EIC	General Medicine F1 (5); Geriatric Medicine F1 (7); General Medicine F2/CT1-2 (21)	General Medicine F1 (3); General Medicine F2/ST1-2 (4); Acute Medicine F2/ST1-2 (3); Geriatric Medicine F2/ST1- 2 (3)
Planned Care	General Surgery F1 (33); Urology F1 (1); T&O F1 (1);	0

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	General Surgery F1 (3)	
W&C / HIV / Derm	Paeds F2/ST1-3 (10)	0

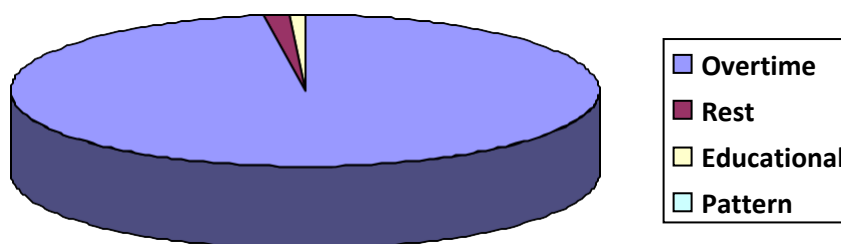
This breakdown shows that in Q2, the majority of exception reports were submitted for the Chelsea and Westminster hospital site. The large majority of exception reports for both sites were from Foundation Year 1 doctors. This continues to reflect the national picture where the majority of reports are submitted by Foundation Year 1 doctors, this is especially true following the August rotation while the F1s are finding their feet.

Of the exception reports received in Q2, 99 have been paid for the additional hours worked, 30 have payments for the additional hours pending, 10 have had TOIL recommended, 2 are being further investigated, 1 had no action required, 4 were for a change in rostered hours which was actioned prior to the exception report being submitted, 25 were submitted well passed the 7 day window and were rejected. The exception reporting process will be streamlined in order to ensure that TOIL is the preferred option and that a timely review of exception reports is adhered to, in line with the contract. It has also been raised at the JDF the importance of submitting exception reports in a timely manner and within the 7 day window.

Concerns have been raised about the workload on both the Paediatrics F2/ST1-3 rota at WM and the AAU F2/ST1-2 rota at CW – the exception reports submitted in relation to these rotas are being more closely scrutinised and it is likely that a work schedule review will be necessary.

In regards to the reasons for the exception reports that were submitted in Q1, as illustrated in the pie chart below, the main reason for both sites and all rotas was working longer hours due to workload.

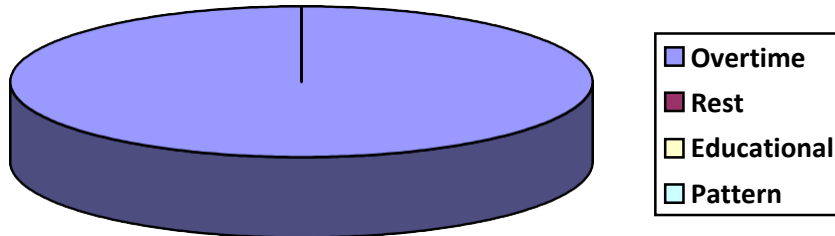
Chelsea and Westminster Hospital



Dr Julian Collinson – Guardian of Safe Working – 14.10.21



West Middlesex University Hospital



Dr Julian Collinson – Guardian of Safe Working – 14.10.21



TITLE AND DATE (of meeting at which the report is to be presented)	<i>Public Meeting of the Board of Directors, 6 January 2022</i>										
AGENDA ITEM NO.	3.2										
TITLE OF REPORT	Improvement Programme Q2 Progress Report										
AUTHOR NAME AND ROLE	Sheriece Bracey, Head of Improvement										
ACCOUNTABLE EXECUTIVE DIRECTOR	Pippa Nightingale, Chief Nursing Officer										
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		To provide assurance of the ongoing delivery of :- <ul style="list-style-type: none"> • Quality priorities for 2021/22 • Culture of improvement and innovation • Continuous improvement; GIRFT • Deep dives: quality priority focus topic 		
Decision/Approval											
Assurance	X										
Info Only											
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	Quality Committee	December 2021	Next report to be updated to include Ward Accreditation Scheme								
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> • Quality Priorities are largely on track for delivery, Sepsis screening continues to be an area where we require further improvement to achieve our target level of 90% within 1 hour. • We continue to drive forward with our culture of quality improvement with a range of training being deployed remotely to increase skill and competence across the organisation • The impact of covid did mean that pace with some aspects of improvement was interrupted earlier in the year, however we have made good and positive recovery in more recent months 										
KEY RISKS ARISING FROM THIS REPORT											
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)											
Deliver high quality patient centred care	Y										

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

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

Report to the Public Meeting of the Board of Directors, 6 January 2022
Improvement Programme Q2 Update

1. Quality priorities 2021/22

The quality priorities for 2021/22 are:

1. Improve sepsis screening and timely management
2. Improve personalised cancer care at diagnosis
3. Improving outcomes for inpatient diabetes patients
4. Improve clinical handover

A summary of baseline position and progress for month 8 is outlined in Table 1 below.

During the end of March, April and May clinical teams were redeployed to support the Covid-19 response. This impacted progress in Q1 overall but the position has mainly recovered and progress is on track to deliver the stated aim by the end of the year.

Priority	Key Indicator	EOY target	Progress	Next Steps / Commentary												
Improve sepsis screening and timely management	<p>Improve early recognition of deteriorating patient in ED and inpatients</p> <p>Improve the timely commencement of appropriate antimicrobial therapy for patients found with suspected red flag sepsis</p>	<p>90% patients who meet the relevant criteria are screened for sepsis within 1 hour</p> <p>90% of patients receive IV antibiotics within 1 hour</p>	<p>ED Screening: 90.8% Screening < 60 mins: 72.8% Abx: 82.2%</p> <p>AAU/AMU Screening: 84.2% Screening < 60 mins: 39.2% Abx: 97.5%</p> <p>Wards Screening: 86.5% Screening < 60 mins: 40.1% Abx: 94.8%</p>	<ul style="list-style-type: none"> • The QlikSense Dashboard was updated and completed testing phase and is now published. • Emergency Department - Drop in assessment of patients at risk of sepsis in 1 hour (owing to volume of patients being seen). Overall screening remains > 90% • Continued work with pharmacy to ensure anti-microbial stewardship maintained. • Medical/surgical wards - All 3 metrics on medical and surgical wards now compliant. • Current work on improving time to screening • Trust Wide - Paediatrics moved to PEWS and Cerner. • Maternity still limited by paper audits, on-going work to integrate sepsis screening into K2 software. 												
Improve personalised cancer care at diagnosis	<p>Ensure patients whose treatment is managed by our Trust have a Holistic Needs Nurse Assessment (HNA) appointment after a diagnosis of cancer and a personalised cancer care plan</p>	<p>>75% of patients whose treatment is managed by our Trust have a Holistic Needs Nurse Assessment</p> <p>10% increase per quarter in the number of patients who have end of treatment summaries</p>	<p>In August 2021, there was an 80% compliance level for HNAs, against the Trust target of ≥75%.</p> <p>This demonstrates a 14 points increase in performance compared to 66% in July 2021.</p> <p>HNA monthly performance:</p> <table border="1"> <thead> <tr> <th>Month</th> <th>% Performance</th> </tr> </thead> <tbody> <tr> <td>Apr-21</td> <td>43%</td> </tr> <tr> <td>May-21</td> <td>41%</td> </tr> <tr> <td>Jun-21</td> <td>54%</td> </tr> <tr> <td>Jul -21</td> <td>66%</td> </tr> <tr> <td>Aug -21</td> <td>80%</td> </tr> </tbody> </table>	Month	% Performance	Apr-21	43%	May-21	41%	Jun-21	54%	Jul -21	66%	Aug -21	80%	<ul style="list-style-type: none"> • The declared Trust performance position for the month of August is 80%. The first time since the start of this financial year. • The Trust declared position is arrived at by totalling the performance s of 9 tumour sites from both CW &WM. The average score becomes the Trust performance position. • Great work from all 9 teams who contributed to the project reaching this milestone. • The next priority going forward is to support those teams doing well so that they can sustain the high levels of performance.
Month	% Performance															
Apr-21	43%															
May-21	41%															
Jun-21	54%															
Jul -21	66%															
Aug -21	80%															

Priority	Key Indicator	EOY target	Progress	Next Steps / Commentary
	Increase per quarter in the number of patients who have end of treatment summaries			<ul style="list-style-type: none"> Provide more support those teams which are yet to reach the target of ≥75%. The main priority for this project remains more than just achieving and or surpassing the Trust target, but to ensure that this translates in better care and or experience for all cancer patients within our care.
Improving outcomes for inpatient diabetes patients	<p>Establish a method of identifying and reporting patients who have diabetes at point of admission</p> <p>Increase the nurses and HCAs who receive 10-point training</p> <p>Reduction in length of stay for diabetes patients across elective pathways</p> <p>Reduction in inpatient diabetes harms</p>		<p>785 patients with diabetes admitted in August 2021</p> <p>131 HCA trained (baseline)</p> <p>Diabetes Training:</p> <ul style="list-style-type: none"> April – 7 HCAs and 7 nurses May – 7 HCAs and 7 nurses June – 13 HCAs and 13 nurses <p>Number of incidents involving patients with diabetes - 9 (2021 so far)</p> <p>LOS for elective patients with recorded diabetes – 4.3 (baseline)</p> <p>Combined Trust performance:</p> <ul style="list-style-type: none"> April LoS – 1.7 May LoS – 2.3 June LoS – 5.1 July LoS – 3.7 August LoS– 3.9 	<ul style="list-style-type: none"> Training now logged on ESR for tracking Audit of diabetes harms completed THINK Glucose criteria to be introduced to junior medical and palliative care teams DSN and Sarah Pearse presented at quality round on 23rd of July to address diabetes harms Process mapping for elective patients with diabetes completed. Pathway being developed for these patients, lead at WM is Dr Sheharyar Quereshi Improving pre-op/perioperative care with anaesthetic and surgical teams to reduce LoS Improved DNS coverage to prevent and address diabetic issues arising in elective surgical patients, especially at weekends, business case in progress Release of online 10-point diabetes training from NWL circa August/September 2021 which will bolster the number of staff trained within the Trust.
Improve clinical handover	<p>Embed a shared appreciation of the principles underpinning good clinical handover through the delivery of a training package;</p> <p>Introduce a standardised handover</p>	<p>50% of clinical staff to be trained in the principles of safe and effective clinical handover</p> <p>95% of all handovers to be attended by each medical downstream ward</p>	<p>Tools and training need to be developed</p>	<ul style="list-style-type: none"> Local QIP within AAU at CW with demonstrable qualitative improvements in the handover process Review of electronic tools to support safe and effective management of on call lists in progress QIP within ICU at WM to modify information shared at shift handover pre ward round-to be shared and replicated at CW Nursing QIP successfully completed to improve handovers in

Priority	Key Indicator	EOY target	Progress	Next Steps / Commentary
	<p>process based on national best practice;</p> <p>Introduce a standardised handover proforma / documentation within the Trust electronic medical records system (Cerner)</p>			<ul style="list-style-type: none"> • Trial planned within EIC at WM, tool being adapted to enable this. • PC keen to adopt once trialled. • Liaison with CNIO for support to embed nursing handover checklist tool within Cerner once trialled and adapted-discussions ongoing. • Trial of new timing for H@N @CW commenced on 5th July. Survey monkey tools in use to collect attendance data and feedback. • New timing did not work at CW, but attendance and participation has improved for most required: revert to original time of 8.30pm • WM are also recording attendance and have successfully changed timing to align with CW. • Handover dashboard on datix developed to enable 12 monthly rolling tracking of incidences and trends

2. Focus topic – quality priority and patient experience

Improve clinical handover

Overview

Case for Change:

Effective handover between clinical teams is widely accepted as essential for patient safety. The British Medical Association together with the National Patient Safety Agency and NHS Modernisation Agency has produced clear guidance regarding the contents and setting for a safe and efficient handover.

The Trust aims to engage our clinical teams to assess our handover processes in light of national best practice and to develop the necessary improvements that will support the safe and effective, high-quality handover of patient care.

Specific aims

Embed a shared appreciation of the principles underpinning good clinical handover through the delivery of a training package.

Introduce a standardised handover process based on national best practice.

Introduce a standardised handover proforma / documentation within the Trust electronic medical records system (Cerner).

Measures

Evidence of ...	Measure	Rationale	Target
<u>Outcome measures:</u> no of junior doctors trained in the principles and process of safe, effective and high-quality handover	Record of the number of doctors that receive training on the principles of good handover at induction Record of the number of FY1 doctors that receive training on the process of handover during their training programme	Embed a shared appreciation of the principles underpinning good clinical handover through the delivery of a training package within 2 years	Year 1 Target: 50% trained in year 1
<u>Process measures:</u> attendees at H@N meetings Attendees at downstream ward handovers	Record via survey monkey tool of the attendees at all H@N meetings at CW Record via survey monkey tool of the attendees at morning handovers-both sites	To improve representative attendance at key handovers	Year 1 target: 95% of all handovers to be attended by each medical downstream ward. Year 2 target: 95% of all hospital at night handover meetings to be attended by each specialty.
<u>Process measure:</u> No of interactions with the Cerner handover tool- year 2 target	Using the 'lights on' facility, measure the number of interactions with the Cerner handover tool	To improve compliance with using a standardised handover methodology	Year 2 target 70% utilisation of Cerner tool to support patient handover.
<u>Balancing measures:</u> perceptions of handover quality	Survey of qualitative measures following implementation of new process/proforma for evening medical handover	Identify handover situation, protocols and practice and assess/audit to establish current baseline	
<u>Balancing Measure:</u> accuracy of named consultant	Reduced number of incidences where the named consultant is not accurate	To improve accountability for patient care	
<u>Balancing measures:</u> a reduction in errors and adverse events caused by miscommunication at handover	Datix trends and themes, SI actions, patient complaints,	To improve delivery of patient care and safety	

Progress update

Overall trained Doctors in Principles of Handover [Aim – 50%]

- CW Site 120 / 328 (37%)
- Medicine 59 / 74 (80%)
- Surgery 14 / 22 (64%)
- ED 47 / 47 (100%-Internal handover process)

Attendance at Downstream Handover [Aim – 95%]

- CW Site 83% (missing ward RJ (CoVid))

3 SIs between April-November 2021-contributory factors cited that relate to handovers:

- No handover between named nurses
- Documentation did not reflect previous concerns regarding patients feeding and ability to make safe decisions in this respect
- Handover sheet did not include prompt regarding nutritional needs
- Handover not clear if there had been an intention to review/prescribe medications on admission, or if the expectation was that as the patient was to be handed over to the on-call team.
- No documented management plan following the post-take ward round and medications subsequently prescribe

Next steps

- Attendance data for H@N meetings demonstrates lack of engagement from within the surgical attendees-requires divisional clinical leads to resolve
- Trial of nursing handover checklist tool within EIC and then PC
- Review of technology to support on call list management
- Develop attendance dashboard for AAU/AMU to downstream ward handovers to inform year 1 metrics.

Risks and challenges

- Risk that Cerner tools will not meet the needs of multiple different handovers
- Risk that H@N meetings will not be as effective or safe as intended unless there is engagement from all required participants
- Risk that nursing workload will inhibit timely rollout of new tools to improve handover.

3. Culture of Improvement and Innovation

Research, Innovation and Quality Improvement Event

Our annual RIQI event took place over the 9th, 10th and 11th November providing a great opportunity to showcase the amazing work at our Trust sharing learning and accelerating the deployment of novel, improved and innovative approaches to the way we care for our patients and the way we run our hospitals. Events like RIQI 2021 underpin our determination to continuously develop our skills and quality of care by finding better and new ways of doing things whilst ensuring that we're sharing ideas, improvements and innovations to drive wider roll-out and adoption.

Each day of the RIQI event had a different focus – Sustainability, Partnerships, and RIQI is everyone's business – with a different keynote speaker and project presentations. The extensive breadth and depth of the initiatives showcased cross-organisation, cross-department, and cross-team collaborations making real differences to patient care. The Trust had an attendance of over 126 people over the three sessions, 59 digital posters showcased alongside 12 oral presentations and 3 keynote lectures.

The event had one overall winner and three runners up. The overall winner was Urgent Skin Cancer Tele-dermatology Service. With this service patients can now attend medical photography for their very first appointment, where their images are reviewed by a consultant remotely, meaning an overall better experience. This is a fantastic step forward for early diagnosis of skin cancer and a springboard for further innovation and research in this field. [View their poster online.](#)

Recordings of RIQI 2021 sessions will be available on the [RIQI website](#).

4. Getting It Right First Time

The following Trust engagement with GIRFT programme has been shared with the respective divisions:

Endocrinology - A webinar will be held on 25th Nov 2021 to review the findings and recommendations of the GIRFT national report for endocrinology and endocrine surgery. This invitation is also extended to services for specialist endocrinology, physicians providing endocrine services, and surgeons involved in endocrine surgery including general surgery, ENT, paediatric surgery, neurosurgery and urology.

The webinar will also discuss:

- The aims of the National Outpatient Transformation Programme (NOTP)
- The recommendations on how to support elective recovery
- GIRFT leads will also present on the growing evidence that consolidating thyroid, parathyroid, adrenal and pituitary surgery can lower the rate of complications, improve outcomes from surgery and reduce the length of time patients stay in hospital, which is especially important for elective recovery post COVID-19.
- This is also an opportunity for clinicians to discuss the current challenges for the specialty and the potential impact of the report's recommendations.

2021 Litigation 5-point action plan - The 2021 GIRFT litigation data packs were published in May 2021 and a 5-point action plan template was shared to the Trust on 2 Nov 2021. The updated response needs to be submitted by our legal team by 26th Nov 2021.

The purpose of the litigation data packs is to make clinicians, managers and staff at the Trust aware of the medical negligence claims across each of the specialties reviewed and to allow to benchmark the performance against other acute and specialist trusts providing this service.

The GIRFT team has recommended a 5-point action plan to be carried out by each department involved to:

- Assess each departments benchmarked position compared to the national average and the top quartile (1st quartile) when reviewing the estimated litigation cost per activity (whether it be admissions, outpatient attendance or procedures performed etc.)
- Review with the legal or claims department in the Trust submitted to NHS Resolution included in the data set to confirm correct coding to that specialty.
- Once claims have been verified, a further review of claims in detail including expert witness statements, panel firm reports and counsel advice as well as medical records to determine where patient care or documentation could be improved.
- Claims should be triangulated with learning themes from complaints, inquests and serious incidents (SI) and where a claim has not already been reviewed as a SI, it is recommended that this is carried out to ensure no opportunity for learning is missed.

For those departments outside the top quartile (1st quartile) of Trust for litigation costs per activity, the GIRFT national clinical leads and regional teams to follow up and support the Trust in the steps taken to learn from claims. They will also be able to share with the Trust examples of good practice where it would be of benefit.

Renal Medicine – 'Putting the recommendations into practice' interactive webinar will take place on 9th Dec 2021 and the GIRFT national report for renal medicine will be discussed to address questions relating to report recommendations and implementation, including access to transplantation, access to home therapies, vascular access and management of AKI – as well as outlining how working jointly on implementation with RSTP and KQuIP can help address variation and inequality and drive improvements to benefit both patients and the wider NHS.

Dermatology - webinar to discuss the GIRFT national report for dermatology and opportunities for reducing dermatology waiting lists will be held on 2nd Dec 2021.

The report includes requirement of more skilled clinicians in dermatology, as well as making greater use of new technology and addressing the workforce shortage, to achieve faster and more equitable access to care, and reduce waiting lists. The panel will also discuss how nursing, GPWERS and Specialised Commissioning can help with the high demand for dermatology, and help to reduce waiting lists.

Request for GIRFT Trust level review

The divisional leads were contacted by the improvement team on 28 Oct 2021 to check if any of the below unscheduled specialties' review are required and is available to schedule with the GIRFT review team on request.

- Emergency Medicine
- Orthopaedic Trauma Surgery
- Urology



TITLE AND DATE (of meeting at which the report is to be presented)	<i>Public Meeting of the Board of Directors, 6 January 2022</i>																		
AGENDA ITEM NO.																			
TITLE OF REPORT	Learning from Serious Incidents, October and November 2020/21 data																		
AUTHOR NAME AND ROLE	Stacey Humphries, Quality and Clinical Governance Assurance Manager																		
ACCOUNTABLE EXECUTIVE DIRECTOR	Pippa Nightingale, Chief Nursing Officer																		
THE PURPOSE OF THE REPORT <table border="1" data-bbox="209 842 616 1043"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		To provide assurance to the Board of compliance with our Incident Reporting requirements and to present to the Board key areas of learning associated with the outcome of serious incident investigations.										
Decision/Approval																			
Assurance	X																		
Info Only																			
Advice																			
REPORT HISTORY Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome															
Name of Committee	Date of Meeting	Outcome																	
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>During October and November 2021 the Trust declared 12 External Serious Incidents:</p> <table border="1" data-bbox="810 1402 1337 1709"> <thead> <tr> <th></th> <th>External SIs</th> </tr> </thead> <tbody> <tr> <td>Maternal, fetal, neonatal</td> <td>5</td> </tr> <tr> <td>Death: Unexpected / unexplained</td> <td>1</td> </tr> <tr> <td>Appointments and clerical issues</td> <td>2</td> </tr> <tr> <td>Operations / procedures</td> <td>1</td> </tr> <tr> <td>Patient falls</td> <td>1</td> </tr> <tr> <td>Provision of care / treatment</td> <td>1</td> </tr> <tr> <td>Self-harm, self-discharge, absconding</td> <td>1</td> </tr> </tbody> </table> <p>There were 9 SI reports approved by the Divisional Serious Incident panel and the Chief Nurse/Medical Director and submitted to the NWL Collaborative (Commissioners).</p> <p>Key themes contributing to serious incidents include:</p> <ul style="list-style-type: none"> • Complexity of patients clinical condition • Guidelines, Policies and Procedures: Not adhered to / not followed • Staffing: Low staff to patient ratio/ High acuity • Documentation incomplete or not contemporaneous 				External SIs	Maternal, fetal, neonatal	5	Death: Unexpected / unexplained	1	Appointments and clerical issues	2	Operations / procedures	1	Patient falls	1	Provision of care / treatment	1	Self-harm, self-discharge, absconding	1
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	Of the 33 SI reports submitted since August 2021, 25 have included the action strength and criticality score within the SI action plan. There have been 12 actions recorded as a strong action and with a criticality score of 5, this meaning the action is absolutely critical to the management and reduction of the risk.
KEY RISKS ARISING FROM THIS REPORT	<ul style="list-style-type: none"> • Critical external findings linked patient harm • Reputational risk associated with Never Events.

STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

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

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

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

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



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.

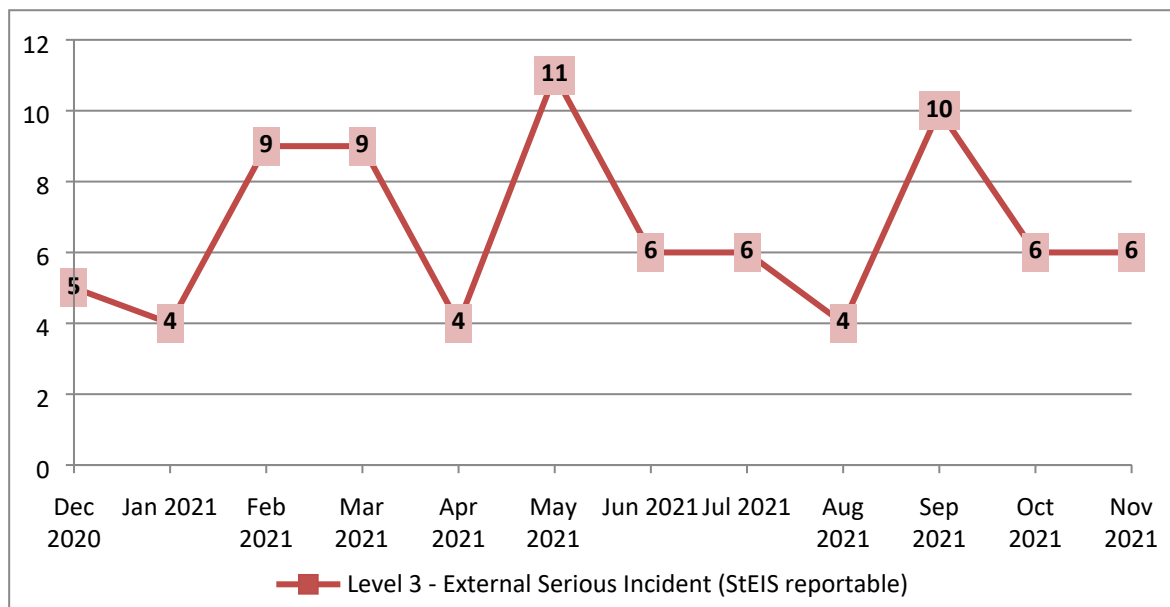
Serious Incidents are adverse events where the consequences to patients, families, staff or the organisations are so significant or the potential for learning so great, that a heightened level of response is justified. When events of this kind occur the organisation undertakes comprehensive investigations 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.

The Trust recognises that some events that do not meet the criteria of an External Serious Incident can also benefit comprehensive RCA investigations; as part of our commitment to improving patient safety the Trust undertakes detailed investigation of these incidents using the same methodology and with the same oversight as Serious Incidents. The Trust is not mandated to report these events on StEIS or share the reports with our commissioners; these events are referred to as Internal Serious Incidents and are part of the Trust's routine incident investigation processes.

Outcomes from both External Serious Incidents and Internal Serious Incidents 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. Serious Incidents activity last 12 months

Between December 2020 and November 2021 the Trust reported 80 External Serious Incidents (36 CW/ 44 WM)



Graph 1: Internal and External SIs declared by month declared, December 2020 – November 2021

A Never Event occurred in July 2021 concerning the use of the wrong implant (ref 2021/14007). A second Never Event occurred in September 2021 concerning wrong site surgery (ref. 2021/18242).



3. Serious Incidents declared October/November 2021

The Trust started 12 External Serious Incident Investigations:

Declared: October 2021				
Division	Site	Specialty	Ref	Brief description
CSD	CW	Outpatients	INC86152	Referral process failures – Appointments not made
EIC	WM	Emergency Department	INC86831	Delay in access to hospital care
PCD	CW	General Surgery	INC87059	Suspected Suicide
PCD	CW	General Surgery	INC87567	Un-witnessed patient fall resulting in #NOF.
WCHGD	CW	Maternity / Obstetrics	INC86303	Maternal - Maternal unplanned admission to ITU
WCHGD	WM	Maternity / Obstetrics	INC86724	HSIB CASE - Maternal unplanned admission to ITU
Declared: November 2021				
Division	Site	Specialty	Ref	Brief description
CSD	WM	Clinical Administration	INC88595	Delay in letter being sent to GPs.
EIC	WM	Acute Medicine	INC87949	Delay in reviewing ECG.
WCHGD	CW	Maternity / Obstetrics	INC88949	Maternal - IUD/Still birth >24/40.
WCHGD	WM	Maternity / Obstetrics	INC87917	Neonatal - Unexpected term admission to NICU.
WCHGD	WM	Maternity / Obstetrics	INC88206	HSIB CASE: Neonatal - Unexpected term admission to NICU. Baby transferred out for cooling
WCHGD	WM	Paediatric Surgery	INC88323	Delayed diagnosis of testicular torsion.

Table 1: External SIs declared in October/November 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. External Serious Incident completed October/November 2021

Following review and agreement by the Divisional Serious Incident Panel and the Chief Nurse / Medical Director 9 Serious Incident reports were submitted to the NWL Collaborative (Commissioners).

Month of submission	Division	Site	StEIS Category	Specialty	StEIS ref.	Degree of harm
Oct	EIC	CW	Self-inflicted harm	ED	2021/14744	Death
Nov	PCD	WM	Pressure ulcer	Trauma / Orthopaedics	2021/18105	Moderate
Nov	WCHGD	CW	Treatment delay	Gynaecology	2021/17711	Moderate
Nov	PCD	WM	Abuse/alleged abuse of adult patient by staff	General Surgery	2021/18123	No harm
Nov	PCD	WM	Surgical/invasive procedure incident	Anaesthetics	2021/18242	Low
Nov	WCHGD	WM	Maternity/Obstetric incident: mother only	Maternity / Obstetrics	2021/1640	No harm
Nov	WCHGD	WM	Maternity/Obstetric incident: baby only	Maternity / Obstetrics	2021/16018	Low
Nov	WCHGD	CW	Maternity/Obstetric incident: baby only	Maternity / Obstetrics	2021/3249	Moderate
Nov	WCHGD	WM	Maternity/Obstetric incident: baby only	Maternity / Obstetrics	2021/15235	Low

Table 2: External SI reports submitted to the Commissioners in October/November 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 effective controls and a robust programme of quality improvement.

5.1. Serious Incident 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). At the time of writing there are 54 SI actions that have passed their expected due date.

5.1.1. Measuring the effectiveness of Serious Incident actions

In May 2021 the organisation implemented a process designed to measure the effectiveness of actions arising from serious incident investigations. This focused on the type of control being recommended (action strength) and the impact (action criticality) the control is expected to have when mitigating the likelihood and/or consequence.

Of the 33 SI reports submitted since August 2021, 25 have included the action strength and criticality score within the SI action plan. There have been 12 actions recorded as a strong and with a criticality score of 5, this meaning the action is absolutely critical to the management and reduction of the risk. These actions include:

- A project to review pathways in maternity for booking and follow up patient that do not attend appointments
- A review of the Cerner request order to ensure information meets the needs of all parties involved in booking appointments
- Theatre teams to attend annual simulation training to improve team safety culture, empowerment and covering Team Brief and Stop Before You Block.
- Demand and capacity analysis in the ophthalmology clinic
- Streamlining the process for booking dermatology and maxillofacial patients

Monitoring the effectiveness of SI actions to examine whether highly criticality controls are embedded and effective will provide assurance that the Trust is learning from Serious Incidents.

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 are being 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.

5.3. 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 HSIB maternity SIs).

Reviews does 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.

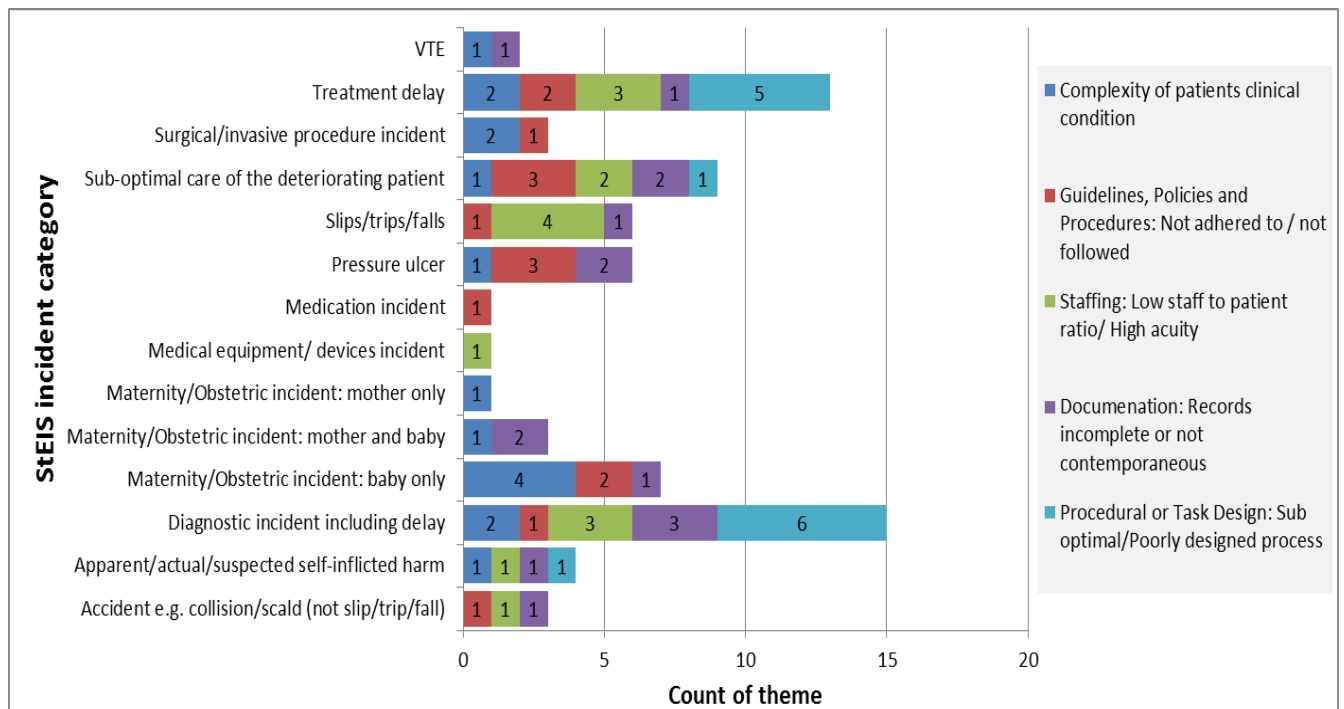


In the last 12 months to November 2021, 57 reports have been reviewed and 262 themes have been identified. Key themes contributing to the serious incidents include:

- Complexity of patients clinical condition – 16 SIs
- Guidelines, Policies and Procedures: Not adhered to / not followed – 15 SIs
- Staffing: Low staff to patient ratio/ High acuity – 15 SIs
- Documentation incomplete or not contemporaneous – 15 SIs

The identification of these themes does not mean they directly led to the event occurring but highlights the issues around staffing and acuity, non-adherence to guidelines and poor documentation.

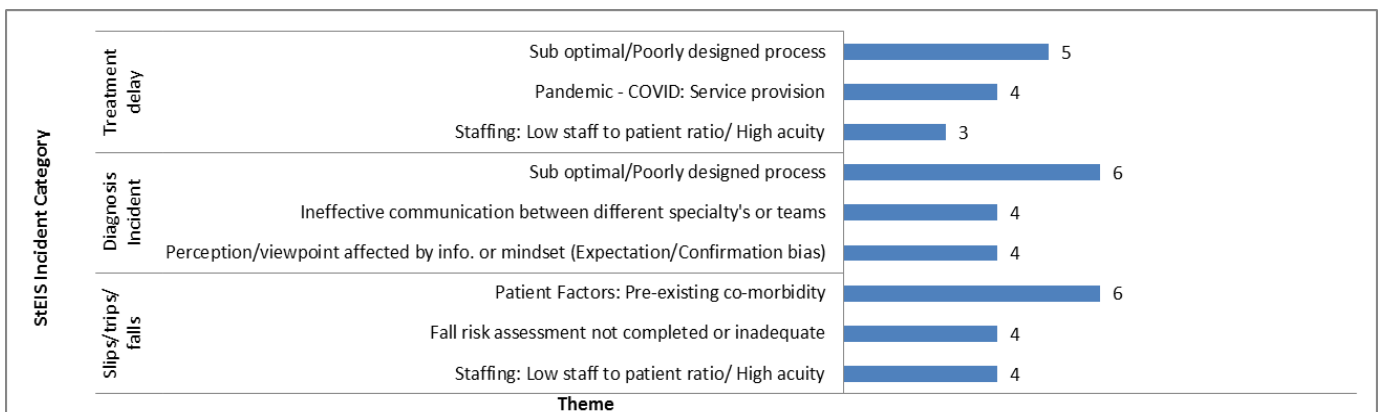
The chart below highlights the top 5 occurring themes and the external SI category they are attributed to.



Graph 2: Top 5 occurring themes

The chart below highlights the most common root cause, contributory factor and care/service delivery issue themes for the highest reported SI incident categories:

- Slips/trips/falls
- Diagnostic incident
- Treatment delay



Graph 3: Common themes for the highest reported external SI categories



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.



TITLE AND DATE (of meeting at which the report is to be presented)	<i>Pubic Board of Directors Meeting, 6 January 2022</i>											
AGENDA ITEM NO.	4.2											
TITLE OF REPORT	People Performance Report											
AUTHOR NAME AND ROLE	Karen Adewoyin- Deputy Director of People and OD											
ACCOUNTABLE EXECUTIVE DIRECTOR	Sue Smith- Interim Director of HR											
THE PURPOSE OF THE REPORT <table border="1" data-bbox="113 817 518 1019"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice		The People and OD KPI Dashboard highlight's current KPIs and trends in workforce related metrics at the Trust and provides assurance of current performance.			
Decision/Approval												
Assurance	X											
Info Only												
Advice												
REPORT HISTORY (Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome								
Name of Committee	Date of Meeting	Outcome										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<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>It also includes an update on the key work streams for Workforce and progress made during the month.</p> <p>Employee Relations data is excluded in this report due to a planned data quality review process and revision of KPI definitions.</p>											
KEY RISKS ARISING FROM THIS REPORT	Vacancy levels remain within target but sickness levels are beginning to rise with subsequent demand for temporary staffing impacting on shift fill rates. Overall training compliance is improving and whilst PDR compliance is still below target, following the change to reporting, when looking at the agreed											

	<p>'shadow' rate that will apply from the next financial year, the rate is 58.54% (up from 57.30% in October) which demonstrates the continued focus on this from Divisions.</p> <p>Vaccination as a Condition of deployment 9VCOD) is a key focus for all teams with a multi-disciplinary working group in situ to take forward implementation.</p>
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STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

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

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

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

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

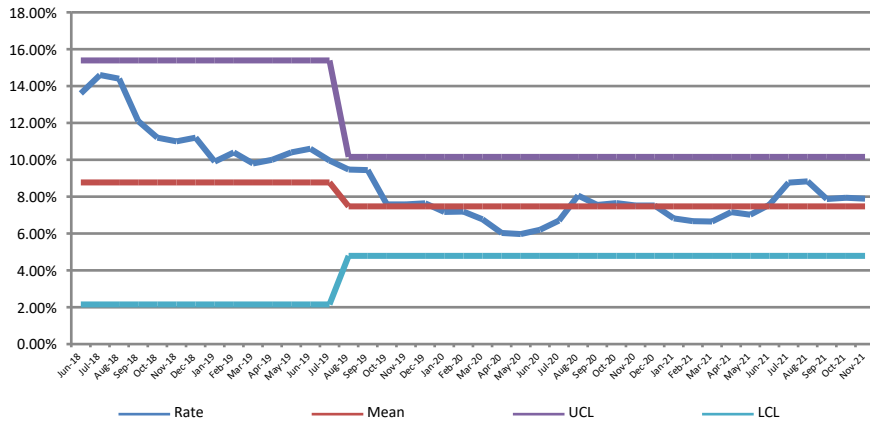


Workforce Performance Report to the Trust Board of Directors

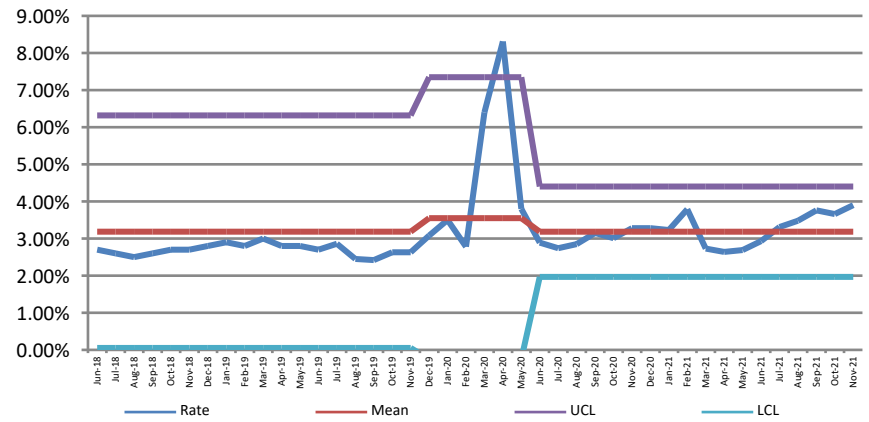
Month 08 – Nov 2021

Statistical Process Control

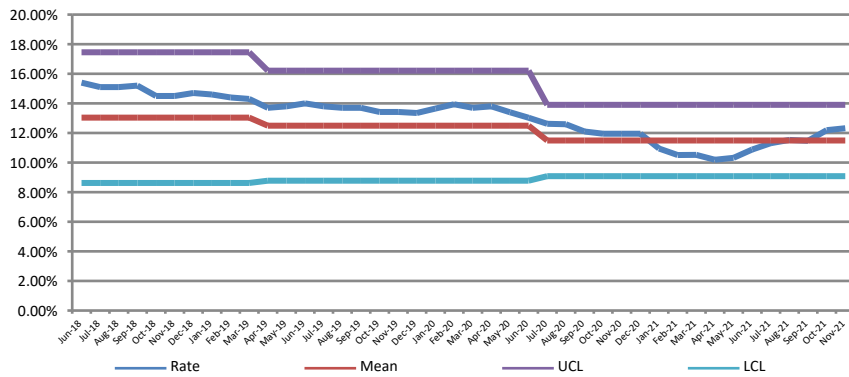
Vacancy Rate SPC



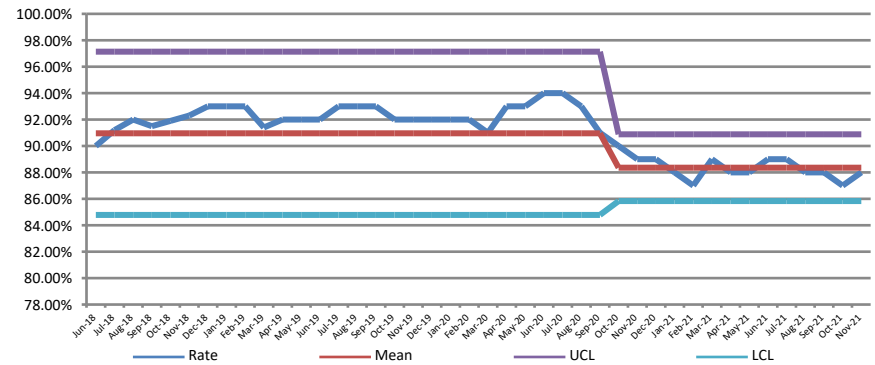
Monthly Sickness SPC



Rolling 12 month Vol Turnover (FTE) SPC



Core 10 Training SPC





Key Performance Indicators

Item	Units	This Month Last Year	Last Month	This Month	Target/Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	wTE	6391.12	6545.85	6592.90					↑
1.2 Whole Time Equivalent	wTE	5910.61	6026.05	6072.66					↑
1.3 Headcount	No.	6394	6489	6536					↑
1.4 Overpayment Costs (arrears)	No.	115602.2	79228.72	97453.34					↑
1.5 Overpayment (no) (arrears)	£	46	28	26					↓
2. HR Indicators									
2.4 Gross Turnover	%	18.00%	15.59%	15.74%	17.00%			green	↑
2.5 Voluntary Turnover (12 month rolling on wTE)*	%	11.95%	12.19%	12.32%	13.00%			green	↑
3. Employee Relations									
3.1 Live Employment Relations Cases	No.	114	77	-					↑
3.2 Formal Warnings	No.	1	0	-					↑
3.3 Dismissals	No.	0	2	-					↑
4. Temporary Staffing Usage									
4.1 Total Temporary Staffing Shifts Filled	No.	14778	14328	14579					↑
4.2 Bank Shifts Filled	No.	13483	12386	12645					↑
4.3 Agency Shifts Filled	No.	1295	1942	1934					↓
5. Vacancy									
5.1 Trust Vacancy Rate	%	7.52%	7.94%	7.89%	10.00%			green	↓
5.2 Corporate	%	0.94%	3.46%	2.47%	10.00%			green	↓
5.3 Clinical support Service	%	11.02%	11.47%	11.35%	10.00%	red		green	↓
5.4 Emergency & Integrated Care	%	8.19%	10.24%	8.84%	10.00%			green	↓
5.5 Planned Care	%	6.67%	2.13%	5.90%	10.00%			green	↑
5.6 Woman's, Children and Sexual Health	%	7.40%	8.00%	7.68%	10.00%			green	↓
5.7 Enterprise	%		12.85%	10.25%	10.00%		amber		↓
6. Recruitment (non-medical)									
6.1 Offer Made	No.	-	141	173					↑
6.2 Pre-employment check (days)	No.	-	19.1	20.1	20.00		amber		↑
6.3 Time to recruitment (weeks)	No.	-	8.76	8.24	9.00			green	↓
7. PDRs Undertaken (Afc Staff)*									
7.1 Trust PDR Rate	%	90.32%	88.12%	79.49%	90.00%	red			↓
7.2 Corporate	%	85.74%	85.23%	74.32%	90.00%	red			↓
7.3 Clinical support Service	%	91.05%	87.07%	78.52%	90.00%	red			↓
7.4 Emergency & Integrated Care	%	93.30%	89.19%	81.35%	90.00%		amber		↓
7.5 Planned Care	%	92.03%	92.45%	85.98%	90.00%		amber		↓
7.6 Woman's, Children and Sexual Health	%	87.99%	86.66%	77.13%	90.00%	red			↓
7.7 Enterprise	%		86.88%	74.85%	90.00%	red			↓

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

**Temp Staffing Excludes the Mass Vaccination and PCN Sites

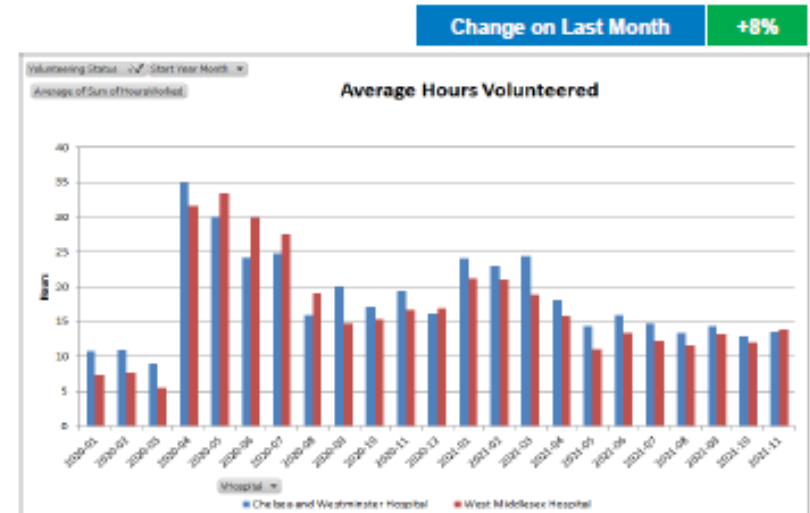
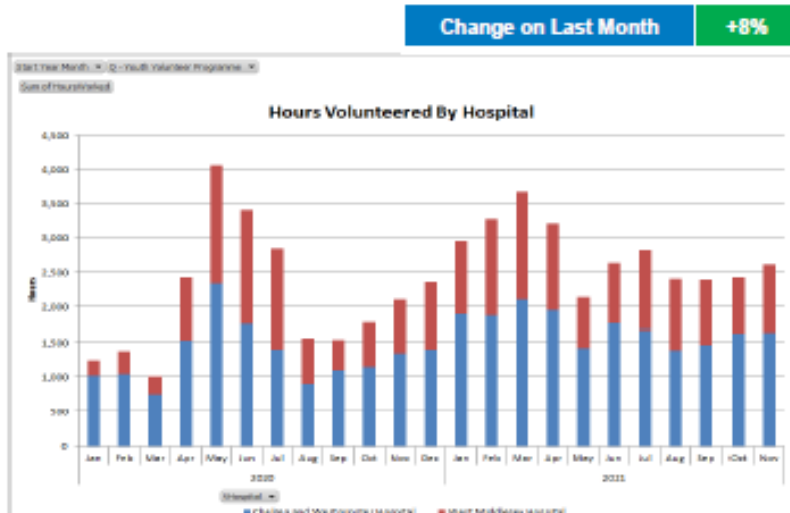
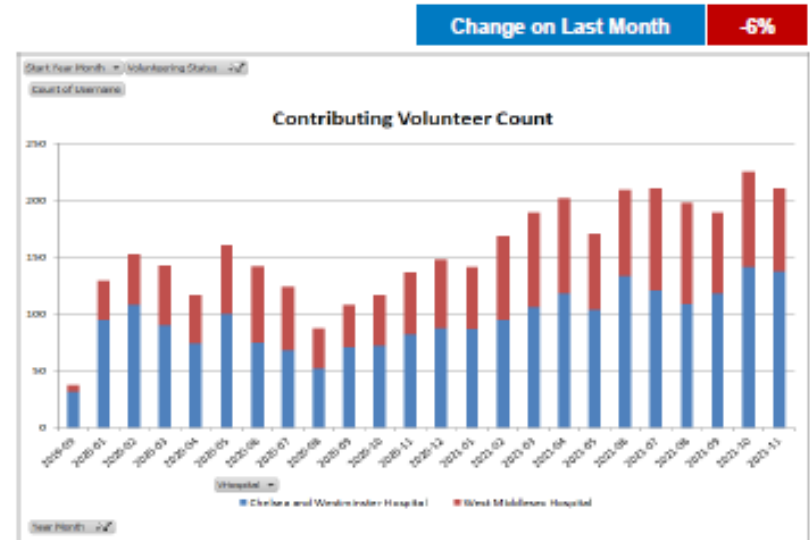
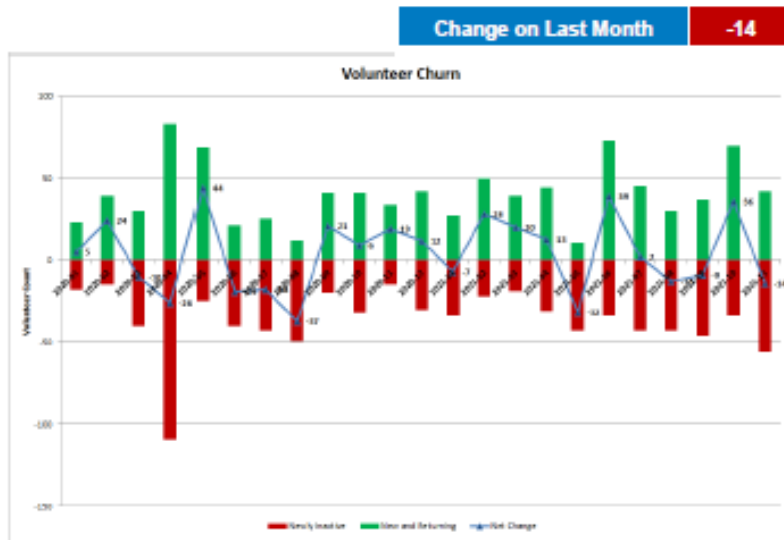
Nov-21 Division	Vacancy/ Bank and Agency Ration on "Fill Rate"							
	Budget ed WTE	Staff In Post WTE	Vacancy (WTE)	Bank Usage WTE*	Agency Usage	Total WTE Used	Budget Less WTE	Rag Status
Corporate	587.04	572.53	14.51	60.30	4.79	637.62	-50.58	red
Clinical Support	1097	972.49	124.49	112.05	0.00	1084.54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

*Usage for Mass Vax Sites not included

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

People and Organisation Development Workforce Performance Report

Volunteer Staff Activity Profile – Nov 2021



People and Organisation Development Workforce Performance Report

November 2021

Establishment, Staff in Post and Vacancies:

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

Temporary Staffing:

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

Core Training Compliance:

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

NWL Collaborative Working

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

Sickness Absence:

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

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

Staff Turnover Rate: Voluntary:

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

PDRs:

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

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

People and Organisation Development Workforce Performance Report

November 2021

Leadership and Development:

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

Volunteers:

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

Apprenticeships:

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

Health and Wellbeing:

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

Organisational Development

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

Employee Relations

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

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

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