



















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

3 March 2022 11:00 - 3 March 2022 13:30

AGENDA

#	Description	Owner	Time
1	GENERAL BUSINESS  1.0 Board Public Agenda.doc 9		
1.1	Welcome and apologies for absence Verbal	Interim Chairman	11:00
1.2	Declarations of Interest, including register of interests Paper  1.2. Board Register of Interests.doc 11  1.2a. Declaration of Interests Register Board - 3 Ma... 15	Interim Chairman	11:01
1.3	Minutes of the previous meeting held on 6 January 2022 Paper  1.3 Draft Board Minutes 06.01.22.docx 19	Interim Chairman	11:02
1.4	Matters arising and Board action log Paper  1.4 Board Action Log PUBLIC.doc 29	Interim Chairman	11:05
1.5	Patient/Staff Story: A Presentation from the Youth Volunteering Service Presentation  1.5.Youth Volunteering Service.pptx 31	Head of Volunteering	11:10
1.6	Interim Chairman's Report Paper  1.6. Interim Chair Report March.docx 43	Interim Chairman	11:30
1.7	Chief Executive's Report Paper  1.7 Chief Executive's Report.docx 49	Chief Executive Officer	11:45

#	Description	Owner	Time
2	FOR DISCUSSION		
2.1	Trust Elective Recovery Plan update Paper  2.1. Trust Elective Recovery Plan Update.docx 55  2.1a. Trust Elective Recovery Plan Update.pptx 57	Deputy Chief Executive/ Chief Operating Officer	11:55
2.2	Integrated Performance and Quality Report Paper  2.2 Quality and Performance Report.docx 71  2.2a Quality and Performance Board report.docx 75	Deputy Chief Executive/ Chief Operating Officer	12:05
2.3	Maternity Services Improvement Programme Report Paper  2.3. Maternity Services Improvement Programme R... 91	Chief Nursing Officer	12:15
3	FOR APPROVAL		
3.1	Guardian of Safe Working Q3 Report Paper  3.1. Guardian of Safe Working Q3 Report.docx 105  3.1a. Guardian of Safe Working Q3 Report.pdf 107	Chief Medical Officer	12.25
3.2	Mortality Report Paper  3.2. Mortality Report.docx 113	Chief Medical Officer	12:35
3.3	Feedback from the Board Committee Effectiveness Review 2021/22 Paper  3.3 Board Committee Effectiveness Covernote.docx 123  3.3a. Feedback from the Board Committee Effectiv... 127	Interim Director Corporate Governance and Compliance	12:45
4	FOR NOTING - HIGHLIGHTS BY EXCEPTION		

#	Description	Owner	Time
4.1	<p>Learning from Serious Incidents</p> <p>Paper</p> <p> 4.1. Learning from Serious Incidents (December21_... 135</p>	Chief Nursing Officer	13:05
4.2	<p>People Performance Report</p> <p>Paper</p> <p> 4.2a. Workforce Performance Report.pdf 143</p> <p> 4.2b. Heatmap Q3 Final.pdf 163</p> <p> 4.2 Worforce Performance Report.docx 177</p>	Director of Human Resources & Organisations Development	13:05
4.3	Escalation Reports from the Board Sub-Committee Meetings held in January 2022:-		
4.3.1	<p>Audit and Risk Committee</p> <p>Paper</p> <p> 4.3.1 Audit and Risk Committee.docx 181</p>	Chairs of Committees	
4.3.2	<p>Quality Committee</p> <p>Paper</p> <p> 4.3.2. Quality Committee.docx 183</p>	Chairs of Committees	
4.3.3	<p>People and Organisational Development Committee</p> <p>Paper</p> <p> 4.3.3. People and OD Committee.docx 185</p>	Chairs of Committees	
4.3.4	<p>Finance and Investment Committee</p> <p>Paper</p> <p> 4.3.4 Finance and Investment Committee.docx 187</p>	Chairs of Committees	
5	ITEMS FOR INFORMATION		
5.1	<p>Questions for members of the public</p> <p>Verbal</p>	Interim Chairman	13:15
5.2	<p>Any other business</p> <p>Verbal</p>	Interim Chairman	13:25

#	Description	Owner	Time
5.3	Date of next meeting - 5 May 2022	Interim Chairman	13:30

INDEX

1.0 Board Public Agenda.doc.....	9
1.2. Board Register of Interests.doc.....	11
1.2a. Declaration of Interests Register Board - 3 March 2022.docx.....	15
1.3 Draft Board Minutes 06.01.22.docx.....	19
1.4 Board Action Log PUBLIC.doc.....	29
1.5.Youth Volunteering Service.pptx.....	31
1.6. Interim Chair Report March.docx.....	43
1.7 Chief Executive's Report.docx.....	49
2.1. Trust Elective Recovery Plan Update.docx.....	55
2.1a. Trust Elective Recovery Plan Update.pptx.....	57
2.2 Quality and Performance Report.docx.....	71
2.2a Quality and Performance Board report.docx.....	75
2.3. Maternity Services Improvement Programme Report.doc.....	91
3.1. Guardian of Safe Working Q3 Report.docx.....	105
3.1a. Guardian of Safe Working Q3 Report.pdf.....	107
3.2. Mortality Report.docx.....	113
3.3 Board Committee Effectiveness Covernote.docx.....	123
3.3a. Feedback from the Board Committee Effectiveness Review 2021-22.doc.....	127
4.1. Learning from Serious Incidents (December21_January22 data).docx.....	135
4.2a. Workforce Performance Report.pdf.....	143
4.2b. Heatmap Q3 Final.pdf.....	163
4.2 Worforce Performance Report.docx.....	177
4.3.1 Audit and Risk Committee.docx.....	181
4.3.2. Quality Committee.docx.....	183
4.3.3. People and OD Committee.docx.....	185
4.3.4 Finance and Investment Committee.docx.....	187



Board of Directors Meeting (PUBLIC SESSION)

Date: 3 March 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 6 January 2022	Paper	Interim Chairman
11.05	1.4	Matters arising and Board action log	Paper	Interim Chairman
11.10	1.5	Patient/Staff Story: A Presentation from the Youth Volunteering Service	Present ation	Head of Volunteering
11.30	1.6	Interim Chairman's Report	Paper	Interim Chairman
11.45	1.7	Chief Executive's Report	Paper	Chief Executive Officer
2.0		FOR DISCUSSION		
11.55	2.1	Trust Elective Recovery Plan update	Paper	Deputy Chief Executive / Chief Operating Officer
12.05	2.2	Integrated Performance and Quality Report	Paper	Deputy Chief Executive / Chief Operating Officer
12.15	2.3	Maternity Services Improvement Programme Report	Paper	Chief Nursing Officer
3.0		FOR APPROVAL		
12.25	3.1	Guardian of Safe Working Q3 Report	Paper	Chief Medical Officer
12.35	3.2	Mortality Report	Paper	Chief Medical Officer
12.45	3.3	Feedback from the Board Committee Effectiveness Review 2021/22	Paper	Interim Director of Corporate Governance and Compliance
4.0		FOR NOTING – HIGHLIGHTS BY EXCEPTION		
13.05	4.1	Learning from Serious Incidents	Paper	Chief Nursing Officer
	4.2	People Performance Report	Paper	Director of Human Resources & Organisational Development
	4.3	Escalation Reports from the Board Sub-Committee Meetings held in January 2022:- <ul style="list-style-type: none"> • Audit and Risk Committee • Quality Committee • People and Organisational Development Committee 	Paper	Chairs of Committees

		<ul style="list-style-type: none"> Finance and Investment Committee 		
	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 – 5 May 2022		



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 March 2022										
AGENDA ITEM NO.	1.2										
TITLE OF REPORT	Board Register of Interests March 2022										
AUTHOR NAME AND ROLE	Dawn Clift, Interim Director of Corporate Governance and Compliance										
ACCOUNTABLE EXECUTIVE DIRECTOR	Dawn Clift, Interim Director of Corporate Governance and Compliance										
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td>X</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> Please tick below and then describe the requirement in the opposite column	Decision/Approval	X	Assurance		Info Only		Advice		To approve the updated Board of Directors Register of Interests as of 3 March 2022 in readiness for publication on the Trust Website		
Decision/Approval	X										
Assurance											
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>Board of Directors</td> <td>September 2022</td> <td>Approved</td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Board of Directors	September 2022	Approved				
Name of Committee	Date of Meeting	Outcome									
Board of Directors	September 2022	Approved									
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>The Board of Directors Register of Interests was last updated in September 2022 and published on our website.</p> <p>Amendments have now been made to the Register to reflect the following:-</p> <ul style="list-style-type: none"> • Lesley Watts CEO, closing her interest as Interim CEO of the North West London Integrated Care System • The appointment of Vanessa Sloane as interim Chief Nursing Officer with effect from February 2022 - no interests to declare • The removal of the closed interest of Nick Gash, Non-executive Director in relation to his former position as Lay Advisor to HEE London and South East for medical recruitment and trainee progression 										

	as this interest has now been closed for six 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	Y	
Deliver better care at lower cost	Y	

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

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

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

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



Chelsea and Westminster Hospital NHS Foundation Trust Register of Interests of Board of Directors - 3 March 2022

Name	Role	Description of interest	Relevant dates		Comments
			From	To	
Stephen Gill	Chair (Interim)	Owner of S&PG Consulting	May 2014	Ongoing	
		Chair of Trustees, Age Concern Windsor	Jan 2018	Ongoing	
		Shareholder in HP Inc	April 2002	Ongoing	
		Shareholder in HP Enterprise	Nov 2015	Ongoing	
		Shareholder in DXC Services	April 2017	Ongoing	
		Shareholder in Microfocus Plc	Sep 2017	Ongoing	
		Member of the Finance and Audit Committee (FAC), Phyllis Court Members Club	Aug 2019	Ongoing	
		Member of the Board , Phyllis Court Members Club	September 2021	Ongoing	
Aman Dalvi	Non-executive Director	Aman Dalvi Ltd (Housing & Planning Consultancy)	2017	Ongoing	
		Non-Executive Director of Fairplace Homes	2018	Ongoing	
		Non-Executive Chair of Goram Homes (Bristol)	2019	Ongoing	
		Non-Executive Chair of Kensington & Chelsea TMO Residuary Body	2019	Ongoing	
		Non-Executive Chair of Aspire Housing (Staffordshire)	Jan 2021	Ongoing	
		Non-Executive Chair of Newlon HT	Jan 2021	Ongoing	
Nilkunj Dodhia	Non-executive Director	Directorships held in the following:			
		Express Diagnostic Imaging Ltd	Feb 2012	Ongoing	
		Macusoft Ltd – DigitalHealth London Accelerator company	May 2017	Ongoing	
		Turning Points Ltd	Nov 2008	Ongoing	
		Examiner of St. John the Baptist Parish Church, Old Malden	April 2016	Ongoing	
		Cerner Limited as Director and GM for London	27 September 2021	Ongoing	
		Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT	Jan 2019	Ongoing	

Nick Gash	Non-executive Director	Trustee of CW + Charity	Jan 2017	Ongoing	
		Chair North West London Advisory Panel for National Clinical Excellence Awards	Oct 2018	Ongoing	Lay Member of the Panel throughout my time as NED
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	Nov 2015	Ongoing	
		Associate, Westbrook Strategy	Feb 2020	Ongoing	
		Chair of the Audit and Risk Committee for the Royal Society of Medicine.	October 2021	Ongoing	
Eliza Hermann	Non-executive Director	Former Board Trustee and current Marketing Committee Chairman, Campaign to Protect Rural England, Hertfordshire Branch	2013	Ongoing	
		Committee Member, Friends of the Hertfordshire Way	2013	Ongoing	
		Close personal friend – Chairman of Central & North West London NHS Foundation Trust	Ongoing	Ongoing	
Ajay Mehta	Non-executive Director	Director and Co-Founder at em4 Ltd	2019	Ongoing	Social Enterprise works with international funders and investors to build the capabilities of their grantees and partners in order to increase social impact
		Trustee, Watermans	2014	Ongoing	The organisation showcases and delivers arts programmes to communities in West London
		Partner employee of Notting Hill Housing Trust	2013	Ongoing	The Trust commissions the provision of care services to vulnerable people in LB Hammersmith and Fulham
		Head of Foundation, The Chalker Foundation for Africa	2015	Ongoing	The Foundation invests in projects that build the capacity of health-related organisations, in particular healthcare workers, in sub-Saharan Africa.
		Volunteer with CWFT	01/03/2020	Ongoing	

Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	Ongoing	
		Director of Imperial College Health Partners	14/09/2015	Ongoing	
		Husband—consultant cardiologist at Luton and Dunstable hospital	01/04/2018	Ongoing	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of Travill construction	01/04/2018	Ongoing	
		NWL ICS Interim Chief Executive Officer	Apr 2020	January 2022	Will be removed from the register in June 2022
		Special Advisor to THHT Board	Aug 2020	Ongoing	Current and ongoing as part of NWL Integrated Care System mutual aid.
Robert Hodgkiss	Chief Operating Officer / Deputy Chief Executive	Interim Lead Chief Operating Officer for NWL ICS	Feb 2020	Ongoing	
		Senior Responsible Officer for NWL Elective Care	Feb 2021	Ongoing	
Pippa Nightingale	Chief Nursing Officer – left the organisation February 2022	Trustee of Rennie Grove Hospice	2017	Ongoing	No direct conflict of interest.
		NWL ICS Interim Chief Nurse and Executive Quality	Feb 2020	Ongoing	No direct conflict of interest.
		Member of the Birth rate plus national maternity safe staffing board	Jan 2021	Ongoing	No direct conflict of interest.
Vanessa Sloane	Interim Chief Nurse – Feb 2022 to April 2022	Nothing to declare			
Virginia Massaro	Chief Financial Officer	Director of Cafton Lodge Limited (Company holding the freehold of block of flats)	22/03/2014	Ongoing	
		Member of the Healthcare Financial Management Association London Branch Committee	Jun 2018	Ongoing	
		Director of Systems Powering Healthcare Limited	29/01/2020	Ongoing	
		Sister works for the Trust	13/04/2021	Ongoing	No actual or potential conflict of interest.
		Managing Director of CW Medicines Limited	16 September 21	Ongoing	CW Medicines Limited is a wholly owned subsidiary out patient pharmacy which will be operational from 1 April 2022
Dr Roger Chinn	Chief Medical Officer	Private consultant radiology practice is conducted in partnership with spouse. Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)	1996	Ongoing	

		Providing support to The Hillingdon Hospitals NHS Trust executive team	Aug 2020	Ongoing	Current and ongoing as part of NWL Integrated Care System mutual aid.
		Trustee of CW+	16/03/2021	Ongoing	4 year term with option to stand for re-election for further 4 years.

Non-Voting Directors

Kevin Jarrold	Chief Information Officer	CWHT representative on the SPHERE Board	01/10/2016	31/03/2021	
		Joint CIO role Imperial College Healthcare NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	01/10/2016	Ongoing	
		Joint CIO for the NW London Health and Care Partnership	01/01/2020	Ongoing	
Martin Lupton	Honorary NED, Imperial College London	Employee, Imperial College London	01/01/2016	Ongoing	
Chris Chaney	Chief Executive Officer CW+	Trustee of Newlife Charity	Jun 2017	Ongoing	
Susan Smith	Interim Director of HR & OD	Joint Chief People Officer /Interim Director of HR & OD The Hillingdon Hospitals NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	13/10/2020	Ongoing	
Gubby Ayida	Equality, Diversity and Inclusion Specialist Advisor to Board	Director, Women's Wellness Centre private healthcare facility	2005	Ongoing	
		Board of Governors, Latymer Upper School, London Audit and Risk Sub-Committee of Board	2015	Ongoing	
		Interim Medical Director, The Hillingdon Hospitals NHS Foundation Trust	14/10/2020	Ongoing	
Serena Stirling	Director of Corporate Governance and Compliance	Local Authority Governor at Special Educational Needs School (Birmingham)	2019	Ongoing	
		Mentor on University of Birmingham Healthcare Careers Programme	2018	Ongoing	
		Leadership Mentor for Council of Deans for Health	2017	Ongoing	
		Partner is Princess Royal University Hospital site CEO at King's College Hospital NHS Foundation Trust	Feb 2020	Ongoing	
		CW+ Fundraising Governance Committee Trust representative	Jul 2020	Ongoing	
Dawn Clift	Interim Director of Corporate Governance and Compliance (August 2021)	Panel member of the Serious Incident Accreditation Panel of the Royal College of Psychiatrists	2020	Ongoing	No actual or potential conflict



Minutes of the Board of Directors (Public Session)

Held at 11.00am on 6 January 2022 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	(AL)
	Dr Paul Kitchener	Governor	
	Richard Ballerand	Governor	
	Cass J Cass-Horne	Governor	
	Laura Wareing	Governor	
	Prof Mark Nelson	Governor	
	Lisa Addison	Governor	(LA)
	Bernard Casey	Governor	(BC)
	Juliet Bauer	Member of Public	
	Patrick Hunter	Member of Public	
	Nick Kituno	Correspondent Health Service Journal	
	Nina Littler	Volunteering Team, Chelwest	(NL)
	Emer Delaney	Director of Communications Chelwest	
Vanessa Sloane	Deputy Chief Nursing Officer, Chelwest		
Janet Adeyemi	Interim Board Governance Manager Chelwest		



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, Governors and members of the public to the Board Meeting held in public on Zoom.</p> <p>Apologies received as above were noted.</p>	
1.2	Declarations of Interest including the Board Register of Interest	
	There were no declarations of interest.	
1.3	Minutes of the Previous Meeting held on 4 November 2021	
	The minutes of the previous Board meeting held in public on 4 November 2021 were approved as a correct and accurate record of proceedings.	
1.4	Matters Arising and Board Action Log	
	It was noted and agreed that there were no outstanding issues to address on the action log.	
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, recognising that this continues to be an extremely challenging time for staff who have been working above capacity for almost 2 years.</p> <p>He congratulated Vicky Cochrane, Director of Midwifery for Chelwest on being awarded an MBE in the New Year's honours, which was equally applauded by the Board.</p> <p>SG updated the Board that NHS England had confirmed that Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) will be established on 1 July 2022, and not 1 April 2022 as originally planned.</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 reflecting on 2021. She highlighted the immense determination and commitment that staff had demonstrated, the strong and effective leadership and the success of the vaccination programme.</p> <p>On the matter of vaccination, she confirmed that legislation was being launched detailing the mandatory requirement for staff to be fully vaccinated (first and second vaccinations) on or before 1st April 2022 and that the impact of this legislation was currently being explored.</p> <p>The seasonal impact of Winter was recognised as a challenging time and the growth of mutual aid across Provider Trusts in North West London is having a positive impact on care delivery. The elective recovery programme continued to deliver access to services, ably led by Rob Hodgkiss, Deputy Chief Executive Officer and Chief Operating Officer.</p> <p>During the year there had been a continued investment in Facilities and Innovation. Reference was made in particular to the new intensive care and neonatal intensive care units. Digital innovation had also been a significant driver and enabler during the year enabling the delivery of care through different care models.</p> <p>Full acknowledgement was given to the value of unfailing kindness from staff, patients and visitors. The launch of the Trust kindness campaign was applauded.</p> <p>LW advised that whilst it had been a challenging period, Christmas was celebrated through a range of mechanisms including best decorated ward/department. She gave assurance that oversight of annual leave was also strong ensuring that as many staff as safely possible were able to take a well-earned break from work.</p> <p>With regard to system working, LW confirmed that Rob Hurd would commence in post imminently as the Chief Executive Officer (CEO) of the North West London Integrated Care System (NWL ICS) and that she was ensuring strong transition into this role for Rob given her role as NWL ICS interim CEO during 2021. LW extended her thanks to system partners for all of their collaboration and leadership over the course of the year. EH questioned whether the development of the ICS was on track given the current activity pressures including non- elective demand, elective recovery, and increased referrals across many specialities. LW confirmed that this was the case.</p> <p>She concluded her report by formally noting that this was the last Public Board meeting at which Pippa Nightingale, Chief Nursing Officer would be in post following her successful appointment as Chief Executive of London North West University Healthcare NHS Trust with effect from February 2022. She reflected on how she had seen PN grow during her time on the Board at Chelwest and commended her development and work ethic. The Board joined LW in thanking PN for her unfailing commitment and contribution to the Board, Staff and Patients of Chelwest stating that she had been a joy to work with and would be missed.</p>	
---	--



	<p><u>Resolution:-</u> With there being no further questions, the Board resolved to note the content of the report.</p>	
2.0	FOR DISCUSSION	
2.1	Elective Recovery Plan Update	
	<p>RH presented the progress in delivering the elective recovery plan. It was noted that this report would be considered in detail at the Quality Committee on 11 January 2022. He highlighted the following:-</p> <ul style="list-style-type: none"> • Chelwest was operating above activity levels experienced pre-Covid 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 • Chelwest continued to be one of the best performing Trusts in London <p>With regard to the impact of Omicron on inpatient facilities, RH confirmed that there were currently 129 Covid 19 positive patients within in-patient beds (representing 17% of the inpatient bed base) compared to 280 (37%) at this time last year. In relation to intensive care, there were 4 Covid positive patients compared to 31 at this time last year.</p> <p>RH stated that staff sickness re Omicron remained a challenge.</p> <p>ML made reference to surveys of medical staff which indicated that high levels of staff intended to leave the NHS in the future either through retirement or through seeking alternative careers. LW stated that the long term staffing model for the NHS is challenging and that NHSE/I are developing a workforce strategy in consultation with all Royal Colleges. She stated that a strong factor associated with retention was effective leadership and that all Directors continued to work hard with staff to understand how additional support can be developed to ensure they feel valued and recognised.</p> <p>EH stated that there is an equal need for a focus on current retention, albeit she recognised that more is needed to consider future workforce planning and longer term strategic imbalance.</p> <p>NG asked for views on our expectation for new demand on the NHS. RH stated that this was difficult to project and that to date there were no material changes evident to referral rates. RC supported this comment stating that current clinical reviews were not exhibiting increased harm levels. RH added that waiting times are longer than we would usually see and that digital innovations were being taken forward to enable greater transparency of overall demand and waiting times.</p>	



	AM asked whether the complaints process monitor communications as a theme and whether there was evidence that such a theme had increased since the start of the pandemic. LW advised that all complaints are followed up and confirmed that communication was a theme where there was further improvement required.	
	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 would be subject to further scrutiny at the Quality Committee on 11 January 2022. It was noted that Chelwest when benchmarked nationally was positioned 10th highest performing of 137 NHS Trusts for non-elective care.</p> <p>RH highlighted that the Patient Tracking List remained stable, however the Trust remained non-compliant with referral to treatment times (RTT). It was noted that the elective recovery plan was assisting in this regard. With regard to cancer, RH advised that some of the data in the report was unvalidated at the time of publication. Post validation, the Trust was noted to be compliant with the Faster Diagnosis Standard (FDS), achieving 95.9% for cancer 2 week waits and 75.6% for the 62-day referral to treatment time (RTT). RH advised that improvements in performance had been noted for December 2021 whereby the Trust had returned to a compliant position.</p> <p>EH questioned whether improvements had been achieved in relation to turnaround times from North West London Pathology. RH confirmed that this was the case, so much so that Urology had achieved full compliance during December 2021.</p> <p>AD made reference to page 65 of the report specifically referencing medication safety incidents and questioned whether mitigation arrangements were in place to reduce such incidents. RC advised that there had been no increased concern relating to medication safety.</p> <p>SG noted that on page 70 - 'Referral to Treatment Time for 52-week waiters by speciality' -the description for three specialties at West Middlesex Hospital was missing from the report. RH apologised for this omission and agreed to ensure that the report was updated and recirculated to Board members.</p>	RH
	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	Midwifery Continuity of Care Pathway	
	PN presented the paper and opened her report by thanking the Board for all of their support in her development as Chief Nursing Officer.	



	<p>PN gave an overview of the NHS Long Term Plan recommendation that the Midwifery Continuity of Care Model should be the default model provided by acute NHS Trusts by March 2023. It was noted that this was a very different model to that currently delivered and that there was a strong evidence base to demonstrate effectiveness. The movement to the model was unanimously supported by the Board.</p> <p>PN expressed concern around the pace of change to achieve safe transition to this model by March 2023 due to changes in working requirements, midwifery training, new models of care and a national lack of registered midwives. As such, PN recommended that the Board endorse a transition to this model of care by 2026 supported by a clear implementation plan which would be governed through the Quality Committee.</p> <p>EH confirmed her support to the model of care and reminded Board members that Chelwest had been on this journey before Covid disrupted working patterns. EH questioned how confident PN was that there would be a sufficient registered midwifery workforce in place to deliver the model by 2026 and asked if national modelling was taking place to create the necessary capacity for training etc. PN advised that the national theoretical view was that this could be achieved.</p> <p>ND asked what this would mean for the Trust in terms of recruitment of additional midwives and questioned whether this change would impact on retention of the existing workforce. PN stated that in order to undertake this transition successfully there would be a need to look at different models of delivery and to explore the associated financial and workforce implications. She recommended that the starting point in relation to midwifery recruitment should be to achieve Birthrate+ ratios.</p> <p>ML concurred with the views of PN and suggested that the model also has some potential hidden costs in terms of other aspects of the pathway outside the midwifery workforce. PN agreed, stating the need to ensure that a multi disciplinary team approach to explore the options for delivering a safe model of care in a measured way was critical.</p> <p>NG asked what funding implications this model would have for out of area patients receiving care at Chelwest. VM advised that separate funding streams for out of area patients would remain. She stated that other aspects of funding to support the model are yet to be clarified and understood. PN confirmed that the funding model would not impact on material choice of provider of care.</p> <p>GA questioned how the Trust will practically address the high risk category of BAME females in an equitable manner. PN stated that there is not a single approach that will meet the needs of everyone but that additional interpreting services to enable translation and understanding of care were in place.</p>	
	<p>Resolution: The Board resolved to:-</p>	



	<p>Note the content of the report</p> <ul style="list-style-type: none"> • Support the recommendation for transition to the new model by 2026 • Support maternity service in delivery of the transformed model of care including funding of birthrate+ establishment • Delegate ongoing monitoring of the implementation plan to the Quality Committee on a quarterly basis. 	
3.0	FOR NOTING – HIGHLIGHTS BY EXCEPTION	
3.1	Guardian of Safe Working Q2 Report 2021-22	
	<p>RC presented the report and provided assurance that this had been discussed at the People and Organisational Development Committee.</p> <p>RC highlighted the increasing trend in reporting and advised that this was a typical trend following a recent intake of new Junior Doctors. AM confirmed the discussion at the People and Organisational Development Committee where ongoing assurance was requested regarding the Medical Workforce Transformation Plan. With regard to rota non-compliance, it was noted that a recovery plan had been developed to aid compliance levels moving forward.</p> <p>RC confirmed that there had not been any red flags, amber flags or fines incurred during the reporting period.</p> <p>NG asked whether there had been any improvement since the end of Q2 given the pressures that the workforce is under. RC felt it was inevitable that there would be some increased reporting across the system during this period and stressed the importance of the Medical Transformation Plan in making a materially positive difference.</p>	
	Resolution / Action: The Board resolved to receive and note the content of the report.	
3.2	Improvement Programme Update	
	<p>PN presented the paper which had been scrutinised in detail at the Quality Committee. It was noted that the Quality Committee had requested fuller updates in future reports including progress and effectiveness of the Ward Accreditation Programme.</p> <p>Improvements across all programme areas were noted and EH commented that this gave a good insight into the increasing quality improvement culture within the Trust.</p> <p>SG asked whether the Getting it Right First Time (GIRFT) deadline of 26 November 2021 had been achieved. PN advised that a national extension had been announced until the end of January 2022.</p>	



	Resolution: The Board resolved to receive and note the content of the report.	
3.3	Serious Incident Report	
	<p>PN presented the report and confirmed an increasing focus on outcomes of serious incident investigations to drive improvement. It was noted that a hierarchy of actions that can make a sustained change to the safety of patient care had been completed and a thematic review of these had taken place.</p> <p>EH commented that the Quality Committee had been very impressed with the framework for understanding which actions are the most impactful and effective.</p>	
	Resolution:- The Board resolved to receive and note the content of the report.	
3.4	People Performance Report	
	<p>SSm presented the report and confirmed that this had been considered in detail at the People and Organisational Development Committee (PODC). She highlighted increasing levels of sickness absence directly attributable to the Omicron variant and gave assurance of the controls in place to support the health and wellbeing of staff in the workplace.</p> <p>SSm reported that legislation was expected later in the day citing Covid Vaccination as a condition of employment for NHS staff and that the impact of such legislation was being explored.</p> <p>ML made reference to growing evidence that the type of facemask worn by individuals can have an impact on the likelihood of contracting Covid. He asked whether internal analysis of this had taken place. PN advised that national guidance on protective measures for Covid in healthcare facilities had been published the previous week and that assurance testing of individual wards and departments was now taking place.</p> <p>AM requested an update on volunteering activity and capacity. SSm referred to page 119 of the report, referencing both turnover and headcount of volunteers and confirmed that this demonstrated an improved position. LW gave assurance that enthusiasm for volunteering remained very high and that the Board would be receiving an update on the Youth Volunteering Service at its meeting on 3 March 2022. LW expressed her sincere and genuine thanks to all volunteers who had been a critical and valued factor within the Covid Vaccination Programme and broader patient care.</p> <p>With regard to employee relations, AM asked whether there was an update on the procurement of the mediation service. SSm stated that she would provide an update to AM on this matter outside the Board meeting.</p>	SSm



	NG requested a meeting and update from SSm regarding the Maintaining High Professional Standards (MHPS) Service. It was agreed that SSm would schedule a meeting accordingly.	SSm
	Resolution: The Board resolved to note the content of the report.	
4.0	ITEMS FOR INFORMATION	
4.1	Questions from Members of the Public	
	<p>SG invited any questions from the public, Governors and any others attending the meeting.</p> <p>LA (Governor) asked SSm how the Trust and its staff are responding to the anticipated legislation of mandated Covid Vaccination status for NHS Staff and the impact this would have on staffing pressures. SSm advised that once the legislation was published the impact would be clearer and that she would provide an update on this to the next Board meeting and to the January Council of Governors (COG) Meeting.</p> <p>LA (Governor) requested an understanding of the extent of training for volunteers. SSm gave assurance that a robust volunteering orientation programme was in place and that volunteering had recently been boosted through military support.</p> <p>AL (Governor) commended the Board discussion on the Midwifery Continuity of Care Pathway and asked whether interim targets would be set to demonstrate positive progression. PN confirmed that a full transition plan would be developed which would include clear measures of success. This would be governed by the Quality Committee of the Trust.</p> <p>AL (Governor) asked how women and community groups working with women and new born babies would be engaged in this change is pathway. PN confirmed that the Maternity Services Liaison Committee, comprising of a number of patients and professionals were actively engaged in its development.</p> <p>NL (Volunteer Team) sought confirmation as to whether plans are in place to resume onsite work experience during the year. LW advised that this would be resumed as soon as it was safe to do so.</p> <p>BC (Governor) shared his disappointment about the level of information shared to date with newly elected governors to assist them in understanding their role. SG apologised and confirmed that the induction session for new Governors was taking place on 20 January 2022.</p> <p>BC (Governor) requested that full names of Board Members should be visible to the public when meeting virtually to assist the public in understanding who is who on the Board and their associated role and responsibilities.</p>	



4.2	Any Other Business	
4.2.1	<u>There was no other business.</u>	
4.3	Date of the Next Meeting	
	The next meeting will take place on 3 March 2022 at 11.00am until 1.30pm. The meeting closed at 12:46	

Glossary of Terms

NHS	National Health Service
NHSE/I	NHS England / Improvement
FDS	Faster Diagnosis Standard (Cancer Care)
GIRFT	Getting It Right First Time (An evidence based quality standard)
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 3 March 2022

Meeting Date	Minute number	Subject	Action	Current status	Lead
4 November 2021	4.6	Board Assurance Framework	Refresh at the Board Development Session on 2 December 2021	Complete Session held February 2022 and BAF refresh now underway	DC
06.01.22	2.2	Integrated Performance Report	Update page 70 of the report re ‘Referral to Treatment Time for 52-week waiters by speciality’ to include the description for three specialties at West Middlesex Hospital and ensure that the report is updated and recirculated to Board members.	Complete	RH
06.01.22	3.4	People Performance Report	Provide an update on the procurement of the mediation service to AM outside the Board meeting.	Complete	SSm
06.01.22	3.4	People Performance Report	Arrange a meeting between NG and SSM regarding the Maintaining High Professional Standards (MHPS) Service.	LSS to arrange to meet with NG	SSM



Youth Volunteering at CWFT



Youth Pathway

30-35 day recruitment time

Training and induction (online and face-to-face)

8 week Youth Pathway:

- Reflective logs
- E-Learning for Healthcare
- Review meeting
- Certificate



Youth Programme vs. Youth Pathway

Youth Programme	Youth Pathway
Dedicated project manager	Integrated into site-based roles
Different roles	Same roles
Separate recruitment	Integrated recruitment
16-25	16-21
Deficit model	Attribute model
Higher input, low numbers	Lower input, high numbers



Careers

Volunteering vs. work experience

Career spotlights

Apprenticeships

Working with colleges



Challenges

Recruit for potential, not perfection

Do you *REALLY* have time??

Confidence – pairing up, mentoring

Being flexible – but not too flexible

Coping with demand – over 100 applications for 15 positions

Keeping a good age mix



Future plans

Volunteer to career

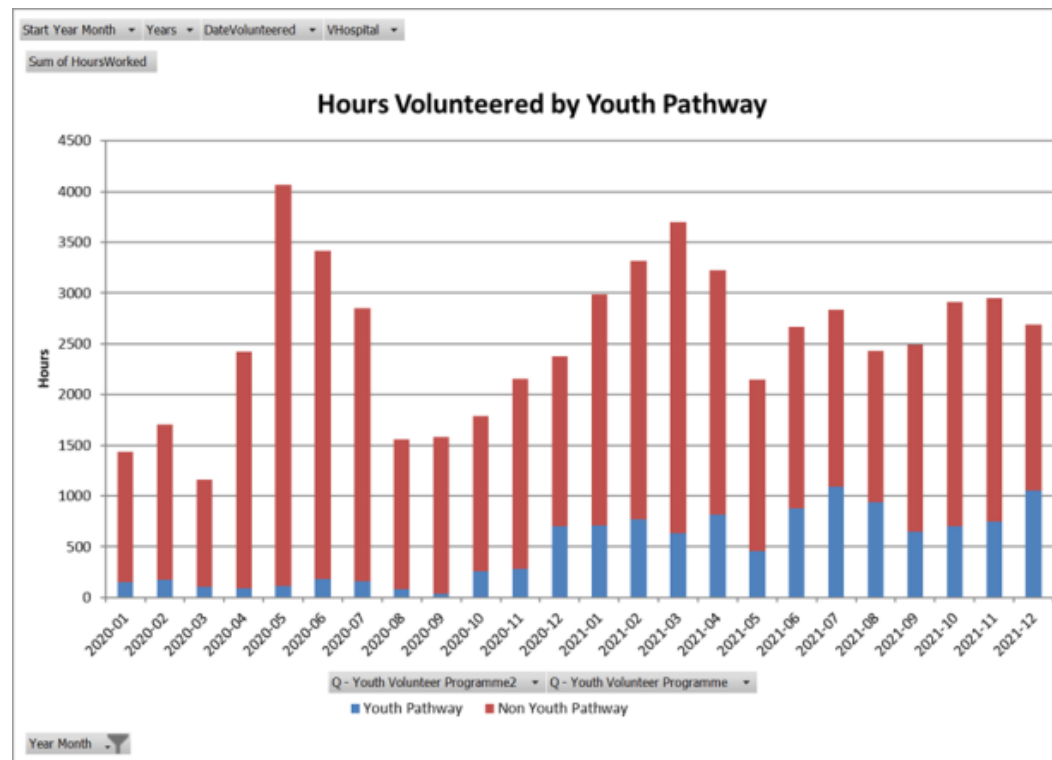
Inclusivity: disabilities
and mental health

Youth representation



Youth volunteer hours

Our 158 youth volunteers contributed over 10,000 hours to the Trust in 2021, approximately one quarter of the total volunteer hours

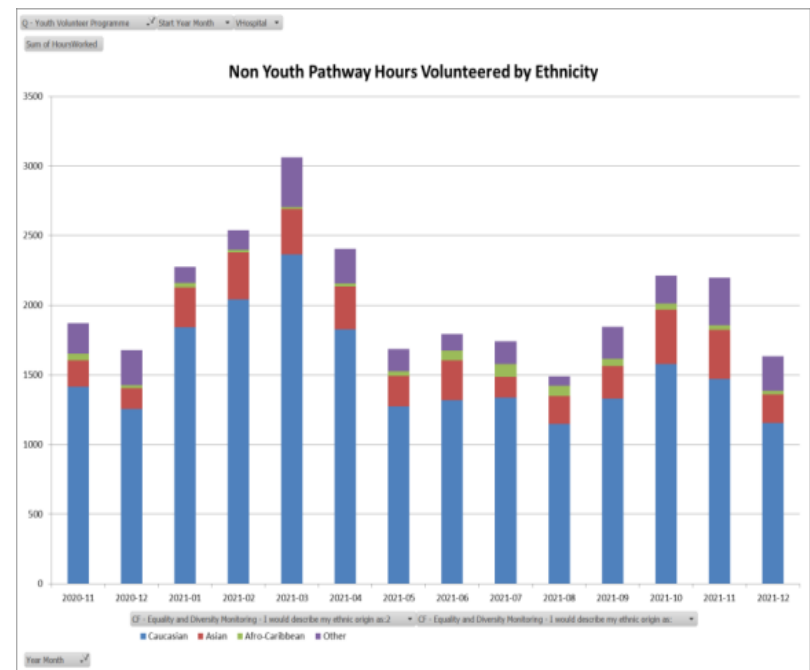
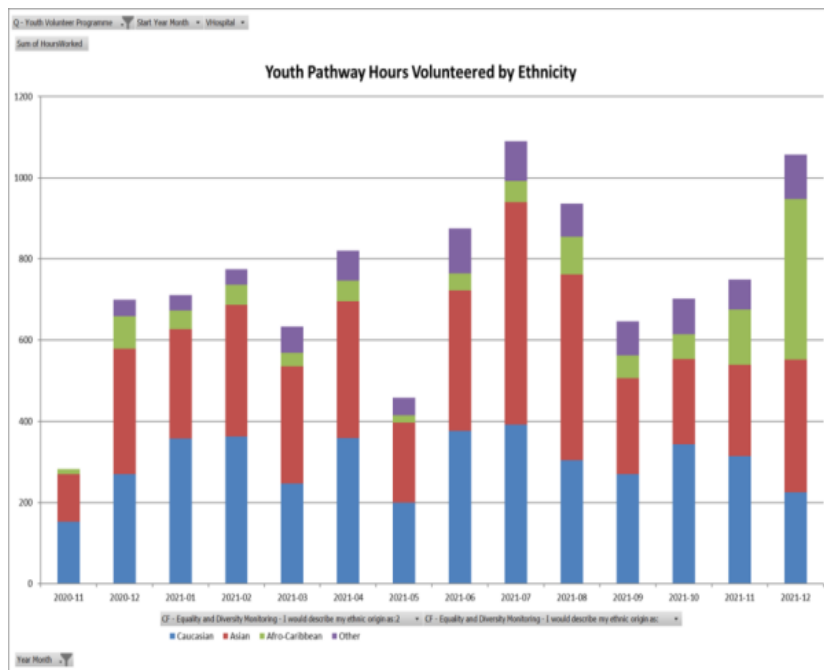


Youth volunteers by ethnicity

We are actively recruiting youth volunteers to support our Diversity and Inclusion agenda:

Youth: White **40%**, Asian **40%**, Afro-Caribbean **11%**, Other **9%**

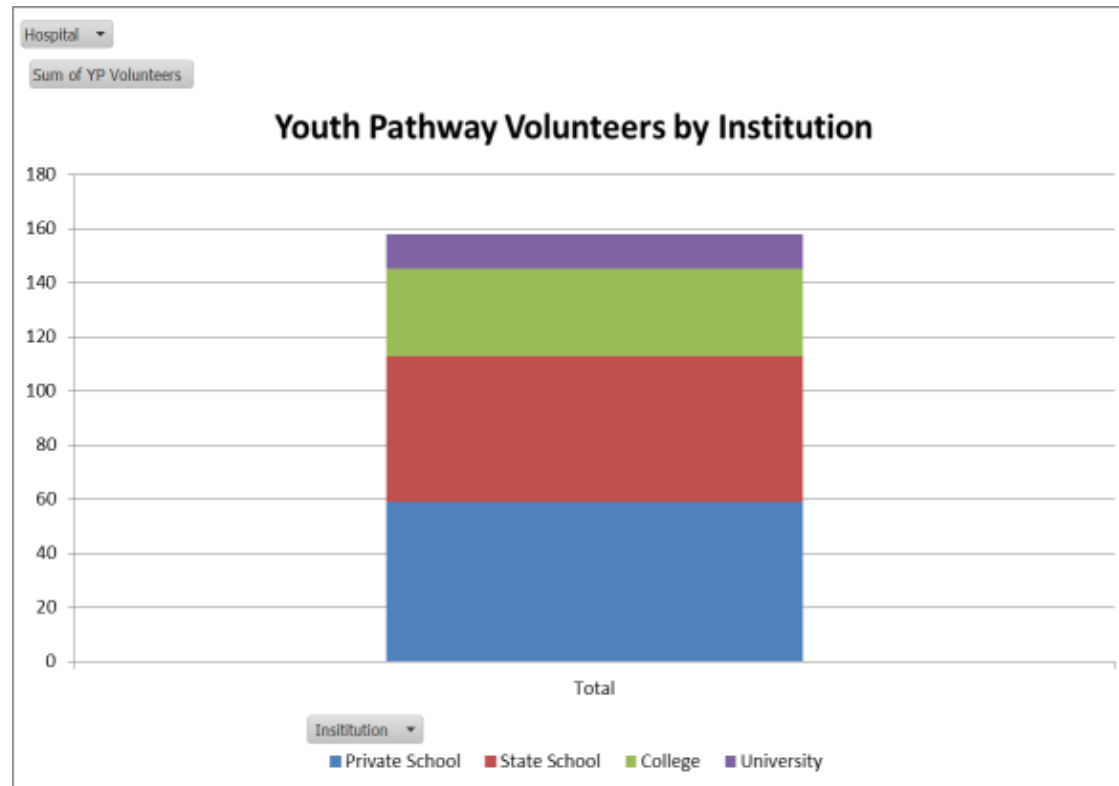
Non Youth: White **75%**, Asian **13%**, Afro-Caribbean **2%**, Other **10%**



Youth volunteer institutional engagement

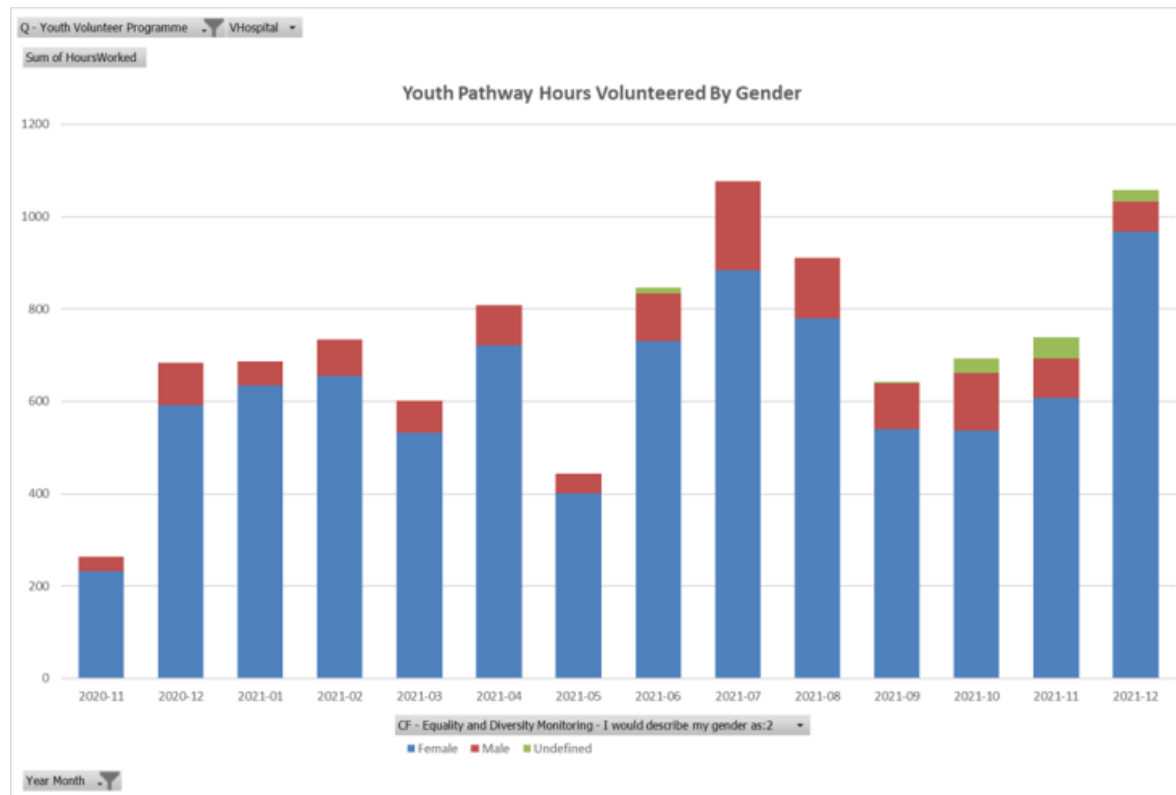
We have recruited from over 70 educational institutions:

Private **37%**, State **34%**, College **21%**, Uni **8%**



Youth volunteers by gender

85% of our youth volunteers identify as female, 15% as male or undisclosed



Youth Volunteer Contribution

- Our youth volunteers have transformed our service by giving their time at weekends, evenings and holidays
- They bring youthful energy and enthusiasm to our patients and impress our staff with their drive and commitment
- They actively support throughout the hospitals: inpatient wards, outpatient areas, Discharge Lounge, ISS support, CCP, medical exams, vaccination clinics
- They promote our Trust and our volunteering programme within their schools and communities, supporting recruitment into the NHS

"I just wanted to write and give you some very positive feedback about T and J, the two lovely teenage volunteers that we currently have on AAU. Both of them do a fantastic job of helping patients and staff whilst they are on the ward, they are both so positive and accommodating and also very caring and compassionate towards both the patients and relatives too.

Helen, the pm housekeeper loves them both as they always help her giving out the patient meals with a cheery smile on their faces and make her meal service that little bit easier. They are keen, enthusiastic, motivated and eager to help in any small way they can and are definitely both a credit and asset to the volunteer service within the Trust.

Nothing is too much trouble for them... they don't need to be guided, they just use their initiatives and get on with the job! I have thanked them both personally for all they do on the ward , we love having them and they definitely enrich the patient experience." Alison Bawden, Senior Sister AAU



Trust Contribution to Our Youth Volunteers

Our Youth Volunteer Pathway programme offers:

- A broad understanding of the working of our hospitals and potential careers within the NHS
- A dedicated training programme which allows volunteers to progress from responders to ward helpers to specialised roles on a flexible timetable
- An opportunity to develop confidence and skills such as teamwork, communication, initiative and mentoring/leadership
- A positive hands-on experience which enhances university/college/job applications, supporting recruitment into the NHS

“The experience I gained as a volunteer at Chelsea and Westminster was invaluable because it enabled me to give informed and reflective responses at all my medical school interviews and secure an offer! The large variety of work that I undertook was particularly useful and the level of involvement that I experienced was far greater than would have been possible during a work experience placement which is typically only a week.

One of the many highlights has been the extra training that is available to volunteers, like feeding training and stroke awareness which enabled me to do more to help patients. I genuinely believe that volunteering has increased my confidence and resolve to pursue a career in healthcare. Most importantly this is an experience that I really enjoy, and I am very grateful to have met so many wonderful people along the way!” Volunteer





TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 March 2022
--	---

AGENDA ITEM NO.	1.6										
TITLE OF REPORT	Interim Chair's Report										
AUTHOR NAME AND ROLE	Steve Gill, Interim Chair										
ACCOUNTABLE EXECUTIVE DIRECTOR	As above										
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>✓</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	✓	Info Only		Advice		<p>To provide the Board with an update on high level affairs impacting on the Trust since the last Public Board meeting in January 2022</p>		
Decision/Approval											
Assurance	✓										
Info Only											
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	Nil										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>Matthew Swindells has been appointed as the North West London Chair in Common and will take up post in April 2022. We very much look forward to working with Matthew and welcome him to our Trust and the North West London Acute Provider Trusts.</p> <p>We continue to work hard to deliver our Elective Recovery Programme and will have eradicated all patients waiting for more than 104 weeks for care by the end of July 2022. We are pleased to see a continual reduction in the number of Covid positive patients in our care.</p> <p>We are proud of our Chief Executive Lesley Watts who is leading the National Discharge Programme for the NHS.</p> <p>I continue to meet with the Chairs of our North West London Provider Trusts to develop our approach to</p>										

	collaborative working to aid the reduction of health inequalities across our Region.
KEY RISKS ARISING FROM THIS REPORT	Nil
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)	
Deliver high quality patient centred care	Y
Be the employer of Choice	Y
Deliver better care at lower cost	Y

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

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 – 3 March 2022 Public Board.

(1)-North West London (NWL) Acute Trusts Chair in Common – Matthew Swindells – April 2022.

On 8 February the four NWL Acute Trusts - Chelsea and Westminster Hospital NHS Foundation Trust (CWFT); The Hillingdon Hospitals NHS Foundation Trust (THHT); Imperial College Healthcare NHS Trust (ICHT); and London North West University Healthcare NHS Trust (LNWUT) - announced the appointment of Matthew Swindells as the NWL Acute Trusts Chair in Common. Matthew will take up his position on 1 April 2022.

Matthew has over 30 years' experience in healthcare. He is a former Deputy Chief Executive and Chief Operating Officer for NHS England. Matthew joined the NHS from university as a graduate trainee and worked as an IT director, Clinical Services Manager, Chief Operating Officer and Hospital Chief Executive before joining the Department of Health as Senior Policy Advisor to the Secretary of State for Health, then as the NHS England's first Chief Information Officer.

The four NWL Acute Trusts – responsible for 12 major hospital sites – have been working on closer partnership through a joint acute care board, set up in March 2021, focusing on expanding planned care capacity, tackling waiting times in response to the Covid pandemic and to maximise the potential for joint working for the benefit of our local population, patients and staff.

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

The current Chairs and CEOs of the four NWL Acute Trusts are working with NHS London Region, the NWL Integrated Care System (ICS) and the newly announced NWL Acute Trusts Chair in Common, to develop the NWL Acute Provider collaborative agreement, to agree the proposed collaborative model and the related governance arrangements.

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

The current NHS focus areas are:

(A)-The ongoing Covid-19 vaccination Programme which has recently been extended to 5-11 year-olds.

(B)-The Elective Recovery Programme particularly re the most clinically urgent and the 'very long wait' patients, with the national target that there will be zero patients waiting over 104 weeks by the end of July 2022.

(C)-Managing the impact of the highly transmissible Omicron variant of Covid-19. The levels of infection in the community, hospital admissions, numbers of patients in Intensive care and additional staff infection rates are now all declining in NWL.

(D)-National Discharge Programme, led by the CWFT CEO Lesley Watts, covering 14 pilot Trusts to support safe and timely discharge from acute settings. The programme, which is aligned with the

work of the Health and Social Care Discharge Taskforce, is founded on 11 key interventions. It will support each trust to identify what is working and what is not within their organisations, and to build on existing work and pathways to develop the most helpful interventions both within Trust's control and with the wider healthcare system.

(E)-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.

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

(3)-Council of Governors (COG):

(A)-Extraordinary COG Meeting 7 February 2022.

The CWFT COG and THHT COG held simultaneous Extraordinary COG meetings (separately) on 7 February to approve the appointment of the NWL Acute Trust Chair in Common, Matthew Swindells.

(B)-COG 'Away Day' 21 April 2022, location to be confirmed.

As agreed at the October 2021 COG the Annual COG 'Away Day' was postponed until 21 April 2022 to allow for the opportunity to hold an 'in person Away Day' rather than repeat the 'virtual Away Day' as was held in January 2021 due to Covid guidelines.

(C)-COG Briefing Sessions – February-March 2022.

The COG briefing session on 28 February 2022 is an update on the Integrated Performance Report (IPR), presented by the Trust Deputy CEO / COO, Rob Hodgkiss.

The subsequent COG briefing session is scheduled for 24 March covering the North West London Integrated Care System (NWL ICS) and the NWL Acute Provider Collaborative.

(4)-Chair Meetings:

The NHS London Region Chairs meetings and NWL ICS Chairs / CEOs meetings during January and February 2022 discussed the following topics:

Covid-19, specifically the Omicron variant and the ongoing Vaccination programme; the ongoing Elective Recovery programme; the Discharge programme; the NWL ICS Development plan and 'road map'.

As part of the work on the NWL Acute Provider collaborative, I have continued to have weekly meetings with Bob Alexander (Interim Chair of ICHT) and Lord Morse (joint Chair of THHT & LMWUT). The new NWL Acute Trust Chair in Common, Matthew Swindells, joined the weekly meetings during late February, these weekly meetings will continue throughout March 2022.

Stephen Gill.

Interim Chair – 23 February 2022.



TITLE AND DATE (of meeting at which the report is to be presented)	<i>Public Meeting of the Board of Directors, 3 March 2022</i>										
AGENDA ITEM NO.	1.7										
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 January and February 2022										
<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											
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"> • Covid restrictions will continue to be in place at all of our sites for the foreseeable future • Matthew Swindells has been appointed to the position of Chair in Common for North West London acute provider Trusts and will take up post in April 2022 • Our elective recovery programme continues to deliver activity levels above those seen before the Covid pandemic meaning that waiting times are falling • We have had media attention relating to some fabulous clinical developments • Our staff continue to be the fundamental core of our Trust and we thank them for their continued hard work, resilience and commitment to patient care 										
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	
Equality And Diversity															
Quality	Y														
People (Workforce or Patients/ Families/Carers)	Y														
Operational Performance	Y														
Finance															
Public Consultation															
Council of Governors	Y														

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



Chief Executive's Report to the Public Board of Directors Meeting, 3 March 2022

1. Keeping Each Other Safe – Infection Control and Covid 19

The Prime Minister has announced that from Thursday 24 February, COVID-19 isolation rules will come to an end for the general public. We have carefully considered what this means for our hospital and community sites and have concluded that we do not intend to reduce our infection control rules at our hospital sites until we receive further guidance for NHS Trusts. It is important to remember that COVID-19 has not gone away. Though cases have fallen significantly in recent weeks, and the work everyone has supported on the vaccination campaign has made a massive difference to the numbers of seriously ill patients, the number of people testing positive for COVID-19 remains high, especially in the boroughs we serve. Any steps to de-escalate our precautionary approach could undo all our good work-and we will continue to remain vigilant in protecting each other and our communities.

We will therefore continue to adopt rigorous infection control measures, even when restrictions are removed in other aspects of life.

This is because we are:

- more likely to meet people requiring treatment for Covid-19, due to the nature of our workplace
- treating people who may be particularly vulnerable to COVID-19

This means that our staff will continue to self isolate for the appropriate amount of time if they test positive and that they will conduct lateral flow tests twice a week. Staff will continue to wear face masks throughout the working day and we will be asking patients and visitors to wear masks on our sites when they arrive.

2. System Wide Working

Appointment of Matthew Swindells as the North West London Chair in Common

Following a strong and rigorous recruitment process, Matthew Swindells has been confirmed as the Chair in Common for Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust. Matthew will take up his position on 1 April 2022 and we warmly welcome him to the North West London system and to Chelsea and Westminster NHS Foundation Trust. Matthew Swindells has over 30 years' experience in healthcare. He was the former Deputy Chief Executive and Chief Operating Officer for NHS England, and former Senior Policy Advisor to the Secretary of State for Health, and then as the NHS's first Chief Information Officer. Matthew's appointment is great news for North West London. His experience and expertise in healthcare operations and digital transformation – nationally and locally – will be invaluable. I would like to take this opportunity to thank our Council of Governors for their engagement and support in the recruitment and selection process.

Thank you to Interim Chair, Steve Gill

On behalf of all of us, I would like thank our Interim Chair, Steve Gill for his expertise, leadership and commitment to our Trust. Steve has led us through one of the most challenging periods in the history of the health service. He has been an excellent Interim Chair to our Board of Directors and



Council of Governors. He will continue to support the Trust as a Non-Executive Director once Matthew is appointed.

First medical director and director of nursing appointed to lead integrated acute and specialist services for children and young people across West London

Over the past two years or so, we've been working in partnership with Imperial College Healthcare NHS Trust—and with colleagues at Imperial College—to develop more integrated care for children and young people with a stronger focus on health and wellbeing, disease prevention and research.

We're delighted to announce formally that we have now reached an important milestone with the appointment of Dr Simon Nadel as the first joint medical director and Herdip Sidhu-Bevan as the first joint director of nursing for children's services across our two trusts. This follows an external recruitment process. Huge congratulations to both—we know they will be excellent in these roles.

Continued System Working

Chelwest continues to be part of national, regional and sector discussions and the North West London 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

3. Developing our Clinical Services

Pilot to change the way skin cancer is assessed and treated by the NHS

During February 2022, we started a pilot involving an artificial intelligence (AI) decision support tool, which aims to change the way skin cancer is assessed and treated by the NHS. Known as DERM, it uses AI algorithms which analyse magnified images of skin lesions so that patients can be assessed quickly and receive life-saving treatment promptly. This pilot could potentially help to ensure that patients with high-risk skin lesions are prioritised. In the longer term, this AI solution could relieve backlog pressure on our dermatology department and improve outcomes for patients with skin cancer. This is really an exciting pilot, and I am very proud of all those involved.

Trust leads on life saving COVID-19 drug

Also during February, the news of us leading on the UK's second antiviral treatment for COVID-19, Pfizer's Paxlovid, hit the national headlines. Our first patient, Emily Goldfischer, based in West



London, was interviewed by BBC Medical Editor, Fergus Walsh, on her amazing experience of the Trust. In her interview she thanked Dr Sofia Cavill, Consultant in Acute and General Internal Medicine, who has been integral to the Covid Medicines Delivery Unit (CMDU). Working with North West London NHS partners, this treatment and approach will support our most deprived communities and will help to prevent patients from having to come into hospital.

Emily Goldfischer says she feels quite well, despite having caught COVID-19: "I've taken it for about two days now and I'm already feeling much better," she told us. "And it's been quite reassuring that I've been able to get this medication so quickly from the NHS."

Well done to colleagues from our pharmacy and CMDU who have done tremendous work since the unit opened in December 2021.

4. Elective Recovery Programme

Progress in the delivery of our elective recovery programme will be discussed in more detail later on the agenda by Rob Hodgkiss. I am pleased to see that through the hard work of our teams we continue to deliver on this programme and in most areas are delivering activity levels higher than those seen before the Covid pandemic.

5. Valuing and Recognising our Staff

Our staff continued to be our most precious resource and as ever I would like to pay my sincere thanks and that of the Board and Council of Governors for their continued hard work, commitment, kindness and loyalty to each other, patients and their families/carers.

Love Chelwest/Love West Mid – huge public response

I was so pleased to see so many messages of thanks and gratitude to our members of staff for Valentine's Day. Our patients, visitors and colleagues submitted over 160 messages, which have been designed into cards and uploaded to our website. This campaign has been picked up by other NHS Trusts nationally and is a testament to how unfailingly kind our colleagues are. [See some of the messages on our website.](#)

LGBT+ staff network relaunches

LGBT+ History Month is such an important part of the calendar for our organisation. I'm proud we are celebrating this month-long event, and I'm delighted to hear the LGBT+ staff network has officially relaunched this month. There are a series of events planned to mark the month.

Kindness campaign – steps up

The second phase of our kindness to staff poster campaign will be launched soon, after the success of the first phase. This campaign will now be part of a wider London initiative. Staff safety is a priority to our Trust – we want people to feel safe, welcomed and valued at our organisation so they in turn can focus on providing high-quality care for our patients. Our staff feeling safe enables us to live our proud values, and is a key part of our strategic aim to be the employer of choice.



6. Concluding Remarks

In concluding this report I would like to say how very proud I am of our Trust and how we would not be able to achieve the results described above without the fabulous team that is Chelwest.



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 March 2022
--	---

AGENDA ITEM NO.	2.1											
TITLE OF REPORT	Elective Recovery Programme Update											
AUTHOR NAME AND ROLE	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer											
ACCOUNTABLE EXECUTIVE DIRECTOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer											
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>√</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	√	Info Only		Advice		To provide assurance on the Trust's delivery of the elective recovery programme.			
Decision/Approval												
Assurance	√											
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>NWL ECB</td> <td>21/02/2022</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>1.03.22</td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	NWL ECB	21/02/2022		Quality Committee	1.03.22			
Name of Committee	Date of Meeting	Outcome										
NWL ECB	21/02/2022											
Quality Committee	1.03.22											
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>Data relates to w/e 18th February 2022</p> <ul style="list-style-type: none"> • Priority 2 waiters has seen an increase over the last three weeks. As at the 11th February there were 1,981 patients. This is an increase from 1,918 last week. • Elective IP/DC – is 133.6% of BAU 19/20 • HVLC – 120.7% of BAU 19/20 • Elective OP 1st – is 117.2% of BAU 19/20 whilst OP Followup is at 137.4% • As at the 17th February the trust PTL has seen an increase in a week from 46,247 to 46,505. There has been a decrease in the number of 52ww+ from 514 to 511 patients. 104w+ patients remain stable at 8 patients. • Cancer Backlog 63 days+ has seen an increase from 107 patients week ending 6th Feb 22 to 108 week ending Feb 13th 2022 • Endoscopy Activity – 128.7% of 19/20 BAU 											

	<ul style="list-style-type: none"> Imaging Activity – 126.7% of 19/20 BAU Echocardiograph Activity – 108.0 of 19/20 BAU
KEY RISKS ARISING FROM THIS REPORT	There are on-going risks to the achievement of Elective recovery

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	

<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></td> </tr> <tr> <td>Operational Performance</td> <td></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)		Operational Performance		Finance	Y	Public Consultation		Council of Governors		<p>Quality - There are on-going risks to the achievement of Elective recovery</p> <p>Finance - Attainment of the Elective Recovery Fund</p>
	Equality And Diversity														
Quality	Y														
People (Workforce or Patients/ Families/Carers)															
Operational Performance															
Finance	Y														
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)	



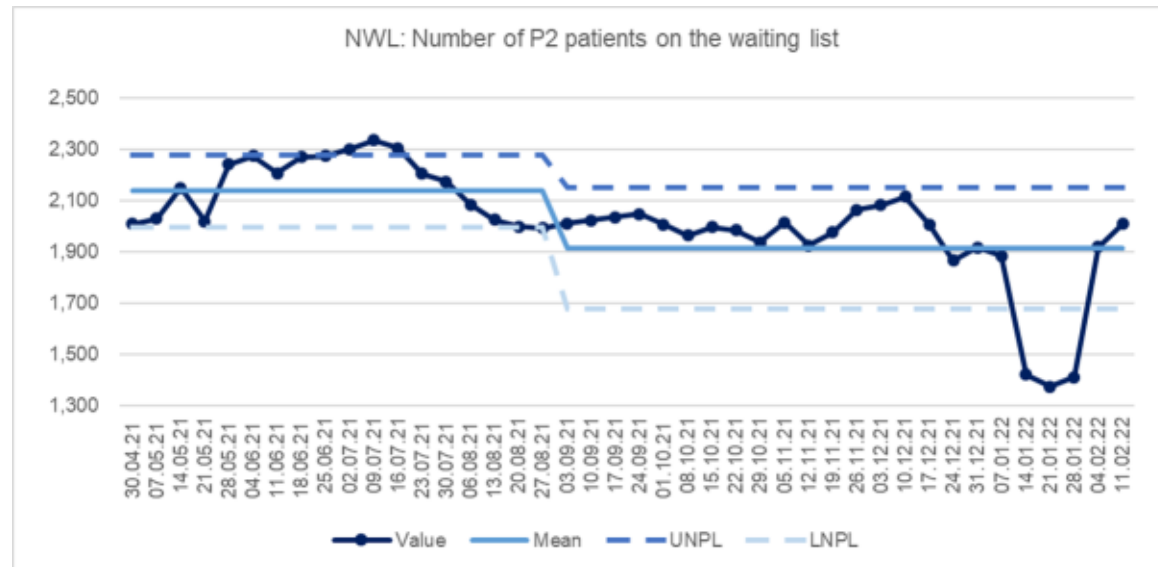
Chelsea and Westminster Elective Care Recovery

Recovery Update - Summary 21st February 2022



P2 waiting list size across NWL Trusts

Trusts	31/12/2021	07/01/2022	14/01/2022	21/01/2022	28/01/2022	04/01/2022	11/02/2022
CWFT	338	305	286	291	333	335	350
ICHT	939	906	359	336	306	901	947
LNWUHT	511	530	628	611	636	552	524
THHT	128	143	146	135	135	130	160
NWL Total	1,916	1,884	1,419	1,373	1,410	1,918	1,981



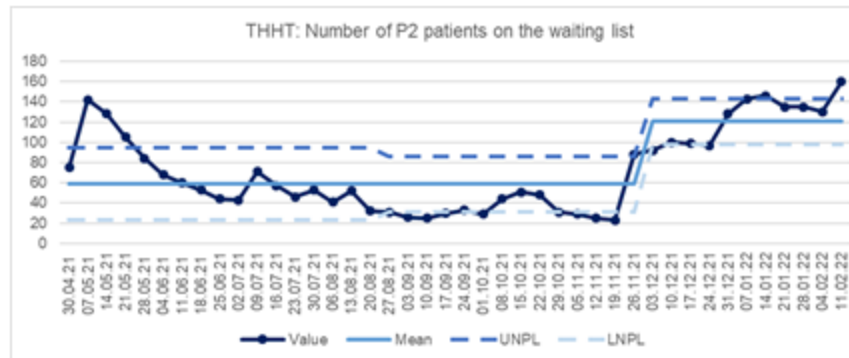
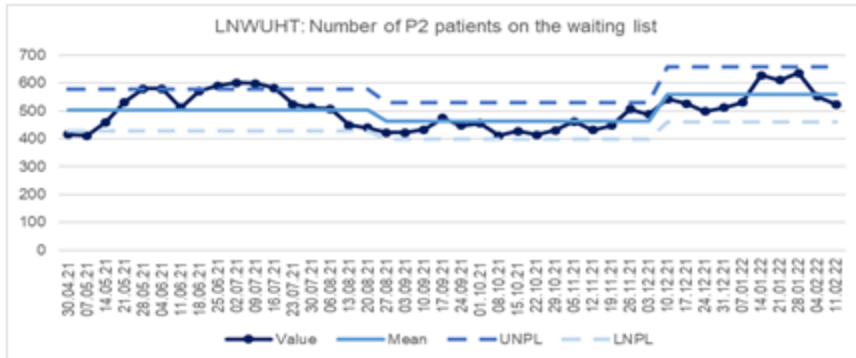
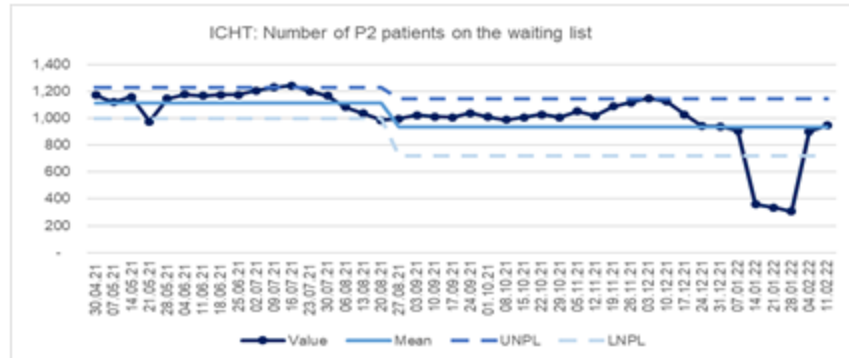
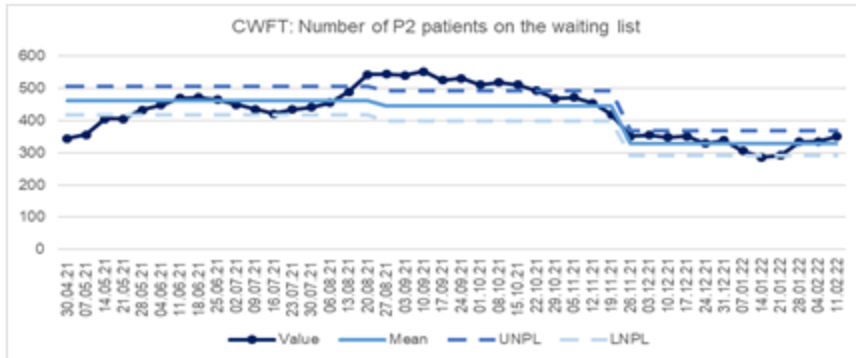
Statistical Process Control charts demonstrate trend of P2 numbers over the last 41 wks.

Aggregated NWL position shows variation over time of P2 patients on waiting lists. This week, variation is within statistical control limits.

Trust level SPC charts can be found on the next slide.



P2 waiting list size at each Trust: SPC charts



Statistical Process Control charts demonstrate variation of P2 numbers over the last 41 weeks and any trends.

All the Trusts show variation over time of P2 patients on waiting lists.

This week all Trusts are within statistical control limits.

Executive summary



	Latest Freeze Position (w/e 06-Feb)					Latest Freeze Position - % BAU by ICS				
	Activity	Var	% BAU ⁽¹⁾	London Regional Rank ⁽²⁾	Weekly Change in Activity	NWL	NCL	NEL	SEL	SWL
Elective	23,003	▲	83.8%	5	1.0%	89.2%	87.3%	76.5%	76.3%	90.0%
Outpatients - First	84,098	▲	95.2%	3	2.5%	96.9%	98.0%	88.4%	95.5%	94.1%
Outpatients - Follow-Up	180,466	▼	93.0%	5	-2.5%	102.6%	93.6%	92.5%	91.9%	84.2%
Endoscopy	4,424	▲	97.2%	2	0.2%	82.0%	88.1%	88.0%	122.9%	105.6%
Imaging	63,756	▼	102.3%	3	-1.9%	104.5%	100.2%	103.8%	101.2%	102.0%
Echocardiography	6,421	▼	96.4%	3	-4.5%	102.0%	106.1%	92.0%	86.3%	106.1%

- (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

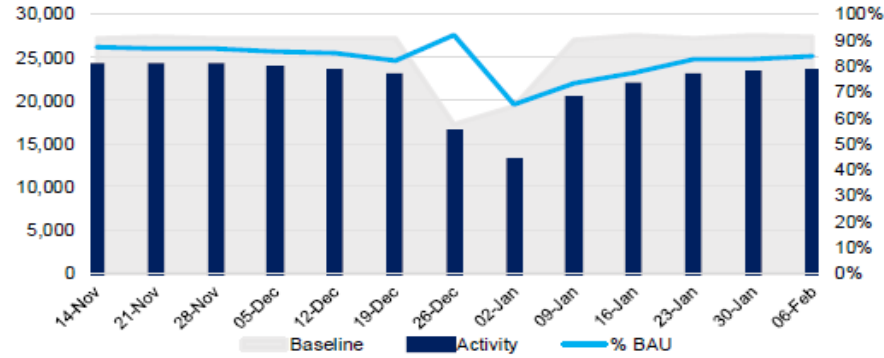
- Summary: Overall activity continues to recover. Ongoing challenges remain in regards to Elective activity recovery in NEL and SEL.
- PTL: Weekly increase c. 4,900, total PTL now stands at 1,007,460.
- 104ww: An increase of 19 104ww pathways. 104ww position primarily driven by NEL/Barts although all systems are above H2 plans.
- 52ww: A decrease of 360 pathways brings the position down from 28,564 to 28,204.
- First appointments versus Follow-ups: First appointment recovery (95.2% of BAU) slightly ahead of follow-ups recovery (93.0% of BAU).
- Diagnostics: Activity levels overall stable. Echocardiography activity drop influenced by Royal Free new data submission. Waitlists increased, except for Echocardiography; with >6 week positions decreasing significantly in all three monitored pods.
- Cancer: Total backlog continues to decrease; by 4.9% from 3,882 to 3,688.

		06-Feb	13-Feb	Var
104 ww	NWL	67	61	-6
	NCL	301	314	13
	NEL	648	661	13
	SWL	4	4	0
	SEL	177	176	-1
	London	1,197	1,216	19
52 ww	NWL	4,224	4,212	-12
	NCL	10,473	10,340	-133
	NEL	8,310	8,163	-147
	SWL	1,157	1,144	-13
	SEL	4,400	4,345	-55
	London	28,564	28,204	-360
Waitlist	Admitted PTL	130,236	131,507	1,271
	Non-Admitted PTL	872,234	875,953	3,719
	Cancer DTT Backlog	366	333	-33
	Cancer No DTT Backlog	3,516	3,355	-161
	Cancer 104 Day Waits	994	937	-57
	Endoscopy Waitlist ⁽³⁾	18,476	-	47
Imaging Waitlist ⁽³⁾	137,520	-	2,161	
Echo Waitlist ⁽³⁾	21,860	-	-264	

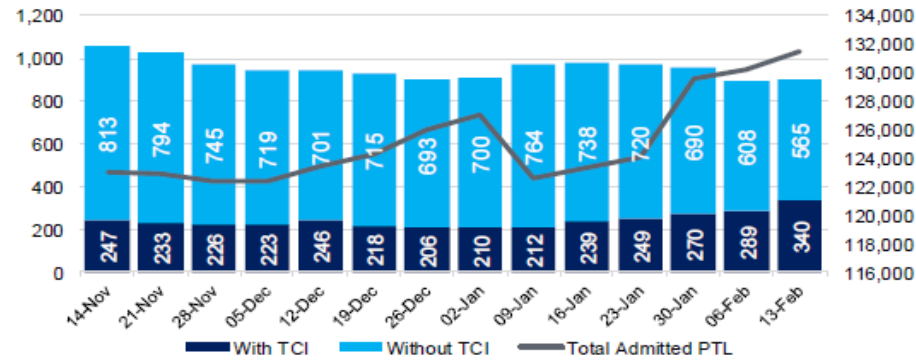
Elective Activity



Elective Activity Volumes and % of Baseline



Admitted Pathway: 104 ww and Total PTL



Total Electives (Latest Freeze Data: w/e 06-Feb)

Provider	% BAU	Activity Volume	Weekly Var (%)
NEL	76.5%	3,042	-2.8%
Barts	79.3%	1,689	-2.5%
BHRUT	71.6%	875	-7.8%
Homerton	76.4%	478	6.5%
NCL	87.3%	6,202	-3.9%
RFL	85.4%	1,381	-4.6%
UCLH	86.1%	2,182	-6.9%
GOSH	93.6%	733	-1.3%
NMUH	92.5%	580	-11.7%
RNOH	84.2%	246	13.4%
Moorfields	90.0%	654	5.7%
Whittington	80.8%	426	0.2%
NWL	89.2%	5,108	5.8%
Imperial	83.7%	2,122	7.5%
LNW	77.0%	1,415	2.5%
ChelWest	133.6%	1,156	8.9%
Hillingdon	84.5%	415	0.5%
SEL	76.3%	5,186	7.8%
LGT	79.0%	856	5.7%
GSTT	71.3%	2,234	11.8%
Kings	81.2%	2,096	4.6%
SWL	90.0%	3,465	-2.8%
St George's	82.5%	1,134	-0.8%
Croydon	112.2%	626	-4.1%
Epsom	87.3%	906	7.7%
Kingston	90.9%	448	-14.7%
Royal Marsden	90.9%	351	-12.5%
LONDON	83.8%	23,003	1.0%

Source: Weekly Activity Return

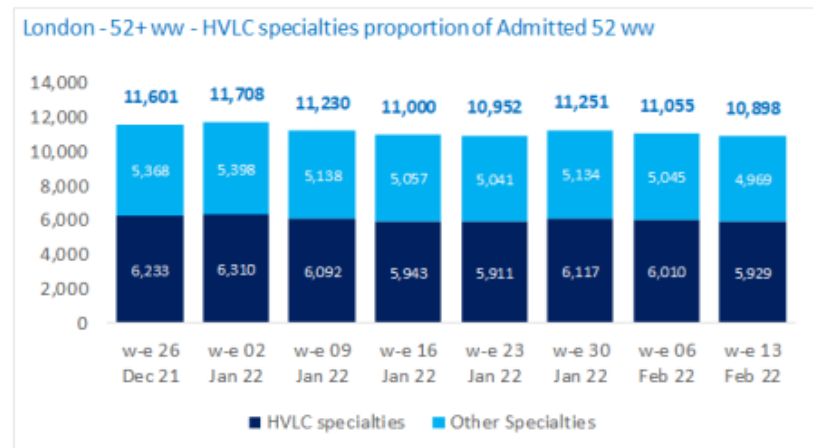
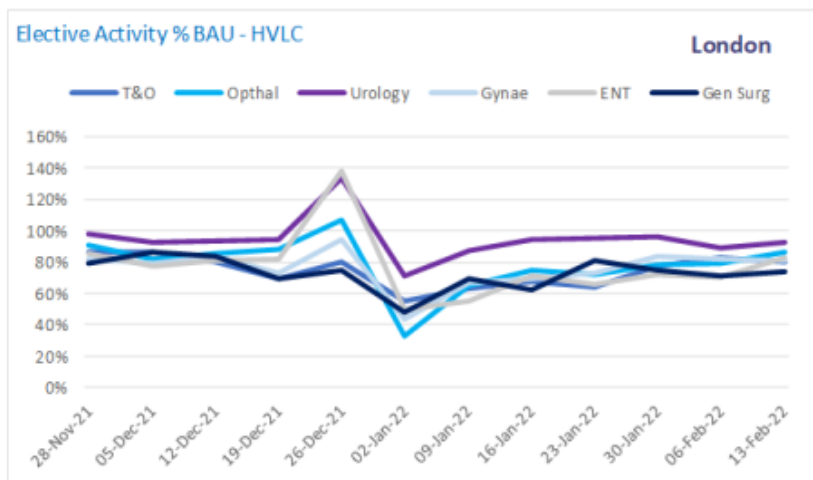
Latest Data: w/e 13-Feb

Provider	Admitted PTL Size	Weekly Var (%)	Admitted 104ww	Weekly Var (%)
NEL	20,691	1.3%	491	-
Barts	12,993	1.4%	489	0.2%
BHRUT	4,215	1.1%	2	-33.3%
Homerton	3,483	0.8%	0	-
NCL	33,462	1.0%	218	6.3%
RFL	8,730	-0.5%	135	3.1%
UCLH	9,594	1.6%	67	6.3%
GOSH	1,964	1.6%	10	42.9%
NMUH	1,277	-1.1%	5	25.0%
RNOH	2,305	-1.1%	1	-
Moorfields	7,025	2.9%	0	-
Whittington	2,567	1.4%	0	-
NWL	24,094	1.7%	47	-11.3%
Imperial	9,917	2.6%	21	-12.5%
LNW	5,012	0.2%	16	-11.1%
ChelWest	5,935	2.4%	5	-16.7%
Hillingdon	3,230	0.4%	5	-
SEL	35,317	1.0%	147	-
LGT	6,128	0.9%	58	1.8%
GSTT	15,948	1.2%	49	4.3%
Kings	13,241	0.8%	40	-7.0%
SWL	17,943	-0.5%	2	100.0%
St George's	6,409	-1.2%	2	100.0%
Croydon	2,145	-1.2%	0	-
Epsom	5,201	0.0%	0	-
Kingston	3,937	0.2%	0	-
Royal Marsden	251	7.3%	0	-
LONDON	131,507	1.0%	905	0.9%

Source: RTT Weekly PTL

London elective activity in the equivalent baseline period: 27,461.

Elective – high volume low complexity specialties

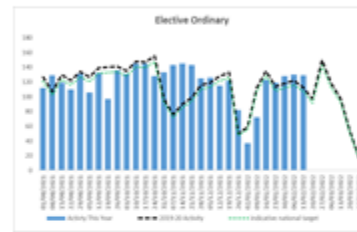
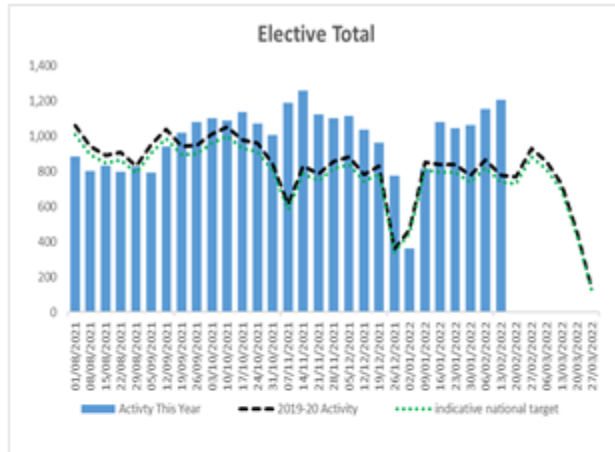


London - HVLC specialties Elective Activity							
Rank	Provider	Flex Week (Current)	Freeze Week (Last)	Freeze Week (Previous)	Change between Freeze Weeks	Current Elective Activity volume	5 week Trend
1	RNOH	143.9%	101.5%	85.1%	▲	249	
2	ChelWest	120.7%	108.4%	106.0%	▲	309	
3	Croydon	104.1%	89.9%	117.4%	▼	226	
4	Kingston	97.3%	78.1%	82.6%	▼	216	
5	Royal Marsden	94.6%	78.0%	96.9%	▼	70	
6	UCLH	90.2%	62.7%	95.1%	▼	350	
7	Moorfields	90.2%	90.0%	77.1%	▲	660	
8	Homerton	84.4%	82.9%	93.6%	▼	200	
9	LNW	83.7%	86.5%	96.1%	▼	376	
10	Whittington	81.4%	55.0%	65.0%	▼	83	
11	Epsom	80.3%	90.8%	87.4%	▲	502	
12	RFL	78.3%	70.7%	82.0%	▼	322	
13	St George's	78.2%	85.4%	83.7%	▲	201	
14	Kings	78.0%	78.0%	75.1%	▲	611	
15	BHRUT	76.7%	89.5%	79.3%	▲	381	
16	Hillingdon	75.8%	82.8%	90.4%	▼	160	
17	Imperial	75.6%	70.9%	63.5%	▲	338	
18	GSTT	71.2%	57.6%	52.9%	▲	296	
19	NMUH	68.4%	77.7%	89.4%	▼	167	
20	Barts	67.8%	69.0%	71.3%	▼	353	
21	LGT	64.1%	61.0%	40.4%	▲	186	
1	NCL	89.3%	78.3%	82.6%	▼	1,831	
2	SWL	87.1%	87.0%	91.1%	▼	1,215	
3	NWL	86.8%	85.1%	85.6%	▼	1,183	
4	NEL	74.4%	79.0%	78.2%	▲	934	
5	SEL	73.4%	69.1%	62.9%	▲	1,093	
	London	82.8%	79.5%	80.2%	▼	6,256	

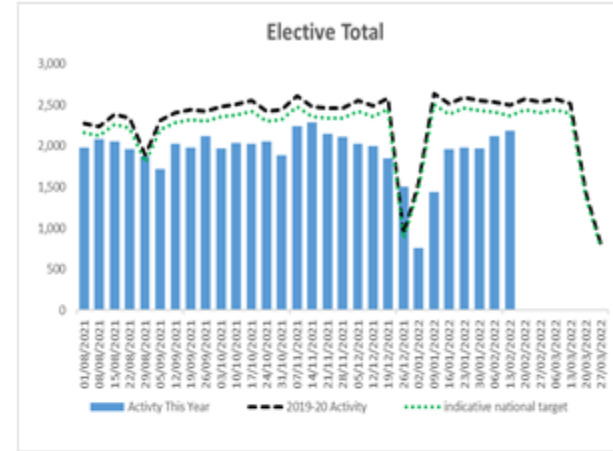
Phase 2: Recovery Plan. Elective Weekly performance by Trust against Plan



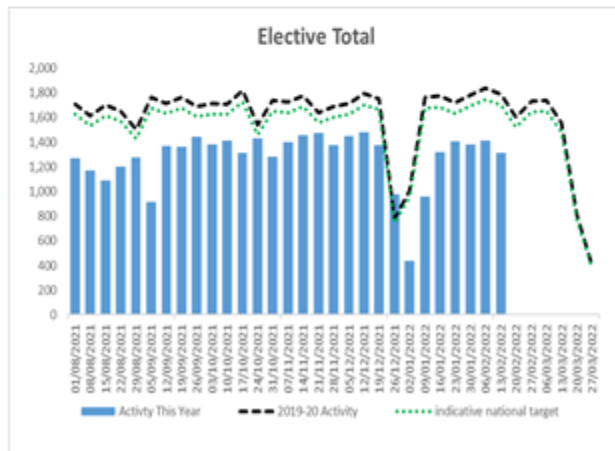
CWFT



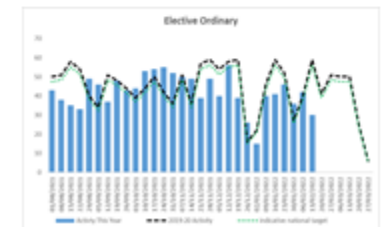
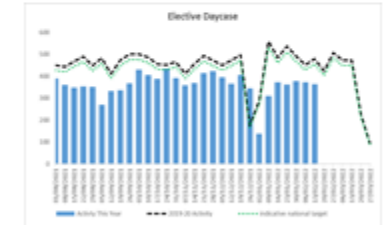
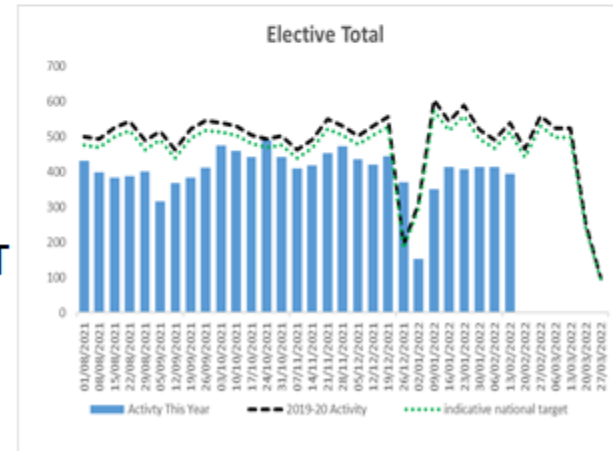
ICHT



LNWUHT



THFT



Phase 1: NHS Theatre throughput NHS theatre activity in numbers



NHS activity / capacity

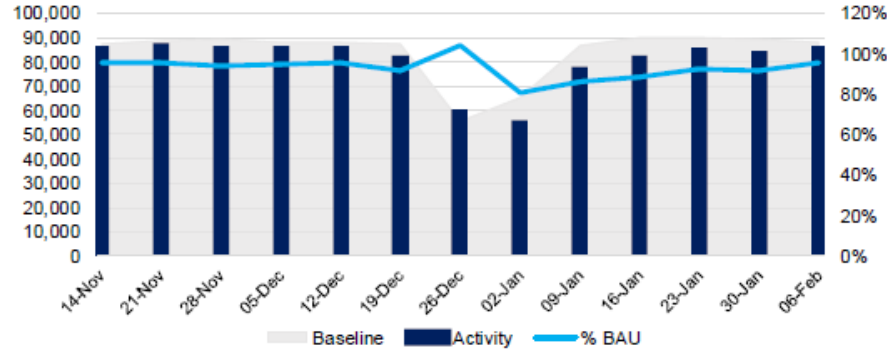
1,503 elective patients received surgery in NHS theatres last week

Trust	Site	Peak recovery	30/01/2022	06/02/2022	13/02/2022	20/02/2022	27/02/2022	06/03/2022
CWHFT	PLANNED ACTIVITY		508	465	511	501	481	
CWHFT	ACTUAL ACTIVITY	540	464	509	502			
ICHT	PLANNED ACTIVITY		476	378	528	360	377	
ICHT	ACTUAL ACTIVITY	521	413	426	457			
LNWUHT	PLANNED ACTIVITY		300	301	229	291	246	
LNWUHT	ACTUAL ACTIVITY	484	388	368	389			
THHFT	PLANNED ACTIVITY		186	177	152	171	221	
THHFT	ACTUAL ACTIVITY	168	160	147	155			
NWL	PLANNED ACTIVITY		1470	1321	1420	1323	1325	
NWL	ACTUAL ACTIVITY	1713	1425	1450	1503			
%Utilisation			97%	110%	106%			

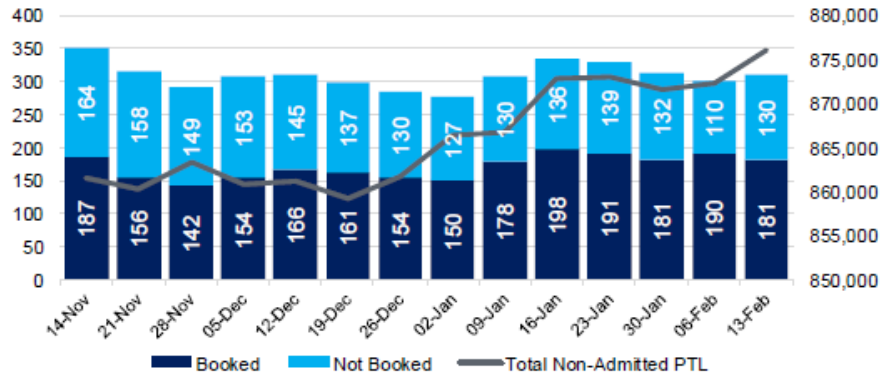
Outpatient Activity: 1st Appointment



OP - 1st Appt Activity Volumes and % of Baseline



Non-Admitted Pathway: 104 ww and Total PTL



OP - 1st Appt (Latest Freeze Data: w/e 06-Feb)

Provider	% BAU	Activity Volume	Weekly Var (%)
NEL	88.4%	11,136	4.0%
Barts	86.1%	6,034	6.3%
BHRUT	86.2%	3,130	4.3%
Homerton	100.8%	1,972	-2.8%
NCL	98.0%	21,754	2.4%
RFL	81.9%	6,479	2.8%
UCLH	106.4%	5,635	0.4%
NMUH	131.9%	2,691	1.8%
GOSH	100.2%	606	-2.1%
Moorfields	100.0%	2,643	3.0%
RNOH	109.2%	461	28.8%
Whittington	98.9%	3,239	3.0%
NWL	96.9%	17,399	0.9%
Imperial	81.1%	5,584	1.5%
LNW	102.6%	5,043	-0.4%
ChelWest	117.2%	5,238	1.7%
Hillingdon	91.4%	1,534	0.5%
SEL	95.5%	17,839	-0.2%
LGT	110.1%	5,489	-0.9%
Kings	106.1%	6,137	-2.5%
GSTT	78.6%	6,213	2.9%
SWL	94.1%	15,970	6.4%
Epsom	92.7%	2,351	3.0%
St George's	92.0%	6,656	16.8%
Croydon	123.1%	3,078	-2.5%
Kingston	79.8%	3,433	-2.0%
Royal Marsden	112.2%	452	23.8%
LONDON	95.2%	84,098	2.5%

Source: Weekly Activity Return

Latest Data: w/e 13-Feb

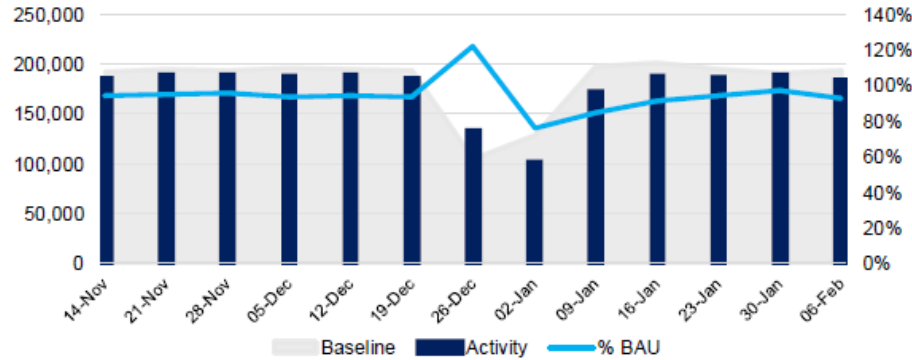
Provider	Non-Adm. PTL Size	Weekly Var (%)	Non-Adm. 104ww	Weekly Var (%)
NEL	161,220	0.0%	170	8.3%
Barts	88,194	-0.5%	166	8.5%
BHRUT	52,334	0.6%	4	-
Homerton	20,692	0.9%	0	-
NCL	214,925	1.3%	96	-
RFL	91,840	0.3%	82	-4.7%
UCLH	49,811	1.0%	9	50.0%
NMUH	15,755	1.7%	2	100.0%
GOSH	4,895	-0.8%	1	-
Moorfields	30,464	4.0%	1	-
RNOH	4,670	-0.2%	1	-
Whittington	17,490	3.1%	0	-
NWL	186,114	0.6%	14	-
Imperial	73,321	0.4%	5	-28.6%
LNW	51,419	-0.4%	5	25.0%
ChelWest	40,367	2.0%	3	50.0%
Hillingdon	21,007	1.6%	1	-
SEL	189,029	0.0%	29	-3.3%
LGT	51,645	-0.6%	22	-8.3%
Kings	61,748	1.0%	4	100.0%
GSTT	75,636	-0.5%	3	-25.0%
SWL	124,665	-0.2%	2	-33.3%
Epsom	36,058	0.0%	1	-
St George's	41,313	-0.5%	1	-
Croydon	24,045	0.5%	0	-100.0%
Kingston	21,914	-0.2%	0	-
Royal Marsden	1,335	-7.4%	0	-
LONDON	875,953	0.4%	311	3.7%

Source: RTT Weekly PTL

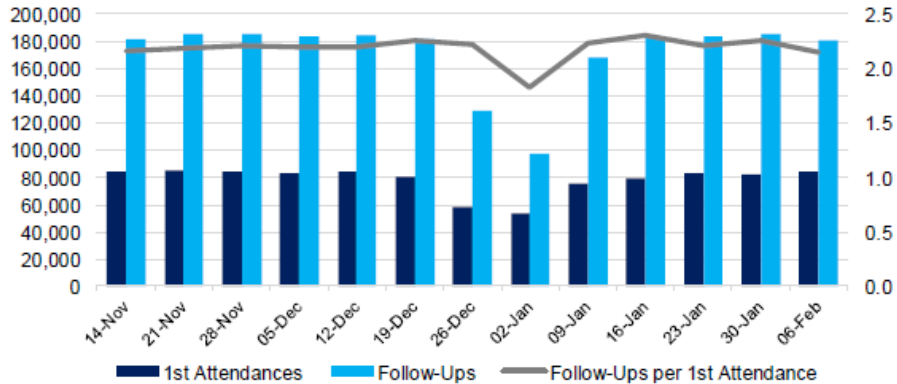
London 1st outpatient activity in equivalent baseline period: 88,378.

Outpatient Activity: Follow-Ups

OP - Follow-Up Activity Volumes and % of Baseline



Number of Follow-Ups per 1st Attendance

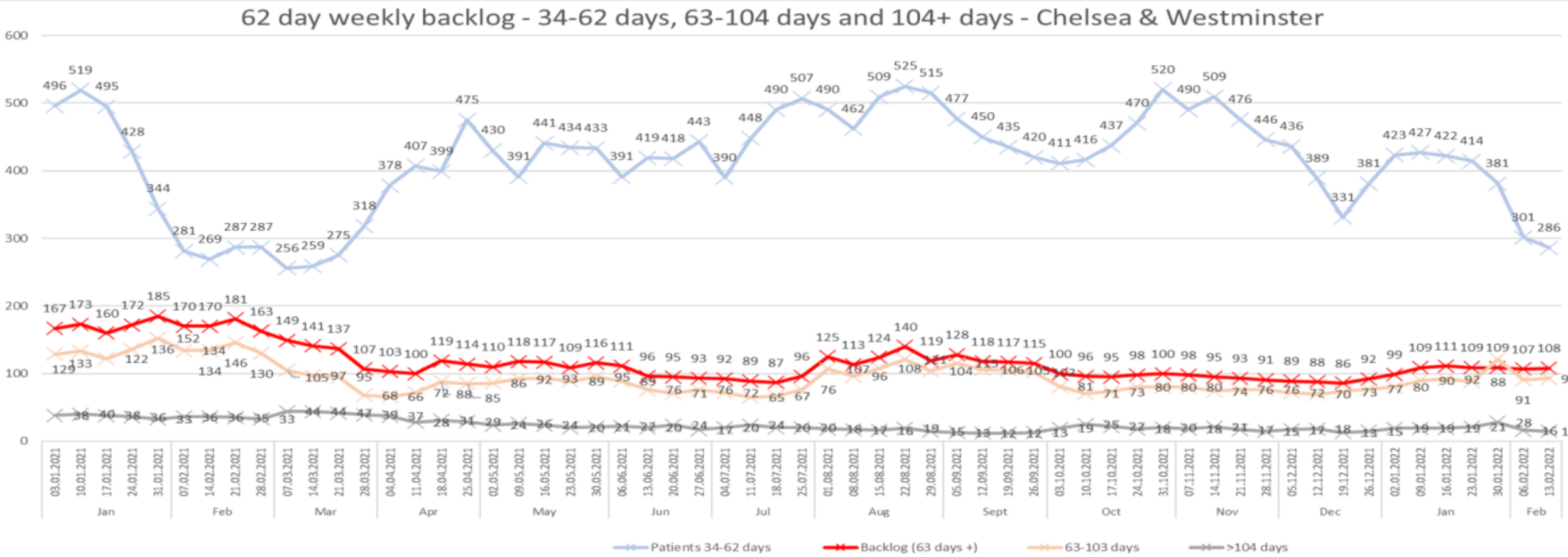


OP - Follow-Up (Latest Freeze Data: w/e 06-Feb)

Provider	% BAU	Activity Volume	Weekly Var (%)	Ratio of 1st to FUP
NEL	92.5%	25,008	-2.7%	1: 2.2
Barts	90.3%	16,054	-2.8%	1: 2.7
BHRUT	81.1%	4,607	-3.3%	1: 1.5
Homerton	121.2%	4,347	-1.7%	1: 2.2
NCL	93.6%	54,681	-3.3%	1: 2.5
RFL	77.3%	10,761	-2.4%	1: 1.7
UCLH	104.8%	21,910	-7.0%	1: 3.9
NMUH	102.6%	5,822	1.2%	1: 2.2
GOSH	102.3%	3,206	-2.8%	1: 5.3
Moorfields	90.9%	8,826	-0.9%	1: 3.3
RNOH	89.5%	1,528	12.3%	1: 3.3
Whittington	77.9%	2,628	-0.3%	1: 0.8
NWL	102.6%	31,577	-5.8%	1: 1.8
Imperial	91.9%	10,370	-0.6%	1: 1.9
LNW	93.2%	8,713	-14.6%	1: 1.7
ChelWest	137.4%	9,803	-2.0%	1: 1.9
Hillingdon	89.8%	2,691	-6.2%	1: 1.8
SEL	91.9%	44,439	0.9%	1: 2.5
LGT	94.0%	5,320	-5.3%	1: 1.0
Kings	103.6%	18,662	2.0%	1: 3.0
GSTT	82.9%	20,457	1.6%	1: 3.3
SWL	84.2%	24,761	-2.0%	1: 1.6
Epsom	61.3%	4,044	-4.2%	1: 1.7
St George's	96.0%	7,823	-2.2%	1: 1.2
Croydon	77.7%	4,882	0.7%	1: 1.6
Kingston	98.1%	3,378	-6.7%	1: 1.0
Royal Marsden	93.8%	4,634	1.4%	1: 10.3
LONDON	93.0%	180,466	-2.5%	1: 2.1

Source: Weekly Activity Return

Chelsea and Westminster Hospital NHS Foundation Trust – w/e 6th February 2022



Change in last week:

C&W	34-62 days	63-103 days	104+ days	63 days +
% change	-5.0%	+2.2%	-6.3%	+0.9%
Number of patients	-15	+2	-1	+1

Totals:

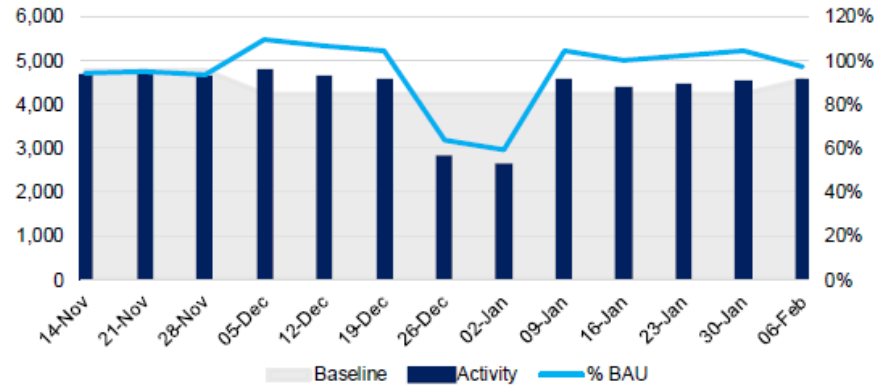
NWL	34-62 days	63-103 days	104+ days	63 days +
RMP w/e 13.02.2022	286	93	15	108
Baseline (w/e 16.02.20)	467	240	83	323
Difference to baseline	-181	-147	-68	-215

Endoscopy Activity

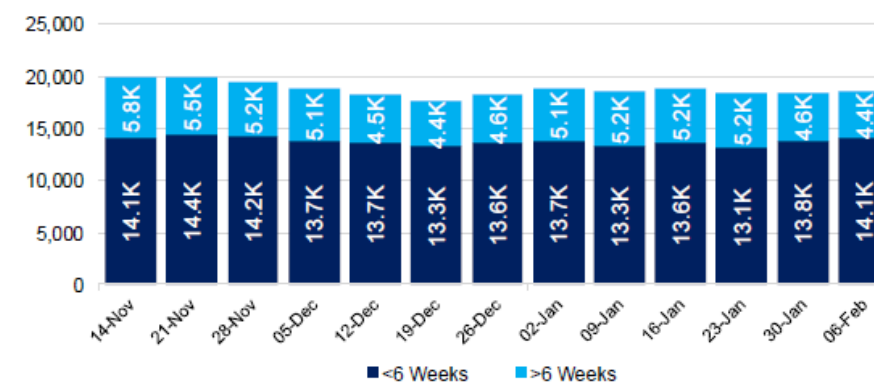


Below table note: Royal Free current year and baseline activity has been removed from Endoscopy calculations.

Endoscopy Activity Volumes and % of Baseline



Endoscopy: Total Wait List



Endoscopy (Latest Freeze Data: w/e 06-Feb)

Provider	% BAU	Activity Volume	Weekly Var (%)
NEL	88.0%	839	-9.4%
Homerton	67.8%	144	-5.9%
Barts	99.1%	472	-13.2%
BHRUT	84.1%	223	-2.6%
NCL	88.1%	529	-14.8%
RFL	-	-	-
UCLH	71.1%	202	-26.3%
NMUH	101.7%	150	-16.7%
Whittington	105.3%	163	5.2%
GOSH	100.0%	14	16.7%
NWL	82.0%	986	0.0%
Imperial	70.6%	265	-0.4%
Hillingdon	101.7%	150	2.7%
CheWest	128.7%	306	-0.6%
LNW	59.9%	265	-0.4%
SEL	122.9%	1,233	5.2%
GSTT	338.3%	362	14.9%
Kings	78.2%	415	4.8%
LGT	124.8%	456	-1.1%
SWL	105.6%	837	17.6%
Croydon	159.7%	196	73.5%
Epsom	100.3%	284	22.9%
St George's	88.6%	160	-5.3%
Royal Marsden	85.3%	29	16.0%
Kingston	97.5%	168	-3.4%
LONDON	97.2%	4,424	0.2%

Source: Weekly Activity Return

Latest Data: w/e 06-Feb

Waitlist	Weekly Var (%)	>6 Weeks	Weekly Var (%)
2,243	-6.4%	96	-24.4%
631	-6.7%	64	-21.0%
1,138	-9.6%	32	-27.3%
474	2.8%	0	-100.0%
5,085	1.9%	1,931	0.4%
2,170	2.2%	782	4.5%
1,421	1.9%	667	-1.3%
873	-1.6%	299	-3.9%
498	6.4%	136	-1.4%
123	3.4%	47	-6.0%
4,940	1.1%	1,228	-8.4%
2,019	8.5%	618	-3.3%
835	-3.0%	351	-8.8%
1,284	-0.2%	189	-6.9%
802	-8.6%	70	-38.6%
3,270	2.6%	886	-4.3%
1,342	5.2%	534	2.1%
1,027	-0.9%	265	-5.7%
901	3.1%	87	-28.7%
2,938	-1.1%	224	-22.0%
785	-2.1%	142	-15.0%
1,039	-1.1%	63	-25.0%
523	0.6%	15	-16.7%
86	8.9%	4	33.3%
505	-2.5%	0	-100.0%
18,476	0.3%	4,365	-5.2%

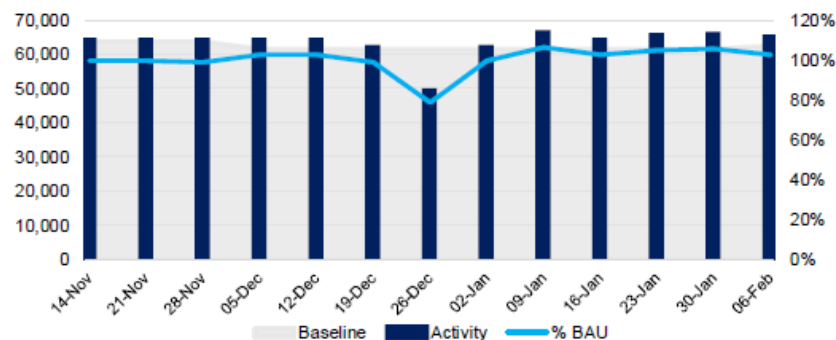
Source: Weekly Activity Return

London Endoscopy Activity in equivalent baseline period: 4,553.

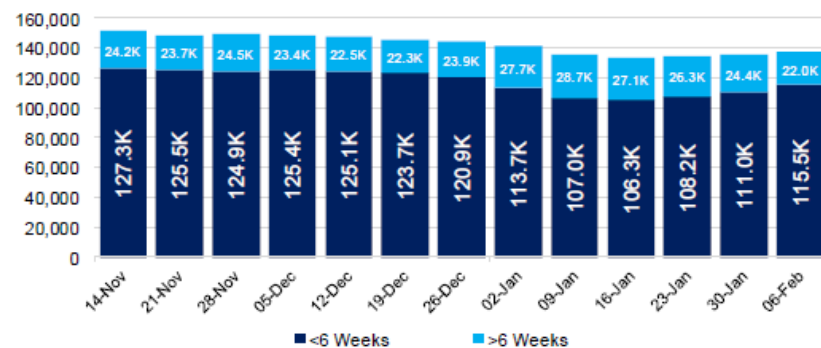
Imaging Activity



Imaging Activity Volumes and % of Baseline



Imaging: Total Wait List



Imaging (Latest Freeze Data: w/e 06-Feb)

Provider	% BAU	Activity Volume	Weekly Var (%)
NEL	103.8%	13,291	-3.1%
Barts	116.3%	7,343	-0.8%
BHRUT	84.4%	3,872	-7.3%
Homerton	109.5%	2,076	-2.8%
NCL	100.2%	12,980	-2.3%
UCLH	105.6%	3,646	-4.7%
RFL	97.1%	5,222	-2.2%
GOSH	99.3%	388	-11.4%
RNOH	88.2%	452	3.2%
NMUH	88.4%	1,477	-5.0%
Whittington	116.5%	1,627	2.5%
Moorfields	110.9%	168	60.0%
NWL	104.5%	13,208	-1.1%
Hillingdon	127.2%	1,680	-2.5%
LNW	88.7%	3,385	-2.8%
Imperial	99.4%	4,968	-1.4%
ChelWest	126.7%	3,175	1.9%
SEL	101.2%	13,011	-0.2%
GSTT	96.2%	4,116	-5.0%
Kings	102.4%	5,457	-0.7%
LGT	105.9%	3,438	7.1%
SWL	102.0%	11,266	-2.5%
Kingston	89.6%	1,595	-4.1%
Epsom	115.4%	2,687	-4.8%
Croydon	104.2%	2,179	-8.4%
St George's	91.3%	2,961	5.9%
Royal Marsden	114.8%	1,844	-2.8%
LONDON	102.3%	63,756	-1.9%

Source: Weekly Activity Return

Latest Data: w/e 06-Feb

Waitlist	Weekly Var (%)	>6 Weeks	Weekly Var (%)
41,850	2.1%	14,147	-5.9%
28,725	1.6%	11,416	-5.5%
7,802	4.7%	2,525	-4.4%
5,323	0.9%	206	-34.6%
25,505	1.2%	2,951	-17.8%
7,744	1.1%	1,768	-10.8%
9,393	3.7%	884	-24.5%
956	2.7%	144	-2.7%
1,579	0.4%	71	-45.0%
2,606	-0.7%	49	-18.3%
3,029	-3.3%	30	-65.5%
198	-14.7%	5	-54.5%
23,917	0.3%	992	-24.3%
2,860	-10.9%	499	-26.4%
6,792	0.0%	315	-21.8%
9,076	3.6%	167	-20.9%
5,189	1.9%	11	-42.1%
21,305	1.6%	1,707	-9.7%
9,046	2.3%	1,292	-5.4%
6,615	0.4%	365	-22.7%
5,644	1.9%	50	-5.7%
24,943	2.5%	2,239	-12.8%
4,119	8.2%	792	-5.5%
6,754	-0.9%	662	-27.3%
6,820	2.1%	581	-11.3%
6,680	3.6%	201	24.1%
570	-4.2%	3	0.0%
137,520	1.6%	22,036	-9.7%

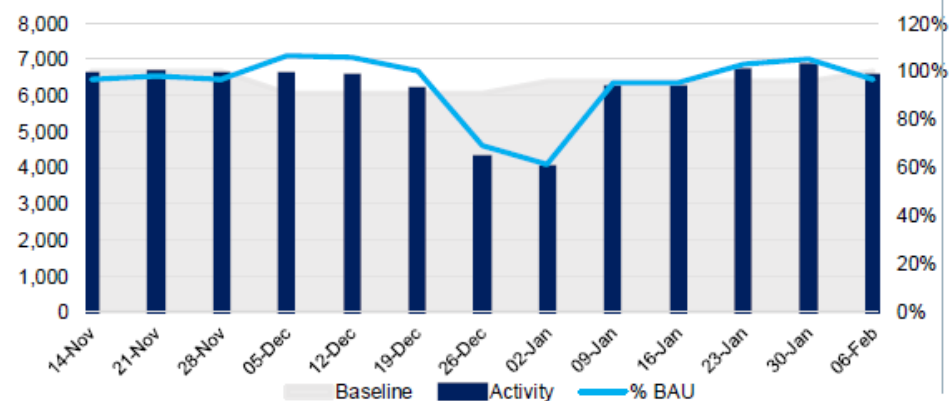
Source: Weekly Activity Return

London Imaging Activity in the equivalent baseline period: 62,297.

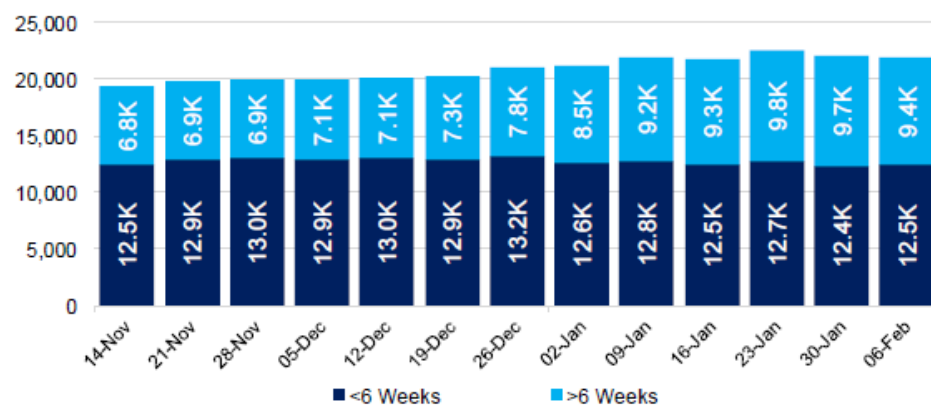
Echocardiography Activity



Echocardiography Activity Volumes and % of Baseline



Echocardiography: Total Wait List



Echocardiography (Latest Freeze Data: w/e 06-Feb)

Provider	% BAU	Activity Volume	Weekly Var (%)
NEL	92.0%	1,332	1.4%
Barts	102.1%	1,012	-3.8%
Homerton	107.8%	173	28.1%
BHRUT	49.6%	147	15.7%
NCL	106.1%	1,080	-4.8%
RFL	124.8%	245	-16.1%
UCLH	105.8%	283	-10.2%
Whittington	103.0%	120	0.8%
GOSH	97.0%	312	8.0%
NMUH	103.2%	120	0.0%
NWL	102.0%	1,184	3.4%
Hillingdon	124.0%	159	-3.6%
Imperial	89.9%	555	2.2%
LNW	119.4%	228	-1.3%
CheWest	108.0%	242	17.5%
SEL	86.3%	1,718	-10.8%
GSTT	84.9%	979	-11.2%
Kings	88.1%	567	-9.6%
LGT	88.2%	172	-12.7%
SWL	106.1%	1,107	-8.1%
Croydon	94.8%	196	-8.4%
Kingston	18.0%	20	-77.3%
Epsom	202.0%	299	14.1%
St George's	102.5%	538	-9.9%
LONDON	96.4%	6,421	-4.5%

Source: Weekly Activity Return

London Echo Activity in the equivalent baseline period: 6,662.

Latest Data: w/e 06-Feb

Provider	Waitlist	Weekly Var (%)	>6 Weeks	Weekly Var (%)
NEL	8,638	1.0%	5,351	-3.5%
Barts	7,524	1.0%	5,151	-2.4%
Homerton	806	-6.5%	200	-24.8%
BHRUT	308	28.3%	0	-
NCL	2,731	-4.7%	756	-11.2%
RFL	1,195	-9.2%	641	-6.7%
UCLH	470	3.1%	45	164.7%
Whittington	456	-3.6%	45	-59.8%
GOSH	126	3.3%	20	-16.7%
NMUH	484	-3.0%	5	-54.5%
NWL	2,972	-4.8%	1,111	-0.5%
Hillingdon	1,144	-3.6%	621	-4.6%
Imperial	601	11.5%	410	3.5%
LNW	1,028	4.7%	71	31.5%
CheWest	199	-51.9%	9	-43.8%
SEL	3,633	-2.4%	719	-16.7%
GSTT	1,248	-12.8%	633	-13.3%
Kings	1,730	3.7%	85	-29.8%
LGT	655	5.1%	1	-91.7%
SWL	3,886	0.7%	1,417	3.4%
Croydon	1,509	2.0%	735	2.7%
Kingston	975	10.8%	580	17.2%
Epsom	643	2.2%	88	-11.1%
St George's	759	-12.7%	14	-77.0%
LONDON	21,860	-1.2%	9,354	-4.0%

Source: Weekly Activity Return



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 rd March 2022
--	---

AGENDA ITEM NO.	2.2								
TITLE OF REPORT	Integrated Performance Report – January 2022								
AUTHOR NAME AND ROLE	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer								
ACCOUNTABLE EXECUTIVE DIRECTOR	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer								
<p>THE PURPOSE OF THE REPORT</p> <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>√</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	√	Info Only		Advice		<p>To report the combined Trust’s performance for January 2022 for the Trust, highlighting risk to achievement, issues and identifying key actions going forward.</p>
Decision/Approval									
Assurance	√								
Info Only									
Advice									
<p>REPORT HISTORY (Committees/Meetings where this item has been considered)</p>									
<p>SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND</p>	<p>January 2022 was a challenging month for the Trust balancing the demands of COVID-19 alongside increased staff sickness absence. However, despite these challenges, the Trust continues to deliver a relatively high level of performance and activity as compared Nationally.</p> <p>A&E Although the 4-hr performance remained underachieved in Month 10 (January 2022) there was marginal improvement on the previous month. Both WMUH and CWH have seen an incremental improvement for the 4hr A&E target with an overall Trust performance of 81.7% in the month. This performance, whilst non-compliant, remains in the Upper decile nationally.</p> <p>Cancer A strong month of performance overall given the operational challenges associated with COVID-19 during the month of January.</p>								

	<p>The 2-Week Wait performance remains strong with performance of 93.51%. The Breast Symptomatic standard for January 2022 non-compliant at 83.17% due to sickness within that speciality.</p> <p>28-Day FDS: The 28 day faster diagnostic standard is currently non-compliant at 61%. This is an unvalidated position, but is a decline in performance from three previously compliant months (October-December 2021). This decline has been caused by diagnostic delays due to Covid in Dec 21-Jan 22, but pathways have now been recovered.</p> <p>62-Day Referral to First Treatment: 62-Day performance for January 21 is in compliant position, currently at 85.8%.</p> <p>31 day: The 31-Day target is currently non-compliant for January 2022, at 90.8%, but this is currently unvalidated. This has been driven by the continued increase in GP suspected skin cancer referrals.</p> <p>18 Week RTT Incomplete Marginal improvement in the RTT performance is noted at Trust level. Challenges with performance is due to increase in staff absence as Covid rates rose in Month 10 and in addition patients were reluctant to attend appointments. Focus continues on the reduction of the longer waiting patients. The Trust is on track to have no patients waiting 104 days or over by the end of March 2022 and is working up recovery trajectories related to reduction and elimination of our 52 week waits.</p> <p>Diagnostic Waits <6 weeks There was a marginal decrease in performance in Month 10 which translated to non-compliance below the 99% standard with a reported position of 98.88%. This was due to the reduction of capacity over the Christmas period on top of staff absence due to Covid across a number of our key modalities. There was also an increase in the volume of patients choosing to avoid site attendance due to the risk of Covid. The service is confident that standards will be maintained and is forecasting compliance for Month 11 (February 22).</p>
KEY RISKS ARISING FROM THIS REPORT	Key areas of concern continue to be: RTT, Cancer Services , A&E
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)	
Deliver high quality patient centred care	Y
Be the employer of Choice	Y

Deliver better care at lower cost	Y
-----------------------------------	---

<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></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		Public Consultation		Council of Governors		<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	Y														
People (Workforce or Patients/Families/Carers)	Y														
Operational Performance	Y														
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)	



TRUST PERFORMANCE & QUALITY REPORT

January 2022



NHSI Reporting

NHSI Dashboard		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022 Q4	2021-2022	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	80.15%	79.20%	80.47%	84.57%	82.47%	81.22%	82.68%	85.89%	81.48%	80.38%	81.73%	81.73%	85.33%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	75.95%	75.18%	75.03%	75.78%	70.47%	66.39%	67.25%	71.48%	73.63%	71.51%	71.76%	71.76%	73.99%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jan-22) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.11%	95.35%	91.82%	93.41%	95.77%	97.40%	94.63%	96.40%	95.91%	96.55%	93.51%	n/a	95.14%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	100%	n/a	99.30%	100%	83.00%	99.27%	99.30%	100%	83.17%	n/a	99.27%	
	31 days diagnosis to first treatment (Target: >96%)	89.09%	95.83%	83.33%	92.69%	92.11%	87.18%	94.52%	94.37%	90.84%	90.48%	90.08%	n/a	93.66%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	n/a	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	80.00%	50.00%	100%	n/a	90.91%	50.00%	100%	n/a	n/a	87.50%	
	62 days GP referral to first treatment (Target: >85%)	82.14%	84.62%	90.91%	83.46%	72.12%	90.18%	81.33%	79.28%	75.63%	88.14%	85.82%	n/a	80.85%	
Cancer - FDS	62 days NHS screening service referral to first treatment (Target: >90%)	0.00%	n/a	n/a	37.50%	40.00%	66.67%	33.33%	62.16%	33.33%	66.67%	33.33%	33.33%	59.76%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	83.48%	81.93%	63.29%	78.17%	70.50%	71.75%	59.53%	65.78%	75.46%	75.71%	61.02%	61.02%	70.67%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	3	1	3	15	0	0	2	13	3	1	5	5	28	

Please note the following three items

- n/a Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
- RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators Either Site or Trust overall performance red in each of the past three months
- Note that all Cancer indicators show interim, unvalidated positions for the latest month (Jan-22) and are not included in quarterly or yearly totals

January 2022 was a challenging month for the Trust balancing the demands of COVID-19 alongside increased staff sickness absence. However, despite these challenges, the Trust continues to deliver a relatively high level of performance and activity as compared nationally.

A&E

Although the 4-hr performance remained underachieved in Month 10 (January 2022) there was marginal improvement on the previous month. Both WMUH and CWH have seen an incremental improvement for the 4hr A&E target with an overall Trust performance of 81.7% in the month. This performance, whilst non-compliant, remains in the Upper decile nationally.

RTT 18 Week Incomplete: Marginal improvement in the RTT performance is noted at Trust level. Challenges with performance is due to increase in staff absence as Covid rates rose in Month 10 and in addition patients were also reluctant to attend appointments. Focus continues on the reduction of the longer waiting patients. The Trust is on track to have no patients waiting 104 days or over by the end of March 2022 and is working up recovery trajectories related to reduction and elimination of our 52 week waits.

Cancer (Partially Unvalidated)

A strong month of performance overall given the operational challenges associated with COVID-19 during the month of January.

The **2-Week Wait** performance remains strong with performance of 93.51%. The Breast Symptomatic standard for January 2022 non-compliant at 83.17% due to sickness within that speciality.

28-Day FDS: The 28 day faster diagnostic standard is currently non-compliant at 61%. This is an unvalidated position, but is a decline in performance from three previously compliant months (October-December 2021). This decline has been caused by diagnostic delays due to Covid in Dec 21-Jan 22, but pathways have now been recovered.

62-Day Referral to First Treatment: 62-Day performance for January 21 is in compliant position, currently at 85.8%.

31 day: The 31-Day target is currently non-compliant for January 2022, at 90.8%, but this is currently unvalidated. This has been driven by the continued increase in GP suspected skin cancer referrals.

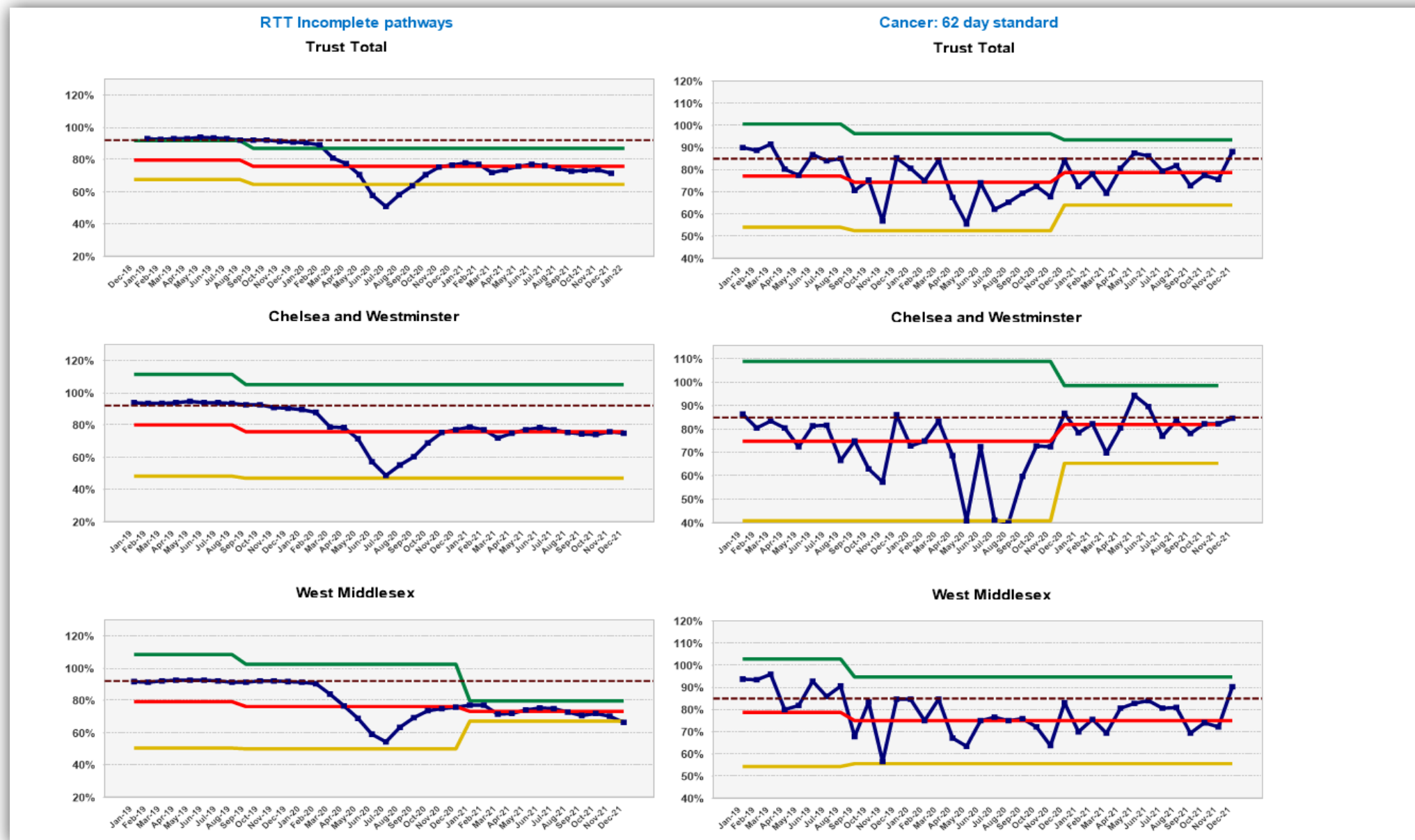
Patient Safety

There were 5 Trust attributed Clostridium difficile cases in January 2022, 3 occurred at the CW site and 2 at the WM site. The total of Trust attributed cases now stands at 28 against a target of 23, however RCA's conducted have concluded that there were no lapses in care which contributed to the development of these cases. RCA's have been scheduled for the January cases and further review will be undertaken if warranted. A deep dive has also been conducted and discussed at ICS level.



SELECTED BOARD REPORT NHSI INDICATORS

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



Cancer 62-Day Standard: Cancer Performance is noted to show the unvalidated position for the current month on the NHSE dashboard. The final validated performance is represented in the SPC charts above and is a month in arrears.

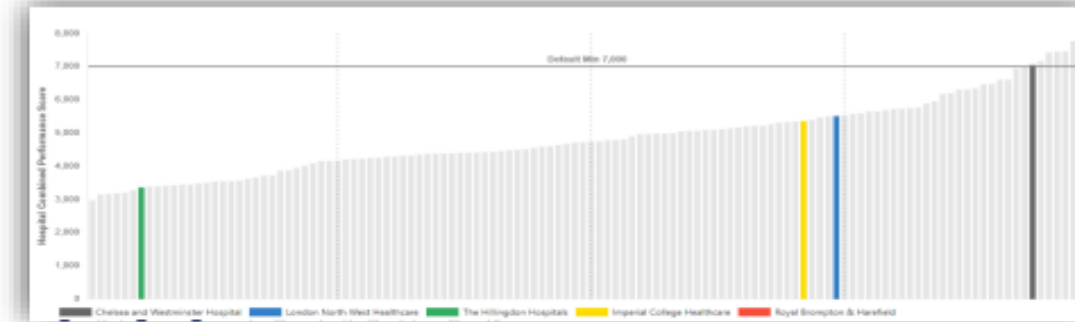


National Benchmarking Against Select Indicators

The below has been sourced from PublicView and represents the Trust Performance for December 2021. The Ranking is based on peers in the same group as the Trust.

The Trust ranked 7th nationally on the HCS in Dec 2021 the most recent data available for this measure

Hospital Combined Score -7TH Nationally (Dec 21)



Cancer 62 Days 3rd OFF 122(Dec 21)



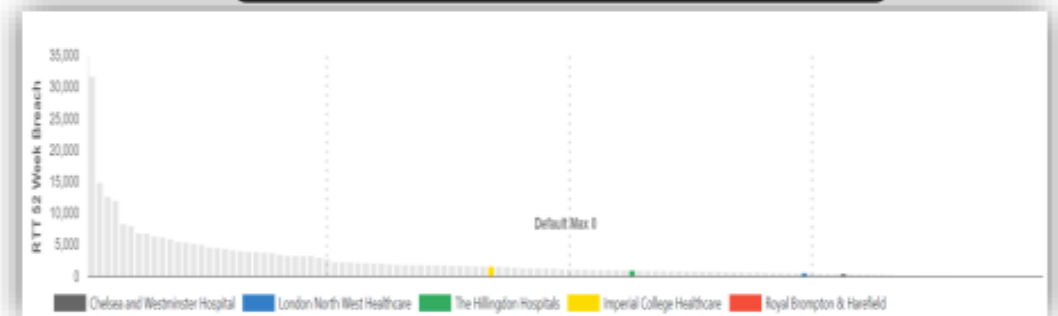
62 Day Cancer Standard: The Trust is currently ranked 3rd out of 122 trusts and improvement on the previous position of 37th.

6 -wk Diagnostic – 1st OF 122 (Dec 21)



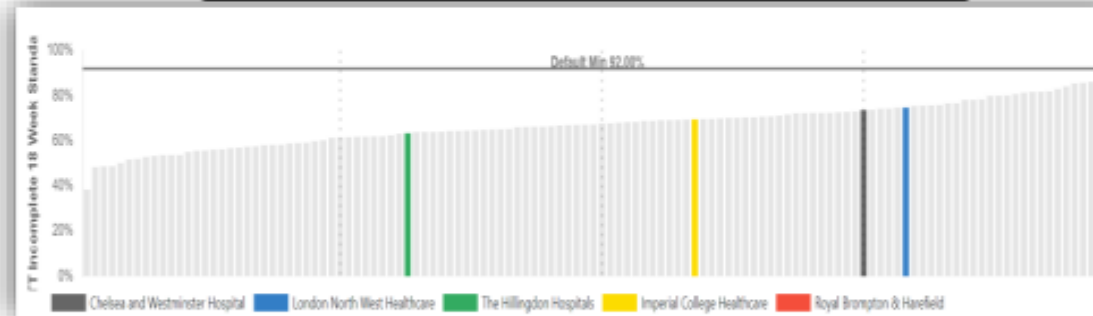
6 Week Diagnostic Standard: The Trust is currently ranked 1st nationally, an improvement on the previous position of 3rd.

RTT 52 wks- 26TH OF 122 (Dec 21)



RTT 52 Week Breaches: The Trust is currently ranked 26th of 122 Trusts

RTT 18-wk Incomplete Pathway 30TH OF 122 (Dec 21)



RTT 18 Week Standard: The Trust ranking at 30th for this measure.



Safety

Safety Dashboard		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022 Q4	2021-2022	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	1	2	1	0	0	4	1	0	1	1	6		-
	Hand hygiene compliance (Target: >90%)	89.4%	92.5%	91.7%	91.4%	96.6%	96.4%	95.3%	92.6%	92.2%	94.2%	93.2%	93.2%	91.9%		-
Incidents	Number of serious incidents	2	2	7	33	5	2	3	35	7	4	10	10	68		-
	Incident reporting rate per 100 admissions (Target: >8.5)	7.3	8.7	7.8	8.4	10.2	10.3	11.2	10.3	8.6	9.5	9.4	9.4	9.3		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.00	0.04	0.04	0.02	0.04	0.02	0.06	0.02	0.02	0.03	0.05	0.05	0.02		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.21	3.22	3.77	4.56	2.53	2.01	2.79	3.08	3.34	2.58	3.27	3.27	3.80		!
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	2.3%	2.1%	0.7%	0.0%	0.0%	0.0%	0.2%	0.0%	1.4%	1.2%	1.2%	0.5%		-
Harm	Never Events (Target: 0)	0	0	0	1	0	0	0	1	0	0	0	0	2		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	2	0	0	3	0	0	0	2	2	0	0	0	5		-
	Safeguarding adults - number of referrals	21	19	34	212	30	30	31	349	51	49	65	65	561		-
	Safeguarding children - number of referrals	22	28	22	258	84	99	91	1067	106	127	113	113	1325		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.72	0.71	0.71	0.71	0.72	0.71	0.71	0.71	0.72	0.71	0.71	0.71	0.71		-
	Number of hospital deaths - Adult	47	47	35	371	58	56	73	579	105	103	108	108	950		-
	Number of hospital deaths - Paediatric	3	0	0	3	0	0	0	0	3	0	0	0	3		-
	Number of hospital deaths - Neonatal	0	1	1	8	2	1	1	9	2	2	2	2	17		-
	Number of deaths in A&E - Adult	0	0	0	0	4	7	0	28	4	7	0	0	28		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	1	2	0	0	1	2		-	

Please note the following: blank cell An empty cell denotes those indicators currently under development ! Either Site or Trust overall performance red in each of the past three months

MRSA bacteremia: There was 1 MRSA Trust attributed bacteremia in January 2022 which occurred at the CW site and was attributed to RJ/SMA due to their prolonged inpatient stay on those wards. An RCA will be scheduled later this month

Incidents: There were 18 serious incident declared in January 2022; 9 Internal and 9 External. 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. 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). The number of patient safety incident per 100 admissions is lower at CW compared to WM. It is anticipated that reporting rates will increase following the implementation of the new Patient Safety Incident Response Framework (PSIRF); staff training will be an integral part of the roll out.

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

Incidents : Medication Related Safety Incidents: A total of 108 medication-related incidents were reported in January 2022. CW site reported 58 incidents, WM site reported 49 incidents and there was 1 incident reported in community. The number of incidents reported in January has increased slightly across the Trust since December (99), with a noted increase in the number of incidents reported at WM site (49 incidents in January 2022, increased from 37 incidents in December 2021).

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

The Trust position of medication-related incidents involving patients (NRLS reportable) for January 2022 was 3.07 per 1,000 FCE bed days which although is below the Trust target of 4.2 per 1,000 FCE bed days, has increased from 2.58 in December 2021. An action plan has been devised amongst the Medication Safety Group to improve the reporting of medication -related incidents across the Trust.

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

The Trust had 1.2% of medication-related safety incidents with moderate harm and above in January 2022, which is within the Trust target of ≤2%. This accounts for 1 moderate harm incident at CW site.



Patient Experience

Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022 Q4	2021-2022	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	94.9%	97.6%	96.8%	95.2%	97.2%	97.6%	97.0%	95.8%	96.1%	97.6%	96.9%	96.9%	95.5%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	1.8%	1.8%	0.6%	2.2%	0.5%	1.0%	0.9%	1.7%	1.1%	1.3%	0.8%	0.8%	1.9%		-
	FFT: Inpatient response rate (Target: >30%)	27.4%	21.7%	20.6%	44.5%	45.1%	41.1%	36.2%	64.1%	34.9%	30.3%	27.7%	27.7%	54.2%		!
	FFT: A&E satisfaction % (Target: >90%)	79.3%	79.4%	84.9%	83.1%	77.0%	79.3%	82.8%	83.2%	78.7%	79.3%	84.4%	84.4%	83.1%		!
	FFT: A&E not satisfaction % (Target: <10%)	14.2%	13.0%	9.1%	10.6%	16.4%	14.0%	12.6%	11.3%	14.7%	13.3%	9.9%	9.9%	10.8%		!
	FFT: A&E response rate (Target: >30%)	22.1%	21.9%	21.1%	21.3%	20.1%	21.7%	18.1%	23.2%	21.6%	21.8%	20.3%	20.3%	21.8%		!
	FFT: Maternity satisfaction % (Target: >90%)	91.3%	88.0%	85.5%	87.0%	100.0%	88.2%	87.5%	91.7%	91.8%	88.1%	85.7%	85.7%	87.4%		-
	FFT: Maternity not satisfaction % (Target: <10%)	8.7%	9.9%	8.3%	9.8%	0.0%	0.0%	12.5%	5.2%	8.2%	8.8%	8.7%	8.7%	9.4%		-
Experience	FFT: Maternity response rate (Target: >30%)	26.1%	25.8%	26.9%	27.1%	40.0%	25.0%	34.0%	39.0%	26.6%	25.7%	27.5%	27.5%	27.8%		!
Complaints	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	15	15	0	0	15	15	15		-
	Complaints (informal) through PALS	103	45	82	812	45	27	32	322	148	72	114	114	1134		-
	Complaints formal: Number of complaints received	33	27	14	229	16	16	19	164	49	43	33	33	393		-
	Complaints formal: Number responded to < 25 days	14	5	1	117	5	3	1	71	19	8	2	2	188		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	1	2	0	0	1	1	2		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	1	1	0	0	1	1	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
Regarding Friends and Family Tests:	These metrics are currently suspended and will be re-instated it this report when brought back on line		

PALS and Complaints:

There were 27 new complaints logged and investigated during January 2022. Our performance with responding to complaints within the 25 day KPI (95%) fell below the target at 79%. The number of PALS concerns logged and resolved during January 2022 has increased to 116 (from 69 in December) and our performance with responding to the 5-day KPI (90%) during December was 81% - just below the target. We aim to resolve as many concerns as possible instantly and for January 2022 this was 62% (191) of the 308 concerns received in total for that month. We have two open complaints for investigation with the PHSO - one each for CSS and EIC Division.

FFT Narrative:

The Trust is maintaining the >90% for inpatient wards across both sites and the <10% for the not satisfied rate both at below 1%. ED satisfaction performance has dipped below the satisfaction rate of 90% across both sites. Generally this is in line with the comments from FFTs around long wait times in ED. The not satisfied rate for ED at Chelsea dipped to <10% in comparison to December 2021 where the not satisfaction rate was >10%. Response rates across the Trust have dropped below 30% with the exception of inpatient wards at WM, the rate currently stands at 42%.



Efficiency and Productivity

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022 Q4	2021-2022	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.50	2.18	2.04	2.28	2.48	3.54	3.45	2.34	2.49	2.46	2.31	2.31	2.29	
	Average length of stay - non-elective (Target: <3.95)	3.66	4.08	3.93	3.53	3.46	3.62	3.57	3.21	3.55	3.82	3.73	3.73	3.35	
	Emergency care pathway - average LoS (Target: <4.5)	4.13	4.69	4.58	3.82	3.91	4.08	3.96	3.59	4.00	4.31	4.20	4.20	3.68	
	Emergency care pathway - discharges	264	236	214	2489	365	396	346	3884	630	633	560	560	6373	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.33%	7.29%	6.03%	6.39%	7.40%	8.74%	8.53%	8.38%	6.28%	8.02%	7.21%	7.21%	7.36%	
	Non-elective long-stayers	429	394	295	3766	305	374	202	3381	734	768	497	497	7147	
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	88.8%	79.6%	85.0%	82.7%	85.0%	85.1%	87.1%	85.1%	87.8%	81.1%	85.5%	85.5%	83.4%	
	Operations cancelled on the day for non-clinical reasons: actuals	11	6	5	26	0	0	5	7	11	6	10	10	33	
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.38%	0.31%	0.21%	0.11%	0.00%	0.00%	0.45%	0.05%	0.25%	0.20%	0.29%	0.29%	0.09%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	0	4	0	0	0	2	0	0	0	0	6	
	Theatre Utilisation Model Hospital (Target > 85%)									84.3%	79.0%	80.0%			
Outpatients	First to follow-up ratio (Target: <1.5)	2.46	2.32	2.10	2.47	1.82	1.91	1.99	1.94	2.17	2.14	2.05	2.05	2.23	
	Average wait to first outpatient attendance (Target: <6 wks)	8.2	7.1	8.9	7.4	8.5	8.0	8.8	7.7	8.3	7.5	8.9	8.9	7.5	
	DNA rate: first appointment	11.2%	10.9%	10.9%	10.3%	10.8%	10.0%	9.2%	9.4%	11.0%	10.5%	10.2%	10.2%	9.9%	
	DNA rate: follow-up appointment	9.6%	9.3%	9.5%	9.2%	8.2%	8.5%	8.4%	7.9%	9.1%	9.0%	9.1%	9.1%	8.7%	

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

Outpatients: Marginal decrease is noted for the First to Follow-up ratios with a most notable improvement in the Chelwest site. There has however been an increase in the waits for First Outpatient Attendance in January 22 which is at the second highest level in twelve months. There has been marginal improvement in the DNA rates for both first and follow up appointments as this is moving in the right direction.

Average LOS (Non Elective): There was an improvement in in Non-Elective length of stay on both sites in January. A daily focus remains in place to support hospital flow and reduce delays in patient care and discharge. This includes red to green reviews for all patients, reporting of criteria to reside and system wide meetings to discuss complex discharge.

Theatre utilisation

Day case rates improved across both sites in January. There is a continued focus to ensure day case procedures are being performed in the correct theatres, enabling maximum utilisation of lists due to appropriate flow, skill mix of staff and infrastructure.

The trust saw a slight increase of operations cancelled on the day (OTD) for non-clinical reasons. This increase was due to OTD sickness of staff which resulted in unsafe staffing levels to perform all surgical lists. Sickness has stabilised across all theatre suites and the Trust is still compliant for this metric.

Theatre utilisation is at 80% for January which is a slight improvement from December. The elective theatre productivity board continues to focus on start times and turnaround times to further maximise lists. Collaborative working within the NWL ICS aims to look at inefficiencies across sub-specialty lists, to increase the average cases per session by reducing variation in operative times



Clinical Effectiveness

Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022 Q4	2021-2022	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	96.0%	96.0%	96.4%	94.0%	92.9%	93.6%	93.8%	94.8%	94.1%	94.6%	94.9%	94.9%	94.4%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	65.2%	76.5%	55.6%	77.3%	80.8%	75.0%	76.5%	83.8%	73.5%	75.7%	65.7%	65.7%	80.9%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	98.3%	90.5%	91.3%	76.9%	91.9%	93.8%	94.3%	82.4%	82.4%	94.2%	
VTE	VTE: Hospital acquired	1	0	0	2	2	5	4	15	3	5	4	4	17	
	VTE risk assessment (Target: >95%)	90.4%	90.0%	90.4%	89.8%	96.9%	95.6%	96.8%	96.1%	93.7%	93.0%	93.7%	93.7%	93.1%	
TB Care	TB: Number of active cases identified and notified	3	3	1	27	5	9	2	54	8	12	3	3	81	
Sepsis	ED % of patients with high NEWS score screened for Sepsis	93.7%	93.4%	92.0%	92.6%	78.5%	79.0%	82.7%	84.2%	87.7%	87.8%	88.1%	88.1%	89.1%	
	ED % of patients at risk of developing sepsis receiving antibiotics	50.2%	56.8%	65.1%	56.1%	84.5%	82.6%	82.2%	84.0%	66.9%	68.6%	74.8%	74.8%	70.5%	
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	19.6%	22.7%	33.3%	26.3%	53.2%	52.6%	53.7%	56.2%	36.0%	36.4%	44.9%	44.9%	41.8%	
	AAU/AMU % of patients with high NEWS score screened for Sepsis	90.2%	87.0%	93.5%	84.8%	91.2%	93.0%	93.9%	92.9%	90.8%	90.1%	93.7%	93.7%	88.6%	
	AAU/AMU % of patients at risk of developing sepsis receiving antibiotics	97.2%	95.5%	88.4%	93.4%	96.9%	99.1%	96.1%	96.9%	97.0%	97.7%	92.9%	92.9%	95.6%	
Improving outcomes for inpatient diabetes patients	Inpatient Wards % of patients with high NEWS score screened for Sepsis	86.3%	84.8%	87.5%	84.8%	92.7%	93.7%	94.4%	92.4%	89.5%	89.1%	90.9%	90.9%	88.5%	
	% of patients identified and triaged as having diabetes														
Improving clinical handover	Number of inpatient nurses/HCAs that have received 10-point training	0	0	0	36	0	0	0	26	0	0	0	0	62	
	Length of stay for elective (surgical specialties only) patients with recorded diabetes	7.2	3.4	2.7	3.8	3.3	8.5	9.2	4.4	5.4	5.7	5.8	5.8	4.1	
Improving clinical handover	% staff trained on the principles of safe and effective handover (Target >=50%)														
	% of handover meetings-medical downstream ward (Target >=95%)														

Please note the following

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

*Clinical Handover data awaited

Dementia screening: This target remains achieved in January 2022 as a both sites are noted to be above the 90% tolerance. West Middlesex reported an increase in performance to 93.8% and Chelsea and Westminster also reported an increase and is at 96.4%

VTE Risk Assessments: WMUH site continues to achieve the $\geq 95\%$ target. VTE root cause analysis is performed for HATs to ensure appropriate VTE prevention management with shared learning. For the Chelsea site - with the exclusion of elective surgical admissions through the SAL there was compliance. With the change of ward there needs to be a change of focus on elective admissions. No HATs. VTE root cause analysis would be performed for HATs if required to ensure appropriate VTE prevention management with shared learning.

NoF Time to Theatre: At WMUH, 22 out of 29 patients admitted with NOF fits NHSFD eligibility criteria. On Admission: 17 out of 22 medically fit, 5 out of 22 medically unfit. 13 out of the 17 medically fit patients had surgery with 36 hours (77 %). > 4 out of the 17 medically fit patients had surgery after 36 hours (23 %). 1 delay was a result of no Sunday list and 3 due to list overrun. At CW 8 out 18 patients (35%) did not achieve surgery within 36hours. 4 out of 18 cases (22%) related to medically unfit reasons requiring further investigations/COVID positive delay/Cardiac physiology to complete a Defibrillator turn off / on at time of surgery. 4 out of 18 cases (22%) cases were medically fit and delays related to non-medical reasons. 2 cases were scheduled for our specialist hip consultant's list and 2cases were delayed due to no theatre time: pre-planned complex specialist cases and prior hip fractures.



Access

Access Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022 Q4	2021-2022	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	232	236	276	3142	253	279	256	2475	485	515	532	532	5617		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.47%	99.55%	99.31%	97.43%	98.88%	98.69%	98.45%	97.65%	99.17%	99.07%	98.88%	98.88%	97.55%		!
	Diagnostic waiting times >6 weeks: breach actuals	17	13	25	798	38	48	56	879	55	61	81	81	1677		-
A&E and LAS	A&E unplanned re-attendances (Target <5%)	8.3%	9.0%	8.7%	8.7%	8.4%	8.3%	7.7%	8.3%	8.3%	8.8%	8.3%	8.3%	8.5%		!
	A&E time to treatment - Median (Target <60')	00:30	00:29	00:29	00:29	01:04	01:06	01:01	01:03	00:47	00:48	00:45	00:45	00:46		!
	London Ambulance Service - patient handover 30' breaches	32	43	23	283	103	116	111	914	135	159	134	134	1197		-
	London Ambulance Service - patient handover 60' breaches	1	0	2	14	2	9	10	43	3	9	12	12	57		!

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: Marginal improvement in the RTT performance is noted at Trust level. Challenges with performance is due to increase in staff absence as Covid rates rose in Month 10 and in addition patients were reluctant to attend appointments. Focus continues on the reduction of the longer waiting patients. The Trust is on track to have no patients waiting 104 days or over by the end of March 2022 and is working up recovery trajectories related to reduction and elimination of our 52 week waits.

Diagnostic Waits < 6 weeks: There was a marginal decrease in performance in Month 10 which translated to non-compliance below the 99% standard with a reported position of 98.88%. This was due to the reduction of capacity over the Christmas period on top of staff absence due to Covid across a number of our key modalities. There was also an increase in the volume of patients choosing to avoid site attendance due to the risk of Covid. The service is confident that standards will be maintained and is forecasting compliance for Month 11 (February 22).

A&E and LAS: Time to treatment – As we move towards the reporting of new A&E standards, the team are completing a piece of work supported by the information team to review data quality against these targets. As part of this the integration of UTC streaming data will be included to ensure comparable and accurate data is reported for the two sites.

Ambulance: Ambulances - The Trust continues to perform well at ambulance handovers with an improvement in 30 minute performance in month. The two ED teams continue to focus on eliminating 60 minute handovers and escalation when the departments reach maximum capacity.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Nov-21	Dec-21	Jan-22	Nov-21	Dec-21	Jan-22	Nov-21	Dec-21	Jan-22
RTT waiting list positions	Total RTT waiting list	26488	26565	26836	19487	19059	19493	45975	45624	46329
	Total Non-Admitted waiting list	21615	21834	22279	17196	16941	17543	38811	38775	39822
	Non-Admitted with a date	8133	11395	13287	7773	10280	12045	15906	21675	25332
	Non-Admitted without a date	13482	10439	8992	9423	6661	5498	22905	17100	14490
	Total Admitted waiting list	4873	4731	4557	2291	2118	1950	7164	6849	6507
	Admitted with a date	822	1055	1181	580	707	714	1402	1762	1895
	Admitted without a date	4051	3676	3376	1711	1411	1236	5762	5087	4612
	Patients waiting >78 weeks	21	21	26	22	20	24	43	41	50
	Patients waiting >104 weeks	1	3	5	2	3	5	2	3	5

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Nov-21	Dec-21	Jan-22	Nov-21	Dec-21	Jan-22	Nov-21	Dec-21	Jan-22
Total	232	236	276	253	279	256	485	515	532
Burns Care	2	1	1				2	1	1
Cardiology			1						1
Colorectal Surgery	3	3	3	17	9	3	20	12	6
Community Paediatrics			1						1
Dermatology						1			1
ENT	1	1	1	29	36	30	30	37	31
General Surgery	19	19	19	32	45	44	51	64	63
Gynaecology	8	14	9	1			9	14	9
Maxillo-Facial Surgery			1						1
Ophthalmology		12	12				12	12	12
Oral Surgery				2	4	3	2	4	3
Orthodontics	1		1				1		1
Paediatric Clinical Immunology	5	1					5	1	
Paediatric Dentistry	60	52	72				60	52	72
Paediatric Ear Nose and Throat	10	6	7		1	6	10	7	13
Paediatric Maxillo-Facial Surg		1						1	
Paediatric Plastic Surgery	9	11	11				9	11	11
Paediatric Surgery	1		4	1	2	1	2	2	5
Paediatrics	1	1	1				1	1	1
Pain Management		1	1					1	1
Plastic Surgery	37	41	44	44	44	40	81	85	84
Podiatry				2	1	1	2	1	1
Trauma & Orthopaedics	21	17	18	10	11	6	31	28	24
Urology	28	39	47	25	24	15	53	63	62
Vascular Surgery	14	16	22	90	102	106	104	118	128



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022	Nov-21	Dec-21	Jan-22	2021-2022 Q4	2021-2022	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:27	1:27	1:27	1:27	1:29	1:29	1:29	1:28	1:28	1:28	1:28	1:28.00	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	470	431	448	4711	353	367	369	3904	823	798	817	817	8615	-
	Total number of bookings	603	527	554	5715	407	448	428	4312	1010	975	982	982	10027	-
	Maternity 1:1 care in established labour (Target: >95%)	98.0%	98.2%	99.3%	98.1%	95.6%	94.8%	97.9%	96.7%	96.9%	96.5%	98.6%	98.6%	97.4%	-
Safety	Admissions >37/40 to NICU/SCBU	15	12	17	157	n/a	n/a	n/a	n/a	15	12	17	17	157	-
	Number of reported Serious Incidents	1	0	3	9	2	0	2	16	3	0	5	5	25	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	0	0	0	0	0	0	0	0	0	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.9%	9.2%	9.2%	7.5%	8.0%	5.7%	8.1%	6.4%	7.4%	7.6%	8.7%	8.7%	7.0%	-
	Number of stillbirths	1	0	1	12	2	2	0	13	3	2	1	1	25	-
	Number of Infant deaths	0	1	1	10	2	1	1	10	2	2	2	2	20	-
	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	26.0%	27.1%	27.0%	29.4%	36.6%	36.9%	34.6%	36.2%	30.5%	31.6%	30.5%	30.5%	32.5%	-
	Vaginal Births - spontaneous & induced	60.0%	58.8%	58.9%	60.3%	67.0%	61.4%	62.8%	64.0%	63.0%	60.0%	60.7%	60.7%	61.9%	-
	Instrumental deliveries	16.7%	14.3%	13.4%	14.8%	15.3%	12.0%	13.4%	13.2%	16.1%	13.2%	13.4%	13.4%	14.1%	-
	Pre-labour elective caesarean sections	79	64	61	730	41	49	43	465	120	113	104	104	1195	-
	Emergency caesarean sections in labour	52	63	56	584	50	56	60	606	102	119	116	116	1190	-

Please note the following

blank cell

An empty cell denotes those indicators currently under development



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

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

Workforce

The current midwifery ratios on each site are 1:27 at Chelsea and 1:29 at West Middlesex. Having received the outcome of birth rate plus (midwifery workforce acuity tool) with recommended ratios of 1:25.9 Chelsea and 1:21.7 West Middlesex the service is now developing a business case to meet recommendations. The metric for hours dedicated consultant presence is achieved at West Middlesex is 98hrs but this has been achieved successfully with locum cover. site. The 98hrs dedicated labour ward presence will go live on the 21st February 2022 and implementation of twice a day ward rounds 7 days a week. Diary carding will commence after 2 weeks of implementation and after 6 weeks of embedding, an audit of the ward rounds will be undertaken.

Birth indicators

Our attrition rate is still fluctuating widely due to the pandemic. In January there were 448 births at the Chelsea site and 369 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 continue to have executive oversight before final sign off to ensure that there are SMART action plans and the SIs and the 72 hr reports are discussed regionally. In January the Chelsea site had an increase in overall number of SIs to 7 (1 HSIB, 2 external and 4 internal). A cluster of meconium aspiration cases from labour ward were identified, where there are initial concerns with the interpreting of the continuous fetal monitoring. We are undertaking a comprehensive multi-disciplinary review of the cases to identify emerging themes, and work through any systems or processes that are not working effectively. At the West Mid site in January there were 2 external SIs. One of the cases was a neonatal death which is a coroner's case and the other a case of uterine rupture and the baby has HIE 1.

Avoidable term admissions to NICU: here were 11 term admissions to NICU at the West Mid site for January and the rate is 2.99%. The January cases are being reviewed. In December there were also 11 cases and 7 were due to respiratory reasons. There is an action plan to review how babies whose mothers are admitted to ITU are cared for, use of heated cots on the postnatal ward and education around the jaundice criteria for admission to NICU.

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 1 stillbirth and 2 neonatal deaths. At the West Mid site there were 3 women with pregnancy losses (1 early neonatal death at 37 weeks, and two second trimester miscarriages). The cases are being reviewed. For December cases concerns were raised on the availability of placental histology and we are currently working with North West London Pathology and the local teams on how we can improve documentation of indication for placental examination and communication between the clinicians using a digital solution.

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.



Cancer Update

62 day Cancer referrals by tumour Dashboard
Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months Trend charts	
		Nov-21	Dec-21	Jan-22	2021-2022	YTD breac...	Nov-21	Dec-21	Jan-22	2021-2022	YTD breac...	Nov-21	Dec-21	Jan-22	2021-2022 Q4	2021-2022		YTD breac...
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		88.2%	85.7%	66.7%	92.0%	10	88.2%	85.7%	66.7%	n/a	92.0%	10	-
	Colorectal / Lower GI	45.5%	100%	100%	75.5%	12	46.7%	81.8%	20.0%	64.6%	19	46.2%	85.7%	71.4%	n/a	70.1%	31	!
	Gynaecological	100%	37.5%	33.3%	64.7%	7	0.0%	100%	100%	69.0%	4.5	57.1%	50.0%	75.0%	n/a	66.7%	11.5	!
	Haematological	100%	100%	100%	79.2%	2.5	0.0%	100%	50.0%	85.2%	3	75.0%	100%	66.7%	n/a	82.4%	5.5	-
	Head and neck	n/a	n/a	n/a	100%	0	0.0%	100%	100%	83.3%	1.5	0.0%	100%	100%	n/a	87.5%	1.5	-
	Lung	100%	0.0%	100%	78.3%	2.5	100%	66.7%	n/a	84.6%	2	100%	50.0%	100%	n/a	81.6%	4.5	-
	Sarcoma	n/a	n/a	n/a	n/a		0.0%	n/a	n/a	44.4%	2.5	0.0%	n/a	n/a	n/a	44.4%	2.5	-
	Skin	100%	87.5%	81.8%	92.2%	9	100%	83.3%	75.0%	88.5%	8	100%	85.7%	80.0%	n/a	90.7%	17	-
	Upper gastrointestinal	100%	100%	100%	96.3%	0.5	n/a	100%	100%	69.0%	4.5	100%	100%	100%	n/a	82.1%	5	-
	Urological	81.8%	100%	87.5%	78.2%	15.5	70.7%	100%	83.3%	74.3%	43	74.6%	100%	84.6%	n/a	75.5%	58.5	-
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	n/a	100%	0	-
	Site not stated	n/a	n/a	n/a	n/a		n/a	n/a	n/a	66.7%	2	n/a	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																	

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

Trust commentary (Unvalidated)

62-Day Referral to First Treatment:

62 day performance for January is in compliant position, currently at 85.7% which represents 69 patients starting their first treatment for cancer in the month, with 10 patients breaching the 62 day target.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			2	14
Gynaecology	2.5	4	0	1
Haematology		1.5	0	0.5
Head and Neck		2.5	1	0
Colorectal		1.5	1	5.5
Lung	0.5	0.5	0.5	1.5
Skin	2	16	1	12
Testicular			0	1
Upper GI		1.5	0	1.5
Urology		5	0	19
Total	5	32.5	5.5	56



Safer Staffing

Safe Staffing & Patient Quality Indicator Report – Chelsea and Westminster Site (Jan 22)

Ward	Day		Night		CHPPD			National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No harm and mild		Moderate and severe		Month	YTD	Month	YTD	
													Month	YTD	Month	YTD	Month	YTD	Month	
Maternity	98%	81%	97%	97%	7.1	2.7	9.7		11%	12%	20%	1	3						85.80%	
Annie Zunz	131%	71%	102%	122%	7.7	3.1	10.8	9.4	3%	19%		1	6						100%	
Apollo	84%	-	80%	-	23.2	0	23.2	10.9	14%	33%	107%		1						90%	
Mercury	101%	-	100%	-	7.9	0	7.9	11	12%	21%	80%								95.83%	
Neptune	120%	-	119%	-	11.3	0	11.3	15	5%	23%			3						100%	
NICU	96%	-	97%	-	17	0	17.1	26.7	17%	17%										
AAU	100%	50%	99%	82%	7.6	1.6	9.4	9.4	11%	11%	49%	10	80	1			1		100%	
Nell Gwynne	100%	71%	161%	102%	5.2	4	9.3	7.9	15%	10%	35%	6	46						100%	
David Erskine	99%	59%	124%	107%	4.9	2.7	8	8.6	18%	42%	23%								100%	
Edgar Horne	64%	29%	74%	58%	4.4	2.4	7.2	6.9	15%		35%		23						100%	
Lord Wigram	87%	115%	104%	116%	4	3.3	7.5	8.2	6%	8%	8%	5	39						93.60%	
St Mary Abbots	96%	91%	120%	104%	4	2.8	7	8.3	19%	15%		2	16		1		1		95%	
David Evans	72%	68%	80%	159%	6.6	2.7	10.1	8.3	4%	5%	12%	1	25		1				97.30%	
Chelsea Wing	97%	97%	99%	86%	6.8	4.3	11.1	8.3	18%	23%	29%	1	9							
Burns Unit	100%	75%	163%	97%	18.7	2.5	21.2	N/A	6%	10%		1	12						96.15%	
Ron Johnson	71%	99%	70%	119%	4	3.3	7.3	9	25%	23%	22%	3	4							
ICU	95%	-	104%	-	29.1	0	29.4	27.7	4%	11%										
Rainsford Mowlem	99%	0.41	107%	0.8	3.6	2.2	6	7.3	9%	13%	0.1	7	47		1		1		1	
Nightingale	66%	0.28	75%	0.88	3.5	2.5	6.2	7.7				4	56		2					

Safe Staffing & Patient Quality Indicator Report – West Middlesex Site (Jan 22)

Ward	Day		Night		CHPPD			National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No Harm & Mild		Moderate & Severe		Month	YTD	Month	YTD	
													Month	YTD	Month	YTD	Month	YTD	Month	
Lampton	98%	72%	97%	105%	3.5	2.9	6.4	7.7	10%	13%	12%	6	32							
Richmond	52%	41%	108%	194%	6.7	3.2	10.1	7.2	16%		34%		7	1	1					
Syon 1 cardiology	96%	93%	95%	132%	4.2	2.3	6.5	8.8	14%	4%	30%	6	41						1	
Syon 2	108%	77%	97%	79%	4.2	2.7	7.2	8.6	12%	17%		5	50		1					
Starlight	88%	-	103%	-	6.2	0	6.5	15	29%	15%			1							
Kew	103%	97%	101%	130%	3.4	3.3	6.8	7.9	9%	5%	23%	6	80					1	1	
Crane	97%	55%	98%	109%	3.5	2.3	6	7.7	10%		12%	4	27						2	
Osterley 1	97%	79%	102%	127%	3.8	2.7	6.7	7	10%	18%	24%	3	45				1			
Osterley 2	100%	89%	95%	150%	3.8	2.7	6.7	7.2	-5%	4%		2	32		1			1	1	
MAU	80%	94%	83%	109%	5.1	2.6	7.7	9.4	19%	20%	24%	3	62		1		2		1	
Maternity	94%	65%	96%	78%	8	2.1	10		10%	7%	10%		1							
Special Care Baby Unit	103%	104%	98%	133%	7.6	1	8.6	15	-1%	4%	11%									
Marble Hill 1	132%	107%	104%	192%	3.9	3.1	7.1	6.9	11%	15%	14%	9	79		1				1	
Marble Hill 2	134%	110%	148%	216%	4.7	3.9	8.6	6.8	6%	30%	7%	2	42		1		1		1	
ITU	115%	-	120%	-	30.1	0	30.1	26	13%	6%					1		2		1	



Safe Staffing & Patient Quality Indicator Report

January 2022

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.

AAU has low HCA day fill rates as a number of staff were redeployed to cover other areas throughout January to ensure safe staffing.

Nell Gwynne, David Erskine, and Rainsford Mowlem has a number of HCAs vacancies which are currently being recruited to and were not filled by bank. Nell Gwynne also had an increase in tracheostomy patients requiring additional RNs. David Erskine also required extra RN fill rate to support NIV patients. Nightingale ward is not established so staffing dependent on bank and agency, staff are moved daily to support skill mix. Ron Johnson is currently being refurbished and open to 16 beds thus accounting for low fill rates.

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 and the low RN and HCA day fill rate to a decrease in elective activity. Currently work is being undertaken to ensure elective flow is efficient as this is impacting on the ability to staff correctly. Burns were unable to fill HCA shifts during the day owing to poor bank fill rates but unit was safe with RN staffing, they required extra RN fill at night due to increased activity and acuity post ICU step downs.

Being the COVID ward at West Mid, Crane was only partially open during January with staffing adjusted accordingly to match acuity and dependency. Kew, Marble Hill 1 and Syon 1 high HCA fill rates were due to a requirement for enhanced monitoring for confused wandering patients at risk of falls. Marble Hill 1 required extra RN cover for escorts and Marble Hill 2 required RMNs and HCAs for an aggressive mental health patient. The low HCA day fill rates on Lampton, Osterley 1 and Syon 2 was due to unfilled shifts not filled by bank. Osterley 1 were supported by staff from Richmond and DSU when required.

Osterley 2 higher HCA cover at night was due to increased requirement for 1:1 specials. SCBU had high night HCA rates as when RN sickness occurred HCAs were booked to cover as they were familiar with the required skills in the Unit. Maternity on the WM site had low HCA day fill rates due to vacancies and sickness throughout January, all posts have now been recruited into and will be in post for February.

Throughout January, Richmond was transitioning between a non-elective and elective ward which is reflected in the day fill rates and higher staffing levels are required at night for non-elective patients accounting for the high night HCA fill rate.

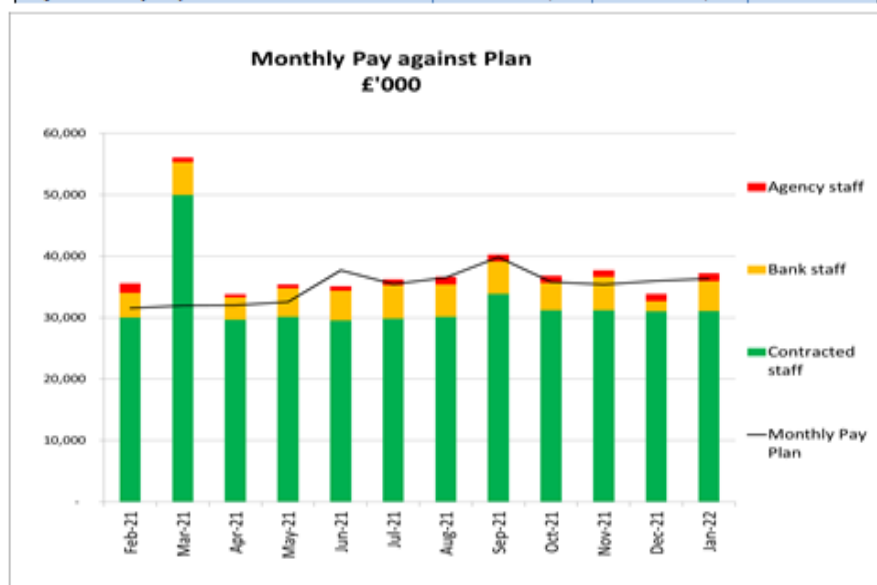
Interviews for RN and HCA posts have occurred throughout January to address vacancy levels as well as specific measures being taken to increase members of staff working bank shifts.

A fall with potentially severe harm occurred on Richmond ward and a fall with moderate harm occurred on Acute Assessment ward at CW. Both falls were witnessed and the agreed levels of harm are being assessed. During January the Friends and Family test showed 6 wards at CW and 7 wards at WM scored 100%, all other wards scored above 80%. Please note all incident figures are correct at time of extraction from Datix. Red flags are now being reported and for January 25 flags were raised of which 17 were related to a shortfall in RN time, twice daily staffing meetings continue to mitigate the risk.



Finance M10 2021/2022

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	631,518	646,792	15,274
Expenditure			
Pay	(357,740)	(363,141)	(5,401)
Non-Pay	(236,396)	(214,688)	21,708
EBITDA	37,382	68,963	31,581
EBITDA %	5.92%	10.66%	4.7%
Depreciation	(19,912)	(20,305)	(392)
Non-Operational Exp-Inc	(14,438)	(14,822)	(384)
Surplus/Deficit	3,032	33,840	30,805
Control total Adj - Donated asset, Impairment & Other	34	(31,739)	(31,773)
Disposal of Asset	0	1,020	1,020
Adjusted Surplus/Deficit	3,066	3,121	55



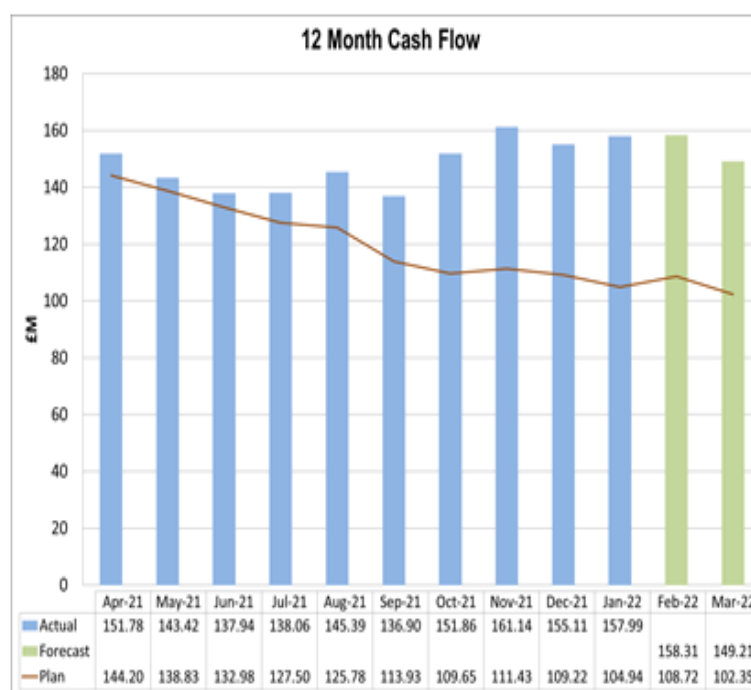
The exceptional March 2021 payroll figures include additional spend items for 6.3% Pension contribution (£15.16m a notional figure) and £4.8m movement in holiday accruals (including additional two day accrual for staff R&R/Birthday); these are both matched with equivalent income. September 2021 payroll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

At month 10 the Trust is reporting a YTD surplus of £3.12m, when adjusted for the financial impact of donated assets and disposal of asset. This is a £0.06m favourable variance against the YTD plan.

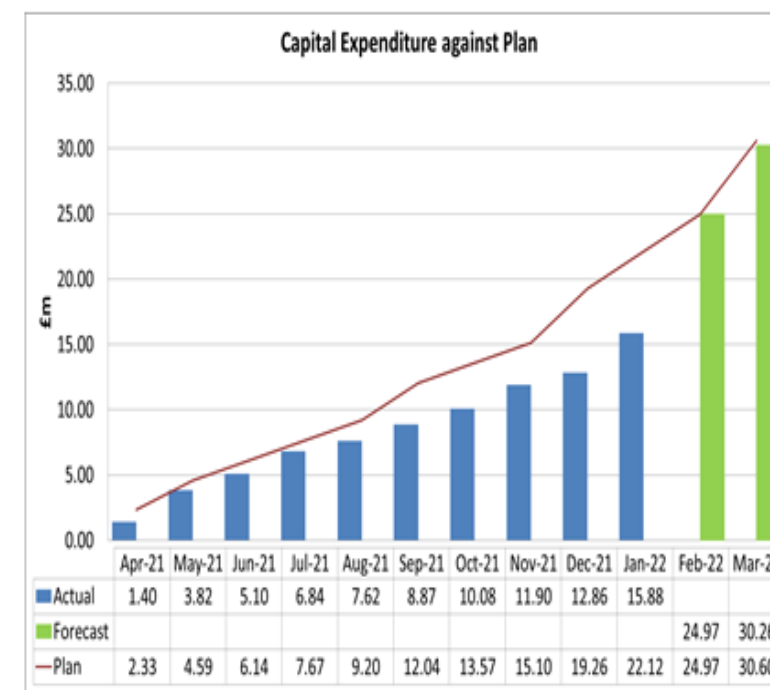
Pay: Pay is overspend by £5.40m YTD. The position includes £5.28m unidentified, red or amber CIP schemes.

Non-Pay; Excluding pass through drugs, non-pay is £21.71m favourable YTD. The position includes the reversal of Impairment £31.65m, however, this is not included in the adjusted position which the Trust is measured against.

Income: Contractual income from CCG and NHS England continues on blocks for H2. Pay award funding and non-pay inflation is included in the block payments. There has been an increase in the sector block for drugs & devices, CNST and complex knees procedures. Sexual Health contracted activity is back to cost and volume in 21/22 and PrEP has been included in the baselines. NHS Non-Contracted Activity income has been added to the sector baseline and added to the top up now received from CCGs. The Elective Recovery Framework (ERF) performance for H1 is £7.2m driven by Quarter 1 over performance. For H2 £0.8m ERF has been included in the position.



The favourable cash variance to plan in M10 of £45.89m is favourable cash variance b/fwd from M9 of £49.71m, higher receipts to plan of £4.58m (higher CCG £4.59m, NHS England £0.67m higher, FT's -£0.27m lower, Maternity Incentive -£2.44m lower, Local Authority £1.81m higher, AR -£0.04m lower, Other Income £0.05m Lower, PP Income £0.22m higher, Donations £0.09m higher) offset by higher cash outflows to plan £8.4m (higher creditor payments & higher payroll).



The Trust has spent £2.92m in period 10 compared to the budget of £2.86m, resulting in an overspend of £0.06m. The YTD variance against plan is an underspend of £6.24m, actual spend of £15.88m compared to budget of £22.12m. Following a full review of the forecast spend the forecast for 2021/22 has reduced by £3.20m since last month, bringing the revised forecast to £30.26m. Of the remaining budget left to spend of £14.38m, £3.09m relates to estates projects, £6.0m for equipment purchases and £4.29m for IT projects.

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.



TITLE AND DATE	Board of Directors Public Meeting 3 rd March 2022
-----------------------	---

AGENDA ITEM NO.	2.3											
TITLE OF REPORT	Maternity Services Improvement Programme Report											
AUTHOR NAME AND ROLE	Victoria Cochrane, Director of Midwifery											
ACCOUNTABLE EXECUTIVE DIRECTOR	Vanessa Sloane, Interim Chief Nurse											
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		<p>To provide progress update with the implementation of the 7 Immediate and Essential Actions as outlined in the Ockenden report and the plan to ensure full compliance,</p> <p>To share maternity services workforce plans, and to onwardly share with LMNS and ICS</p> <p>To update on the maternity unit's action plan status from the recommendations of the Morcambe Bay report (Kirkup 2015)</p>			
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>1.3.22</td> <td>Compliance update quarterly</td> </tr> <tr> <td>Quality Committee</td> <td>8.8.21</td> <td>Compliance update quarterly</td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Quality committee	1.3.22	Compliance update quarterly	Quality Committee	8.8.21	Compliance update quarterly		
Name of Committee	Date of Meeting	Outcome										
Quality committee	1.3.22	Compliance update quarterly										
Quality Committee	8.8.21	Compliance update quarterly										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>The national response to the Ockenden report included a £95.6M investment into maternity services across England including funding for:</p> <ul style="list-style-type: none"> • 1200 additional midwifery roles • 100 wte equivalent consultant obstetricians • backfill for MDT training • International recruitment programme for midwives • Support to the recruitment and retention of maternity support workers <p><u>Current position for CWFT</u> In December when the evidence submitted by the maternity team was reviewed we were fully complaint with 42 of the 49 compliance standards (10 pieces of outstanding evidence).</p> <p>This paper provides assurance that the maternity service is now compliant with 47 of the 49 compliance standards (4 elements of 2</p>											

	<p>questions remain partially compliant) and we are working towards being 100% compliant by the end of June 2022.</p> <p><u>Workforce</u> There remains a considerable gap in the maternity service achieving the recommendations set out in their Birthrate + assessment in May 2021. Investment of 53WTE is required to achieve this.</p> <p><u>Morcambe Bay –Gap analysis</u> There is one outstanding recommendation from the Morcambe bay report that the service is still embedding and it is envisioned that this will be fully embedded by June 2022.</p>
KEY RISKS ARISING FROM THIS REPORT	There remains 4 elements of 2 Questions within the 7 IEAs that the service is Non-compliant with currently and at the time of submission due to the ICS in April 2022

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	

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td>Equality And Diversity</td> <td>Y</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	Y	Quality	Y	People (Workforce or Patients/ Families/Carers)	Y	Operational Performance	Y	Finance	Y	Public Consultation		Council of Governors		<p>Alongside other key national reports and namely the Maternity Transformation Project ambitions, Ockenden further highlights the necessity for equality of care for all women, birthing people and their families. To succeed in equality of care we must ensure that we are compliant with the 7 IEA which impact on quality and experience outcomes for our service users.</p> <p>Ockenden provides safety recommendations that directly impact on quality outcomes, these are measured via our local dashboards (for example unexpected admissions to NICU, stillbirths)</p> <p>Compliance with the Ockenden recommendations involve detailed workforce assessment and analysis. This then provides advice on workforce establishments which are specific to each maternity unit.</p> <p>There is significant investment required, in addition to the investment from NHS England, in order to be compliant with the Ockenden recommendations.</p>
Equality And Diversity	Y														
Quality	Y														
People (Workforce or Patients/ Families/Carers)	Y														
Operational Performance	Y														
Finance	Y														
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)	

Ockenden Background Information

- Donna Ockenden was instructed to undertake a review of maternity services at Shrewsbury and Telford Hospital NHS Trust. This was to independently assess the quality of investigations relating to newborn, infant and maternal harm at the trust.
- The initial review was of 23 families, this rapidly increased to 1,862 cases between 2000 and 2019.
- This report covers the emerging themes and trends identified from 250 fully assessed cases. It makes system-wide suggestions and recommendations for action to improve maternity care.
- A second iteration of the report is due for publication on the 20th March 2022 covering all of the cases that required further exploration of investigation processes and system wide learning.

Information within this update:

1. Progress against the Ockenden Immediate and Essential Actions since evidence submitted by Trust was received in December 2021 and current position towards achieving full compliance with completed self-assessment assurance tool.
2. The status and progress of the maternity service workforce plans.
3. Morcombe Bay report (Kirkup 2015) gap analysis and action plan status.

1. Progress against the Ockenden 7 Immediate and Essential Actions (IEAs)

At the time of receiving the feedback from the evidence submitted, the maternity service was 90% compliant with the recommendations in the report in December 2021 (42 of the 49 compliance standards). Work has continued to achieve full compliance and based on the evidence submitted on the 22nd of February 2022 the service has supporting evidence to demonstrate compliance with 95% (47 of the 49 compliance standards).

Following the feedback received from the regional NHSE maternity team in December, an action plan is in place and the below (Table 1) highlights the progress that has been achieved, the RAG rating for each of the outstanding actions and the steps required to achieve full compliance.

Table 1- Current action plan in place to achieve full compliance

IEA/Question	Question No and info and rag rating	Evidence required	Action	Update
IEA 1/ Q33	3 Maternity SI's to Trust board and LMS every 3 months	SOP required	Review other units submission for gap	Complaint: NW/L MSCIOG PID/SOP now saved in Trust evidence folder and attached to submission 22.2.22
IEA 2/ Q11	11 Non-executive director who has oversight of maternity services	Evidence of how all voices are represented board	Review how other services have achieved this- planned meeting with other directors on midwifery in NW/ London on 13/22	Compliant: MVP chair has been present at NED meetings since 7/7/21 to represent service users. Email from MVP chair attached to this submission and saved in evidence folder. Minuted meetings since 9/2/22- copy of minutes saved in folder and attached to submission on 22/2/22.
IEA 2/ Q11	11 Non-executive director who has oversight of maternity services	Evidence of link in to MVP; any other mechanisms	Evidence MVP chair presence at NED meetings/sharing of MVP action plan	Compliant: MVP chair has been present at NED meetings since 7/7/21 to represent service users. Email from MVP chair attached to submission on 22/2/22 and saved in evidence folder. Minuted meetings since 9/2/22- copy of minutes saved in folder and attached to submission on 22/2/22. Meeting on the 23/3/22 with NED is a focused MVP meeting. Next steps: along with bi-annual voice at board, any service user surveys and action plans will be shared with board highlighting all
IEA 3/ Q19	19 External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	budget statements	Further confirmation requested from finance business partner to provide as evidence	Compliant; Compliant, invoices available and previously submitted. All external funding allocated for training of maternity staff has been appropriately ring-fenced. Evidence submitted on 22/2/22
IEA 5/ Q30	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	Review and discussed and documented intended place of birth at every visit.	Importance of risk assessment highlighted on mandatory education in HMD/IDOM session since March 2021. Large piece of work to enhance clinical documentation in handheld notes to ensure documented risk assessment at every contact and documented discussion regarding place of birth. Development of digital end to end maternity pathway K2 has risk assessment and place of birth prompts and fully integration.	Needs to be discussed with the regional team as significant evidence submitted. Audit of complex pathway demonstrates high levels of compliance as evidenced in submission for IEA4 Q26. Risk assessment and place of birth now part of the annual audit- due April 2022. Updated handheld notes due to arrive on site by end of Feb and will be used from the beginning of March for all new bookings. Communication and dissemination strategy in place to ensure these are embedded and used appropriately. Full compliance planned for June 2022
IEA 5/ Q33	33A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	How this is achieved in the organisation	Plan for implementation in March 2022 then yearly audit cycle	Updated notes reviewed and sent for printing on 16/2. Planned to receive on the 26/2 with implementation by the beginning of March. Draft notes shared with submission on 22/2/22. Communication and dissemination strategy in place to ensure these are embedded and used appropriately. Full compliance planned for June 2022. Evidence submitted on 22/2/22-AN care guideline- CW/FWM (currently being harmonised). Intrapartum care guideline based on NICE, draft copy of updated notes- used from beginning of March highlighting discussed and documented
IEA 5/ Q33	same	Review and discussed and documented intended place of birth at every visit.	Plan for implementation in March 2022 then yearly audit cycle	Needs to be discussed with the regional team as significant evidence submitted. Audit of complex pathway demonstrates high levels of compliance as evidenced in submission for IEA4 Q26. Risk assessment and place of birth now part of the annual audit- due April 2022. Updated handheld notes due to arrive on site by end of Feb and will be used from the beginning of March for all new bookings. Communication and dissemination strategy in place to ensure these are embedded and used appropriately. Full compliance planned for June 2022
IEA 5/ Q33	same	SOP to describe risk assessment being undertaken at every contact.	Submit further supporting evidence	Evidence: AN care guideline- CW/FWM (currently being harmonised). Intrapartum care guideline based on NICE, draft copy of updated notes- used from beginning of March highlighting discussed and documented place of birth at every visit
IEA 5/ Q33	same	What is being risk assessed.	Submit further supporting evidence	Evidence: AN care guideline- CW/FWM (currently being harmonised). Intrapartum care guideline based on NICE, draft copy of updated notes- used from beginning of March highlighting discussed and documented place of birth at every visit
IEA 6/ Q35	35 The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice.	attendance at panels on both sites/comments	Compliant Evidence update in submission on 22/2/22: SI's where fetal wellbeing leads provide scrutiny and comments. In place since October 2021
IEA 7/ Q45	Demonstrate an effective system of clinical workforce planning to the required standard	Consider evidence of workforce planning at LMSICS level given this is the direction of travel of the people plan	Pillar 2 meetings- info to be shared	Compliant: Completed and agenda's and minutes from LMNS submitted

2. The status and progress of the maternity service workforce plans

- We are nationally driven to achieve the recommendations of Birthrate plus via the Maternity Incentive Scheme & Ockenden.
- Ratio's formulated based on all episodes of care delivered and the casemix of women served.
- Recommended ratio's CW 1:26 (currently funded 1:27) & WM 1:22 (currently funded 1:27) received in May 2021.
- The total workforce gap in clinical midwives, MSWs, specialists/management & to achieve 52% on an Maternity Continuity of Carer pathway in May 2021 is **71.43 WTE**
- Ockenden investment in September 2021 of 21.2 WTE Midwives has reduced the overall gap to **50.23 WTE** (27.95 MW/ 4 MSW & 18.28 specialist & management posts)
- Next steps: Meeting planned with the executive team on the 9th of March to discuss the business case to support the service to achieve the recommendations of Birthrate plus.

Table 2- WTE gap and financial breakdown

	Chelsea	West Mid	Both Sites
Current Clinical Midwives	173.11	152.84	325.95
Contribution from Specialist Midwives	12.70	8.50	21.20
Total Current Funded Midwives	185.81	161.34	347.15
BR+ Midwife Clinical WTE Requirement	193.13	190.51	383.64
Midwifery Continuity of Carer (MCoC) Gap	6.74	5.92	12.66
Total BR+ recommendation incl MCoC	199.87	196.43	396.30
Midwife Gap	-14.06	-35.09	-49.15
Current Clinical MSWs	17.83	20.80	38.63
BR+ Midwife Clinical WTE Requirement	21.46	21.17	42.63
MSW Gap	-3.63	-0.37	-4.00
Clinical Gap in Establishment	-17.69	-35.46	-53.15
Current Specialist & Mgmt	14.40	14.20	28.60
Additional Specialist & Mgmt Required (11%)	23.60	23.28	46.88
Specialist & Management Gap	-9.20	-9.08	-18.28
Overall Total Gap	-26.89	-44.54	-71.43
Ockenden Investment: Clinical Midwives	7.00	14.20	21.20
Final Gap: Midwives	-7.06	-20.89	-27.95
Final Gap: MSWs	-3.63	-0.37	-4.00
Final Gap: Specialist and Management	-9.20	-9.08	-18.28
Final Gap Total WTE	-19.89	-30.34	-50.23
Final Gap: Midwives	-£409,480	-£1,211,620	-£1,621,100
Final Gap: MSWs	-£119,790	-£12,210	-£132,000
Final Gap: Specialist and Management	-£616,400	-£608,360	-£1,224,760
Final Gap Total £	-£1,145,670	-£1,832,190	-£2,977,860

3.GAP ANALYSIS – IN RESPONSE TO MORCAMBE BAY INVESTIGATION REPORT (Completed January 2021)

1 outstanding recommendation remains in progress:

Trust should be able to evidence the risk assessment process in maternity services, setting out clearly the delivery options and the process for ensuring this is documented in the care plan (including triggers for escalation of care).

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<p>Trust should have a process in place so that where harm has occurred patients and their loved ones are being informed and an apology given</p>	<p>Duty of candour policy in place and monitored through the divisional quality board where compliance is recorded. Recognised as exemplar nationally and a study site for NIHR 'DISCERN' study. Ongoing listening service facilitated by PMA's for concerns not relating to serious incidents but more so for when lower level harm may have occurred.</p> <p>Trust fully engages in the HSIB and Each Baby Counts Processes.</p>	<p>Datix system is used to audit the compliance of duty of candour when a moderate harm incident is reported</p> <p>Appointments to and learning from the listening service</p> <p>EBC monitors the involvement of women and loved ones when higher level of harm has occurred</p>	<p>None</p>	<p>Assured</p>

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<p>Trust should have a process of regular review of the skills, knowledge, competencies and professional duties of care of all obstetric, paediatric, midwifery and neonatal nursing staff, and other staff caring for critically ill patients in anaesthetics and intensive and high dependency care, against all relevant guidance from professional and regulatory bodies and have a training and development plan in place.</p>	<p>Training needs analysis in place for all staff groups based on the national and professional recommendations.</p> <p>All internal staff rotations occur with the support of the PDM team to ensure upskills in the area.</p> <p>Long standing preceptorship program in place for newly qualified midwives.</p> <p>PDR's undertaken yearly to review progress against objectives and identify any additional training needs as well as outstanding mandatory training elements</p>	<p>Training needs analysis Training logs – face to face (MoMS) – OLM Qlikview – mandatory training reports</p> <p>Junior doctors competencies assessed by their educational supervisors and there is a formal appraisal process in place. Training portfolios are completed when competencies are achieved.</p> <p>Annual appraisals for consultants and completion of personal development plans.</p> <p>PDR compliance</p>	None	Assured
<p>Trust should have a continuing professional development programme for all staff linked explicitly with professional requirements including revalidation.</p>	<p>PDR, appraisal and revalidation in place for clinical staff. Appraisal compliance is monitored. Concerns with individuals will be identified through complaints, risk management and supervision pathways and would be addressed through the performance management processes.</p>	<p>PDR logs QAS meeting minutes Revalidation logs</p>	None	Assured

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<p>Trust should have effective multidisciplinary team-working, in particular between paediatricians, obstetricians, midwives and neonatal staff.</p>	<p>MOMs multidisciplinary training is in place yearly, and adhoc multidisciplinary training also includes- impromptu simulation and skills and drills</p> <p>Regular multidisciplinary meetings include:</p> <p>Wednesday morning Meeting CW/ Forum WM/ Women’s Services Meeting CW Weekly joint obstetric and neonatal MDT Weekly fetal medicine meeting Weekly Intrapartum MDT Perinatal morbidity and mortality MDT Policy/guidelines MDT Q&S committee Management meetings Risk management meetings Obstetric medicine MDTs</p>	<p>Meeting minutes Training logs</p>	<p>None</p>	<p>Assured</p>
<p>Trust should be able to evidence the risk assessment process in maternity services, setting out clearly the delivery options and the process for ensuring this is documented in the care plan (including triggers for escalation of care).</p>	<p>Formal risk assessment currently in place at booking and risk assessment for BAME women during covid and at the start of labour. Recently introduced risk assessment at each contact- plan to have formal risk assessment at each appointment</p> <p>Personalised care plans via the mum & Baby app for all women</p> <p>Birth planning appointment undertaken at 36 weeks with the midwife or obstetrician as per schedule of care</p> <p>Care plans individually developed with consultant midwives/obstetricians for complex women</p>	<p>CERNER review Notes audits</p>	<p>Embedding of risk assessment at each contact</p>	<p>On-going</p>

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<p>Trust should audit the operation of maternity and paediatric services, to ensure that they follow risk assessment protocols on place of delivery, transfers and management of care, and that effective multidisciplinary care operates without inflexible demarcations between professional groups.</p>	<p>Standard inclusion criteria for birthplace including home births, birth centres and obstetric unit. Any woman requesting care outside of these guidelines receive a thorough consultation and specific care plan by the consultant midwife team.</p> <p>All inutero transfers are dicussed with the consultant neonatologist and consultant obstetrician. Dashboard metrics monitor the birth rates of premature births to include magnesium sulphate administration; this is to ensure that babies requiring level 3 NICU are birthed in the most appropriate place with the correct trained staff available.</p> <p>ATAIN MDT to discuss term avoidable admission to NICU</p>	<p>Birth choices plans and clinic schedules Notes audits Birth choices guideline</p> <p>Audit of in utero transfers Dashboard with preterm birth rates and magnesium administration</p> <p>ATAIN MDT meeting minutes</p>	<p>None</p>	<p>Assured</p>
<p>Trust should have a recruitment and retention strategy aimed at achieving a balanced and sustainable workforce with the requisite skills and experience.</p>	<p>Clear recruitment and retention strategy in place, with regular recruitment drives.</p> <p>Commenced BR + assessment</p>	<p>Current vacancy rate is <5% on each site for midwifery/nursing staff combined</p> <p>Obstetric Workforce at CW needs investment to achieve 98 hour cover and weekend evening ward round</p>	<p>None- CW compliant from Feb 2022</p>	<p>Assured</p>

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
<p>Trust should describe how joint working is in place between its main hospital sites, including the development and operation of common policies, systems and standards.</p>	<p>Amalgamation of policies and guidelines since West Middlesex site joined the trust in 2015 is complete, with guidelines centrally located on trust intranet. While some differences occur (because of structural differences such as different level neonatal services) these are clearly highlighted in the guidelines. Regular cross site meetings with the senior team ensure a shared ethos, with many of the senior team working on both sites. Women's service vision and strategy cross-site</p>	<p>Intranet guidelines sites</p> <p>Senior Midwives meeting Minutes</p> <p>MQAS cross-site meeting minutes</p> <p>Vision and Strategy</p>	<p>None</p>	<p>Assured</p>
<p>Trust should set out how they ensure incidents are reported and investigated in an open and honest way including requirements, benefits and processes. This should include a review of the structure, training, reporting and support for staff involved in SIs.</p>	<p>Incident reporting, via the DATIX reporting system is encouraged and utilised by all staff and monitored daily by the risk and senior teams. Investigation process, including training, reporting and feeding back to relevant staff, set out in policy trust policy derived from NHS England guidance</p>	<p>DATIX reports</p>	<p>None</p>	<p>Assured</p>
<p>Trust should review the structures, processes and staff involved in responding to complaints, and introduce measures to promote the use of complaints as a source of improvement and reduce defensive 'closed' responses to complainants. The Trust should increase public and patient involvement in resolving complaints.</p>	<p>MQAS specific newsletter ('Risky Business') sent to all staff so recurrent themes and actions can be observed and specific messages included within 'messages of the week'.</p> <p>PMA system used for midwifery staff and educational supervision system for medical staff to ensure that investigations are not seen as punitive, nor a blame culture</p> <p>MVP meets regularly and is given access to Risky Business and discuss other DATIX themes.</p>	<p>Risky business newsletters</p> <p>PMA newsletters</p>	<p>None</p>	<p>Assured</p>
<p>Trust should evidence that clinical leadership arrangements in obstetrics, paediatrics and midwifery appropriate and training and development is in place for the clinical leaders.</p>	<p>Internal leadership courses are available for staff at all grades including senior management. There is a clear senior and middle grade level of management. The clinical leadership structure is replicated in the PDR and line management cascade.</p>	<p>PDR reviews</p>	<p>None</p>	<p>Assured</p>

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
Trust should evidence that the Board has adequate assurance of the quality of care provided by the Trust's services. This should include assurance that roles and responsibilities are clear in relation to quality from board to middle managers (including training).	Trust board are aware of the divisional quality agenda through the quality and safety governance reporting structure and are sighted on risk registers, patient experience complaints and serious incidents.	Trust board minutes	None	Assured
Trust should evidence that the facilities in the delivery suites are fit for purpose	Chelsea site: recent refurbishment has ensured the facilities are fit for purpose with all equipment fit for purpose West Middlesex site: facilities on the delivery suite are fit for purpose. Work to the birth pool room on LW took place in 2020. Planned estates work to ensure better access to birth centre. Continuous procurement of necessary equipment needed take place	Estate plans	None	Assured
Trust should have clear guidance for incident reporting and investigation in maternity services. These should include the mandatory reporting and investigation as serious incidents of maternal deaths, late and intrapartum stillbirths and unexpected neonatal deaths.	Incident and SI reporting in line with national guidelines	Risk meeting minutes	None	Assured
Trust should evidence that they report openly the findings of any external investigation into clinical services, governance or other aspects of the operation of the Trust, including prompt notification of relevant external bodies such as the Care Quality Commission and Monitor.	Fully compliant with all requirements and requests	Risk meeting minutes	None	Assured
Trust should evidence their whistleblowing policy and its impact.	The trust has clear whistleblowing policies and guardians, and the impact is measured at board level	Whistleblowing policy	None	Assured
Trust should evidence the process for managing inquests to avoid this process reducing the incident review process and a reliance on the coronial process	Each maternal inquest would have a full panel with external review and all learnings and actions identified cascaded	Panel minutes	None	Assured

Recommendation	Assessment of Chelsea and Westminster	Evidence	Actions needed	Status
Trust should evidence the supervision process for midwives to provide assurance that where issues are found they are dealt with	While statutory supervision has been discontinued, the trust is fully compliant with the new PMS process, with active PMAs alongside annual appraisals and revalidation processes	PMA minutes/newsletters	None	Assured
Trust should evidence the links made between complaints, incident reviews, system issues, inquests and the actions taken as a consequence.	All trends within and across complaints, incident reports, system issues and inquests are reviewed both internally (via senior team) and externally (via the LMS)	Senior team minutes	None	Assured
Trust should evidence accurate recording of perinatal mortality, a process for review of all cases and recording systems that are adequate. This should include the use and actions taken in response to national audits such as MBRRACE-UK, and include analysis of comparison with other trusts.	Mortality reporting in place including process for reviewing all cases and recording systems that are appropriate and robust. Dashboard for LMS makes constant comparisons with local organisations alongside London-wide and national data.	Dashboards LMS meeting minutes	None	Assured
Trust should evidence the mechanism to scrutinise perinatal deaths or maternal deaths to identify patient safety concerns and to provide early warning of adverse trends. This should also include still birth and neonatal death.	The Perinatal Mortality tool is used to report all of the perinatal deaths. A monthly perinatal mortality meeting attended by the neonatal and obstetric team scrutinises all of the Intrapartum and neonatal deaths. Clear processes in place, as detailed above	Risk meeting minutes PMRT minutes	None	Assured
Trust should evidence the process for managing and learning from external reviews.	Clear processes in place	Risk meeting minutes – local and regional Senior team meeting minutes Trust board meeting minutes	None	Assured



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 rd March 2022										
AGENDA ITEM NO.	3.1										
TITLE OF REPORT	Guardian of Safe Working Q3 Report										
AUTHOR NAME AND ROLE	Emma Barrett, Medical Workforce Manager & Dr Julian Collinson, Guardian of Safe Working										
ACCOUNTABLE EXECUTIVE DIRECTOR	Dr Roger Chinn, Chief Medical Officer & Sue Smith, Interim Chief People Officer										
THE PURPOSE OF THE REPORT	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></td> </tr> <tr> <td>Info Only</td> <td>X</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance		Info Only	X	Advice				
Decision/Approval											
Assurance											
Info Only	X										
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	<i>Workforce Development Committee</i>	<i>15 February 2022</i>									
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	Senior Trust management and HR have continued to provide support and ensure the safe working of the junior doctor workforce in Q3. A total of 294 exception reports have been submitted for this quarter.										
KEY RISKS ARISING FROM THIS REPORT	Financially, the majority of exception reports submitted were resolved by additional payment to the junior doctors concerned and by fines allocated to the departments 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	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" style="width: 100%;"> <tr> <td>Equality And Diversity</td> <td>N</td> </tr> <tr> <td>Quality</td> <td>N</td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td>N</td> </tr> <tr> <td>Operational Performance</td> <td>N</td> </tr> <tr> <td>Finance</td> <td>Y</td> </tr> <tr> <td>Public Consultation</td> <td>N</td> </tr> <tr> <td>Council of Governors</td> <td>N</td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity	N	Quality	N	People (Workforce or Patients/ Families/Carers)	N	Operational Performance	N	Finance	Y	Public Consultation	N	Council of Governors	N	<p>Finance implications: the majority of exception reports submitted were resolved by additional payment to the junior doctors concerned and by fines allocated to the departments concerned in accordance with the 2016 Junior Doctors TCS.</p>
Equality And Diversity	N														
Quality	N														
People (Workforce or Patients/ Families/Carers)	N														
Operational Performance	N														
Finance	Y														
Public Consultation	N														
Council of Governors	N														

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



Guardian of Safe Working Hours Q3 2021/2022

1. Executive Summary

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

As in Q1 and Q2 (2021-2022) the trust continues to navigate its way through recovery from the COVID-19 Pandemic.

Measures continue to include bi weekly lateral flow tests for all staff, continued compliance with Government and 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 junior doctor rotas have now returned to BAU rotas.

A total of 294 exception reports have been submitted for this quarter – 286 (97%) of which were submitted by junior grade (F1/F2/ST1/ST2) doctors across the trust. This is a continued increase in reporting compared to the previous quarter.

Two areas of concern have been highlighted –

- 1) Paediatrics ST1-3s at the West Middlesex site accounted for 25% of the total exception reports.
- 2) General Surgery F1s at the Chelsea Hospital site accounted for 25% of the total exception reports

There have been 11 fines (5 in October / 3 in November & 3 in December) levied for this quarter. All fines have been due to a breach of the maximum 13 hour rule.

Dr Julian Collinson – Guardian of Safe Working – 13.01.22



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.

Site	Department / Grade	Trainee Gaps for Q3 2021
Urology Core Surgical CT1/2	CW	1
General Surgery Core Surgical CT1/2	WM	2
Trauma and Orthopaedic Surgery Core Surgical CT1/2	WM	1
Core Surgical CT1/2	WM	1
Respiratory Medicine ST3+	CW	2
Anaesthetics ST3+	CW	1
General (internal) Medicine Foundation Year 1	CW	1
Genito-urinary Medicine Foundation Year 2	CW	1
Emergency Medicine Foundation Year 2	CW	1
Gastroenterology Foundation Year 2	WM	1
Acute internal medicine Foundation Year 2	WM	2

Dr Julian Collinson – Guardian of Safe Working – 13.01.22



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 circulate 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, including plans for face to face meetings with a virtual option, to allow juniors from both sites to attend going forward. Current trainee attendance is poor.

4. Exception Reporting

A total of 294 exception reports were submitted for the quarter. 162 at CW and 132 at WM.

October 2021: A total of 137 exception reports were submitted. 5 fines levied.

Division	C & W: 36 + 31 + 11 = 78	WMUH: 27 + 3 + 29 = 59
EIC – 63 (36 @ CW / 27 @ WM)	F1 (General 17) F2 /ST1-2 (General 13 / Acute 6)	F1 (General 13 / Acute 3) F2/ST1-2 (General 10) Gastro ST3+ (1)
Planned Care – 34 (31 @ CW / 3 @ WM)	F1s (General 16 / ES 13 / T&O 2)	F1s (General 3)
W&C / HIV / Derm – 40 (11 @ CW / 29 @ WM)	F2/ST1-3 (Paediatrics 11)	F2/ST1-3 (Paediatrics 29)

Dr Julian Collinson – Guardian of Safe Working – 13.01.22



November 2021: A Total of 103 exception reports were submitted. 3 fines were levied

Division	C & W: 51	WMUH: 52
EIC – 19 (14 @ CW / 5 @ WM)	F1 (General 7 / Gastro 2 / Acute 5)	F1 (General 2 / Gastro 1 / Orthoger 1) F2/ST1-2 (Gastro 1)
Planned Care – 43 (35 @ CW / 8 @ WM)	F1 (General 4 / ES 25 / T&O 3) ST3+ (Anaesthetics 3)	F1s (General 8)
W&C / HIV / Derm – 41 (2 @ CW / 39 @ WM)	F2/ST1-3 (Paediatrics 2)	F2/ST1-3 (Paediatrics 36) ST4+ (Paediatrics 3)

December 2021: A total of 54 exception reports were submitted. 3 fines levied.

Division	C & W: 17 + 16 + 0 = 33	WMUH: 5 + 6 + 9 = 21
EIC – 23 (17 @ CW / 5 @ WM)	F1 (General Med 10) F2/ST1-2 (General Med 7)	F1 (General Med 5 / Acute 1)
Planned Care – 22 (16 @ CW / 6 @ WM)	F1 (General Surgery 7 / ES 8) ST3+ (Anaesthetics 1)	F1 (General Surgery 6)
W&C / HIV / Derm – 9 (0 @ CW / 9 @ WM)	0	F2/ST1-3 (Paediatrics 9)

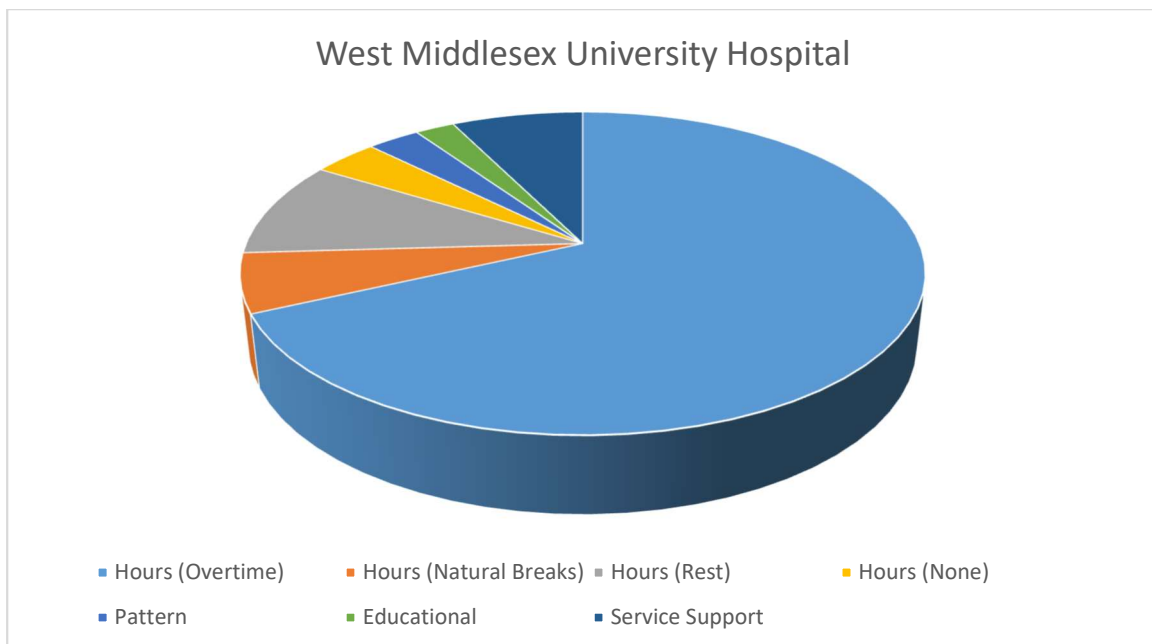
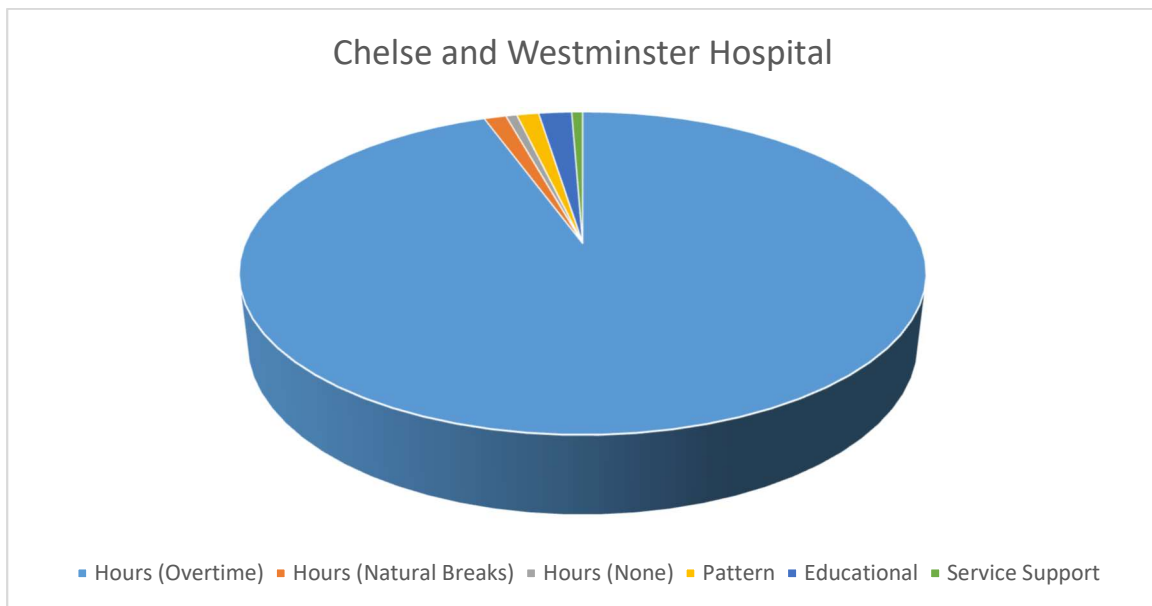
Of the exception reports received in Q3, 172 have been paid for the additional hours worked, 46 have payments for the additional hours pending, 12 have had TOIL recommended, 5 are being further investigated, 38 were closed with concerns noted and escalated where required, 21 were submitted passed the 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.

Dr Julian Collinson – Guardian of Safe Working – 13.01.22



Concerns that have been raised about the workload the Paediatrics F2/ST1-3 rota at WM has resulted in a work schedule review – this rota has now been re-designed to include additional resources and will be implement in March 2022. Exception reports relating to this rota will be closely monitored in Q4.

The the reasons for the exception reports that were submitted in Q3, are illustrated in the pie charts below, the main reason for both sites and all rotas was working longer hours due to workload.



Dr Julian Collinson – Guardian of Safe Working – 13.01.22



TITLE AND DATE	Board of Directors Public Meeting 3 rd March 2022
-----------------------	---

AGENDA ITEM NO.	3.2										
TITLE OF REPORT	Learning from deaths: Mortality Report Q3 2021-22										
AUTHOR NAME AND ROLE	Alex Bolton, Associate Director of Quality Governance										
ACCOUNTABLE EXECUTIVE DIRECTOR	Roger Chinn, Chief Medical 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		<p>This paper provides an update on the process compliance, key metrics and outcomes arising from the mortality screening and review process.</p>		
	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>Patient Safety Group</td> <td>26/01/2022</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>01/02/2022</td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Patient Safety Group	26/01/2022		Quality Committee	01/02/2022		
Name of Committee	Date of Meeting	Outcome									
Patient Safety Group	26/01/2022										
Quality Committee	01/02/2022										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>The Trust remains one of the best performing in terms of relative risk of mortality with a Trustwide SHMI of 71.87 recorded for this period. This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality:</p> <ul style="list-style-type: none"> • WestMid, SHMI value 75.73 • ChelWest, SHMI value 65.93 <p>It is the Trust’s target to screen 100% of all adult and child deaths and to undertake full mortality review on no less than 30% of cases.</p>										

	<p>During the last 12 months 87% of in-hospital adult and child deaths have been screened and 35% undergone full mortality review.</p> <p>During Q3 65% of in-hospital adult and child deaths have been screened and 25% undergone full mortality review. During this period 12 cases with areas of sub-optimal care, treatment or service delivery were identified but none of the issues identified impacted the outcome to the patient.</p> <p>Where the potential for improvement is identified learning is shared at Divisional review groups and presented to the Trust-wide Mortality Surveillance Group; this ensures outcomes are acted upon and learning is cascaded.</p>
<p>KEY RISKS ARISING FROM THIS REPORT</p>	<ul style="list-style-type: none"> • Delayed mortality review closure could lead to missed opportunities to address weakness in service delivery. The Mortality Surveillance Group monitors process compliance.

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

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

<p>Equality And Diversity</p>	
<p>Quality</p>	<p>Y</p>
<p>People (Workforce or Patients/ Families/Carers)</p>	
<p>Operational Performance</p>	
<p>Finance</p>	
<p>Public Consultation</p>	

Mortality case review following in-hospital death provides clinical teams with the opportunity to review expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes / service delivery.

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)	

Mortality Surveillance

1. Background

Mortality case review provides clinical teams with the opportunity to review expectations, outcomes and potential improvements with the aim of:

- Identifying sub optimal care at an individual case level
- Identifying service delivery problems at a wider level
- Developing approaches to improve safety and quality
- Sharing concerns and learning with colleagues

The Trust's mortality surveillance programme supports overarching service improvement and offers assurance to our patients, stakeholders, and the Board that the causes and contributory factors of patient deaths have been considered and appropriately responded to in an open and transparent manner.

2. Process

All adult and child death are reviewed by consultant teams using the mortality screening tool within Datix; this is used to identify cases that require further review through the full mortality review form. Neonatal deaths, stillbirths, and late fetal losses are reviewed using the perinatal mortality review tool (PMRT); this is a national mandatory monitoring and assurance dataset developed by MBRRACE-UK.

Trust targets:

- 100% of in-hospital adult and child deaths to be screen
- At least 30% of all adult and child death to undergo full mortality review
- 100% of neonatal death and stillbirths to undergo full mortality review
- 100% of cases aligned to a Coroner inquest to undergo full mortality review
- 100% of cases where potential learning identified by Medical Examiner to undergo full mortality review

Learning from review is shared at specialty mortality review groups (M&Ms / MDTs); where issues in care, trends or notable learning is identified action is steered through Divisional Mortality Review Groups and the trust wide Mortality Surveillance Group (MSG).

3. Medical Examiner's office

On April 1st 2020 an independent Medical Examiner's service was introduced to the Trust to scrutinise all non-coronial deaths and:

- Provide greater safeguards for the public by ensuring robust scrutiny and flagging any potential learning
- Ensure the appropriate direction of deaths to the Coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data

The Medical Examiner’s Office (MEO) provides assurance that cases are being scrutinised by experienced medical professionals; however the service does not provide the entirety of the Trust’s learning from deaths approach. The mortality review process is the focus of this report.

4. Relative risk of mortality

The Trust uses the Summary Hospital-level Mortality Indicator (SHMI) to monitor the relative risk of mortality within our hospitals. This tool was developed by NHS Digital to calculate the relative risk of mortality for each patient and then compare the number of observed deaths to the number of expected deaths; this provides a relative risk of mortality ratio (where a number below 100 is lower than expected mortality).

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

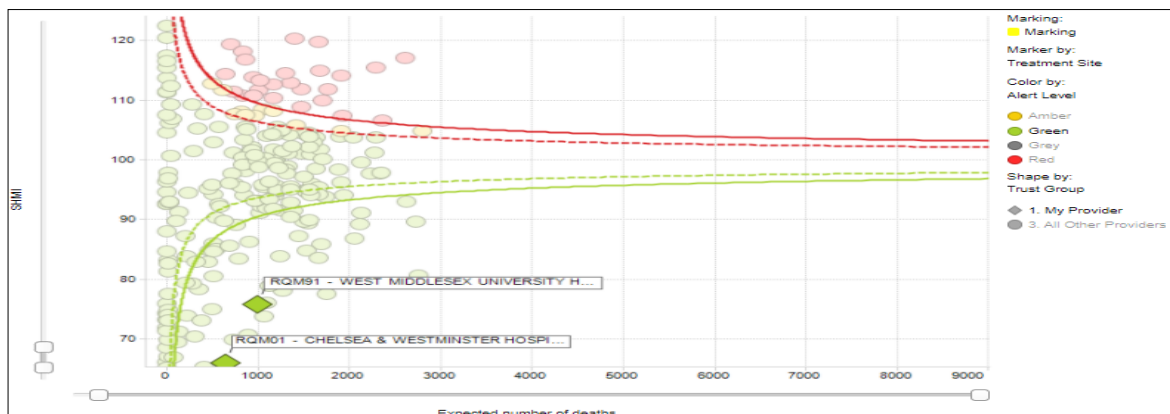


Fig 1 – SHMI comparison of England acute hospital sites based on outcomes (updated 06/12/2021)

The Trust remained one of the best performing in terms of relative risk of mortality with a Trustwide SHMI of 71.87 recorded for this period (where average risk of mortality would be 100). This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality:

- WestMid, expected 989.08 deaths, observed 749, SHMI value 75.73
- ChelWest, expected 643.09 deaths, observed 424, SHMI value 65.93

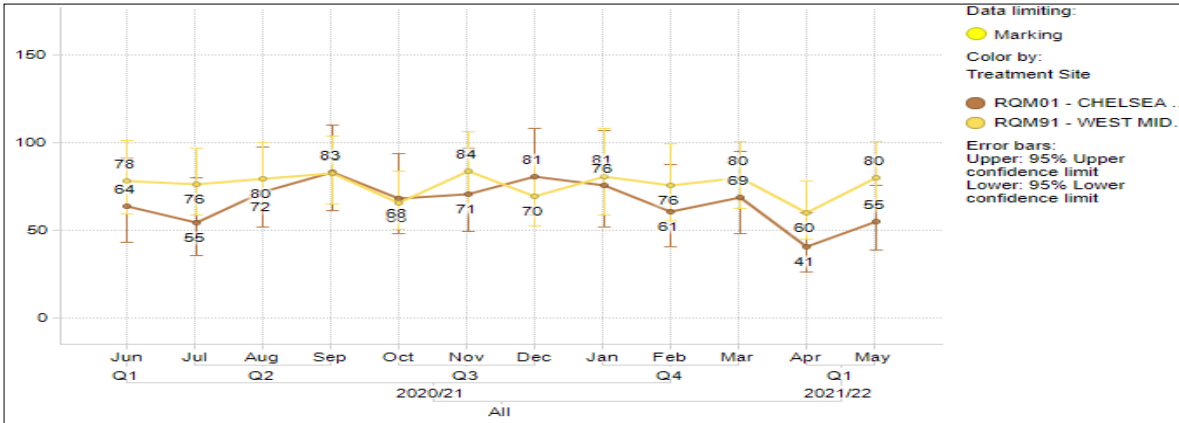


Figure 2: Monthly SHMI trend by site with 95% confidence limits (Updated 06/12/2021)

Covid-19 activity is excluded from the SHMI as the tool was not designed for this type of pandemic activity.

Crude mortality

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

Crude mortality rates must not be used to make comparisons between sites due to the effect that population demographics, services offered by different hospitals, and services offered by intermediate / community care has on health outcomes (e.g. crude mortality does not take into account the external factors that significantly influence the relative risk of mortality at each site). Crude mortality is useful to inform resource allocation and strategic planning.

The following crude rates only include adult emergency admitted spells by age band. This approach is used as it reduces some of the variation when comparing the two sites and support understanding and trend recognition undertaken by the Mortality Surveillance Group.

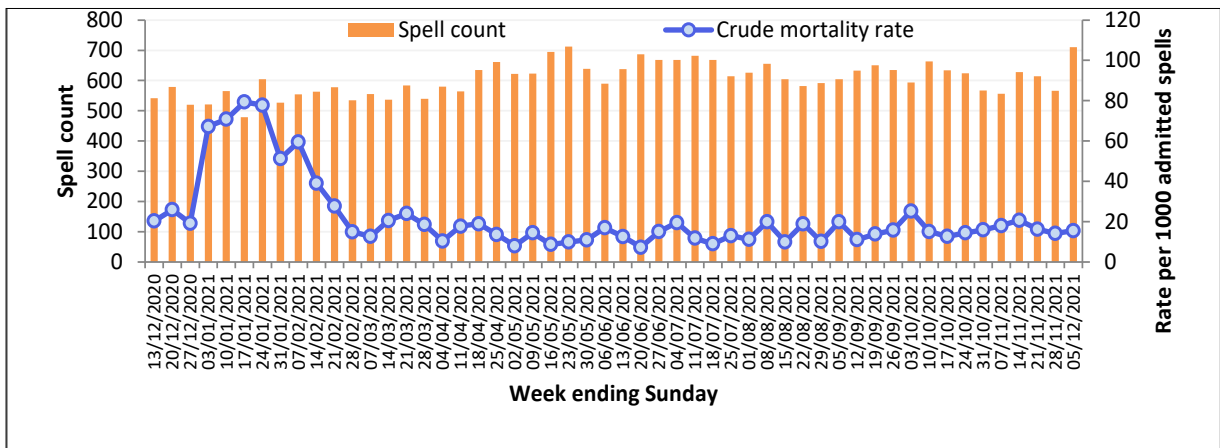


Figure 3: WestMid site, all adult deaths; crude mortality rate per 1000 emergency admissions

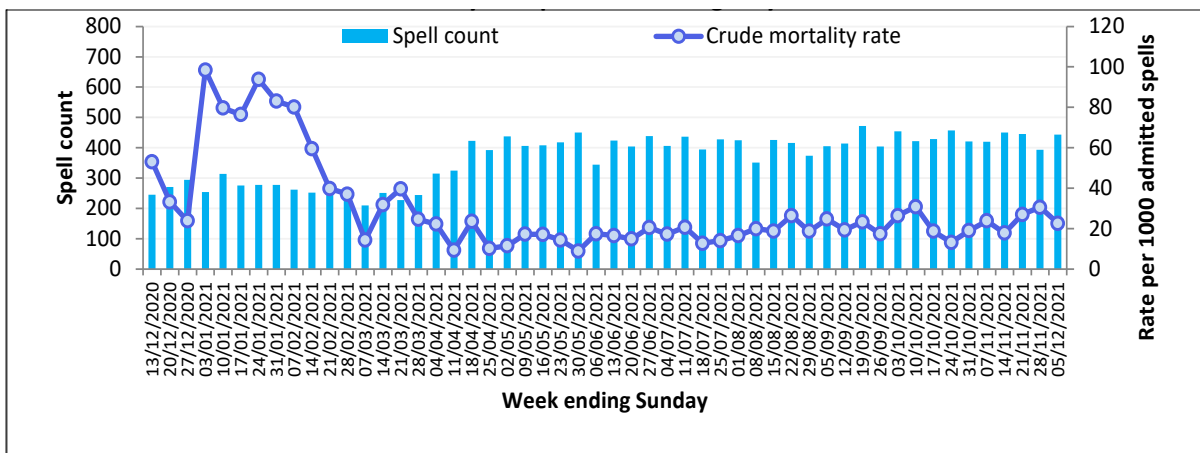


Figure 4: ChelWest site, all adult deaths; crude mortality rate per 1000 emergency admissions

A sharp increase in crude mortality associated with COVID-19 was experienced in January 2021; during this surge activity was maintained to a greater degree than the first COVID-19 surge in April 2020.

By comparing the actual number of emergency spell mortalities with the same week in the previous 5 year mean (2015-2019) a return to average is demonstrated from February 2021.

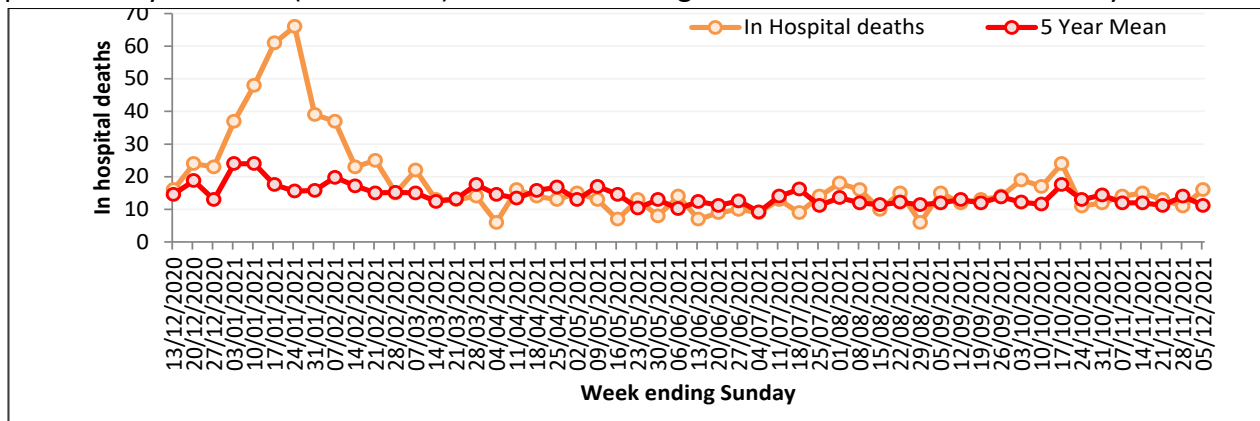


Figure 4: Weekly WestMid in hospital deaths compared to the 5 year average (updated 06/12/2021)

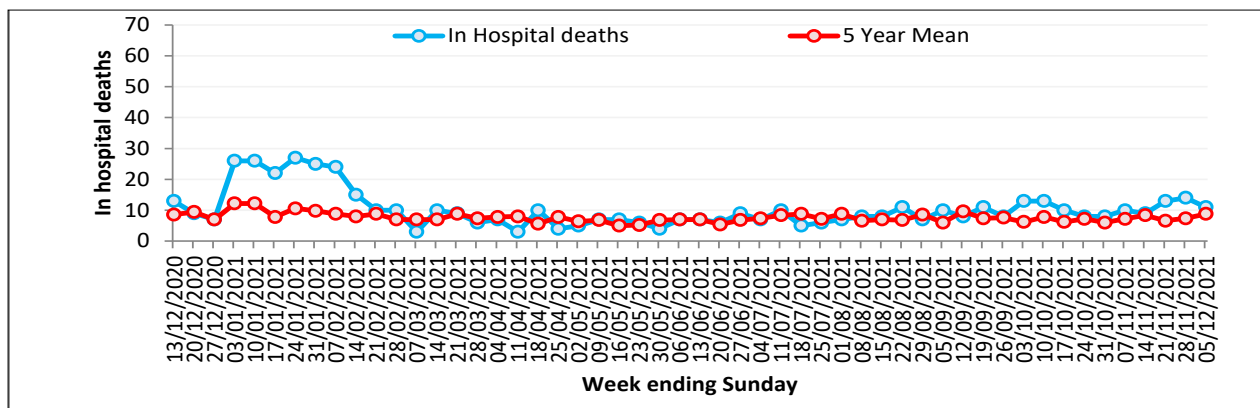


Figure 5: Weekly ChelWest in hospital deaths compared to the 5 year average (updated 06/12/2021)

5. Learning from all deaths

It is the Trust’s target to screen 100% of adult and child deaths and to undertake full mortality review on no less than 30% of cases.

During this 12 month period 87% of cases have been screened and 35% of cases have been screened & undergone full mortality review.

	No. of deaths	No. of cases screened and closed	No. of cases with full mortality review	No. of cases pending	% Screened	% With Full Review	% Pending
Jan	380	238	131	11	97%	34%	3%
Feb	167	95	69	3	98%	41%	2%

Mar	108	43	54	11	90%	50%	10%
Apr	84	45	35	4	95%	42%	5%
May	82	42	36	4	95%	44%	5%
Jun	83	50	24	9	89%	29%	11%
Jul	94	47	38	9	90%	40%	10%
Aug	104	58	34	11	88%	33%	11%
Sep	125	64	44	16	86%	35%	13%
Oct	133	70	39	23	82%	29%	17%
Nov	118	62	17	38	67%	14%	32%
Dec	124	45	12	65	46%	10%	52%
Total	1602	859	533	204	87%	33%	13%

During Q3 20/21 there were 375 deaths recorded within the mortality review system; of these 65% have been screened, 25% have undergone full mortality review, and 34% are pending closure.

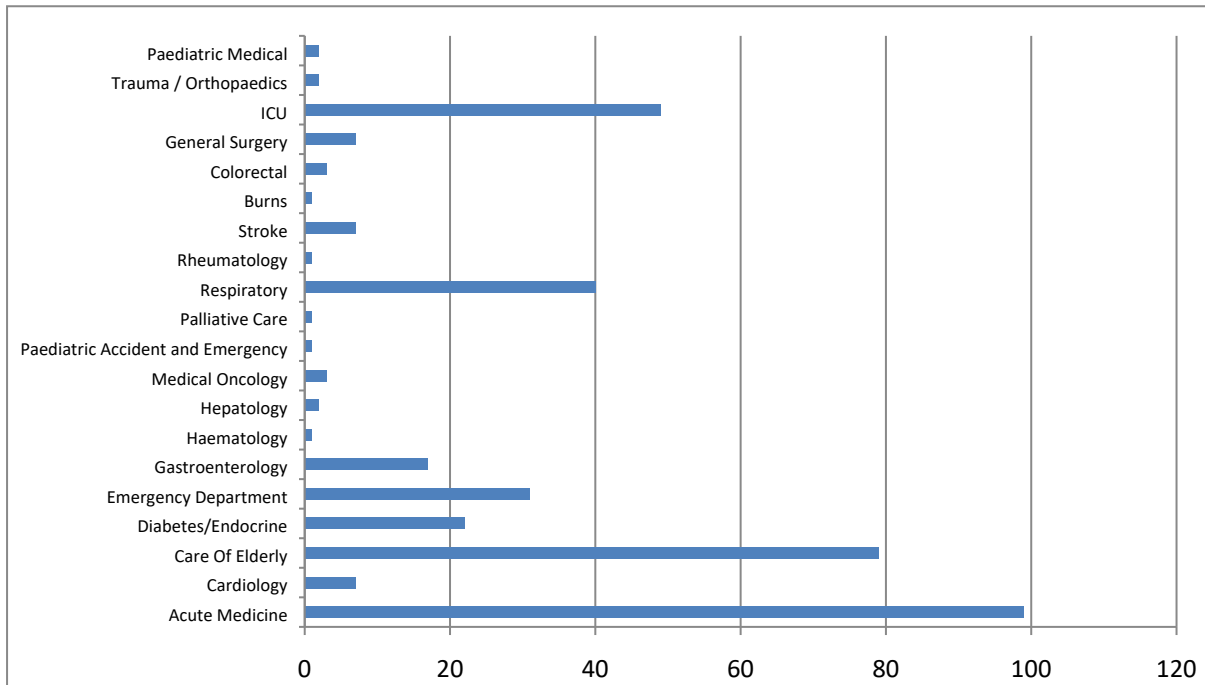


Figure 6: Q3 20/21 adult & child deaths by speciality

Sub-optimal care

Outcome avoidability and / or suboptimal care provision is defined using the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI) categories that have been adopted by the Trust for use when assessing all adult and child deaths:

- Grade 0: No suboptimal care or failings identified and the death was unavoidable
- Grade 1: A level of suboptimal care identified during hospital admission, but different care or management would NOT have made a difference to the outcome and the death was unavoidable
- Grade 2: Suboptimal care identified and different care MIGHT have made a difference to the outcome, i.e. the death was possibly avoidable

- Grade 3: Suboptimal care identified and different care WOULD REASONABLY BE EXPECTED to have made a difference to the outcome, i.e. the death was probably avoidable

During Q3 2020/21 twelve cases with areas of sub-optimal care, treatment or service delivery were identified; these were all graded as CESDI 1 e.g. the sub-optimal issues identified would not have changed outcome.

The Divisional Mortality Review Groups provide scrutiny to mortality cases so as to; identify themes and escalate any issues of concerns; during this reporting period the following issues / themes have been raised:

- Documentation: Data accessibility & quality
- Planning: Escalation Plans
- Communication: Handover between teams
- Logistics: Transfer timings

All cases of suboptimal care are presented to the Mortality Surveillance Group to ensure shared learning.

6. Conclusion

The outcome of mortality review is providing a rich source of learning that is supporting the organisations improvement objectives. A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q3 2021/22; this is an indicator of improving outcomes and safety.



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 March 2022
--	---

AGENDA ITEM NO.	3.3											
TITLE OF REPORT	Committee Effectiveness Survey Results 2021/22											
AUTHOR NAME AND ROLE	Dawn Clift, Interim Director of Corporate Governance and Compliance											
ACCOUNTABLE EXECUTIVE DIRECTOR	Dawn Clift, Interim Director of Corporate Governance and Compliance											
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>√</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> Please tick below and then describe the requirement in the opposite column	Decision/Approval		Assurance	√	Info Only		Advice		To provide the Board with the findings of the 2021/22 Committee Effectiveness Survey.			
Decision/Approval												
Assurance	√											
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>All Board Committees</td> <td>January 2022</td> <td>Noted</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	All Board Committees	January 2022	Noted					
Name of Committee	Date of Meeting	Outcome										
All Board Committees	January 2022	Noted										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	The 2021/22 Board Committee Effectiveness Survey has now closed and the findings have been considered through each of the Board Committees. The aggregate findings show us that:- <ul style="list-style-type: none"> • 92% of all responses either strongly agree or agree that the Committees are effective in deploying the measures contained in the survey • 4% disagree that the Committees meet some of the effectiveness measures • 0.15% strongly disagree that some effective measures are not met by Committees • 3.85% feeling unable to give a view on some questions across the Committee effectiveness surveys. These were largely because members were new to the Committee (such as new Audit Colleagues or because they were 											

	<p>completing the surveys as non-members to give a degree of external perception of effectiveness).</p> <p>Improvement actions have been identified in response to the findings and are contained in the attached report. In addition, the Board should recognise the very positive findings of the survey results including exemplary chairmanship by Non-executive Directors, strong membership engagement and a strong culture of living our values.</p>
KEY RISKS ARISING FROM THIS REPORT	Nil

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	N
Quality	N
People (Workforce or Patients/ Families/Carers)	N
Operational Performance	N
Finance	N
Public Consultation	N
Council of Governors	N

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)	

**Committee Effectiveness Review 2021/22
Analysis and Improvement Plan**

1. Background and Introduction

Board committee evaluation is an important feature of good governance and supports compliance with the principles of the UK Corporate Governance Code and the NHS Foundation Trust Code of Governance. It also features as part of the CQC well led framework particularly in relation to KLOE 4 'Are there clear responsibilities, roles and systems of accountability to support good governance and management'.

Effective evaluation allows the Board, and individual committees, to obtain assurance on how well each committee is performing against its remit, delivering its objectives and in turn contributing to the effective performance of the Trust as a whole. In November 2021, the Board approved the Committee Effectiveness Process to be implemented in relation to all Board Committees. A common framework was approved which allowed for consistency of approach in evaluation to further assure the Board on the effectiveness of its systems of internal control.

During November we launched the Committee effectiveness review and this closed some 4 weeks later. In January 2022 we presented the findings to each relevant Committee as follows:-

- a. Audit and Risk Committee (ARC)
- b. Quality Committee (QC)
- c. Finance and Investment Committee (FIC)
- d. People and Organisation Development Committee (PODC)
- e. Board Nominations and Remuneration Committee (NRC) – via e-governance

Each Committee member was asked to complete a survey about the effectiveness of each Committee of which he/she is a Member. The survey, at **Annex A**, was built around five themes and a number of statements in each for scoring:

- f. Composition, establishment and duties
- g. Administrative arrangements
- h. Governance, scrutiny and assurance
- i. Scope of work
- j. Committee engagement (narrative only)

There were also five questions where narrative responses were requested:

- k. Committee focus
- l. Committee effectiveness
- m. Committee leadership
- n. Committee values

Each Board member was also provided with the opportunity to provide feedback on any Committee of which he/she is not a member. This approach provided Committees with a degree of 'external' perception of effectiveness.

2. The Findings

A total of 641 overall responses were made to the survey process with:-

- 92% of all responses either strongly agreeing or agreeing that the Committees are effective in deploying the measures contained in the survey
- 4% disagreeing that the Committees meet some of the effectiveness measures
- 0.15% strongly disagreeing that some effective measures are not met by Committees
- 3.85% feeling unable to give a view on some questions across the Committee effectiveness surveys. These were largely because members were new to the Committee (such as new Audit Colleagues or because they were completing the surveys as non-members to give a degree of external perception of effectiveness).

The detailed findings of each survey have been considered through the relevant Board Committee and below we include a high level summary of the findings for each Committee:-

Audit and Risk Committee

Domain	Total Responses	Total Strongly Agree	Total Agree	Total Disagree	Total Strongly Disagree	Total Unable to Answer
Composition, establishment and duties	39	25	13	0	0	1
Administrative Arrangements	32	5	25	0	0	2
Governance Scrutiny and Assurance	48	22	25	0	0	1
Scope of Work	36	17	16	0	0	3
%	100%	45%	51%	0%	0%	4%

People and Organisational Development Committee

Domain	Total Responses	Total Strongly Agree	Total Agree	Total Disagree	Total Strongly Disagree	Total Unable to Answer
Composition, establishment and duties	30	11	15	1	0	3
Administrative Arrangements	24	6	16	2	0	0
Governance Scrutiny and Assurance	37	11	23	2	0	1
Scope of Work	30	7	21	1	0	1
%	100%	29%	62%	5%	0	4%

Quality Committee

Domain	Total Responses	Total Strongly Agree	Total Agree	Total Disagree	Total Strongly Disagree	Total Unable to Answer
Composition, establishment and duties	40	25	14	1	0	0
Administrative Arrangements	32	18	13	0	0	1
Governance Scrutiny and Assurance	44	32	10	2	0	0
Scope of Work	40	29	9	1	0	1
%	100%	67%	29%	3%	0%	1%

Finance and Investment Committee

Domain	Total Responses	Total Strongly Agree	Total Agree	Total Disagree	Total Strongly Disagree	Total Unable to Answer
Composition, establishment and duties	25	11	14	0	0	0
Administrative Arrangements	20	4	15	1	0	0
Governance Scrutiny and Assurance	48	22	25	0	0	1
Scope of Work	36	17	16	0	0	3
%	100%	42%	54%	0.8%	0%	3%

Board Nomination and Remuneration Committee

Domain	Total Responses	Total Strongly Agree	Total Agree	Total Disagree	Total Strongly Disagree	Total Unable to Answer
Composition, establishment and duties	20	8	9	3	0	0
Administrative Arrangements	16	5	9	0	1	1
Governance Scrutiny and Assurance	24	8	11	3	0	2
Scope of Work	20	4	4	9	0	3
%	100%	31%	41%	19%	1%	8%

Aspects to Recognise and Celebrate

- Very complimentary comments on the effectiveness of Chairs
- Very complimentary comments on Committee engagement
- Very positive comments regarding fulfilment of terms of reference

- Unanimous views on the strong extent to which the values of the Trust are a focus of the Committees

Opportunities for Improvement – You Said – We Did/Are Doing:-

- Opportunities to streamline papers to ensure they are more focussed and are issued in a timely manner – Committee covernote has been revised to improve focus. Training on report writing has been offered and exemplar reports are being circulated to aid authors.
- Opportunities to strengthen the governance of the Board Nomination and Remuneration Committee through a defined programme of work and the establishment of pre-planned quarterly meetings – A defined programme of work/annual business cycle has now been developed for approval by the Committee and meetings have been increased to quarterly with refreshed terms of reference
- Opportunities to circulate minutes in advance of papers for the subsequent Committee meetings - Minutes of the Audit and Risk Committee and People and OD Committee are now circulated well in advance of the meeting papers along with the action log. We are working to extend this approach to all Committees by the end of March 2022
- Consistent view across Committees on the need to refresh the Board Assurance Framework and our Strategic Risks – The Board have held a Development and Strategy Session (February 2022) to review the architecture of the Board Assurance Framework and to review the strategic risks to ensure these are reflective of the current strategic environment. All Committees will receive the revised aspects of the Board Assurance Framework that they will govern at the March and April 2022 meetings for approval. The full revised Board Assurance Framework then be presented to the Trust Board in May 2022.

Annex A: Committee Member Survey

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Unable to answer	Comments / ideas for improvement
Composition, effectiveness and duties						
The Committee has written terms of reference that adequately define the Committee's role						
The Committee has the membership, authority and resources it needs to perform its role effectively						
The Committee provides timely, clear and transparent assurance to the Board						
Committee members have sufficient knowledge to identify key risks areas and challenge the executive when required						
The Committee receives the appropriate level of input from Executive members						
Administrative arrangements						
Agendas and papers are circulated in good time to allow for due consideration						
Minutes and actions are circulated in good time to allow for due consideration						
The timing, location and meeting room facilities are appropriate						
Committee attendance is in line with the quorum						
Governance, scrutiny and assurance						
The Committee can demonstrate that it provides the Board with assurance in respect of all matters within its agreed remit						
The Committee can demonstrate the assurance it provides in respect of the Board Assurance Framework and on identification and management of risks within its remit						

Statement	Strongly	Agree	Disagree	Strongly	Unable to	Comments / ideas for improvement
-----------	----------	-------	----------	----------	-----------	----------------------------------

	agree			disagree	answer	
The frequency and duration of Committee meetings is sufficient to give appropriate consideration and scrutiny to the matters within its remit						
The reports presented to the Committee are of an appropriate quality and level of detail to allow for scrutiny and challenge and assurance to be provided						
The Committee understands the risks and issues within its remit and the decisions and assurances it is required to provide						
The Committee is alert to conflicts of interests and reports and manages these appropriately						
Work plan						
The Committee has established a work plan for the year ahead						
The Committee reviews its work plan at least quarterly						
The Committee has achieved its work plan						
The work plan reflects the agreed Terms of Reference of the Committee						
The Committee has sufficient flexibility within its work plan to address newly emerging risks and issues						
Committee Engagement						
To what extent do you feel Committee members contribute regularly and evenly across the range of issues discussed?						
Committee Focus						
To what extent are agenda item 'closed off' appropriately so that the committee is clear what the conclusion is; who is doing what, when and how, etc. and how it is being monitored?						
Statement	Strongly	Agree	Disagree	Strongly	Unable to	Comments / ideas for improvement

	agree			disagree	answer	
Committee Effectiveness						
To what extent do you feel the Committee actively challenges the executive during the year to gain a clear understanding of their findings?						
Committee Leadership						
Does the Committee Chair have a positive impact on the performance of the Committee, including the encouragement of views and allows for free-flowing debate?						
Committee Values						
To what extent do you feel the Committee considers the PROUD values of the Trust in its work?						



TITLE AND DATE	Board of Directors Public Meeting 3 rd March 2022
-----------------------	---

AGENDA ITEM NO.	4.1												
TITLE OF REPORT	Learning from Serious Incidents (December 2021 / January 2022 data)												
AUTHOR NAME AND ROLE	Stacey Humphries, Quality and Clinical Governance Assurance Manager												
ACCOUNTABLE EXECUTIVE DIRECTOR	Vanessa Sloane, Interim Chief Nursing Officer												
THE PURPOSE OF THE REPORT	<p>This paper provides an update on the process compliance, key metrics and learning opportunities arising from Serious Incident investigations.</p> <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									
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>01/03/2022</td> <td></td> </tr> <tr> <td>PSG</td> <td>23/02/2022</td> <td></td> </tr> <tr> <td>PSG</td> <td>26/01/2022</td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Quality Committee	01/03/2022		PSG	23/02/2022		PSG	26/01/2022	
Name of Committee	Date of Meeting	Outcome											
Quality Committee	01/03/2022												
PSG	23/02/2022												
PSG	26/01/2022												
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>During December 2021 and January 2022 the Trust declared 13 External SIs.</p> <p>There were 12 SI reports approved by the Divisional Serious Incident panel and the Chief Nurse/Medical Director and submitted to the NWL Collaborative (Commissioners).</p> <p>At the time of writing this report (14/02/2022), there are 36 overdue management and reduction of the risk; 11 actions are completed a 3 actions are yet to be closed.</p> <p>There are 14 actions recorded as a strong action with a criticality score of 5 meaning the action is absolutely critical to the management and reduction of the risk.</p> <p>Key themes contributing to serious incidents include:</p> <ul style="list-style-type: none"> • Documentation incomplete or not contemporaneous • Sub optimal/Poorly designed process • Low staff to patient ratio/ High acuity • Guidelines, Policies and Procedures: Not adhered to / not followed 												



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	
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:	<p>Serious Incident investigation provides clinical teams with a structured approach to care and service delivery evaluation and supports the identification of learning opportunities designed to reduce the risk of harm to patients, staff and the public.</p>	
Equality And Diversity		
Quality		Y
People (Workforce or Patients/ Families/Carers)		
Operational Performance		
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)	



1. Introduction

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

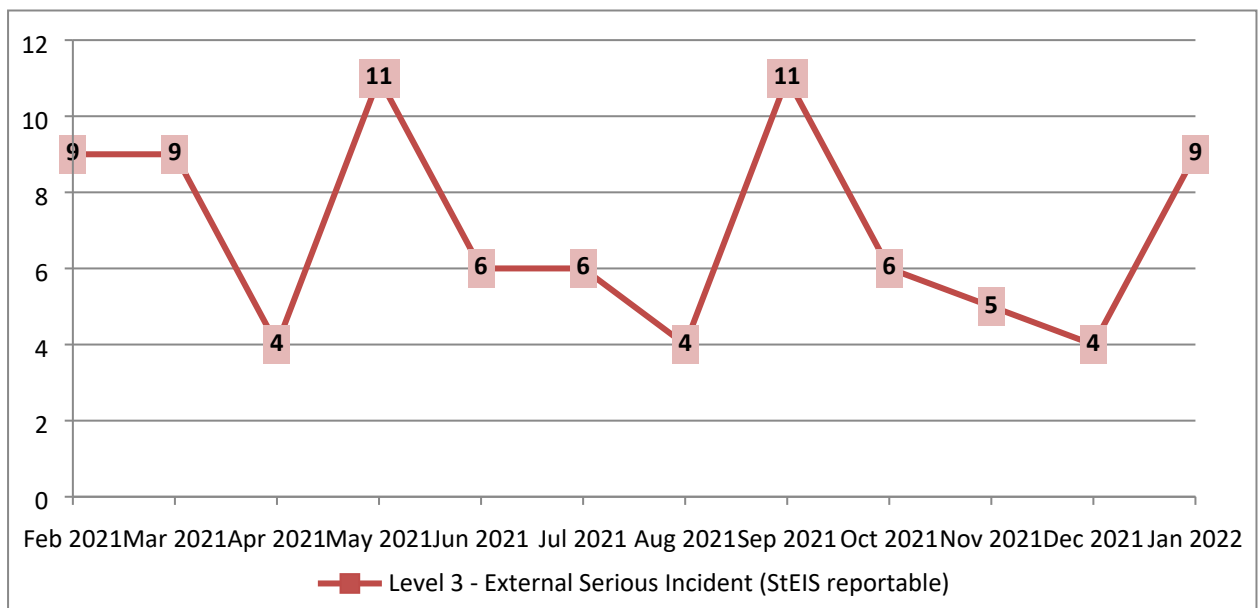
Serious Incidents are adverse events where the consequences to patients, families, staff or the organisations are so significant or the potential for learning so great, that a heightened level of response is justified. When events of this kind occur the organisation undertakes comprehensive investigations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

Outcomes from Serious 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. External Serious Incidents activity last 12 months

Between February 2021 and January 2022 the Trust:

- Reported 84 External Serious Incidents (40 CW/ 44 WM)



Graph 1: External SIs declared by month declared, February 2021- January 2022

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

The Trust started 13 External Serious Incident Investigations:

Division	Site	Specialty	Ref	Brief description
December 2021				
CSD	CW	Imaging	INC89428	Procedure delay
CSD	WM	Imaging	INC89299	Delayed diagnosis of spinal cord compression.
EIC	CW	Care Of Elderly	INC89494	Hospital acquired pressure damage
EIC	WM	Diabetes/ Endocrine	INC89480	Patient fall
January 2022				
WCHGD	CW	Maternity / Obstetrics	INC90281	Patient transferred for cooling.
EIC	CW	Acute Medicine	INC90313	Patient fall
PCD	WM	General Surgery	INC90660	Patient fall
WCHGD	CW	Maternity / Obstetrics	INC90777	Unexpected admission to NICU.
PCD	CW	General Surgery	INC90820	Failure to escalate a deteriorating patient.
WCHGD	CW	Maternity / Obstetrics	INC90964	*HSIB* Unexpected neonatal death.
WCHGD	WM	Maternity / Obstetrics	INC91243	*HSIB* Unexpected neonatal death.
WCHGD	WM	Maternity / Obstetrics	INC91436	Baby transferred for cooling.
EIC	CW	Emergency Department	INC91630	Patient death post hospital discharge.

Table 1: External SIs declared in December 2021 - January 2022

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

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

Division	Site	StEIS Category	Specialty	StEIS ref.	Degree of harm
December 2021					
CSD	CW	Treatment delay	Outpatients	2021/21070	No harm
PCD	WM	Slips/trips/falls	General Surgery	2021/18875	Severe harm
EIC	WM	Slips/trips/falls	Gastroenterology	2021/19470	Death



WCHGD	WM	Maternity/Obstetric incident: baby only	Maternity / Obstetrics	2021/20123	No harm
WCHGD	WM	Maternity/Obstetric incident: baby only	Maternity / Obstetrics	2021/9189	Low harm
WCHGD	WM	Maternity/Obstetric incident: baby only	Maternity / Obstetrics	2021/7020	Moderate harm
January 2022					
EIC	WM	Sub-optimal care of the deteriorating patient	Emergency Department	2021/21077	No harm
EIC	CW	Diagnostic incident	Emergency Department	2022/1021	Death
EIC	CW	Slips/trips/falls	Care Of Elderly	2021/19999	Severe
PCD	CW	Slips/trips/falls	General Surgery	2021/22248	Severe
WCHGD	CW	Maternity/Obstetric incident: baby only *HSIB*	Maternity / Obstetrics	2021/11924	Moderate
WCHGD	WM	Maternity/Obstetric incident: baby only *HSIB*	Maternity / Obstetrics	2021/13549	Moderate

Table 3: External SI reports submitted to the Commissioners in December 2021 and January 2022

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). There are 224 open SI actions of which 36 are overdue.

5.2. 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.

14 actions have been recorded as strong with a criticality score of 5 meaning the action is absolutely critical to the management and reduction of the risk. Completed actions include the following:

- **2021/14007:** Cease using stainless steel heads within hip replacement surgery
- **2021/12085:** Amend maternity appointment pathway relating to patient not attending (next appointment made for non-English speaking patients before they leave current appointment, no patients discharged from the clinic system until a next appointment is booked).
- **2021/9482:** Demand and capacity analysis in the ophthalmology clinic undertaken September 2021 (deficit of 63 slots a week).



- **INC82363:** Patient Access Process maps and roles and responsibilities of admin staff involved in ophthalmology booking process developed to ensure standardisation and clarify functions
- **2021/18105:** Mini pilot; spycra dressing introduced to prevent shearing and friction to patients with neck injuries. Colleagues have attended training and will roll-out to teams.

5.3. 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.

5.4. Thematic review

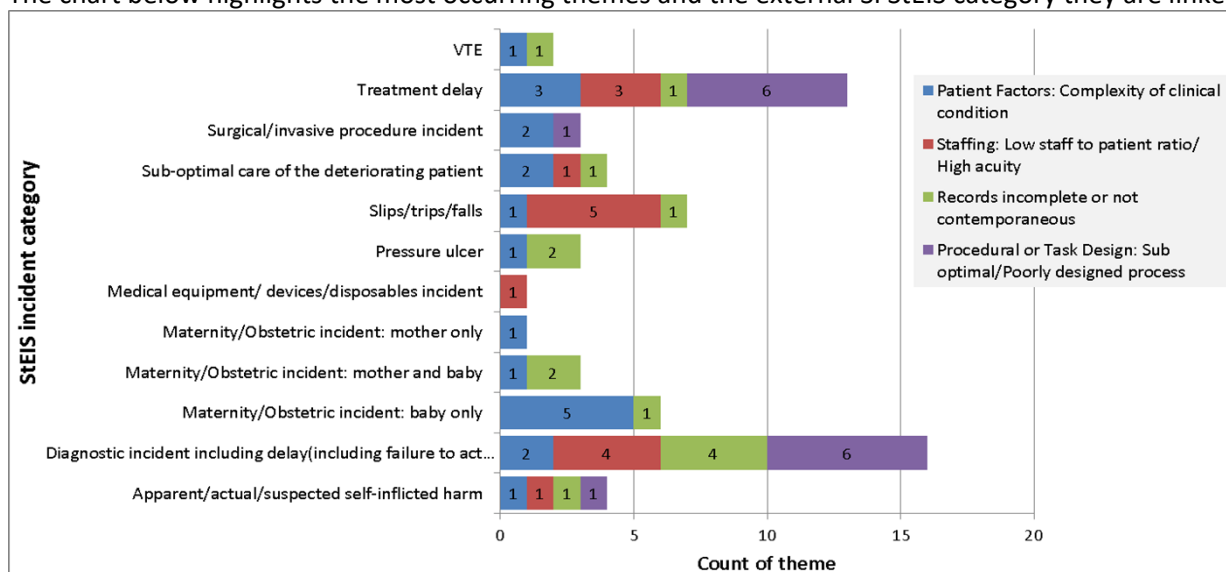
Serious Incident investigations explore problem in care (what?), the contributing factors to such problems (how?) and the root cause(s)/fundamental issues (why?). To support understanding a process of theming across these areas has been undertaken to identify commonalities across External Serious Incidents 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 past 12 months to January 2022, 62 external SI reports have been reviewed. Key themes contributing to the serious incidents include:

- Complexity of patients clinical condition – 20 SIs
- Staffing: Low staff to patient ratio/ High acuity – 15 SIs
- Documentation: incomplete or not contemporaneous – 14 SIs
- Procedural or Task Design: Sub optimal/Poorly designed process – 14 SIs
- Ineffective communication between different specialties or teams– 12 SIs

The chart below highlights the most occurring themes and the external SI StEIS category they are linked to.

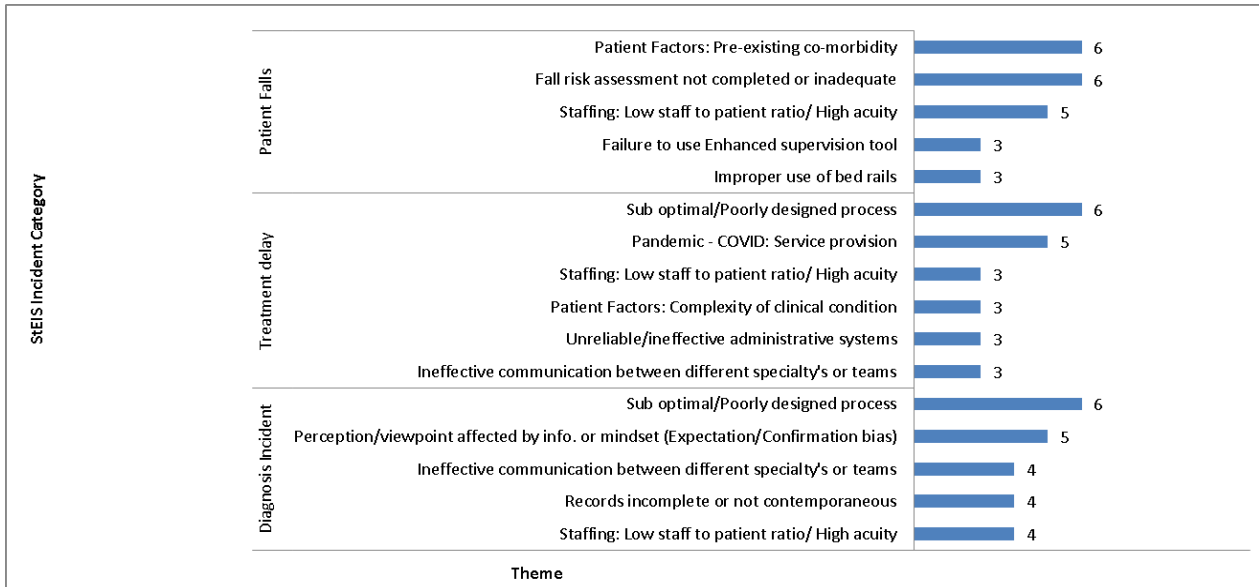


Graph 2: Top occurring themes (External SI reports submitted between Feb 2021 - Jan 2022)



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

- Patient Fall
- Diagnostic incident
- Treatment delay



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

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. 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.



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

Month 10 – Jan 2022



Our People, Our Ambition

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

How we will measure our success

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



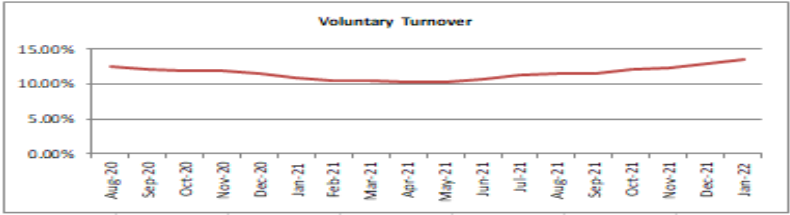
Our People, Our Ambition

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



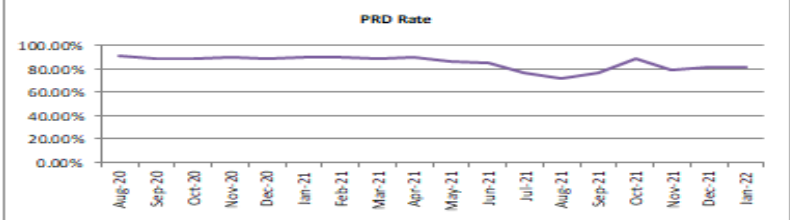
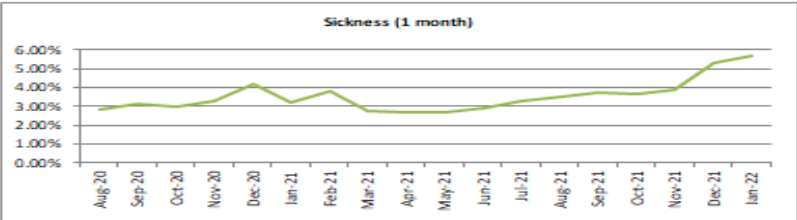
Key Indicators Over time

KPI	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Vacancy Rate	6.82%	6.67%	6.54%	7.16%	7.02%	7.56%	8.76%	8.83%	7.86%	7.94%	7.89%	8.35%	8.80%
Voluntary Turnover	10.95%	10.52%	10.50%	10.19%	10.32%	10.66%	11.20%	11.53%	11.47%	12.19%	12.32%	13.00%	13.50%
Sickness (1 month)	3.23%	3.79%	2.73%	2.64%	2.69%	2.93%	3.31%	3.48%	3.76%	3.66%	3.90%	5.29%	5.69%
PRD Rate	89.43%	89.62%	89.19%	89.91%	85.90%	85.55%	77.14%	71.65%	76.30%	88.12%	79.49%	81.79%	81.27%
Medical Appraisal Rate	-	-	-	-	-	90.19%	89.76%	89.20%	88.28%	85.47%	86.64%	89.10%	89.89%
Core Training Rate	89.0%	87.0%	89.0%	88.0%	88.0%	89.0%	89.0%	88.0%	88.0%	87.0%	88.0%	88.0%	89.0%



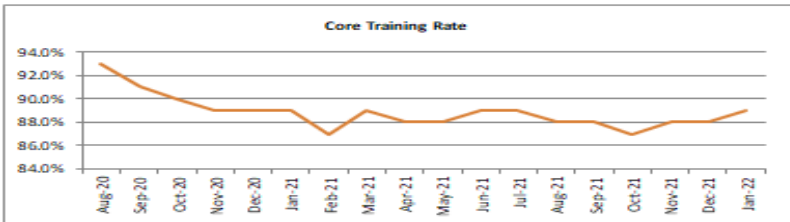
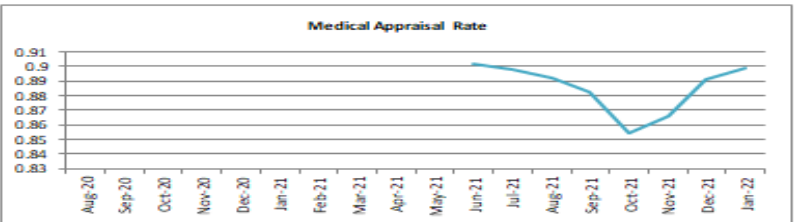
Movement in Month	▲
Movement Year to Date	▲
Movement over Last 12 months	▲

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



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

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



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

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

Performance Measure

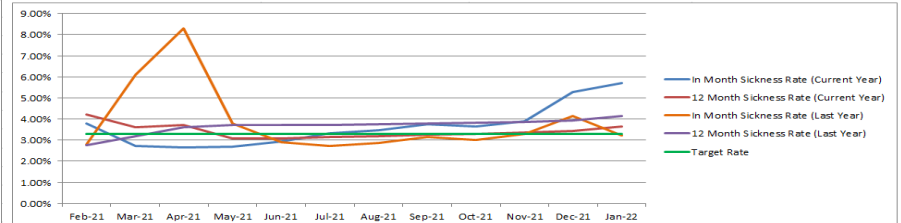
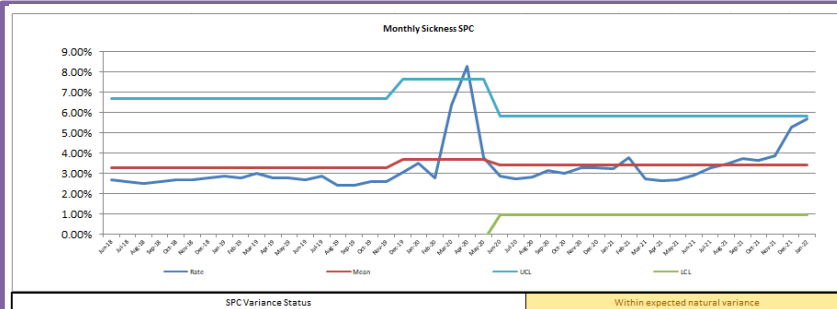
2020/21 baseline

2023/24 ambition

Sickness (average days)

5.8 days

5 days



Position against last month (1 Month)	higher	Position against last month (12 Month rolling)	higher
Position against last year (1 Month Rate)	higher	Position against last year (12 month rolling Rate)	lower

Highest Sickness Reason	In Month Episode %	Highest Sickness Reason	In Month FTE Lost %
S15 Chest & respiratory problems	49.78%	S15 Chest & respiratory problems	50.98%
S13 Cold, Cough, Flu - Influenza	9.60%	S10 Anxiety/stress/depression/other psychiatric illnesses	9.14%
S25 Gastrointestinal problems	7.46%	S12 Other musculoskeletal problems	6.14%
S98 Other known causes - not elsewhere classified	4.88%	S13 Cold, Cough, Flu - Influenza	5.49%
S16 Headache / migraine	4.56%	S98 Other known causes - not elsewhere classified	5.40%

Sickness has been dramatically impacted by Wave 4 of the pandemic, at January the Trusts sickness rate had increased to 5.69% and the workforce team were providing daily sickness reports to GOLD and to NWL. This impact is highlighted in the reasons for sickness absence being in the majority COVID related under chest and respiratory problems. It is notable that the position has stabilised and should start to come down in M11 and M12. The longer impact on the 12 month rolling sickness however will be longer lasting.

All staff groups have been impacted by COVID sickness and medical sickness has been reviewed due to daily sickness reporting and not all medical staff being on health roster to improve the accuracy of reporting as this has been under-reported.

Divisional	Trust	COR	CSD	EIC	ENT	PCD	WCH
FTE Days Lost to Sickness (In month)	10704.14	433.36	1997.72	2820.15	367.48	2039.20	3046.23
FTE Days Available	187994.13	17949.28	29792.28	50802.42	5571.95	35495.26	48382.94
Staff Headcount	6511	592	1042	1729	195	1215	1738
In Month Sickness Rate	5.69%	2.41%	6.71%	5.55%	6.60%	5.74%	6.30%
of which Short Term	3.95%	0.97%	4.42%	4.84%	3.58%	3.87%	3.95%
of which Long Term	1.74%	1.44%	2.28%	0.71%	3.02%	1.88%	2.35%
No of Episodes in Month	1818	81	330	495	60	318	536
New Active Sickness Triggers	521	22	103	159	16	88	133
Triggers Downgraded	103	8	15	23	0	19	38
Previous Months 1 Month Sickness Rate	5.29%	1.42%	6.45%	4.45%	7.70%	5.32%	6.57%
In Month Movement	0.41%	0.99%	0.26%	1.10%	-1.11%	0.42%	-0.27%
12 Month Sickness Rate	3.66%	1.97%	4.93%	3.00%	5.25%	3.45%	4.25%
Number of Active Sickness Triggers	2299	101	438	606	69	413	672

Staff Groups**	Administrative & Clerical	Allied Health Professionals	Medical & Dental	Nursing & Midwifery (Qualified)	Nursing & Midwifery (Unqualified)	Other Additional Clinical Staff	Scientific & Technical (Qualified)
FTE Days Lost to Sickness (In month)	1869.77	411.57	619.59	5358.56	1535.57	350.3	558.79
FTE Days Available	36357.78	10096.43	38537.91	71529.95	17776.91	4750	8945.25
Staff Headcount	1225	358	749	2478	618	178	315
In Month Sickness Rate	5.14%	4.08%	1.61%	7.49%	8.64%	7.37%	6.25%
of which Short Term	3.23%	3.30%	0.66%	5.49%	5.54%	5.43%	4.39%
of which Long Term	1.91%	0.78%	0.95%	2.00%	3.10%	1.95%	1.85%
12 Month Sickness Rate	3.83%	2.93%	0.99%	4.37%	5.74%	4.83%	4.57%
Previous Months 1 Month Sickness Rate	4.55%	5.22%	1.57%	6.86%	7.82%	5.04%	6.92%
In Month Movement	0.59%	-1.14%	0.04%	0.64%	0.82%	2.33%	-0.67%

People Plan - Looking after our people

ICS Goal 1 - Care

Performance Measure

2020/21 baseline

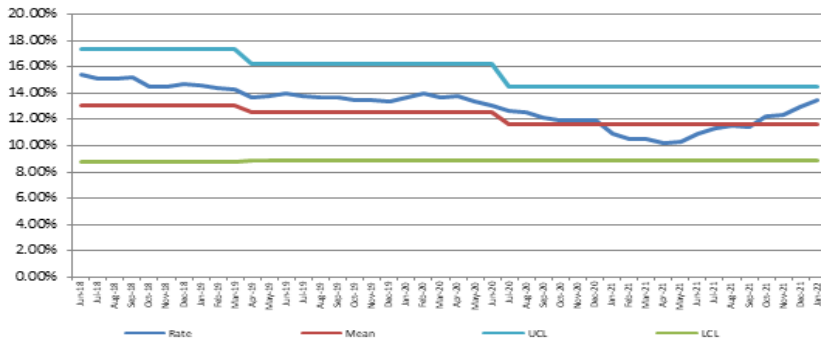
2023/24 ambition

Voluntary Turnover of Staff

18%

10%

Rolling 12 month Vol Turnover (FTE) SPC



SPC Variance Status

Within expected natural variance



Position against last month (1 Month)

higher

Position against last year (1 month Rate)

higher

Divisional	Trust	COR	CSD	EIC	ENT	PCD	WCH
Voluntary Leaves (FTE) in last 12 months	733.17	65.53	136.80	207.54	42.47	84.43	196.40
Voluntary Leaves (HC) in last 12 months	797	67	149	223	46	92	220
Voluntary Turnover Rate	13.50%	11.14%	14.06%	14.90%	24.35%	9.10%	13.30%
Retirement Rate	0.99%	1.19%	1.16%	0.60%	1.38%	0.83%	1.16%
Gross Turnover Rate	17.07%	16.30%	17.87%	17.37%	27.33%	13.33%	16.51%
Previous Vol TO Months Rate	13.00%	9.44%	13.27%	14.59%	24.89%	9.56%	12.47%
Movement	0.50%	1.70%	0.79%	0.31%	-0.54%	-0.46%	0.83%
Last Years Vol TO Rate	10.95%	12.40%	10.40%	13.10%	12.40%	8.40%	10.30%
Movement	2.55%	-1.26%	3.66%	1.80%	11.95%	0.70%	3.00%

Top 5 Vol Leaver Reasons

WTE Leavers in 12 Months

%

Voluntary Resignation - Relocation	405.34	29.49%
Voluntary Resignation - Other/Not Known	206.93	15.15%
Voluntary Resignation - Promotion	165.48	13.08%
Voluntary Resignation - Work Life Balance	156.03	11.14%
Voluntary Resignation - To undertake further education or training	119.75	9.39%

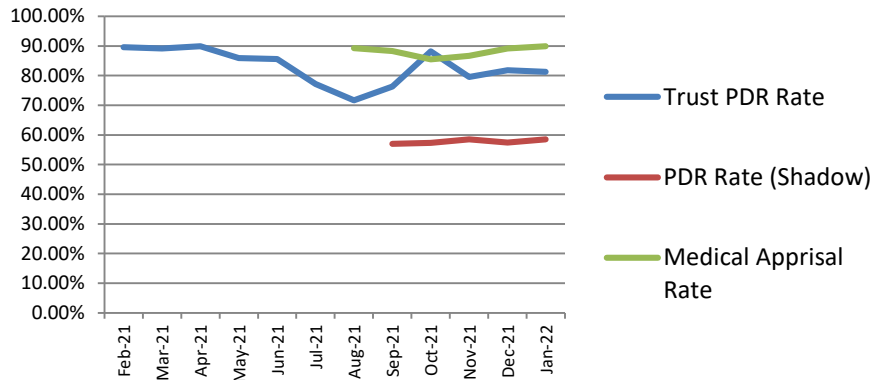
Staff Groups	Administrative & Clerical	Allied Health Professionals	Medical & Dental	Nursing & Midwifery (Qualified)	Nursing & Midwifery (Unqualified)	Other Additional Clinical Staff	Scientific & Technical (Qualified)
Voluntary Leaves (FTE) in last 12 months	146.94	70.91	20.86	310.11	104.63	23.18	56.54
Voluntary Leaves (HC) in last 12 months	153	77	26	338	112	30	61
Voluntary Turnover Rate	12.54%	22.19%	3.34%	13.59%	17.73%	14.83%	19.73%
Retirement Rate	1.28%	0.63%	0.85%	0.80%	1.32%	1.13%	1.40%
Gross Turnover Rate	16.15%	25.01%	14.31%	14.83%	20.61%	24.96%	23.83%
Previous Vol TO Months Rate	11.67%	21.95%	3.15%	13.11%	17.71%	15.06%	18.33%
Movement	0.86%	0.56%	0.19%	0.49%	0.02%	-0.23%	1.40%

Turnover has continued to increase for the month of January 2022 (13.50%) and has also increased compared to last year. It is highly likely that as pandemic pressures decrease that the mobility of staff increases and the voluntary turnover increases. This does mean that we are now within the target tolerances and will potentially fall outside of the targets at the close of the year. It also means that achieving the new turnover targets in the people plan will be extremely challenging and will require improvement programmes focused on retention. Leaver surveys are sent to all leavers and results are analysed.

Areas to improve on are poor work-life balance, managers not providing clear feedback to staff and staff not feeling valued or recognised. Due to Covid Wave 4 and VCOD, this has not progressed as expected and plans are being developed to recommence and refresh the focus of this work. At present, the HRBP Team are working through this via business planning.

Appraisal Rates

Target – 90%



Month	Oct-21	Nov-21	Dec-21	Jan-22
A&C PDR Rate	85.26%	76.62%	79.31%	78.93%
AHP PDR Rate	85.84%	70.85%	72.43%	72.84%
Nursing (Q) PDR Rate	90.52%	81.78%	84.27%	83.05%
Nursing (UQ) PDR Rate	87.19%	81.01%	82.44%	83.25%
OACS PDR Rate	83.33%	78.36%	79.76%	81.50%
STT(Q) PDR Rate	87.67%	80.13%	82.33%	81.85%
A&C Shadow PDR Rate	45.94%	48.38%	49.36%	48.62%
AHP Shadow PDR Rate	49.35%	52.94%	52.30%	54.61%
Nursing (Q) Shadow PDR Rate	62.78%	62.64%	60.48%	61.90%
Nursing (UQ) Shadow PDR Rate	59.51%	59.74%	59.47%	61.69%
OACS Shadow PDR Rate	53.59%	52.38%	49.32%	52.08%
STT(Q) Shadow PDR Rate	66.53%	72.33%	72.59%	73.62%

Month	Oct-21	Nov-21	Dec-21	Jan-22
Trust PDR Rate	88.12%	79.49%	81.79%	81.27%
COR PDR Rate	85.23%	74.32%	78.10%	76.33%
CSD PDR Rate	87.07%	78.52%	80.74%	81.12%
EIC PDR Rate	89.19%	81.35%	82.73%	83.01%
ENT PDR Rate	86.88%	74.85%	84.52%	84.21%
PCD PDR Rate	92.45%	85.98%	87.03%	87.71%
WCH PDR Rate	86.66%	77.13%	79.58%	77.27%

Month	Oct-21	Nov-21	Dec-21	Jan-22
Trust PDR Shadow Rate	57.30%	58.54%	57.44%	58.50%
COR PDR ShadowRate	53.49%	52.06%	53.50%	53.40%
CSD PDR Shadow Rate	55.14%	59.03%	60.40%	60.19%
EIC PDR Shadow Rate	61.42%	64.90%	63.24%	66.20%
ENT PDR Shadow Rate	43.57%	42.28%	50.68%	60.14%
PCD PDR Shadow Rate	66.52%	67.21%	65.17%	68.18%
WCH PDR Shadow Rate	52.84%	51.35%	47.39%	45.53%

Month	Oct-21	Nov-21	Dec-21	Jan-22
Trust Med App Rate	85.47%	86.64%	89.10%	89.89%
CSD Med App Rate	95.74%	93.62%	86.96%	89.58%
EIC Med App Rate	79.19%	84.12%	88.24%	88.80%
PCD Med App Rate	86.97%	85.66%	89.17%	89.21%
WCH Med App Rate	86.31%	88.59%	90.19%	91.67%

The overall Trust position for non-medical appraisals decreased by 0.52% to 81.27% which is within the acceptable tolerance against the current Trust target of 90+%.

Appraisal reports are sent out to divisions on a monthly basis and targeted communications is sent out by the HRBP team in order to increase compliance. Compliance is further discussed in monthly HR meetings. PDR training is provided on a monthly basis. Operational pressures over the last 6 months need to be considered and moving into 2022/23 performance should be considered on an improvement trajectory to the target over a period of time.

The HRBP team are focusing on the shadow compliance and recovery plans before appraisal reporting changes in April 2022. Overall this has continued to see improvements but there is more work to do with divisions. It is notable that pressures in WCH are hampering improvement.

For medical staff, the overall Trust appraisal rates continue to improve with the rate at 89.89% just under the 90% target rate. Divisionally the rates for month 10 are between 88% to 92%. This is due to the number of appraisals overdue but these are being followed up by the Medical Workforce Team in line with Trust processes. Overall the appraisal figures for medical staff show continued engagement in the appraisal process.

People Plan - Looking after our people

ICS Goal 1 - Care

Statutory and Mandatory Training Rates

Target – 90% (IG 95%)

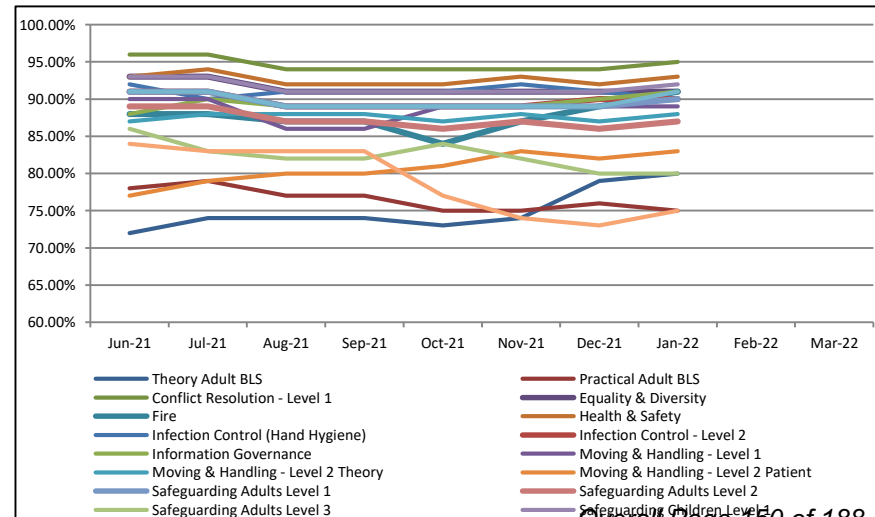
Jan-22	Core Training			
Course	Last Month	This Month	Target	Trend
Core Training Rate	87%	89%	90%	↑
Theory Adult BLS	73%	80%	90%	↑
Practical Adult BLS	75%	75%	90%	→
Conflict Resolution - Level 1	94%	95%	90%	↑
Equality & Diversity	91%	91%	90%	→
Fire	84%	91%	90%	↑
Health & Safety	92%	93%	90%	↑
Infection Control (Hand Hygiene)	91%	90%	90%	↓
Infection Control - Level 2	89%	90%	90%	↑
Information Governance	89%	90%	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%	90%	90%	↑
Safeguarding Adults Level 2	86%	87%	90%	↑
Safeguarding Adults Level 3	84%	80%	90%	↓
Safeguarding Children Level 1	91%	92%	90%	↑
Safeguarding Children Level 2	89%	91%	90%	↑
Safeguarding Children Level 3	77%	75%	90%	↓

Overall compliance has increased from 88% to 89%. We have seen a 0.5% increase in BLS overall. This is due to the new ways that the Resus team is now delivering sessions. They have implemented a new assessment booking system; candidates now attend a morning webinar and book a 10 min slot in the afternoon to be assessed on the practical element of Resus training. Moving and Handling is continuing to improve, it is currently sitting at 83%, up 1% from the end of December. The aim is to reach the 90% target compliance by the end of the financial year; however, this may be achieved sooner if attendance remains good. The L&OD team are looking at ways to change the way candidates book onto a session and are looking at ways to make the process faster and easier for candidates. The Senior L&OD analyst has started work on Resus mapping. Once lists have been produced, the Resus team will review to identify more staff that can be removed. This mapping cleanse will improve compliance.

Training Needs Analysis documents have been sent out to all Subject matter experts across the Trust, this will help L&OD identify gaps in mapping and should also help push compliance back up to 90% by April – May of this year.

IG is currently at 91% (national target 95%) work is continuing to capture new starters IG to make sure they are compliant within the first week of employment.

	Last Month	This Month	Trend
TRUST	87%	88%	↑
Clinical Support Division	92%	93%	↑
Corporate Division	89%	88%	↓
Emergency & Integrated Care Division	87%	87%	→
Enterprise Division	90%	89%	↓
Planned Care Division	87%	88%	↑
Womens, Childrens and Sexual Health Division	85%	85%	→



Employee Relations

Category	Metric	Jan-22										
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
Non Medical Disciplinary												
No of Disciplinary cases opened in month	Number	2	1	2	3	0	1	2	2	1	0	
No of current, open disciplinary cases	Number								8	6	6	
Average length of closed disciplinary cases (closed in the last 24 months)	Days <60	85.92	83.68	83.23	82.10	84.25	84.91	81.98	82.48	73.03	71.82	
Average length of disciplinary Investigation	Days <30				21.00	30.00	34.30	31.28	57.00	46.86	45.83	
Total Disciplinary cases opened in year (from April 21)	Number	2	3	5	8	8	9	11	13	14	14	
% BAME Disciplinary Cases in year (from April 2021)	%	100.00%	66.67%	80.00%	87.50%	87.50%	88.89%	90.91%	92.31%	85.71%	85.71%	
% BAME Disciplinary Cases opened in month	%	100.00%	0.00%	100.00%	100.00%		100.00%	100.00%	100.00%	0.00%	0.00%	
Exclusions - No. of live in month	Number									1	1	
Medical Disciplinary												
No of MHPS cases opened in month	Number	0	0	1	0	0	0	4	1	0	0	
No of current, open MHPS cases	Number								5	1	1	
Average length of closed MHPS cases (closed in the last 24 months)	Days <60	153.35	153.35	153.35	153.35	153.35	153.35	153.35	153.35	136.76	136.76	
Average length of MHPS Investigation	Days <30				33.00	36.00	36.00	18.00	39.00	21.00	28.00	
Total MHPS cases opened in year (from April 21)	Number	0	0	1	1	1	1	5	6	6	6	
% BAME MHPS Cases in year (from April 2021)	%	-	-	0.00%	0.00%	0.00%	0.00%	40.00%	33.33%	33.33%	33.33%	
% BAME MHPS Cases opened in month	%	-	-	0.00%	-	-	-	50.00%	0.00%	-	-	
Exclusions - No. of live in month	Number									0	0	
Grievance												
Grievance - No. of opened cases in month	Number	2	1	0	0	0	2	1	4	1	0	
Grievance - No. of opened cases in year	Number	2	3	3	3	3	5	6	10	11	11	
Grievance - No. of open cases	Number								6	7	7	
Average length of closed grievance cases	Days	121.47	121.47	124.70	123.24	129.13	127.96	126.20	127.83	128.02	128.02	
Grievances - % that are BAME Cases opened in month	%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	75.00%	0.00%	0.00%	
Grievances - % that are BAME Cases opened in year	%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	16.67%	40.00%	36.36%	36.36%	
B&H cases - included in grievance numbers (of those opened in year)	Number	1	1	1	1	1	1	2	4	4	4	
Sickness												
Sickness - No. of cases opened in month	Number	18	8	12	12	9	11	22	18	19	21	
Sickness - No. of open cases	Number								74	85	76	
Long Term - sickness cases in month	Number	12	6	6	10	7	9	18	11	7	16	
Short Term - sickness cases in month	Number	6	2	6	2	2	2	4	7	12	5	
Ancillary												
No. of Employment Tribunals (ET) active	Number	-	-	-	11	14	14	14	15	13	13	
Staff attending ER training sessions in month aggregate	Number	-	-	-	84	84	92	92	98	98	110	

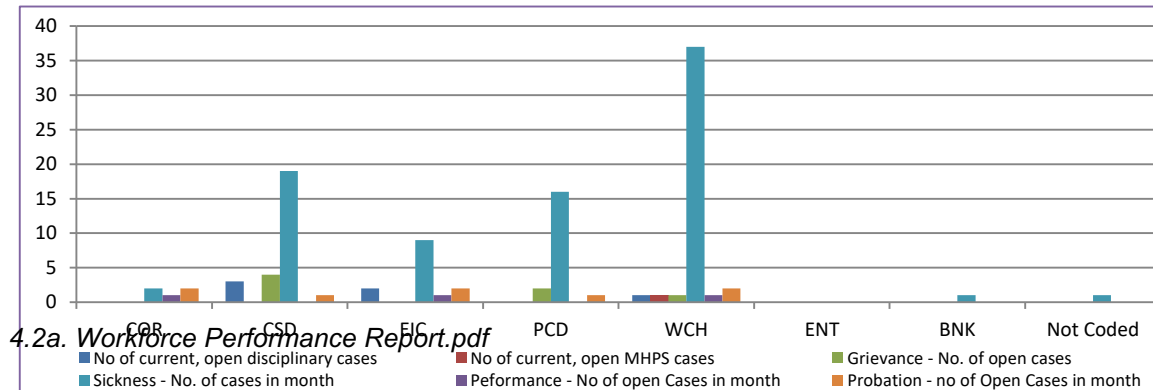
ER Update

There were no new disciplinary cases opened in January and open cases remains the same as December. The average length of disciplinary investigation remains above target at 45.83 days. The ability to conclude cases was impacted by Christmas and the Covid surge. MHPS cases remain low and whilst investigation times are below target the overall case closure KPI remains impacted by sickness absence.

There have been no new grievances in January and work continues to conclude ongoing cases with the ER team prioritising the longest running cases.

The ER team have been working closely with managers to close cases, with 30 closed since last month. 21 new cases were opened in January resulting in 76 live formal sickness cases in January. Of these there has been an increase in long term cases. There has been an increase in chest and respiratory absence during this period.

The number of Employment Tribunal cases remain static, however it is expected that at least 2 cases will be closed within the next reporting period.



People Plan - Belonging

ICS Goal 2- Lead/ Include

Performance Measure

2020/21 baseline

2023/24 ambition

Increase in the number of BAME staff 8a and above

Disproportionate – 3 grades not met

All grades meeting set targets

Projected Model Employer Targets	2019	2020	2021	2022	2023	2021 Performance	2021 ambition	2021 current	Gap
Band 8a	74	78	82	86	90	Band 8a	82	81	-1
Band 8b	25	27	29	31	33	Band 8b	29	29	-
Band 8c	10	11	12	13	14	Band 8c	12	15	+3
Band 8d	6	6	7	7	8	Band 8d	7	4	-3
Band 9	2	2	3	3	3	Band 9	3	2	-1
VSM	5	6	7	8	9	VSM	7	7	-

Divison	BAME Staff in Band 8A+ (Afc)	Staff in Band 8A+ (Afc)	Band 8A+ (Afc) BAME %	BAME Staff in Medical	Staff in Medical	Medical BAME %	Overall Staff Population BAME %
289 PDC Planned Care Division	8	40	20.00%	146	375	38.93%	55.47%
289 EIC Emergency & Integrated Care Division	28	101	27.72%	195	437	44.62%	55.47%
289 Enterprise Division	4	18	22.22%	1	10	10.00%	45.13%
289 CSD Clinical Support Division	43	90	47.78%	33	69	47.83%	51.63%
289 COR Corporate Division	34	141	24.11%	17	30	56.67%	43.75%
289 WCH Womens, Childrens and Sexual Health Division	11	67	16.42%	177	415	42.65%	38.72%
Trust	128	457	28.01%	569	1336	42.59%	49.01%

Factor	Current Month	Last Month	Start of Year
% of Diversity Champions on Band 8A+ Interview Panels	33.33%	16.67%	80.00%

Over the past month we have continued to face challenges with reaching our projected model employer targets . The overall gap in senior leader roles is slightly better than the previous month but we are not on target for this year's position as the targets increase year on year to be reflective of our overall workforce composition. Our number of BAME staff in Senior Leader positions is currently 128 which is a gap of 12 as our target is 140. The charts highlight our nationally set targets and how this is reflected across Divisions and by Agenda for Change and medical staff groups. To support BAME staff in to leadership positions across NWL the Trust has participated in the leadership ladder programme, supporting two staff seconded on to the programme, from Pharmacy and the Discharge team, who are undertaking two 6 month placements, at a band above the role they are employed in. The two staff on placement with us are currently working as a Clinical Nurse Specialist and a Telederm manager. The Trust has also supported 23 of our BAME colleagues (47%) to undertake MBA and MSc programmes. We have reviewed the leadership ladder programme with the ICS Lead and are putting in place some quality improvements for the next placement. We will have a new Experience and Involvement projects programme manager opportunity in divisional nursing which we add real value to the organisation and will be a great stretch opportunity for the associate in this new role. Ensuring a diversity champion was included in interviews, over the last 3 months has been challenging and has dropped significantly due to COVID-19 and VCOD related pressures and absence. However the EDI and recruitment teams are reviewing our Diversity Champions programme to make it more robust and this will include additional training and support via a Community of Practice (CoP) for the champions. These improvements will support us in understanding the narrative and to be able to thematically analyse the feedback and work with our HRBPS to see the improvements in action.

Performance Measure

2020/21 baseline

2023/24 ambition

Increase in the number of staff transitioning to qualified posts

<20

>70

Division	Number in Qualified Roles that were in unqualified roles 12 months before	Roles (Coded as per below)	Established (Mar 21)	Established Current	In Post (Mar 21)	In Post Current
289 PDC Planned Care Division	0	Apprentice Nurse Associate	2.00	4.00	38.00	31.40
289 EIC Emergency & Integrated Care Division	0	Nurse Associate (Qualified)	1.00	11.00	7.00	11.00
289 WCH Women's, Children's and Sexual Health Division	0	Advanced Clinical Practitioner (NMC)	0.00	0.00	0.00	0.00
289 CSD Clinical Support Division	0	Advanced Clinical Practitioner (HPC)	0.00	0.00	0.00	0.00
289 COR Corporate Division	0	Physicians Assistant	6.00	5.00	6.00	3.00
289 WCH Womens, Childrens and Sexual Health Division	0					

As per the request of the Workforce Development Committee a new working group has been established to code, review and champion the new roles within Clinical Divisions. To date, physician associates and Nurse associates have individual account codes on budgets. Some positive movement has been seen in establishing posts from last month but there is significant work required. but as can be seen have not been established in the budgets. There is also an issue with the coding of existing staff in those roles. Work is being carried out by the divisions to recognise the post holders so that Workforce information can code appropriately. The Working group will meet again in February but sub groups have been progressing.

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

Category	Metric	Number/%
Number of flexible working requests received since Sep 2021	Number	26
Disabilities	%	0%
%BAME - requested flexible working	%	45.00%
Average length arranging meeting	Days <28	TBC
Requests accepted	%	73.00%
Requests pending	Number	2
Requests rejected	%	37.00%
Number of appeals received in total	Number	3
Appeals accepted	Number	1 (2 pending outcome)
Appeals rejected	Number	TBC (2 pending outcome)

There have been a further 5 flexible working requests received since December taking the total since the policy was launched in September, to 26. Almost three quarters of requests have been accepted. More detailed analysis of request by division and staff group and by gender, is in development. It is still not possible to accurately capture average length to arrange a meeting. The ER team will explore with the system provider whether this can be automated.

The Trust has achieved Timewise accreditation and is a member to help support and develop its work in this key area. The team are currently working through the support available including sessions for managers to support manage flexible working requests, which will be piloted in some key areas. However the Trust can now use the flexible working logo as part of recruitment branding.

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



The Trust continues to perform well against target with further work underway across NWL ICS to develop innovative ways of engaging with local communities to find pathways into employment.

The retention programme continues with 179 (20%) colleagues from the Mass Vaccination programme now retained into employment within the ICS against a target of 222 (25%). This programme continues with funding expected to be extended beyond March 2022 to reflect the impact of having to staff the increased requirements of Phase 3 of the mass vaccination programme.

Discussion has began regarding the development of an NHS reservists programme which Chelwest has been asked to lead on behalf of the NWL ICS.

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

Division	Ealing	Hammersmith and Fulham	Hillingdon	Hounslow	Kensington and Chelsea	Richmond upon Thames	Wandsworth	Westminster	Not local	Hounslow and K&C
289 PDC Planned Care Division	11.44%	11.03%	5.35%	20.16%	4.53%	4.77%	10.12%	1.65%	30.95%	24.69%
289 EIC Emergency & Integrated Care Division	11.03%	10.97%	6.47%	21.07%	4.16%	6.29%	8.66%	1.62%	29.73%	25.23%
289 Enterprise Division	9.74%	13.85%	0.51%	6.15%	6.67%	6.15%	13.85%	1.03%	42.05%	12.82%
289 CSD Clinical Support Division	15.26%	8.83%	7.20%	18.62%	3.65%	3.65%	7.20%	1.63%	33.97%	22.26%
289 COR Corporate Division	12.54%	5.42%	6.19%	10.06%	2.79%	2.79%	5.57%	1.08%	53.56%	12.85%
289 WCH Womens, Childrens and Sexual Health Division	11.97%	7.88%	5.12%	11.39%	4.43%	5.52%	9.03%	2.13%	43.24%	15.81%
Trust	11.95%	9.36%	5.82%	16.43%	4.16%	5.04%	8.65%	1.69%	36.92%	20.50%

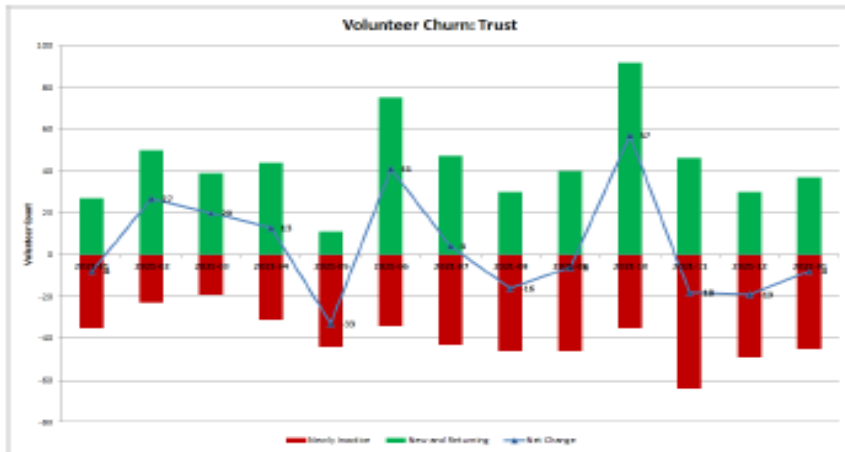
Volunteers

There was an 8% fall in volunteering numbers from December to January, and a 2% fall in volunteering hours. In December, there were 205 volunteers across both sites, who contributed 2649 hours of volunteering.

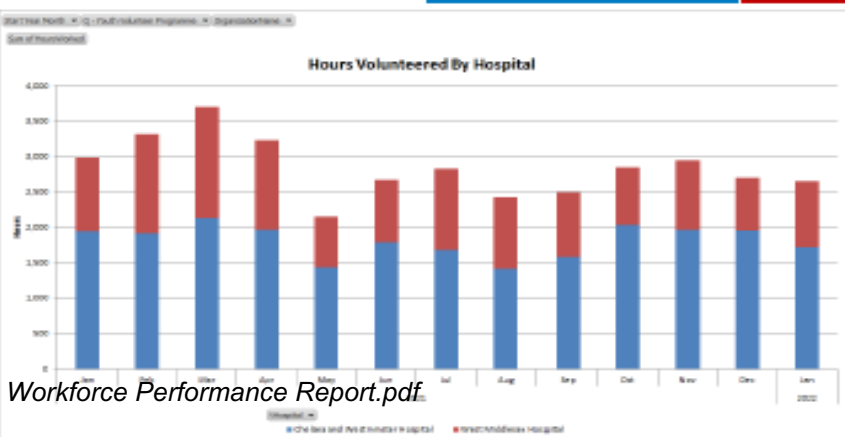
In addition, Volunteering Services played a lead role in deploying MACA (helpers from the armed forces) with 10 service men and women deployed across both sites. Together they contributed 1176 hours of support during January, supporting wards and ED.

The service experienced an overall reduction in activity due to volunteer absences arising from Covid and from the winter break. Volunteers were deployed to strategic priority areas such as wards and outpatient departments. Volunteers also consistently supporting the new discharge project which aims to support patients after discharge. Currently a new volunteering manager is being recruited to oversee a one year funded End of Life Care.

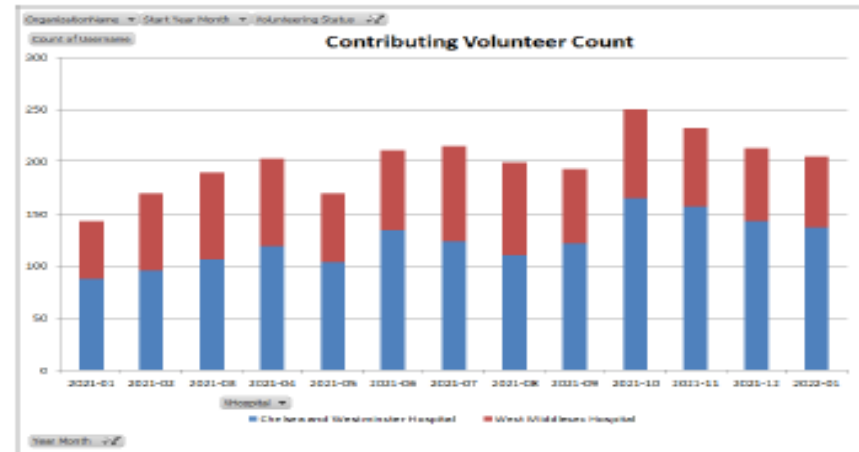
Change on Last Month -8%



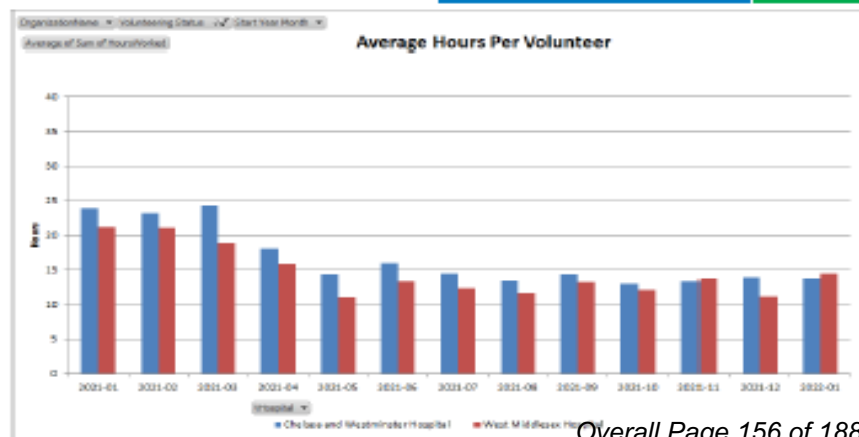
Change on Last Month -2%



Change on Last Month -4%



Change on Last Month +8%



Performance Measure

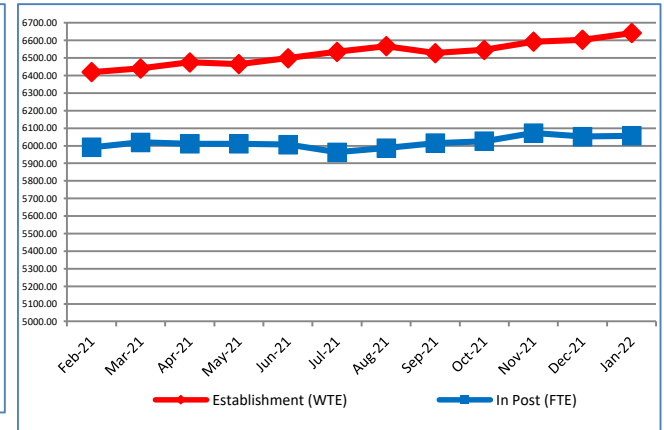
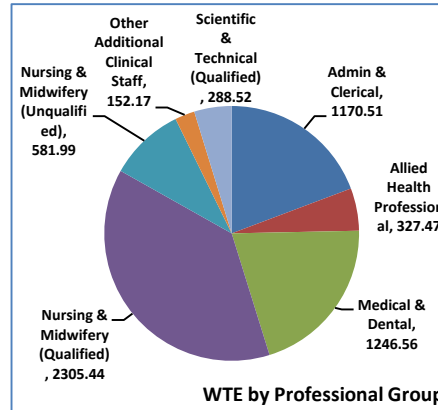
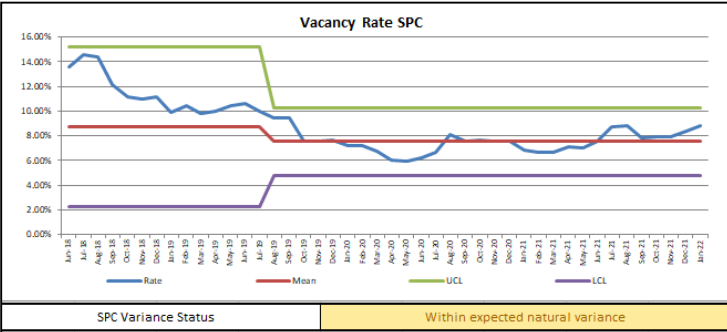
2020/21 baseline

2023/24 ambition

Reduced vacancy rates by Core Professions

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

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



The Trust vacancy rates remain within expected statistical variances. Establishments continue to increase in size with an increase of 37.84 FTE between close of December 2021 and January 2022. During that same period there was an increase in the Trust in post FTE of 4.31 FTE. This increase in establishment outpacing the increase in the staffing levels has increased the vacancy factor.

The qualified Nursing rates are within the overall Trust target value remains outside the stretch targets in the people plan. The area of most concern remains the unqualified roles with vacancy rates of unqualified nursing at 20.07% and other additional clinical support at 19.572%.

The unqualified staffing rates have been discussed at previous committees and is a known issue locally and nationally that has a plan to address the rates with refining recruitment quality and ensuring enhanced support to prevent avoidable retention issues.

Month	Oct-21	Nov-21	Dec-21	Jan-22	Target Rate
Trust Rate	7.94%	7.89%	8.35%	8.80%	10.00%
COR Rate	3.46%	2.47%	-0.19%	3.43%	
CSD Rate	11.47%	11.35%	12.86%	13.41%	
EIC Rate	10.24%	8.84%	8.73%	8.78%	
ENT Rate	12.85%	10.25%	9.63%	8.78%	
PCD Rate	2.13%	5.90%	6.79%	6.41%	
WCH Rate	8.00%	7.68%	8.90%	9.45%	

Month	Oct-21	Nov-21	Dec-21	Jan-22	Target Rate
A&CRate	11.69%	11.28%	11.11%	10.92%	10.00%
AHP Rate	7.32%	4.83%	4.77%	5.97%	5.00%
Med Rate	-3.28%	-2.64%	-2.53%	-1.82%	5.00%
Nursing (Q) Rate	7.68%	7.70%	8.13%	8.75%	5.00%
Nursing (UQ) Rate	16.45%	17.39%	19.23%	20.07%	8.00%
OACS Rate	22.29%	20.91%	21.82%	19.57%	10.00%
STT(Q) Rate	10.28%	9.96%	11.63%	12.25%	10.00%

Recruitment Data for non-medical

Metric	Units	Status	Avg YTD	Last mth	This mth
Advert published target > 2 days					
Corporate	avge. days		0.5	0.8	0.0
CSS	avge. days		0.4	0.7	0.8
EIC	avge. days		0.2	0.3	0.1
PCD	avge. days		1.2	1.6	1.6
WCH	avge. days		0.5	1.7	1.2
Total	avge. days		0.5	1.1	0.7
Shortlisting sent target > 1 day					
Corporate	avge. days		1.3	1.0	1.7
CSS	avge. days		1.0	1.0	1.0
EIC	avge. days		1.0	1.0	1.0
PCD	avge. days		1.1	1.0	1.2
WCH	avge. days		1.0	1.0	1.1
Total	avge. days		1.1	1.0	1.1
Arrange interview target > 2 days					
Corporate	avge. days		0.2	0.1	0.2
CSS	avge. days		0.3	0.7	0.2
EIC	avge. days		0.2	0.2	0.0
PCD	avge. days		0.5	0.8	0.8
WCH	avge. days		0.3	0.3	0.2
Total	avge. days		0.3	0.4	0.2
Offer issued target > 2 days					
Corporate	avge. days		0.6	2.6	0.5
CSS	avge. days		0.7	0.8	1.8
EIC	avge. days		0.4	0.1	0.3
PCD	avge. days		0.9	0.3	2.4
WCH	avge. days		0.9	1.5	1.1
Total	avge. days		0.7	0.9	1.4
Pre-employment checks target > 20 days					
Corporate	avge. days		12.4	10.4	15.7
CSS	avge. days		17.6	21.4	23.0
EIC	avge. days		14.3	18.2	15.0
PCD	avge. days		23.0	29.9	20.3
WCH	avge. days		19.5	16.0	38.5
Total	avge. days		16.6	19.5	20.5
Time to hire target > 9 wks					
Corporate	avge. weeks		6.9	5.4	7.3
CSS	avge. weeks		8.6	10.8	9.5
EIC	avge. weeks		7.1	4.1	4.1
PCD	avge. weeks		9.4	9.8	8.5
WCH	avge. weeks		8.3	11.2	14.2
Total	avge. weeks		7.88	7.96	8.22

Metric	Units	Status	Avg YTD	Last mth	This mth
Authorisation start to final approval					
Corporate	avge. days		25.1	39.5	3.1
CSS	avge. days		33.7	18.7	19.6
EIC	avge. days		28.1	13.4	41.3
PCD	avge. days		26.0	10.3	13.9
WCH	avge. days		34.5	20.4	44.9
Total	avge. days		30.9	19.8	29.1
Time taken to shortlist					
Corporate	avge. days		8.1	8.3	5.6
CSS	avge. days		6.7	6.2	5.9
EIC	avge. days		5.4	4.4	3.9
PCD	avge. days		5.3	5.5	4.1
WCH	avge. days		5.7	4.1	5.1
Total	avge. days		6.2	5.7	5.1
Interview date to informing recruitment team					
Corporate	avge. days		2.7	2.9	3.0
CSS	avge. days		3.0	5.4	1.8
EIC	avge. days		1.5	0.3	2.8
PCD	avge. days		1.1	1.3	6.8
WCH	avge. days		2.4	5.6	2.7
Total	avge. days		2.3	4.1	3.2



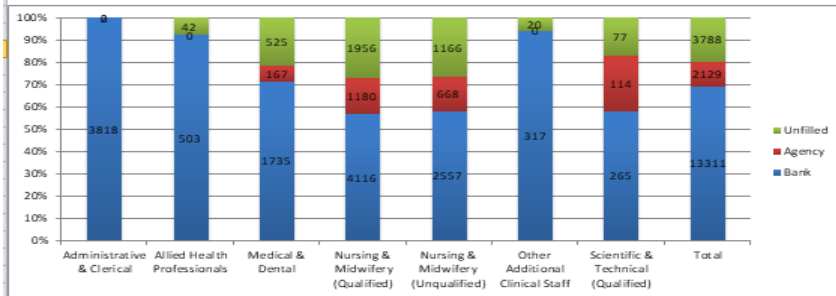
Metric	Units	Avg 12mth	Last mth	This mth
Vacancy created				
Corporate	no.	27	20	22
CSS	no.	35	33	56
EIC	no.	30	29	33
PCD	no.	20	15	25
WCH	no.	41	39	53
Mass recruitment	no.	4	4	10
Total	no.	157	140	199
Advertised vacancies				
Corporate	no.	26	20	26
CSS	no.	34	43	48
EIC	no.	29	31	34
PCD	no.	20	25	21
WCH	no.	41	50	54
Mass recruitment	no.	4	3	10
Total	no.	154	172	193
Offers made				
Corporate	no.	19	19	14
CSS	no.	31	38	46
EIC	no.	33	45	21
PCD	no.	22	26	17
WCH	no.	42	43	45
Mass recruitment	no.	6	13	9
Total	no.	153	184	152

Due to effects of VCOD, we have seen a recent dip in our completed recruitment numbers (152) on last month (184) and the team are working towards overcoming any backlog. January recruitment is slightly under our average monthly numbers which continue to remain at - 153. Through our NWL engagements with other neighbouring Trusts, dips in recruitment numbers this month are being experienced more widely. Recruitment are anticipating an increase in numbers of successfully recruited next month once this backlog has been addressed, our priority focus is on our clinical areas against vacancies. Recruitment have also seen a slight increase in our time-to-hire due to the obtaining of vaccination status' from successful applicants, however we are still within our KPI target month-by-month. We continue to experience a high volume of Visa applications which are time consuming and can impact on the speed of recruitment. The recruitment team continue to perform well against the first stages of the recruitment process, quickly advertising vacancies after requisition approvals, sending shortlists to hiring managers and arranging interviews within target. We continue to work with our stakeholders in explaining the importance of shortlisting in a timely manner, plus the receiving of interview details for shortlisted candidates as soon as possible. We are still experiencing candidates applying for multiple positions across London. Recruitment are exploring ways to increase our conversation rates for offered applicants, against minimising on withdrawals. This will help with more time capacity within the team, without wasted time spent on pre-employment checks and on-boarding.

Bank and Agency

Division	Bank	Agency	Unfilled	Total Requested	Bank Fill Rate	Overall Fill Rate
COR	1286	121	93	1500	85.73%	93.80%
CSD	2740	1	187	2928	93.58%	93.61%
EIC	3755	981	1685	6421	58.48%	73.76%
ENT	182	17	24	223	81.61%	89.24%
PDC	3067	741	924	4732	64.81%	80.47%
WCH	2060	265	802	3127	65.88%	74.35%
Total	13311	2129	3788	19228	69.23%	80.30%

Group	Bank	Agency	Unfilled	Total Requested	Bank Fill Rate	Agency Fill Rate	Unfilled rate	Overall Fill Rate
Administrative & Clerical	3818	0	2	3820	99.95%	0.00%	0.05%	99.95%
Allied Health Professionals	503	0	42	545	92.29%	0.00%	7.71%	92.29%
Medical & Dental	1735	167	525	2427	71.49%	6.88%	21.63%	78.37%
Nursing & Midwifery (Qualified)	4116	1180	1956	7252	56.76%	16.27%	26.97%	73.03%
Nursing & Midwifery (Unqualified)	2557	668	1166	4391	58.23%	15.21%	26.55%	73.45%
Other Additional Clinical Staff	317	0	20	337	94.07%	0.00%	5.93%	94.07%
Scientific & Technical (Qualified)	265	114	77	456	58.11%	25.00%	16.89%	83.11%
Total	13311	2129	3788	19228	69.23%	11.07%	19.70%	80.30%



Demand for temporary staff increased again in January, up 5% from December. However January demand was broadly the same as January last year (which was impacted by the second COVID surge wave). This gives us a good like for like comparison year on year, which has previously been difficult due to the fluctuation of COVID waves over the last 2 years. Comparing Jan 2021 to Jan 2022 we've seen an overall reduction of bank shifts worked. This is typical of substantive bank workers picking up less shifts, partly due to exhaustion and increased levels of sickness (particularly due to Omicron in December/January). We are hoping that as demand reduces our increased recruitment and the implementation of the collaborative bank will help to address these shortages. Our Medical temporary staffing demand is also comparable year on year, although agency has increased 7% at the expense of Bank. This is a combination of a greater increase in Agency requests (particularly long term requests) and a reduction in bank by staff.

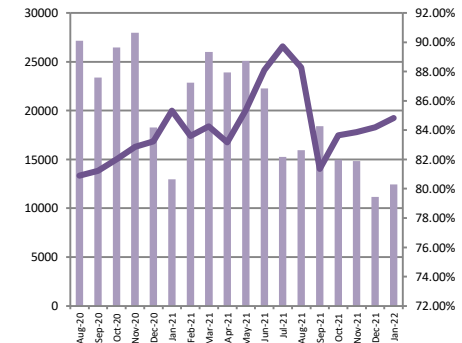
The Nursing Collaborative Bank was launched on 1st February for all acute Trusts in the North West London ICS. This has been launched via the Patchwork app and communicated internally and externally on social media etc. Bank workers 'opt in' to the collaborative so we are expecting a gradual uptake as staff register for the shared bank. However in time we hope to replicate the success of the Drs Collab bank which has generated savings of approx. £150k.

We continue to progress with the tender exercise for our Agency Master Vendor contract, which will be a collaborative agreement with two other Trusts in the ICS.

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

Lead Time	Bank	Agency	Total Filled	Shifts %	Unfilled	Type	
Minus 30 and Over	0	8	8	0.05%	0	Retro	
Minus 15-29	73	27	100	0.65%	11		
Minus 8-14	190	31	221	1.43%	24		
Minus 7	158	10	168	1.09%	3		
Minus 6	199	14	213	1.38%	4		
Minus 5	267	11	278	1.80%	11		
Minus 4	280	17	297	1.92%	9		
Minus 3	311	14	325	2.10%	17		
Minus 2	368	34	402	2.60%	15		
Minus 1	851	302	1153	7.47%	367		
Same Day	1153	300	1453	9.45%	877		Same Day
1-3 Days Notice	2279	524	2803	18.15%	821		
4-7 Days Notice	1624	234	1858	12.03%	413		
8-14 Days Notice	1421	334	1755	11.37%	424		
15-30 Days Notice	428	428	856	5.54%	0		
Over 30 Days Notice	2367	84	2451	15.87%	364	Long Notice	
Total	13311	2129	15440	100.00%	3788		

REQUEST REASON	BANK	AGENCY	TOTAL FILLED	SHIFT S %	Unfiled
Annual Leave	8	9	17	0.5%	4
Covid Operational	89	9	98	3.1%	7
Covid Sickness/Isolation Cov	126	38	164	5.2%	57
Mat Leave	16	7	23	0.7%	14
Other	14	0	14	0.4%	0
Other Leave	3	0	3	0.1%	2
Private Patients	16	0	16	0.5%	0
Sickness Cover	191	65	256	8.1%	102
Specialising	179	172	351	11.1%	85
Study Leave	11	1	12	0.4%	3
Vacancies	1223	128	1351	42.7%	118
Workload	821	39	860	27.2%	69
Total	2697	468	3165	100%	461



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

HR Programme Updates

Looking After Our People

Health & Wellbeing

The Trust has in place 65 Health and Wellbeing Champions and 94 trained mental health first aiders. Our Counselling service is working well and receiving great feedback, they have been supporting with our VCOD programme of work and designed supportive reflective sessions for managers so that they had a safe space to talk. VCOD webinars provide clear Health and Wellbeing signposting resources and the team have been working with the Communications team to have in place a really good VCOD intranet page and also through Communications Bulletins as well as encouraging our H&W champions to support communications for example one presented at an all staff webinar. Our Peppy (menopause) service, Reset Programme are working well as is will writing, financial wellbeing services. Our Back-up care programme has moved to the next stage of the HSJ awards and will be working with Bright Horizons our provider in creating a presentation for the HSJ with the awards ceremony in March. The 3 year H&W programme is now 18 months in and the team are working with procurement on key contracts as some are due for retender in 2022 and will discuss through business planning any key changes and funding requirements. The wellbeing team are also putting in place our programme of work for sleep, nutrition, hydration and the staff room upgrade project

Belonging

Diversity & Inclusion

Key highlights include work on VCOD and placing some of our BAU on hold in order to lead by example with our VCOD approach. This has involved the VCOD Implementation working group and the VCOD EDI and Communications sub-group. The team have engaged with FTSU and our staff networks ensuring we are providing support and resources to staff during what has been a difficult time that has highlighted some of the inequalities with VCOD and additional support that staff and leaders have required. The team worked with Communications and our newly appointed chair of our LGBTQ+ staff network to design a programme of work for LGBT History month which has an array of activities for staff to engage with next month. Our annual EDI Report was published and presented at the Patient & Public Engagement & Experience Group. There is ongoing work with the staff networks reviewing their TORs and action plans and setting dates and activities and programmes of work for 2022. The team are working with the communications team to have all the staff networks available through our ChelWest App. We are reviewing our EDI strategy and priorities mapping our specific equality standards against our people plan as part of our quality improvement work. We are also reviewing the ICS Leadership Programme and reflecting on the challenges and putting into place additional support and a new placement based on the needs of our corporate nursing team which is a really exciting opportunity that will be finalised in mid-February.

Leadership & Development

Attendance at Management Fundamentals sessions remains steady and has been helped by opening this up to staff at THH. New sessions have been advertised on 'Pre-Retirement Planning' and 'Focus on Your Finances' and bookings are at 123 across a number of upcoming dates, indicative of high demand. Work is under way to look at restarting both line manager's induction and other modules within the suite of Management Fundamentals training. The project presentation date for Cohort 18 of Emerging Leaders that marks the conclusion of the programme was extended to 8th March to allow participants more time to complete their projects due to various mitigating circumstances in the group. Applications are now open for the next cohort. A new 2-day, virtual, leadership programme will be launched across CW and THH ('Leading with Compassion: Embodying compassion and creating psychological safety')

New Ways of Working

Organisational Change

The HRBP's are currently supporting with four live organisational changes. These changes management effect c15 staff. There are currently three organisational change programmes in the pipeline which should launch in February 2022. There will be one TUPE transfer from Boots to CW Medicines on 4th April 2022 affecting c17 staff which is currently being prepared for. In addition, work is still ongoing following a previous consultation to support new ways of working.

E- Rostering

Medic eRostering implementation and engagement has increased post Omicron impact – NICU and A&E WM have seen notable progress. Obs and Gynae, Radiology and Paeds CW specialty's are significant areas in progress. The project will be extended from May to August.

Medical Transformation Programme

Junior Doctors Deep dive: Following the approval of the business cases for the 4 non-compliant rotas (2 x ED and 2 x Paediatrics), implementation dates for the new rota templates agreed with the services. The review of all compliant rotas with a maximum average weekly 47-48 hours has been completed. The relevant departments have confirmed that they require no further actions on these rotas but we will continue to monitor via the junior doctors exception reporting process and feedback from the junior trainees to the services. The next big piece of work is the review of moving all Locally Employed Doctors to the 2019 Junior Doctors TCS.

Implementation of E-Job Planning: Allocate have completed the technical build and the database merge meaning we now have one joint e-appraisal and e-job planning system showing consultants and SAS Doctors at all sites. Allocate are just resolving a few remaining technical issues but as the merge has been outstanding since 2016, this is an achievement! Next stage is a final push to the services to complete job planning for their staff so that they can be uploaded onto the e-job planning system.

Talent Acquisition: Tender awarded to 3 agencies to supply up to 60wte middle grade doctors over a 2 year period. Initial scoping meetings with the agencies completed. Scoping meetings with departments being set up. Next step: revisit plans to expand the CESR programme.

HR Programmes Updates

Growing For Our Future	NWL Collaboration	COVID Specific
<p>The GROW programme continues to develop – the NWL Academy is taking shape and there has been a focus on international recruitment in hard to fill roles/areas. Work continues to explore NWL approaches to recruitment alongside new approaches to support volunteers into employment. The retention programme continues well, with the Trust performing strongly against target (see mass vaccination) The Trust has been asked to lead on the development of an NHS reservist model for NWL..</p>	<p>There are various work-streams across NWL to collaborate.</p> <p>NWL OH service</p> <p>The NWL OH Programme Board meet regularly to progress with the setting up of a NWL OH service. The Trust has agreed a management service agreement to support the development phase of this project so that the OH leads across CNWL, ChelWest and Hillingdon work towards SEQOSH accreditation under the direction of the CNWL OH lead. A best practice group has been established where all OH leads across all NWL OH teams meet to discuss, agree and standardise best practice across our processes, for example on pregnancy risk assessments, OH nurse induction programmes, new starter, pre-employment and vaccination status. As part of the project the wellbeing and OH teams are involved in a MSK self triage pilot to support MSK injuries given MSK is the 2nd biggest cause of staff sickness and the second highest reason for seeking OH support and advice.</p> <p>Payroll services</p> <p>The Payroll transition project is in its final phase with the gateway passed for transfer to take place on 1st April 2022. The communications plan has commenced with manager training, staff messaging and final data cleansing and development of Standard operating procedures.</p>	<p>Mass vaccination</p> <p>The Mass vaccination programme has stabilised after a significant push before Christmas as a result of the Omicron variant. The team provide services from our Mass Vacc Site at CP House, additional sites at Brent and Science Museum. We have been providing workforce to support PCN's and LVS's and also call centres to increase uptake in vaccination. The offering for clinically vulnerable 5 – 11 year olds has commenced and we are working to mobilise a workforce to deliver this. We are also working with SJA to support events at QPR football stadium and Hyde Park summer events, Retention activity remains slow due to resource requirements for phase 3 but the Team are the highest performing in the ICS with 179 colleagues retained to date against an NHSE target of 225. The programme will be reinvigorated in February with a programme of events planned for national careers week.</p> <p>Vaccination as a condition of Employment</p> <p>The Government announced its intention to consult on the revocation of the VCOD regulations and the consultation runs until 16th February. It is expected that vaccination will no longer be a requirement for future employment so activity has paused whilst we hear more. Ongoing work has been focussed on engaging with staff who have yet to take up the vaccine and developing listening events to understand how the implementation of the regulations has impacted.</p>



Quarterly People Dashboard October to December 2021



Purpose

- The report triangulates key data sets to review key areas within the Trust in relation to people metrics. This includes for example staff survey data, new starter and exit interview data in terms of engagement levels, turnover, vacancy rates, sickness rates, bullying and harassment complaints, grievances, monthly survey results.
- The purpose is to highlight areas of good practice and areas of concern at an early stage so that interventions can be made.
- This update will focus on delivery against key workforce metrics, highlighting the trajectories to meet the Trust wide targets, some of which have been detailed within the People Strategy and others which are nationally set in the NHS People Plan or set by NHSI/E such as the agency ceiling.
- This will be in the form of an exception report which provides further narrative on areas where the targets are not being delivered to give assurance that there will be improvements in the KPI's over an agreed period and what interventions are being taken. This report will include the position on our workforce planning assumptions for the year and key progress against this on a quarterly basis.

Analysis and Interventions – Clinical Support Division

- The vacancy rate within CSD has progressively increased in Quarter 3 averaging at 11.95% against the Trust target of 10%. The overall vacancy rate for CSD is 148.56FTE as at December 2021. There are 123 posts within a recruitment pipeline. 9.44FTE posts are being held for change management within Health Records at West Middlesex. New ways of recruiting into posts are being explored in particular the hard to recruit to posts. This includes the utilisation of the apprentice scheme, NWL international recruitment and recruitment and retention premium. Given the volume of recruitment within CSD, time to hire has increased to 10.8 weeks. Discussions have been had about demand and capacity within recruitment and whether additional support is required. The length of time posts take at establishment panel will also be reviewed.
- Sickness absence within CSD has progressively increased in Quarter 3 averaging at 5.32% against the Trust target of 3.30%. The top reason for long term sickness and short term sickness absence in December 2021 was due to Chest and Respiratory Covid 19 (13 staff on LTS and 87 staff on STS). The theme for sickness absence in Quarter 3 for CSD is Anxiety, Stress and Depression. CSD will have 10 more staff and managers trained in mental health first aid in February 2022. The employee relations team have had vacancies in Quarter 3 but are now at full establishment for CSD support. The team have already started to circulate sickness reports and offer case management support on a monthly basis going forward.

Analysis and Interventions – Clinical Support Division

- Turnover has progressively increased averaging at 12.97% in Quarter 3 against the Trust target of 13.00%. December 2021 was the first time CSD went over the Trust target. The top reason for leaving within CSD in Quarter 3 was due to Promotion (9 staff) and Retirement (7 staff). Turnover and retention has been included within the CSD Business Plan and the Trust's People Plan as there is further work to do.
- PDR compliance averages at 82.25% in Quarter 3 which has remained consistently below the Trust target of 90%. It has been challenging to progress with PDR's in Quarter 3 due to vacancies and workload. Managers have been encouraged to book PDR's over the next couple of months.
- 17 staff from Boots will TUPE transfer to CW Medicines Ltd on 4th April 2022 to form the wholly owned subsidiary. The new company is being set up including all of the non NHS HR functions i.e. payroll, HR Information System, Occupational Health, Contracts, Policies etc. HR services will be provided to CW Medicines Ltd on an on-going basis and the SLA is currently being drafted.



Analysis and Interventions – Enterprise Division

- Sickness absence within ENT has progressively increased in Quarter 3 averaging at 5.67% against the Trust target of 3.30%. Due to being a new division (set up in September 2021), there are no themes in long term sickness absence yet. Two out of the four long term sickness cases have returned to work. The top reason for sickness absence in ENT during Quarter 3 was due to Covid 19 (24.7%) followed by Cold, Cough, Flu (18.7%). The employee relations team have had vacancies in Quarter 3 but are now at full establishment for Enterprise support. The team have already started to circulate sickness reports and offer proactive case management support on a monthly basis going forwards.
- Turnover has progressively increased averaging at 25.43% in Quarter 3 against the Trust target of 13.00%. The top reason for leaving within ENT in Quarter 3 was due to Promotion (4 staff) and Work-Life Balance (2 staff). Turnover and retention will be included in Business Planning and the Trust's People Plan as there is further work to do.
- PDR compliance averages at 82.08% in Quarter 3 which has remained consistently below the Trust target of 90%. Managers have been encouraged to book PDR's over the next couple of months.



Analysis and Interventions – Emergency and Integrated Care Division

- Emergency and Integrated Care Division has seen sickness increasing in December 2021 in line with the recent Covid Wave. Focussed support in areas with high sickness is being facilitated through the Employee Relations team to ensure support is being offered to managers and staff. Chest and Respiratory problems (Covid) remains the highest reason for sickness.
- Voluntary turnover has remained above target for Q3. High turnover is seen in Therapies, Acute Medicine and across the HCA staff group. Targeted plans are being developed as part of the business planning process to review and improve retention in these areas to improve staffing levels moving forward and looking to improve staff experience.
- We have seen an improvement in Q3 in the positive responses quarterly in the Leaver survey to 97% from 77%, however response rates remain low and further work is needed.
- When triangulating the data, Therapies is an outlier within the Trust and Division across a number of KPIs. A targeted improvement plan is in development using the Workforce KPIs and improvement targets but also drawing on recommendations from external reviews and formal ER processes within the teams.

Analysis and Interventions – Emergency and Integrated Care Division

- PDR and Core training have remained under the Trust target in Q3. Focus on PDR is high in the Division to ensure improved compliance reporting, supporting a safety culture in the Division.
- EDI and Safe Environment staff survey scores remain below target and are an outlier within the Trust. This is a priority for business planning in 2022/23 and the team will draw on the expertise of the EDI and Wellbeing team to look to improve these KPIs over the next year with a target to improve with the 2021 staff survey results.



Analysis and Interventions – Planned Care

- PCD has fluctuating but low levels of net joiners over this quarter. Joiner survey responses are low, a focus on increasing these will provide more meaningful results to inform actions. Managers will be encouraged to provide protected time to all new joiners to complete the joiner survey.
- As anticipated PCD sickness has continued to increase during the last quarter. Covid related sickness absence has had a significant impact on this. Short term sickness absence has been slightly higher than long term sickness during this period. Chest and respiratory problems were reported as the highest reason for absence (July – Dec). 15% of sickness absence has been for this reason. Anxiety, Stress, depression and other psychiatric illnesses is the second highest reason for absence (12.6%) in the same period.
- Both the open sickness and sickness trigger reports are being shared and reviewed accordingly with managers on a monthly basis with support from both ER and HRBP teams.
- Monthly ER review meetings with ER team and Triumvirate have been reinstated. Combined with a newly aligned ER Team for the division, this will aid early identification of blocks, challenges, issues and support timely progression of cases and aid a reduction on the average number of days open for Grievance and Disciplinary cases.



Analysis and Interventions – Planned Care

The safe environment score which is an outlier for the Division the 2020 staff survey action plan identified the following actions to address; These will be reviewed and refreshed following the 2021 staff survey results.

- Continue to improve number of nominations for Proud Awards and Excellence reporting. Through regular promotion and discussion and publicising winners on PCD twitter - proud nominations have increased. However the aim is to consistently have a higher number of nominations across a range of staff groups.
- Continue to raise awareness of Freedom to Speak Up, and other formal and informal routes for discussion/raising concerns regarding B&H & grievances.
- Agree and set behavioural standards with teams including Behavioural Framework workshops for managers and staff
- Interventional support with specific services/teams where issues have been identified including standard setting sessions and facilitated mediation for individuals, small groups and teams.
- Regular review of FTSU cases alongside ER cases/themes under B&H and grievance
- Staff encouraged and empowered to speak out and develop ways to address concerns around safe environment through staff survey pledges. 7 of 12 pledges make reference to teams pledging to, and taking action to, improve feeling of safe environment. ICU WM were the winners of the Best progress against a pledge and their pledge addresses this key area.
- Encouraging all staff to Datix safety concerns/issues/incidences – explaining the reason and value for them doing so.

Analysis and Interventions – Women's Children's, Dermatology, Sexual Health

- There has been a significant increase in sickness (2% across the quarter) standing at 6.57% which is double the Trust's target. This has been due to a significant increase in Covid-related absence during the fourth wave of the pandemic.
- Just over 40% of the Trust's total episodes of sickness due to 'Stress / Anxiety / Depression or other Psychological Conditions' fall within this Division.
- An exhausted workforce, higher absence rates, reduced line management capacity and time taken to fill vacancies are attributed to the increases in temporary staffing usage, although <90% of requirements have been successfully filled using Bank.
- Core training compliance remains steady at 86%, below the Trust's 90% target. There are efforts to increase the compliance across the Division, particularly in Women's Services. PDR compliance has dropped over this quarter, to less than 80%, below the Trust's 90% target, primarily due to staffing and capacity issues.
- Staff Wellbeing and Safe Environment remain key priorities across the Division this quarter, and dominate the 2020 Staff Survey Pledges in terms of taking positive action to improve these scores.

Analysis and Interventions – Women’s Children’s, Dermatology, Sexual Health

- Listening events have taken place to address 2020 staff survey feedback regarding unhelpful practice and behaviours within targeted areas. Senior Management walk arounds happen almost every day, to improve visibility and availability for staff to share feedback. We now have 61 Wellbeing Champions across the Division, and have encouraged staff to become Staff Safety Champions, now that this project is live. Communications to engage and recognise staff has seen an increase in PROUD nominations and awards from zero to 11 this quarter.
- We have been supporting a move towards resolving issues of rising interpersonal conflicts informally via early intervention, and mediation. These informal interventions are numerous, and not reflected in the formal ER KPIs, and so reduce the number of formal employee relations cases being supported.
- There are regular reviews of issues raised via the FTSU process, joining up with formal and informal Employee Relations issues and themes (grievance, bullying & harassment, discrimination). Currently, 40% of FTSU cases are associated to this Division.
- Building on all of the above, one identified Service has begun a focussed OD and Wellbeing interventional support this quarter, including challenging poor behaviours, setting the required standards, focusing on EDI, and moving towards a culture of safety and tolerance.



Summary

The key areas of focus for the next revision of the heatmap will include:

- Adding in any new metrics, including use of health roster, job planning, flexible working uptake.
- Adding the new staff survey results and re-formatting to align to the way the staff survey will be presented in terms of the People Promise which focuses on employee experience.



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 March 2022											
AGENDA ITEM NO.	4.2											
TITLE OF REPORT	Workforce Performance report January 2021											
AUTHOR NAME AND ROLE	Karen Adewoyin- Deputy Director of People and OD Lindsey Stafford-Scott - 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="113 819 518 1021"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>x</td> </tr> <tr> <td>Info Only</td> <td>x</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	x	Info Only	x	Advice		<p>The attached performance report provides an update to the Board against key themes and deliverables in the Trust's People Strategy. It provides an update on key performance metrics, trends and themes and narrative to provide assurance that the members of the Board are aware of the risks and challenges associated with workforce and has the necessary plans in place to address them.</p>			
Decision/Approval												
Assurance	x											
Info Only	x											
Advice												
REPORT HISTORY Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>Workforce Development Committee</td> <td>15th February</td> <td>Noted</td> </tr> <tr> <td>People and OD Committee</td> <td>23 February 2022</td> <td>Noted</td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Workforce Development Committee	15 th February	Noted	People and OD Committee	23 February 2022	Noted		
Name of Committee	Date of Meeting	Outcome										
Workforce Development Committee	15 th February	Noted										
People and OD Committee	23 February 2022	Noted										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>This Performance report is in the new draft format which seeks to reflect more transparently the activities and performance against a range of key themes and deliverables as set out within the Trusts People Strategy.</p> <p>The new style report received feedback at the January Workforce Development Committee and People and OD Committee which in the main was positive. Overall some metrics within the People Strategy are more akin to monthly review, some quarterly and some annually.</p> <p>Workforce Performance Report</p> <p>In summary the Trust has experienced significant operational challenge with the Covid surge, winter pressures and the Christmas and New Year annual leave period. As a result sickness levels remained high significantly in line with the North West London (NWL) region peaking at c5.69%, with over half of sickness absence attributable to Covid.</p> <p>Turnover continued to increase in January to 13.5% (voluntary) which will make the ambition target of 10% in the People Strategy difficult to deliver. One of the top reasons for leaving is relocation, almost 30% of the leavers in the last 12 months. Leaver surveys highlight key areas to improve are work-life balance, clearer feedback and the need for more value and recognition.</p>											

Appraisal targets remain challenging at 81% since the change in system and reporting, however medical appraisal completion has increased at 89.9% and our focus remains on improving shadow compliance.

Mandatory training overall compliance has increased to 89% with work continuing to support improved compliance with Manual Handling and Information Governance.

Employee Relation cases have remained relatively static with compliance against timeframe targets improving but still not at target, with the COVID surge and sickness impacting on cases.

Work continues to deliver against our Equality Diversity and Inclusion (EDI) targets, with a specific focus in line with the NWL Inclusion Board on NWL and each Trusts model employer targets. The Trust is continuing to support 2 placements on the NWL Leadership Ladder programme, and January proved difficult for compliance against our diversity champions on panels. Three quarters of flexible working requests have been accepted and the Trust has also received Timewise accreditation. The Trust is performing well against the target to have workforce recruited from our local communities with current performance at 20% against a target of 10%.

Significant work has been delivered in the NWL Mass Vaccination programme with particular success in retaining Mass Vaccination workers into roles across the Integrated Care System (ICS), with 179 (20%) colleagues now in employment against a target of 25%

Volunteering numbers have decreased with a 2% drop in Volunteering hours in January.

Vacancy rates have increased to 8.8% but below target but the establishment also increased. The main concerns relate to support to nursing and rate at 20%. Due to the effects of Vaccination as a Condition of Employment (VCOD) there has been a dip in recruitment numbers, which has also impacted time to hire due to needing to ask and provide vaccination status as a check in the process.

Temporary staffing shift fill rates are challenged but this is primarily due to a significant increase in demand. Bank incentives were agreed across NWL and applied in December and January to encourage take up and the team worked on the collaborative bank for nursing during January for go live in February.

Quarterly Heatmap

The heatmap reviews the key performance against a number of key metrics and split by Division to highlight areas of positive progress or any areas of concern so that interventions can be made.

The staff survey results will be released on 24th February under embargo and will be published in the format of the People promise aligned to the 4 key areas of the People Strategy, therefore once this report is received, the team will reflect this in the heatmap.

Overall the key areas to highlight by Division are below:

Clinical Support Division has high vacancy rates above the Trust target, but has the majority of these posts in the recruitment pipeline, but the volume has impacted time to hire, which is also above target. Sickness remains high, and whilst COVID related the Division have a high proportion of staff off with anxiety and depression, and has trained 10 more staff and managers in mental health first aid. The Division is also an outlier for voluntary turnover from the

	<p>month of December and is flagged red for engagement responses for leaver's surveys which will be reviewed by the team. PDRs and the length of grievance cases are also being focused on within the Division.</p> <p>Enterprise Division is a new Division and has high sickness particularly in December but a large proportion related to COVID and half of those on long term sick have now returned. Turnover is also a specific area of concern with turnover averaging 25%, the reasons for leaving relate to promotion and work life balance, and voluntary turnover in Year 1 is also high at over 6%. The Division is also having a clear focus on PDRs as this is below Trust targets.</p> <p>EIC - like other Divisions has seen high sickness rates but the majority relate to COVID. Voluntary turnover is above target and is high specifically in Therapies, Acute Medicine and HCA staff group and there will be clear focus on retention in the Divisions business plan. The Division has received more positive responses from leavers to 97% from 77%. Specific areas of focus from the staff survey are EDI and Safe Environment, and many of the staff survey pledges related to these areas.</p> <p>Planned Care has negative net joiners and lower levels of joiner survey response rates which will remain a focus for management to improve. Sickness also remains high and is COVID related followed by stress, anxiety and depression. KPI's for grievances and disciplinary cases are also above set time periods and ER review meetings have been re-established to identify any challenges and issues. One of the key issues for the Division was the safe environment score and key actions are in place to improve this area through the staff survey action plan in the Division, which in addition to the violence and aggression work, includes a focus on safe spaces</p> <p>W, C, D and SH has been impacted by high sickness levels and over 40% of the total episodes of sickness in the Trust related to stress, anxiety and depression are within the Division. The Division have had good time to hire and net joiners but became an outlier in December. Staff wellbeing and safe environment remain a focus and dominate the staff survey pledges and the Division have been focused on listening events, and a large proportion of FTSU (40%) are within the Division. Focus has been on resolving interpersonal conflicts.</p> <p>Corporate – Corporate areas as a whole remain relatively positive however there were negative net joiners and the leaver's feedback in the quarter was 67% and PDR compliance levels are the lowest across all the Divisions so needs a clear focus. By joining Corporate areas together may also not highlight specific departments of concern, but these will be reviewed at WDC.</p> <p>The report was discussed in detail at WDC and the key actions were:</p> <ul style="list-style-type: none"> • To review the backlog and timeliness of OH provision to support staff • Health Care Assistant vacancy and turnover rates to be added to the risk register and a review of the recruitment process to reduce time to hire • To ensure the risks are reviewed at the WDC • To ensure post COVID the Divisions are supported through the new Head of ER to resolve longstanding ER cases and have adequate ER support.
<p>KEY RISKS ARISING FROM THIS REPORT</p>	<p>Risk are as set out within the report – key to note is the impact of staff sickness on service provision and staff.</p>
<p>STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)</p>	

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

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1" style="width: 100%;"> <tr> <td>Equality And Diversity</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or Patients/Families/Carers)</td> <td style="text-align: center;">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	X	Quality		People (Workforce or Patients/Families/Carers)	X	Operational Performance		Finance		Public Consultation		Council of Governors		<p>The key risks are highlighted above and throughout the report.</p>
Equality And Diversity	X														
Quality															
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	N
Patient Confidentiality	N
Staff Confidentiality	N
Other Exceptional Circumstances (please describe)	



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 March 2022
--	---

AGENDA ITEM NO.	4.3.1											
TITLE OF REPORT	Escalation Report from the Audit and Risk Committee Meeting held in January 2022											
AUTHOR NAME AND ROLE	Dawn Clift, Interim Director of Corporate Governance and Compliance											
ACCOUNTABLE EXECUTIVE DIRECTOR	Virginia Massaro, Chief Financial Officer (Exec Lead) Nick Gash, NED Chair of the Audit and Risk Committee											
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		<p>To provide assurance to the Board that the Audit and Risk Committee have fulfilled their delegated responsibilities in accordance with their approved terms of reference and business cycle.</p> <p>To share a summary of the business of the meeting held in January 2022 and highlight any pertinent issues.</p>			
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 Committee engaged in a thorough discussion to understand the Trust's current progress towards implementing IFRS 16 and also the remaining work to enable completion.</p> <p>The Committee received a range of Internal Audit reports from BDO with the following levels of assurance:-</p> <ul style="list-style-type: none"> • Conflicts of Interest – Moderate Assurance • Safeguarding of Children – Substantial Assurance • Key Financial Systems – Substantial Assurance • Risk Maturity – positive assessment <p>Progress in implementing recommendations from previous audits was reviewed and noted.</p> <p>A new Corporate Records Management Policy for the Trust was approved and an implementation plan was requested for submission to the March 2022 meeting</p> <p>All single waivers were presented and accepted</p>											

	<p>An update was received from Counter Fraud</p> <p>The Committee heard about the continued positive work being taken forward to strengthen cyber security</p>
--	--

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

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



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 March 2022											
AGENDA ITEM NO.	4.3.2											
TITLE OF REPORT	Escalation Report from the Quality Committee Meeting, January 2022											
AUTHOR NAME AND ROLE	Dawn Clift, Interim Director of Corporate Governance and Compliance											
ACCOUNTABLE EXECUTIVE DIRECTOR	Vanessa Sloane, Acting Chief Nursing Officer Accountable NED Chair – Eliza Hermann											
THE PURPOSE OF THE REPORT	To provide assurance to the Board of the business conducted at Quality Committee meeting on 11 January 2022.											
<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												
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>February 2022</td> <td>Approved</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Quality Committee	February 2022	Approved					
Name of Committee	Date of Meeting	Outcome										
Quality Committee	February 2022	Approved										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> The Quality Committee effectiveness review findings were received and discussed. Overall the findings were very positive. There were some opportunities for more focussed report writing and support has been offered in this regard. The Committee reviewed progress with the delivery of the elective recovery programme and also received and considered the integrated quality and performance report An initial review of Quality Priorities for delivery in 2022/23 was undertaken and it was agreed that the report would be further developed and considered by the Executive board before being re-presented to the Committee for approval. An update on the National Patient Safety Strategy was delivered providing assurance of progress towards implementation from April 2022 Serious incident review findings and resultant opportunities for learning were considered. 											
KEY RISKS ARISING FROM THIS REPORT	Demand exceeding capacity with a resultant impact on patient care											
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)												
<table border="1"> <tr> <td>Deliver high quality patient centred care</td> <td>X</td> </tr> </table>	Deliver high quality patient centred care	X										
Deliver high quality patient centred care	X											

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

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



TITLE AND DATE (of meeting at which the report is to be presented)	Board of Directors Public Meeting 3 March 2022											
AGENDA ITEM NO.	4.3.3											
TITLE OF REPORT	Escalation Report from the People and Organisational Development Committee Meeting, January 2022											
AUTHOR NAME AND ROLE	Dawn Clift, Interim Director of Corporate Governance and Compliance											
ACCOUNTABLE EXECUTIVE DIRECTOR	Sue Smith- Interim Director of HR Accountable NED Chair – Ajay Mehta											
THE PURPOSE OF THE REPORT	To provide assurance to the Board of the business conducted at the People and Organisational Development Committee meeting in January 2022.											
<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												
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>People and OD Committee</td> <td>23 Feb 22</td> <td>Approved</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	People and OD Committee	23 Feb 22	Approved					
Name of Committee	Date of Meeting	Outcome										
People and OD Committee	23 Feb 22	Approved										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> The People and Organisational Development Committee effectiveness review findings were received and discussed. Overall the findings were very positive. There were some opportunities for improvement in striking a strategic and operational balance at the meeting and the workplan and terms of reference are now under review. In addition improvement opportunities are evident for more focussed report writing and support has been offered in this regard. The impact of Vaccination as a Condition of Deployment (VCOD) was discussed – this is now back out to consultation nationally to inform a final decision/directive from the government. The Committee reviewed the People Performance Report including all key performance indicators. 											
KEY RISKS ARISING FROM THIS REPORT	VCOD if mandated will have an impact on workforce capacity											
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)												
<table border="1"> <tr> <td>Deliver high quality patient centred care</td> <td>X</td> </tr> </table>	Deliver high quality patient centred care	X										
Deliver high quality patient centred care	X											

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

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td>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		People (Workforce or Patients/ Families/Carers)	X	Operational Performance		Finance		Public Consultation		Council of Governors		
Equality And Diversity															
Quality															
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)	



TITLE AND DATE (of meeting at which the report is to be presented)	Public Meeting of the Board of Directors 3 March 2022
--	--

AGENDA ITEM NO.	4.3.4											
TITLE OF REPORT	Escalation Report from the Finance and Investment Committee Meeting, January 2022											
AUTHOR NAME AND ROLE	Dawn Clift, Interim Director of Corporate Governance and Compliance											
ACCOUNTABLE EXECUTIVE DIRECTOR	Virginia Massaro, Chief Financial Officer (Exec Lead) Nilkunj Dodhia, NED Chair of the Finance and Investment Committee											
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> Please tick below and then describe the requirement in the opposite column	Decision/Approval		Assurance	X	Info Only		Advice		To assure the Board that the Finance and Investment Committee has fulfilled their delegated responsibilities in accordance with their approved Terms of Reference and business cycle.			
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>Finance and Investment Committee</td> <td>23 February 2022</td> <td>Approved – subject to minor amends</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	Finance and Investment Committee	23 February 2022	Approved – subject to minor amends					
Name of Committee	Date of Meeting	Outcome										
Finance and Investment Committee	23 February 2022	Approved – subject to minor amends										
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>At the January 2022 meetings, the Committee received an update on the :-</p> <ul style="list-style-type: none"> • Business Planning approach for 2022/23 • Delivery of the Trust’s Improvement Programme <p>The Committee reviewed in detail the current financial position and planned out-turn position. A review of capital spend was also undertaken including forward projections to the year end.</p> <p>The Committee approved the following:-</p> <ul style="list-style-type: none"> • The business case for the establishment of the Chelsea Centre for Gender Surgery at Chelsea and Westminster Hospital • The business case for the bubble roof replacement • The robotic surgery business case 											

	The Committee effectiveness review findings were received and discussed. Overall the findings were very positive. There were some opportunities for more focussed report writing and support has been offered in this regard.
--	---

KEY RISKS ARISING FROM THIS REPORT	
---	--

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

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td></td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td></td> </tr> <tr> <td>Operational Performance</td> <td>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		People (Workforce or Patients/ Families/Carers)		Operational Performance	Y	Finance	Y	Public Consultation		Council of Governors		
Equality And Diversity															
Quality															
People (Workforce or Patients/ Families/Carers)															
Operational Performance	Y														
Finance	Y														
Public Consultation															
Council of Governors															

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