








Chelsea & Westminster Hospital NHS Foundation Trust


Council of Governors Meeting






Chelsea and Westminster Hospital, Main Boardroom, Lower Ground Floor, 369 Fulham Road, London
SW10 9NH

26 January 2023 16:00 - 26 January 2023 18:00

AGENDA

#	Description	Owner	Time
1	<p>General Business</p> <p> 1.0 2023-01-26 COG agenda.doc 7</p>		
1.1	<p>Welcome and Apologies for absence Apologies received from: Neville Manuel, Robert Hodgkiss, Chris Chaney</p> <p>Verbal</p>	Chair	16:00
1.2	<p>Declarations of interest</p> <p>Verbal</p>	Chair	16:02
1.3	<p>Minutes of previous meeting held 20 October 2022</p> <p>Paper</p> <p> 1.3 COG Minutes 20.10.22.doc 9</p>	Chair	16:04
1.4	<p>NWL Collaborative Acute Provider update</p> <p>Verbal</p>	Chair	16:05
2	Quality		
2.1	<p>People and Workforce Board Committee Report to Council of Governors</p> <p>Paper</p> <p> 2.1 Workforce Performance report Cover Jan 2023... 15</p> <p> 2.1a Final CoG Our people update January 2023 (0... 17</p>	Chair of the People and Workforce Committee	16:15
2.2	<p>Governors Membership and Engagement Sub-Committee Report - including update on Membership and Engagement plan</p> <p>Paper</p> <p> 2.2 Membership Engage Implement Cover Jan 202... 31</p> <p> 2.2a Membership, Involvement and Engagement I... 33</p> <p> 2.2b Appendix 2023-01-12 Membership Engageme... 39</p>	Chair of Governors Membership and Communications Sub-Committee and Director of Corporate Governance	16:30

#	Description	Owner	Time
2.3	Governors Quality Sub-Committee Report Verbal	Chair of Governors Quality Sub-Committee	16:45
3	For information		
3.1	Chair's Report Paper  3.1 Chair's report Chelsea and Westminster COG 2... 59	Chair	16:55
3.2	Update on the Council of Governors Nominations and Remuneration Committee January, 2023 Paper  3.2 Non-Executive Director Succession Planning an... 63	Chair & Vice Chair	17:00
3.3	Chief Executive Officer's Report Paper  3.3 Chief Executive Officer Report Covernote.doc 69  3.3a Chief Executive Officer Report.doc 71	Chief Executive Officer	17:10
3.4	Performance & Quality Report Paper  3.4 Performance and Quality Report Cover.docx 79  3.4a Performance and Quality Report1.4.docx 83	Chief Executive Officer	17:20
3.5	People and Workforce Report Paper  3.5 Performance Report Cover Sheet.docx 101  3.5a Workforce Performance Report Nov 22.pptx 105	Chief Executive Officer	17:30
3.6	Accessibility work update Paper  3.6 Accessibility Audit of the Physical Environment... 119	Vice Chair	17:40
4	Other Business		

#	Description	Owner	Time
4.1	<p>Topic of Governor Briefing on 23 March 2023 Council of Governors Away Day 19 April 2023 (10.00 – 15.30) Council of Governors Meeting 19 April 2023 (16.00 – 17.00)</p> <p>Paper/ Verbal</p> <p> 4.1 COG Awayday Agenda.doc 125</p>	Chair / Lead Governor	17:45
4.2	<p>Any other business, including: *4.2.1 Forward plan *4.2.2 Schedule of Council of Governor meetings 2023/24 *4.2.3 Governor attendance register</p> <p>Paper</p> <p> 4.2.1 COG and Briefing Forward Plan 2023.doc 127</p> <p> 4.2.2 Schedule of Council of Governors Meeting Da... 131</p> <p> 4.2.3 2022-10-20 CoG Attendance Record 2022.do... 133</p>	Chair	17:55
5	<p>End of Meeting</p> <p> NHS Acronyms.docx 137</p>		18:00

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Council of Governors Meeting

Location: Hybrid meeting either Chelsea and Westminster Hospital, Main Boardroom, Lower Ground Floor, 369 Fulham Road, London SW10 9NH or

Microsoft MS Teams [Click here to join the meeting](#)

Date: 26 January, 2023

Time: 16:00-18:00

DRAFT AGENDA

	1.0	GENERAL BUSINESS		
16:00	1.1	Welcome and Apologies for absence Apologies received from: Neville Manuel, Robert Hodgkiss, Chris Chaney	Verbal	Chair
16:02	1.2	Declarations of interest	Verbal	Chair
16:04	1.3	Minutes of previous meeting held 20 October, 2022	Paper	Chair
16:05	1.4	NWL Collaborative Acute Provider update	Verbal	Chair
	2.0	QUALITY		
16:15	2.1	People and Workforce Board Committee Report to Council of Governors	Paper	Chair of the People and Workforce Committee
16:30	2.2	Governors Membership and Engagement Sub-Committee Report – including update on Membership and Engagement plan	Paper	Chair of Governors Membership and Communications Sub-Committee and Director of Corporate Governance
16:45	2.3	Governors Quality Sub-Committee Report	Verbal	Chair of Governors Quality Sub-Committee
	3.0	FOR INFORMATION		
16:55	3.1	Chair's Report	Paper	Chair
17:00	3.2	Update on the Council of Governors Nominations and Remuneration Committee <ul style="list-style-type: none"> - 3.2.1 New Member of COG Nominations & Remuneration Committee - 3.2.2 To note the process on recruiting two new Non-Executive Directors on the Nominations and Remuneration Committee - 3.2.3 To extend the term of Steve Gill as Vice Chair 	Paper	Chair & Vice Chair
17:10	3.3	Chief Executive Officer's Report	Paper	Chief Executive Officer
17:20	3.4	Performance & Quality Report	Paper	Chief Executive Officer
17:30	3.5	People and Workforce Report	Paper	Chief Executive Officer
17:40	3.6	Accessibility work update	Paper	Vice Chair
	4.0	OTHER BUSINESS		

17:45	4.1	Topic of Governor Briefing on 23 March 2023 Council of Governors Away Day 19 April 2023 (10.00 – 15.30) Council of Governors Meeting 19 April 2023 (16.00 – 17.00)	Verbal Paper	Chair / Lead Governor
17:55	4.2	Any other business, including: *4.2.1 Forward plan *4.2.2 Schedule of Council of Governor meetings 2023/24 *4.2.3 Governor attendance register	Paper	Chair
		*Items that have been starred will not be discussed, however, questions may be asked.		
18:00		Date and Time of the Next Meeting 19/04/2023 10:00-17:00hrs		



DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)
20 October 2022 16:00-18:00
Microsoft Teams Meeting

Present:	Matthew Swindells	North West London (NWL) Chair	(MS)
		in Common	
	Stephen Gill	Vice Chair and Senior	(SG)
		Independent Director	
	Lisa Addison	Patient Governor	(LA)
	Richard Ballerand	Public Governor	(RB)
	Caroline Boulliat	Public Governor	(CB)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Cass J Cass-Horne	Public Governor	(CCH)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Dr Paul Kitchener	Public Governor	(PK)
	Anthony Levy	Public Governor	(AL)
	Minna Korjonen	Patient Governor	(MK)
	Stella McCaskill	Patient Governor	(SM)
	Prof. Mark Nelson	Staff Governor	(MN)
	Will Pascal		(WP)
	David Phillips	Patient Governor	(DP)
	In attendance:	Catherine Sands (CS)	Staff Governor
Jacquei Scott		Staff Governor	(JS)
Laura Wareing		Public Governor	(LJW)
Desmond Walsh		Appointed Governor	(DW)
Aman Dalvi		Non-Executive Director	(AD)
Nilkunj Dodhia		Non-Executive Director	(ND)
Prof Andy Bush		Non-Executive Director	(AB)
Peter Jenkinson		Joint Director of Corporate	(PJ)
		Governance	
Lesley Watts (Items 1.3 & 1.4)		Chief Executive Officer	(LW)
Rob Hodgkiss (Items 1.5 & 2.2)		Chief Operating Officer & Deputy	(RH)
		CEO	
Robert Bledsale (Item 2.4)		Chief Nursing Officer	(RB)
Virginian Massaro (from start		Chief Financial Officer	(VM)
to end of Item 2.3)			
Neville Manuel (from 17:45)		Non-Executive Director	(NM)
Catherine Jarvis (from 17:10)		Non-Executive Director	(CJ)
Syed Mohinuddin (from 17:30)		Non-Executive Director	(SM)
Apologies:		Emer Delaney	Director of Communications
	Jeremy Booth	Patient Governor	(JB)
	Julie Carter	Public Governor	(JC)
	Thewdros Leka	Staff Governor	(TL)
	Rose Levy	Public Governor	(RL)
	Nicole Nunes	Staff Governor	(NN)
	Trusha Yardley	Public Governor	(TY)
	Ajay Mehta	Non-Executive Director	(AM)
	Martin Lupton	Non-Executive Director	(ML)

1.0 STATUTORY/MANDATORY BUSINESS

1.1 Welcome and apologies for absence

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

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

1.2 Declarations of interest

No declarations of interest were received.

1.3 Minutes of previous meeting held on 21 July 2022 and 1 August 2022

The minutes of the previous meetings were approved as a true and accurate record of the meetings held on 21 July and 1 August 2022.

1.3.1 Action Log

The action log was reviewed and noted as complete.

1.4 Chair's Report

MS presented the Chair's report, highlighting recent activities including visits to hospital sites and meeting staff.

MS updated the Council on the development of the north west London (NWL) acute provider collaborative, noting the inaugural NWL Collaborative Board in Common (BiC) meeting held on 18 October which brought together the four trust boards of the acute providers in NWL. The Council discussed the feedback on the BiC meeting from those Governors who attended the meeting. It was noted that this feedback, along with the feedback from Board members via a survey being circulated, would be considered ahead of the next BiC meeting in January.

The Council noted the update provided on the Non-executive directors (NEDs), noting that NEDs Nick Gash and Eliza Hermann had stepped down after 7 years and 8 years respectively at the end of their terms of office. MS expressed his gratitude to all NEDs who had stepped down in recent weeks as part of the process to establish the NWL collaborative and was pleased to announce that Nick Gash had since been appointed as a NED at Imperial College Healthcare NHS Trust and The Hillingdon Hospitals NHS Foundation Trust, subject to approval by the THHT Council of Governors.

The Council noted the launch of the public consultation on the Elective Orthopaedic Centre proposed to be located at Central Middlesex Hospital, to draw on best practice from other areas and to provide further improvement in the services provided to the population of NWL by bringing together much of the routine, inpatient orthopaedic surgery for the population of NWL in a purpose-designed centre of excellence, completely separated from emergency care services.

1.5 Chief Executive Officer's Report

The Council welcomed Rob Hodgkiss (RH) to the meeting, in Lesley Watt's absence.

RH presented a summary update on significant events, highlighting the operational pressures faced by the Trust and the key risks, including industrial action by nursing and medical staff.

2.0 FOR INFORMATION

2.1 NWL Collaborative

2.2 Performance & Quality: including Winter Preparedness & Workforce Performance Report

RH presented a summary of the most recent performance data and highlighted preparations for

the winter pressures.

The Council discussed the current vaccination rates for Covid boosters and the seasonal flu. MN and AB stressed the need for the Trust to improve current vaccination rates and the Council noted that performance in this area was monitored regularly by the executive and reported to the Trust Quality Committee.

2.3 Update on the External Auditors

The Council welcomed Virginia Massaro (VM), Chief Financial Officer, to the meeting, and considered a paper updating on the progress to award a new contract for the provision of External Audit services. The Council noted that following a failed tender process in early 2022, it was proposed to extend the current external audit contract with Deloitte for a further 2 years to September 2024. The intention would then be to retender the service to move to a new contract from October 2024.

The Council discussed the issues involved in finding accounting firms willing to tender for audit services, noting that this was a national issue which had been escalated to the NHSE national team. Accounting firms were now less willing to bid for NHS audit work due to restrictions on them then bidding for advisory work and the levels set for fees in the context of increasing regulation.

The Council approved the 2 year extension to Deloitte LLP as the Trust's external auditors, subject to Audit Committee approval on 27th October 2022.

2.4 Clinical Negligence Scheme for Trusts (CNST)

The Council welcomed Robert Bleasdale (RB), Chief Nursing Officer, to the meeting. The Council noted the summary of progress in the Trust's work to achieving compliance with the CNST, noting a pause in the scheme between December 2021 and May 2022 due to the impact of Covid-19 in maternity services in England and the publication of revised timeframes to demonstrate compliance with all ten safety actions (2 February 2023).

The Council noted the Quarter 2 2022/23 summary of compliance across the four acute trusts within the NWL Acute provider Collaborative, noting that progress against compliance would be monitored monthly through the Local Maternity and Neonatal Systems (LMNS). It was noted that digital compliance (action 2) was a risk across the NWL Collaborative system with support and investment required, action 3 required improved NWL collaborative working with neonatology including system level audit oversight, and actions 4, 5 & 8 related to workforce planning and education

2.5 Governors Election 2022 – update

The Council noted an update on the preparations for the forthcoming Governor elections, noting seats up for election:

Public Constituency : Re-election of 5 seats / Election of 2 seats

Patient Constituency: Election of 1 seat

Staff Constituency: Re-election of 1 seat / Election of 1 seat

Rest of England Constituency: Election of 1 seat

The Council noted that the creation of the Rest of England constituency had been agreed by Council and the Trust Board in July 2022.

The Council noted that the Returning Officer, Civica Electoral Services, had been notified of the

forthcoming elections and would be managing the election process. Nominations would open on 9 November, with voting to run from 5th to 30th January. Results would be announced on 31 January.

MS noted that Anthony Levy would not be standing for re-election due to other commitments and thanked him for his contribution as Governor. He noted the other Governors standing for re-election and wished them luck in the elections.

2.6 Membership strategy – update

PJ presented a summary of the existing membership strategy agreed in 2019, and an analysis of the current membership, to inform a review of the strategy. The current membership strategy was focused around two main objectives: to maintain and build membership numbers whilst ensuring the membership is representative of the population the Trust serves, and to effectively engage and communicate with members.

It was noted that the membership profile had remained fairly stable over the past few years, with around 18,000 members. The characteristics of the membership also remained stable, representing the general characteristics of the local population with the exception of the younger population. It was noted that the engagement plan for members would be further developed with input from the Trust Director of Communications, and presented to the next Council of Governors Membership Committee in November.

The Council discussed the strategy relating to membership size and profile, with David Phillips (DP) leading as chair of the Council membership committee. DP felt that the Trust should be more ambitious in its recruitment of new members and noted opportunities to recruit new members. Other governors agreed that the Council should be more representative and more engagement was required with specific community groups to attract new governors.

The Council noted the proposals for the establishment of ‘town hall’ events to engage with local populations across the NWL Collaborative and agreed that the engagement plan could be improved.

It was agreed that the revised membership strategy should be presented to the next Membership & Engagement Sub-committee for further input. (Action: PJ/DP)

Catherine Sands raised ongoing concerns regarding communicating with her staff constituency (managers) and asked how she could communicate with such a group before the end of her current term of office. PJ agreed to follow up and ensure a mechanism of engagement is provided. (Action: PJ)

3.0 FOR NOTING

3.1 Membership & Engagement Sub-Committee update

David Phillips reported that the committee would next be meeting on 24 November and would focus on the membership strategy as discussed.

3.2 Quality Sub-Committee update

The Council received and noted the draft minutes of the COG Quality Sub-Committee meeting that took place on the 23 September, 2022, noting an omission in the apologies recorded as MK had submitted her apologies.

3.3 Quality Committee Report to Council of Governors

The Council received and noted the annual report from the Trust Quality Committee, and also received an update from the NWL Collaborative quality committee in common (CiC) meeting. The Committee noted the summary of the work of the Quality Committee over the past 12 months (October 2021- September 2022) and noted the updated Quality governance structure within the NWL Acute Provider Collaborative, effective from September 2022.

It was noted that Eliza Hermann had stepped down as chair of the Quality Committee in June 2022 as she came to the end of her term of office and Steve Gill had now taken over as chair of the trust committee and also the NWL collaborative quality CiC. SG thanked Eliza for her contribution and presented a summary of significant items discussed during the year, noting achievements including the Trust mortality rate and the quality improvement culture but also noting ongoing challenges including the continuing growth of the Patient Tracking List (patients waiting for care), despite elective care activity 'throughput' now at or above pre pandemic levels. SG highlighted the two most significant risks to quality: the volume of demand in urgent and emergency departments, including ambulance handovers and patient discharge; and workforce sustainability and wellbeing.

3.4 Accessibility Work Update

The Council received and noted a paper including an update on the progress of AccessAble and their audits of the Trust as previously reported. The Council noted a summary of audits completed and actions taken in response. An updated report would be produced in Q3 to include progress against actions identified which would be presented at the 26 January 2023 CoG meeting.

4.0 OTHER BUSINESS

4.1 Questions from the governors and the public

No additional questions were raised.

4.2 Any other business, including:

4.2.1 Forward plan

The Council received the forward plan but noted that it did not include details for future meetings and would therefore need to be updated. **(Action: PJ)**

4.2.2 Schedule of meetings 2022/23

The Council noted the forward schedule of meetings, specifically that the CoG 'in person - Away Day' was now planned to be held in April rather than January 2023.

4.2.3 Governor attendance register

The Council noted the Governor attendance register. The Council noted that some Governors had not been attending regularly and that these should be followed up. **(Action: SD/PJ)**

4.2.4 Any other business

No other business was raised by members present.

The meeting was closed and the Governors and NEDs held an informal meeting in private from 18:00-19:00.

4.3 Date and Time of the Next Meeting

Council of Governors Meeting, 26 January 2023 at 1600 hours.

Meeting closed at 18:00.



CONFIDENTIAL

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors meeting – 26 January, 2023											
AGENDA ITEM NO.	2.1											
TITLE OF REPORT	People Update											
AUTHOR NAME AND ROLE	Lindsey Stafford-Scott – Interim Chief People Officer and Paolino Buttaci – Corporate Governance Manager											
ACCOUNTABLE NON-EXECUTIVE DIRECTOR	Ajay Mehta											
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> Please tick below and then describe the requirement in the opposite column	Decision/Approval		Assurance	x	Info Only	x	Advice		The attached performance report provides an update to the Board against key themes and deliverables in the Trust’s People Strategy. It provides an update on key performance metrics, trends and themes and narrative to provide assurance that the members of the committee are aware of the risks and challenges associated with workforce and has the necessary plans in place to address them.			
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>People & Workforce</td> <td>13 January, 2023</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	People & Workforce	13 January, 2023						
Name of Committee	Date of Meeting	Outcome										
People & Workforce	13 January, 2023											
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>The monthly report provides a summary of key progress against our People Strategy as at the end of November, 2022.</p> <p>Sickness absence at 3.88% remains lowest in the NWL Acute Collaborative. Proactively working to vaccinate staff against Covid and Flu.</p> <p>Turnover is 14.92% (target 10%). Improvement programmes in place to focus on retention and deep dives taking place to understand reasons for leaving and.</p> <p>Appraisal compliance is 72.48% (target 90%), new simpler performance development review (PDR) has been launched and with plans in place to achieve target before end of the financial year.</p> <p>Core skills (mandatory training) Overall compliance is 89% with target of 90%.</p> <p>Time to hire at 8.87 continues to remain below the 9 week target</p> <p>Employee Relation cases have reduced in number and benchmark well across the NWL Acute Collaborative.</p> <p>Improvements made against the WRES Model employer Goals. 4 of the 6 targets have been met, and work continues on achieving B8D and VSM targets</p>											

	<p>Primary focus to the 2023 People Strategy are activities to support staff retention, reduce vacancy levels and reduce workload pressure on staff, spend on temporary staffing and recruitment workload.</p> <p>The report also highlights key programmes of work against our People Profile, Staff Survey, Health and wellbeing, NWL collaboration - Lead Employer, Volunteering services and 2022 Key successes.</p>
KEY RISKS ARISING FROM THIS REPORT	<p>Risk are as set out within the report. Key are:</p> <ul style="list-style-type: none"> • Rising turnover which should see more concerted effort in retention plans and practices • EDI requiring efforts to close the deficit within Band 8D to VSM against the model employer targets.

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

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

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

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

The key risks are highlighted above and throughout the report.

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)	

Council of Governors

People update

January 2023



Contents

- ❑ Our Trust people strategy and priorities
- ❑ Our people profile
- ❑ Staff survey summary: 2021
- ❑ 2021- 2022 staff survey: priority areas of focus
- ❑ Health and wellbeing
- ❑ NWL Collaboration – Lead Employer
- ❑ Volunteering services
- ❑ 2022 Key successes
- ❑ A look forward



Our Trust people strategy

In 2021, the Trust agreed its 3-year People Strategy which we have been delivering against. Towards the end of 2022, we started a forward looking refresh of our priorities, aligning with those of the NWL ICS and NWL acute collaborative.

National People Promise

Looking after our people with quality health and wellbeing support for everyone



Belonging in the NHS with a particular focus on tackling the discrimination that some staff face

Growing for the future making effective use of the full range of our people's skills and experience

New ways of working and delivering care how we recruit and keep our people, and welcome back colleagues who want to return

The NHS People Plan focus areas match across to our pillars as illustrated in the table below:

	Care	Lead	Include	Grow	Transform	Enable	Learn
Looking after our people	✓				✓		
Belonging in the NHS	✓	✓	✓				
Growing for the future				✓		✓	✓
New ways of working and delivering care					✓	✓	✓

Our Current and Future People Strategies

1. Safe and sustainable staffing	2. Workforce re-design for new models of care	3. Maximising the use of new roles	4. Great place to work, employer of choice
<ol style="list-style-type: none"> 1. An assessment and strategic address current staff for total or high volume services 2. An interim or permanent response staff expansion and reduce turnover 3. Application of staff of responsibilities to reduce or eliminate redundancy and/or redeploy staff to other areas of need 4. Develop staff financial and legal support and ensure compliance with relevant legislation 5. Develop staff financial and legal support and ensure compliance with relevant legislation 6. Support staff to return to work 7. Develop staff financial and legal support and ensure compliance with relevant legislation 	<ol style="list-style-type: none"> 1. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 2. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 3. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 4. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 5. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 6. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 7. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 	<ol style="list-style-type: none"> 1. Increase the number of staff employed in an agreement of services, including: 1. Non-UK citizens and overseas workers 2. Professional services, including accountants and health care assistants 3. The NHS and other health care providers 4. Contract staff and other staff 5. Other staff and other staff 	<ol style="list-style-type: none"> 1. Joint programmes improve staff engagement and experience across the group 2. Create a design and delivery change strategy and programme to address the needs of the community (e.g. NHS, Local Authorities, etc.) 3. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 4. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 5. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 6. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.) 7. Develop a design support framework to address the needs of the community (e.g. NHS, Local Authorities, etc.)
<ol style="list-style-type: none"> 1. 5. HR effectiveness, efficiency and impact 	<ol style="list-style-type: none"> 1. 5. HR effectiveness, efficiency and impact 		

6. Equality, Diversity & Inclusion

1. Include leadership and management programmes
2. Equal representation programmes
3. Staff recruitment and support
4. Staff retention and development programmes
5. Staff retention and development programmes
6. Staff retention and development programmes
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19. Staff retention and development programmes
20. Staff retention and development programmes

7. Staff Health and Well-Being

1. Implement large scale health and wellbeing programmes
2. Implement large scale health and wellbeing programmes
3. Implement large scale health and wellbeing programmes
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19. Implement large scale health and wellbeing programmes
20. Implement large scale health and wellbeing programmes

	Care	Lead	Include	Grow	Transform	Enable	Learn
	Great Place to Work			Transform for the Future			
Looking after our people	✓				✓		
Belonging in the NHS	✓	✓	✓				
Growing for the future				✓		✓	✓
New ways of working and delivering care					✓	✓	✓



Our people strategic priorities



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 Ba 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	
Growing For the Future ICS Goal 3 – Grow <i>We have the capacity to deliver great care.</i>	Number of staff using e-roster	82%	100%	
	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 profile - now

We are an organisation that employs 6,500 staff based over 2 main hospital sites. We are a very diverse organisation and we continually aim to represent the communities we serve.



115 Nationalities

115 Nationalities
(up from 100)

4 % identify as Gay / Lesbian /
Bisexual
(up from 3%)



4 %

Trust workforce



51 %

51 % BAME
(up from 46%)

75% staff are female
(no change)



75%



21 %

21 % of staff work part time
(up from 16%)

3% declare a disability
(up from 2%)



3%



Staff survey 2021: Trust level summary

Our 2022 staff survey action plans and key areas of focus were informed by the following high level findings:

Response Rate: 47%

Areas where we scored above national average:

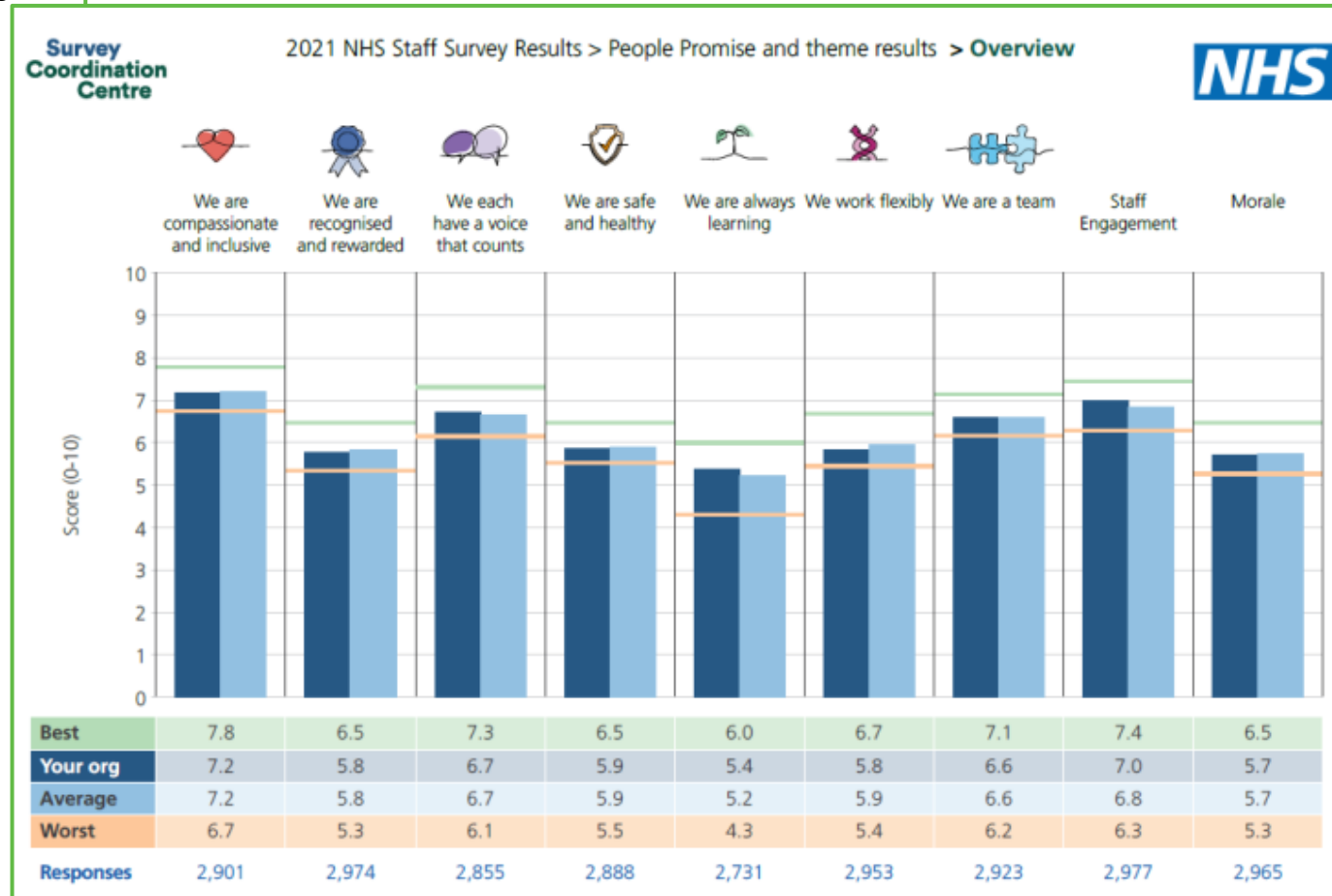
- Learning
- Staff engagement

Areas we performed in line with national average:

- EDI
- Recognition and reward
- Safety
- Safe environment
- Team working
- Morale

Where we were below average:

- Flexible working



2021-22 staff survey: our key priority areas of focus

EDI

- Improving the **staff experience for BAME and disabled colleagues** when compared to that of white and colleagues without a disability.
- Progress against our **Just and Learning Culture** work stream includes a revised disciplinary policy, conflict resolution policy and a mediation framework and policy. The Just Culture programme of work will also support our work on WRES metric 3 and WDES metric 3 which are about ensuring fairness in our people processes.
- Robust training programme developed to **upskill our senior leaders** in 2023, following on from our Board sessions.
- Ongoing work to **refresh our 2 year EDI action plan**, including WRES and WDES to be finalised in March 2023.

Health & Wellbeing

- We took a more holistic approach to health and wellbeing, as a **trailblazer organisation**, we completed two elements of the **NHS England and Improvement diagnostic tool of the Health and Wellbeing Framework** to ensure our wellbeing activities were appropriately focussed. (See our key successes slide for more of what we achieved in 2022).

Safe Environment

- Safety Group re-focused, led by DDN Planned Care, with newly published Violence Standards for all Trusts to embed in 2023.
- **Kindness campaign** launched across the Trust – to highlight our zero tolerance approach to violence and aggression against our staff.

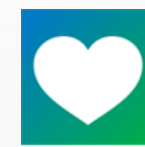
Morale

- A **Winter Wellbeing Voucher** was issued to staff as a thank you to our people for their continuous hard work and dedication.
- We increased focusing on reward and recognition, further promoting our CW+ PROUD awards, Excellence awards and have re-instated our Long Service Awards. **We held our Staff Awards successfully in September 2022**, the first time we could gather colleagues to celebrate post-Covid.



Kindness Campaign – addressing violence and aggression against our staff





Proud to care for you
Health and Wellbeing

Our 2022 Health and Wellbeing Support

Download the staff app to stay up to date with the offers!



Stop smoking support

4 mental health wellbeing services

Free financial health checks

85 Wellbeing Champions across the Trust

10 days free back up care

Free online exercise classes

Domestic abuse support

Access to free wellbeing apps

2 new bike sheds installed in 2022

7 new staff showers installed

Free weekly mindfulness practice

Free will writing service

120 MH First Aiders trained

Access to contraceptive services Free menopause app for staff

Free bike doctor days

Free weight loss programme

Cycle to work scheme



Chelsea and Westminster Hospital

NHS Foundation Trust

Overall Page 25 of 141

NWL collaboration – Lead Employer

Vaccination staff retention

- We retained 33% of our vaccination staff, surpassing the NHS target of 25%
- Career coaching and transfer programmes continue.

New model of NHS recruitment in NWL

- We started exploration work into potential pathways including young people in care, those with lived experience as carers, those leaving the criminal justice system.
- A pilot collaborative NHS recruitment for HCSW resulted in 405 new starters, with 197 currently in pre-employment stage.

NWL skills academy

- 2022's efforts mean we currently have 1537 Londoners undertaking learning.
- 1418 are engaged in employment or apprenticeships.
- Of these, 1074 are from under represented groups.

Volunteer to employment and SEND Recruitment

- 9 volunteers transitioned to paid employment through our vaccination staff retention scheme.
- 8 employers have signed up to deliver preparation for employment programmes for people with special needs and autism.



Our volunteers

Service Vision

Volunteer satisfaction levels were 4.4 out of 5

WHAT:
Develop 6 key volunteer programmes as a structure:

- To present a clear offer and set of parameters for our volunteers
- To make the service clear and relatable to Trust colleagues
- To give focus to the work of the volunteer services

HOW:
Establish a core operating model through:

- Standard Operating Procedures (SOPs) for each of the 6 programmes
- Identify leads and supporting resources for each of the cohorts
- Clear role descriptions
- Clear competencies and training

WHY:
To support Trust Strategic Objectives and to bring benefits to the patients & population we serve.

Volunteers will augment and not replace the current workforce and will enhance the care and experience of our patients

New butterfly volunteers made 352 patient visits in 2022

163 young volunteers participated in youth pathway

Adult Inpatients ward helper: HOME
All inpatient wards by 2021

Specialised volunteers
Roles developed in all non-adult clinical areas by 2022

Responsive volunteer support: Bleep volunteers
Embedded service cross site by 2020 & 7 day service by 2022

Youth volunteering and engagement
Embedded cross site & linked to work experience by 2020

Our partners
Development of formal forum for engagement & collaborative working

Corporate Social Responsibility & professional skills

Delivered 31,996 hours in 2022 (plus army deployment)

444 volunteers deployed throughout 2022

Education, Training and Development

Recruitment, Retention & Recognition

Workforce Development

Preparing departments to be 'volunteer ready'

7.9% of eligible volunteers moved into Trust jobs



Key successes

Re-launched our annual staff awards with a record 1,066 nominations.

Successful and recognised nationally for our work on Back Up Care and professional support, attending regional and national events as trailblazers and examples of best practice.

Staff safety Group -Kindness Campaign launched across the Trust - recognised by the Cabinet office, PR Week and NHS England as best practice

Participation in NWL collaborative recruitment events for HCAs saw 148 offers made

Awarded NHS Pastoral Care award recognising commitment to providing high quality pastoral care to International nurses and midwives during recruitment process and employment

Started pilot of the Accelerated Development Programme: a leadership programme for international nurses

The Clinical Attachment Training Programme for international Medical Graduates was established. 47 doctors have attended so far with 4 of these doctors now in permanent positions in our Trust and 3 employed at other NHS Trusts

Leadership Development Framework agreed and launch of new L7 Senior Leader Apprenticeship in partnership with Imperial College London and Corndel.

235 apprentices employed across 37 different apprenticeship programmes with 70 completions.

Apprenticeship Main provider status achieved enabling us to deliver apprenticeships for other organisations

Achievement of public sector apprenticeship target for third year in a row. Increases in levy utilised every month

15,709 uses of our health and wellbeing programme including our people accessing via the staff app and 1856 people accessing the EAP. 8000 winter wellbeing vouchers issued

Successfully bid for £40k national funding to deliver the NWL ICS Civility and Respect project using our Virtual Body works programme. This is a cutting edge programme with that expands our new approach to unconscious bias training

International recruitment
Total of 174 arrivals 163 registered nurses and 11 Midwives

Successful transfer of Payroll service from SBS to ICHT, 40% reduction in overpayments and 75% reduction in manual payments.

Launched new flexible working policy and training for managers
121 flex working applications received from April 2022



Workforce Performance (November 2022 data)

- **Core skills** – a strong focus on ensuring our staff have completed their mandatory training. Overall compliance at **89%** is just below the 90% target.
- Significant push on ensuring our staff have all had a performance development review (PDR) as we come out of the challenges of Covid with the launch of a new simpler process with a focus on wellbeing. **PDR / appraisal compliance is 72.48%** so below the target of 90% but improving, with plans in place to achieve before the end of the financial year. For medical staff, the overall Trust appraisal rates is **89.22%**, just below the target range.
- **Sickness absence at 3.88%** in remains the lowest among our Acute collaborative. We have a strong wellbeing offer and have proactively worked to get our staff vaccinated against Covid and Flu.
- **Vacancy rate is 6.73%**, the lowest across the Acute Collaborative and testament to the huge amount of work going into recruitment across the Trust.
- **Time to hire at 8.87 weeks** in November 2022 just below the target of 9 weeks and has remained below target for the whole year despite large volumes of recruitment (as many as 190 new roles a month).
- **Voluntary turnover is 14.92% above the 10% target.** Divisional improvement programmes are focused on retention with deep dives taking place to understand the reasons for leaving and targeting activities to address. In support, the Trust is investing heavily in health and wellbeing programmes including financial H&W support.
- Formal Employee relations cases have reduced in number and benchmark well across the Acute collaborative. Progress has been made to reduce the time taken to resolve formal disciplinary cases with the Trust performing **below the 30 day target** for 5 months of the year. Unfortunately BAME colleagues are still disproportionately represented in formal cases and the Just culture working group is focussed on this working with our staff networks.
- We have improved against the WRES Model employer Goals with increased representation of BAME colleagues in a bands 8A roles and above. **We meet 4 of the 6 targets, exceeding 2.** Work continues with a focus on achieving the B8D and VSM targets.
- **Our primary focus under the People Strategy in 2023 are those activities that support staff retention to ensure we reduce vacancy levels further and in turn reduce the workload pressure on staff, temporary staffing spend and recruitment workloads.**



The year ahead.....

- The year ahead will continue the delivery of the 4 key elements of our People Strategy, in alignment with those of NWL ICS and NWL acute collaborative.
 - Looking After our People
 - Ensuring our staff feel that they belong in our organisation
 - Embracing new ways of working and delivering care
 - Growing the capacity of our workforce
- We will be focused on delivering our People Promise and making our employees experience of working with us a great one.

The Chelsea and Westminster People Promise

What's in it for you?

What we expect from you



We are **compassionate** and **inclusive**

Staff networks • We are open and honest • Compassionate and supportive leaders
Part of a diverse workforce

You will uphold the values of the Trust in everything you do



We are **recognised** and **rewarded**

Staff recognition awards • Valued and appreciated

You will always work in the best interests of the patients and staff



We each have **a voice that counts**

Staff partnership • We have a Voice that Counts Freedom to Speak Up Champions

You will raise any concerns you may have in the right way



We are **safe** and **healthy**

Access to a suite of health and wellbeing benefits via the Vivup app Supportive healthy and safe environment

You will access the range of health and wellbeing offers available and act safely at all times



We are **always learning**

Support for developing your career

You will keep up to date with all your required training



We work **flexibly**

Working towards Timewise accreditation • Agile working

You will embrace new ways of working



We are **a team**

Empowered and accountable teams working for a world class NHS Trust in the heart of London

You will work in a collaborative way with your colleagues





CONFIDENTIAL

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors meeting – 26 January, 2023										
AGENDA ITEM NO.	2.2										
TITLE OF REPORT	Council of Governors Membership and Engagement Sub-Committee Report – including update on Membership, Involvement and Engagement Implementation Plan										
AUTHOR NAME AND ROLE	Daryl Lutchmaya – Deputy Director of Corporate Governance and Paolino Buttaci – Corporate Governance Manager										
ACCOUNTABLE EXECUTIVE DIRECTOR GOVERNOR AND DIRECTOR	David Phillips - Chair of Governors Membership and Communications Sub-Committee and Peter Jenkinson - Director of Corporate Governance										
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>x</td> </tr> <tr> <td>Info Only</td> <td>x</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> Please tick below and then describe the requirement in the opposite column	Decision/Approval		Assurance	x	Info Only	x	Advice		To provide an update to the Council of Governors of the business conducted by the Membership and Engagement Sub Committee.		
Decision/Approval											
Assurance	x										
Info Only	x										
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	COG Membership and Engagement Sub-Committee	12 January, 2023									
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	Maintain and build membership that is representative of the population the Trust serves Effectively engage and communicate with members and create opportunities to become volunteer and/or Governor at the Trust Provide members with valued benefits and to attend special events										
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	

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td>Equality And Diversity</td> <td>X</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>X</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	X	
Equality And Diversity	X														
Quality															
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Operational Performance															
Finance															
Public Consultation															
Council of Governors	X														

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)	



Membership, Involvement and Engagement Implementation Plan





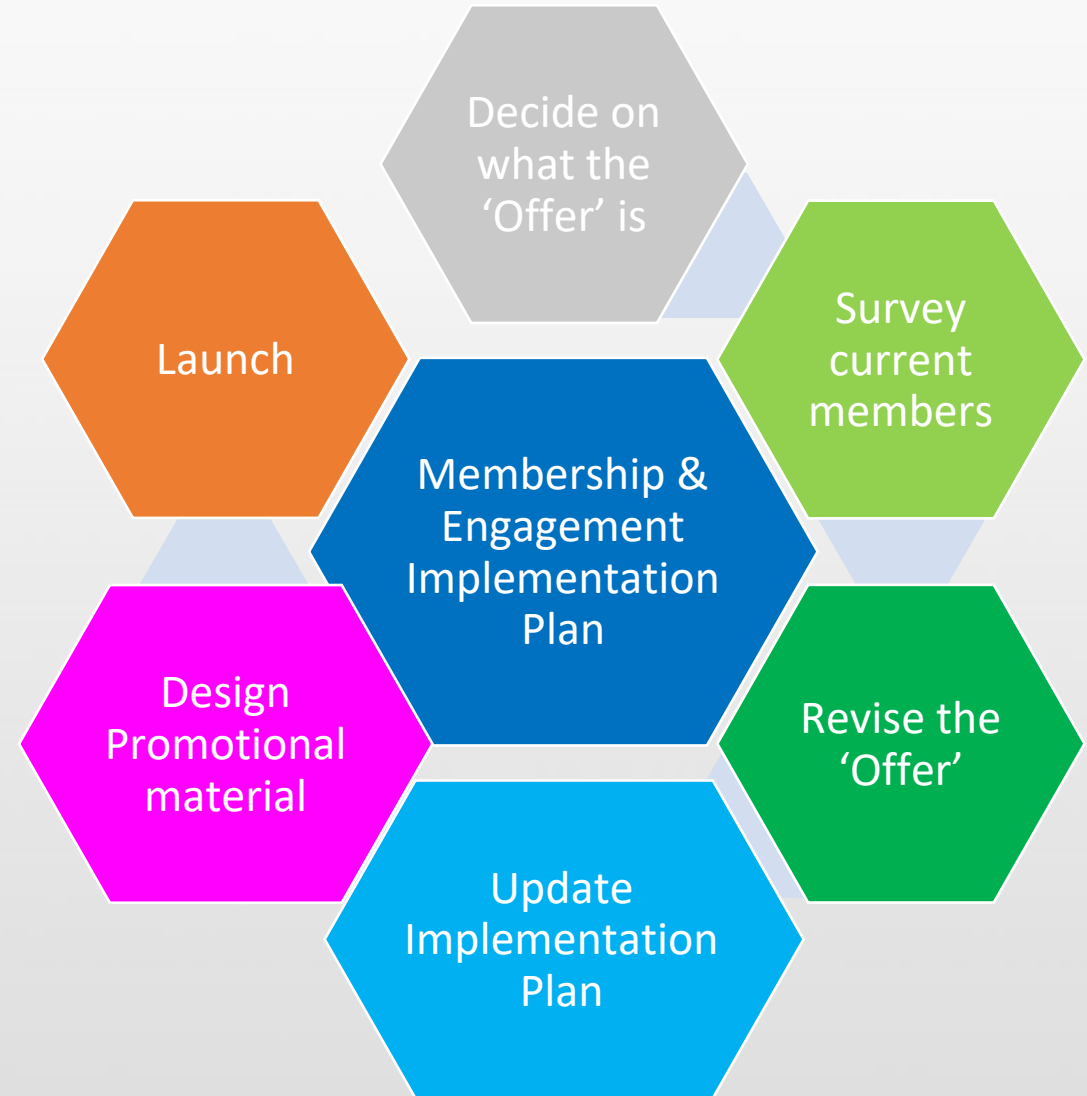
Our Offer

In order to grow the membership, it will be necessary for current and future members to know what the benefits of being a member are i.e. the 'Offer'

The members will be surveyed during February to assess whether the 'Offer' needs to be widened to meet their expectations

What our package offers

Gold, Silver and Bronze to reflect their levels of involvement with the Trust and their ambitions





Objectives

The 'Offer' will aim to:

- build the relationship into a positive and value-added experience for the member so that they feel engaged and benefit through membership
- change the culture of membership from being one that is predominantly for the more elderly sections of the population to being one which is 'young people' friendly and vibrant
- encourage membership to naturally translate into opportunities to become a volunteer at the Trust and to becoming a Governor
- provide members with valued benefits – CEO webinars, Clinicians' presentations about popular and trending health topics and on preventative healthcare, receipt of Members e-news, opportunities to attend special Trust events etc.





Delivery

The survey of the membership will aim to:

- better understand the aspirations of members and to build that into the 'Offer'
- understand the levels of interaction that members want to have with the Trust and respect it without treating all members in the same way as this could be a major turn off for those who are content to be engaged but less involved





Co-design on our approach/ideas

- Membership growth will reflect the diverse communities that the Trust serves and will be achieved by targeting all constituencies using recruitment material in schools, colleges, community youth centres, places of worship, Councils etc.
- Reintroduce a schedule of 'Meet a Governor' at both hospital sites. The Governor hubs will be refreshed by having current Governors' photographs on the walls, new 'Recruit a member' and feedback forms available and a TV screen that will air CEO webinars and blogs, pre-recorded clinicians' healthcare presentations and other interesting news about the Trust
- Leaflet drops and TV screen publicity will be used in both hospitals' Out Patient departments. 'Recruit a member' and feedback forms will be available
- Membership recruitment will feature in the Volunteer's Newsletter and how to become a member will feature more prominently on the Trust's website
- The Trust will run a 'Recruit a friend' campaign and will ask current members to introduce the Trust to them with a view to them becoming members
- Hot topics in healthcare, preventative healthcare, CEO webinars and Governor presentations will be scheduled for members to join. These will also be recorded and shown on the TV screens at both hospital sites. Further TV material will include talks from volunteers, Governors, Non-Executive Directors, staff and patients describing a day in their lives and their commitment to the Trust





Membership Engagement and Inclusion Strategy update



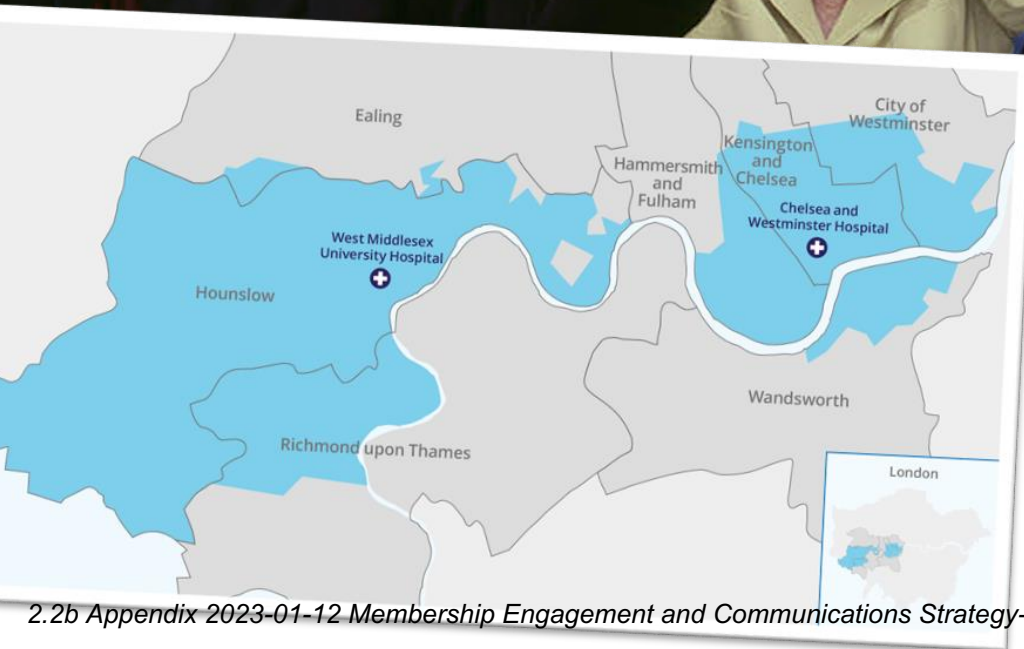


Membership strategy—background

- Initial Membership Strategy developed in 2006 as part of work to become a Foundation Trust
- The 2016–18 strategy was developed in 2015 to include the acquisition of West Middlesex University Hospital, ensuring membership was representative of our increased population base and reflected the communities we serve, with governors representing the interests of members and the public
- The Membership and Engagement Committee reviewed the 2016–18 strategy in 2018 to identify areas which worked well and areas for further focus
- A survey of patient and public members was conducted in 2018 to guide increasing active engagement of our members
- The outputs of the review and survey were used to inform the 2019–21 Membership Engagement and Communications Strategy, which is now due for review



Main Objectives



01

Effectively engage and communicate with members

03

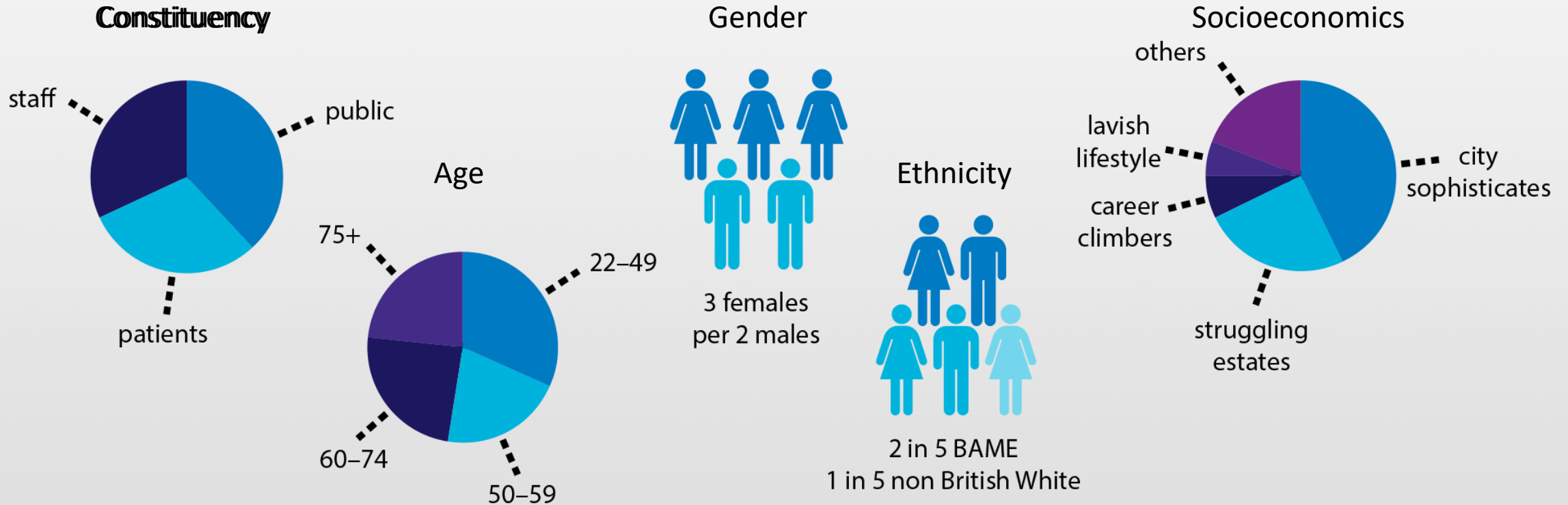
To keep accurate and informative databases of members to meet regulatory requirements and tools for membership development

02

Maintain and build membership that is representative of the population the Trust serves



2019–21 Membership demographics





2019–21 Membership Strategy—objective 1

Objective 1: Maintain and build membership that is representative of the population the Trust serves

- Recruit members at all levels of the community to ensure a balance of opinion and participation across all protected characteristics, including age (16+), gender, ethnicity, disability, sexual orientation and religion
- Recruit members who are representative of their local community profiles





Objective 2: Effectively engage and communicate with members

- Maintain two-way dialogue with members by promoting the work of the Trust
- Identify opportunities for communication between members and governors





2019–21 Membership Strategy—objective 2

Membership engagement and communication activities

- Annual Members Meeting
- Monthly *Members' eNews*
- *Your Health* seminars *
- *Meet a governor* sessions *
- Elections
- Website (Foundation Trust section)
- Open days *
- Focussed community meetings

* On hold or held virtually due to the COVID-19 pandemic





Implementation plan

- Developed to ensure successful delivery of the strategy
- Progress reports to be submitted to the Membership Subcommittee twice annually





Implementation plan—objective 1

Objective 1: Maintain and build membership that is representative of the population the Trust serves

Action	Success criteria	Lead	Update
1 Targeted recruitment campaigns in public constituencies of the London boroughs of Ealing, Hounslow and Richmond upon Thames	Recruit new members and measure diversity of new recruits	Membership and Comms	Leads to be contacted with membership material for promoting Trust membership via: <ul style="list-style-type: none">• Local schools and colleges• Community youth centres• Volunteer services• Councils• HealthWatch• PPGs
2 Recruit new members via <i>Meet a governor</i> sessions	Recruit new members and monitor member numbers recruited via this method	Membership and governors	Ongoing membership recruitment via <i>Meet a governor</i> sessions





Implementation plan—objective 1

Action	Success criteria	Lead	Update
3 Recruit new members via volunteers	Recruit new members and improve working relationship with volunteers manager	Membership	Volunteers manager to be asked to support: <ul style="list-style-type: none">• Raising profile of FT members among volunteers to inspire greater collaboration between volunteers and members• Membership information to be incorporated into the volunteer newsletter• Volunteer information to be included in <i>Members' eNews</i>
4 Targeted recruitment campaign to increase membership among young people aged 16–21: <ul style="list-style-type: none">• Volunteers• Local schools/colleges• Community youth centres• Young peoples' charities	Recruit new younger members	Membership and Comms	Relevant leads to be contacted with membership material for promoting FT membership via: <ul style="list-style-type: none">• Local schools and colleges• Community youth centres• Volunteer services• Councils• HealthWatch• PPGs





Implementation plan—objective 1

Action	Success criteria	Lead	Update
5 Work via existing networks to promote membership: <ul style="list-style-type: none">• Healthwatch• Patient participation groups in GP surgeries• Local councils• Patients and families when using Trust’s services• <i>Meet a governor sessions</i>• BAME network• Membership advertising	Recruit new members	Membership and Comms	Relevant leads to be contacted with membership material for promoting FT membership via: <ul style="list-style-type: none">• Local schools and colleges• Community youth centres• Volunteer services• Councils• HealthWatch• PPGs





Implementation plan—objective 2

Objective 2: Effectively engage and communicate with members

Action	Success criteria	Lead	Update
1 Provide opportunities for members to meet governors: <ul style="list-style-type: none">• Video calls• Meet a governor sessions• Annual Members' Meeting• Open days• Christmas events	<ul style="list-style-type: none">• Stronger interactions between communities and governors to obtain meaningful feedback• Record number of events attended by governors• Approximate number of people reached	Membership and Comms	<ul style="list-style-type: none">• <i>Meet a governor</i> sessions (via video calls) have given members opportunities to meet governors• Annual Members' Meeting
2 Promote the work of the Trust and its governors on the Trust website via <i>Members' eNews</i> and FT section, and updates via Trust social media accounts	<ul style="list-style-type: none">• Publicity of the Trust and membership to a wider audience• Interaction between Trust, members and public	Membership and Comms	<ul style="list-style-type: none">• Monthly <i>Members' eNews</i> circulated to members and published on Trust website• FT section of website refreshed and regularly updated• Interaction between members, public and governors supported by Corporate Governance/Membership team





Implementation plan—objective 1

Action	Success criteria	Lead	Update
3 Continue to operate a programme of talks and events for members	Monitor attendance and evaluate feedback from members	Membership and Comms	<ul style="list-style-type: none">• Programme of talks and events for members through quarterly <i>Your Health</i> seminars• Presentations normally uploaded to Trust website
4 Involvement in community meetings, including seminars about health conditions of interest to specific ethnic groups	<ul style="list-style-type: none">• One meeting per quarter• Strengthen links with our communities	Membership	<ul style="list-style-type: none">• Full potential could not be reached during pandemic
5 Obtain members' email addresses to ensure robust engagement	<ul style="list-style-type: none">• Annual Members' Meeting• Chairman's invite letter and notice of election	Membership and Board Governance Manager	Members regularly asked to supply and/or update their email addresses to ensure effective engagement via <i>Members' eNews</i>





Embracing the future

Main objectives set in the previous strategy should remain the same:

- To maintain and build membership numbers while ensuring membership is representative of the population we serve
- To effectively engage and communicate with members
- Membership engagement plan remains appropriate—focus on delivery



Engaging our younger voice






Building our networks

All too often we expect young people to get involved on our terms, but traditional engagement approaches don't work for young people. Moving away from jargon-filled documents and meetings during school hours to more creative approaches can help us involve young people more effectively.

- Engaging our younger membership through Youth Forum
- Combine forces with our borough engagement leads to connect members to wider network and have a larger voice
- Channels that work and connect – social media that can support engagement- Instagram reels and take overs
- Opportunities for the future- younger membership promoting the NHS for future careers and the innovations and developments
- Under represented voices – opportunities to support our patient participation





Where are we now?

- More support is needed to regularly communicate and engage with members.
- The Trust needs to develop a narrative which clearly articulates our membership offer
- Governors may like to develop a series of events and opportunities to engage with their constituents and the means to promote them.
- Governors may like more support to promote the role of Governors both internally and externally.
- The trust has a healthy public membership however only a relatively small proportion of the membership actively engages with the Trust.
- We have groups that are under-represented within our membership, both demographic and geographic and we need to find ways to better engage with these groups.





Where do we want to get to?

- A membership that serves to benefit our wider community
- A membership that listens- ambassadors for our patient community and wider boroughs
- A dynamic membership that is agile and responsive to the Trust and is seen as the active public voice
- Co-design – we do this together and work collaboratively





Evaluating success

- **Analysing the profile of the Trust's membership** We will conduct this analysis twice a year and look in depth at the profile of the Trust's public membership and identify any under-represented groups. This will help us to understand whether our targeted recruitment campaigns have been successful and whether we are succeeding in maintaining the size and diversity of our membership.
- **Analysing involvement** We also need to understand the extent to which our efforts in promoting a more active and involved public and staff colleague membership have been successful. To do this, we will undertake a regular analysis of the readership of the Trust's new membership newsletter, monitor membership attendance at engagement events, analyse which issues members have responded to, and undertake a regular survey of all members to assess their views.
- **Analysing impact** We want to understand and evaluate the impact of the membership on the Trust's services. Surveys of members will assist with this. We are also committed to compiling evidence to demonstrate what has changed within the Trust as a result of members' views and activities.



Chair's Report

Chelsea and Westminster Council of Governors 26 January 2023

Author: Matthew Swindells
 Title: Chair of the NWL Acute Collaborative

1. I would like to begin my report by thanking staff for the fantastic work across all four Trusts over this winter period, in challenging circumstance. The huge pressures on our services make it harder for everyone but our staff continually go above and beyond in supporting each other and delivering the best possible care to patients.

Industrial action

2. Like all hospitals across the NHS, our hospitals have been responding to industrial action organised by health trade unions over the past two months. This includes strikes by London Ambulance Service staff and, for Imperial College Healthcare's St Mary's and Charing Cross sites, two separate strike days in December by members of the Royal College of Nursing. Further and wider industrial action is planned by health unions for the coming weeks and possibly months. I would just like to add my thanks to everyone involved for ensuring we have been able to continue to provide safe care during the action while also, where relevant, ensuring our staff were able to exercise their right to take action. I know that the decision to take action would not have been taken lightly by any healthcare staff and it is important that we respect one another's decisions and views. I hope that the disputes can be resolved as soon as possible.

Staff visit at Chelsea and Westminster

3. At **Chelsea and Westminster** in December I had the fantastic opportunity to spend the morning in theatre with Jeffrey Ahmed, Consultant Gynaecologist, and his team performing leading edge robotic surgery. The use of the da Vinci robot meant that very complex surgery was undertaken through 4 tiny incision rather than a major intervention and the patient went home that evening, rather than spending 3 – 5 days in hospital recovering.

Non-Executive Director (NED) recruitment

4. At the recent CoG RemCom meeting we discussed NED recruitment, we have engaged with Gatenby Sanderson to support the recruitment and selection process for a number of Non-Executive Director positions within the North West London Collaborative. We have three NEDs whose terms of office finish in the next six months, including Nilkunj Dodhia and Peter Goldsbrough who both sit on Chelsea and Westminster's Board. We are currently confirming the timetable with Gatenby Sanderson and plan to go live with recruitment in early February.

The Acute Collaborative

5. The second Board in Common (BiC) took place last week, the Board discussed a range of topics with a deep dive into maternity, a detailed discussion on performance across the four Trusts and current pressures. I am keen that the BiC continues to develop and improve as we move forward. To support this we gathered feedback from the Board members, from both sets of our Councils of Governors and from campaigning and stakeholder groups after the first BiC in October. As a result, we made some amendments to the January BiC, including making it possible for the public to attend in person if they wished to do so as well as having the option to join on-line, we extended the time for public questions at the end of the meeting and expanded the depth of Trust data that we publish with the papers, further

details can be found in the BiC Cabinet Committee Summary in the Board papers, where the Vice Chairs and Chief Executives discussed the feedback (item 6.2 appendix 1). Thank you to the people who contributed their suggestions, we will continue to listen and improve these meetings over the coming months.

6. The Board in Common held its first development session in November to discuss strategic priorities, the main aim of the meeting was to develop thinking around the areas that the Collaborative could be taking action to support better health, better care, better efficiency and a better staff experience.
7. The second round of Collaborative Committees happened in December, each are led by one of the Vice Chairs and one of the four Trust Chief Executives; i) Quality (Stephen Gill and Tim Orchard), ii) People (Janet Rubin and Pippa Nightingale), iii) Finance and Performance (Catherine Jervis and Lesley Watts) and iv) Infrastructure and Capital (Patricia Wright and Bob Alexander). You will see reports from these meetings in the January Board papers.
8. We are beginning to build the Collaborative priorities across the four main workstreams, for example teams across the four Trusts have been involved with the first set of peer reviews which have focused on Urgent and Emergency Care, the team are just working on the final outputs, though already each Emergency Department has an action plan to deliver resulting from the review. One of the main aims of the Collaborative is to share learning and spread best practice to ensure we are providing the safest and best services for the people of North West London.

Elective Orthopaedic Centre (EOC) proposal

9. The public consultation on a proposed Elective Orthopaedic Centre (EOC) for North West London closed on Friday 20 January. The EOC would bring together most 'routine' orthopaedic inpatient surgery for patients who are otherwise generally well, an example of what is known as 'low complexity, high volume' surgery.. We worked hard to connect with as many people as possible across North West London, holding tens of stakeholder events so everyone who wanted to had the chance to find out more and share their views.
10. We are working with an independent organisation who are producing a formal consultation outcome report following the close of the consultation. We will use this report to help inform a 'decision-making business case'. NHS North West London will then consider the decision-making business case and its recommendations and decide whether to implement the proposal, update the proposal or find an alternative solution.

NHS Priorities and Operational Planning Guidance for 2023/24

11. NHS England have developed the NHS Priorities and Operational Planning Guidance for 2023/24 which they published late last month. They have set out three key tasks facing the NHS over the coming year - recovering our core services and productivity; as we recover, getting back to delivering the key ambitions in the NHS Long Term Plan, and; continuing to transform the NHS for the future. The four Trusts are working on their plans and will report back at the next BiC.

Other visits and meetings around the collaborative

12. At **Mount Vernon** I met with Jenny Martin, Divisional Head of Nursing Mount Vernon & Clinical Support Services who led a tour of many of the services at the site. I met with a large number of staff, visiting the Urgent Care Nurse Practitioners service with Linda Hirst, Lead Emergency Nurse Practitioner, I was taken around the Neuro-rehabilitation service by

Helena Gomes Delgado, Ward Manager, Daniel's Rehabilitation Unit, also meeting Saiqa Ali, Senior Sister at the Outpatients' clinic. Vijaya Kololgi, Outpatients Admissions Manager introduced me to the Outpatients Booking and Admissions team as well as members of the IT Business Intelligence team. I also visited the Trinity Orthopaedics ward with Tracey Coombes, Sister, Areesa Javed, Paediatric Audiologist in the new purpose built Paediatric Audiology centre. I met with Naeem Uddin, Deputy Chief Finance Officer and some of Finance team and Health, Wellbeing & Engagement Lead, Elaine Hotson.

13. At **Charing Cross** I visited the North West London Pathology (NWLP) service, the tour was led by Saghar Missaghian Cully, NWLP Managing Director and Florence Ejiofor, NWLP IT Quality / Health and Safety Manager. Modern pathology is a fascinating mix of state of the art technology and robotics with tremendously delicate manual work. I had the chance to see both the huge floors of conveyor belts and analysers that test patient blood and the skilled technicians slicing transparently thin slices of tissue and placing them on a slide so that a pathologist can look through a microscope to see if there is cancer. I also did a walk around with Merlyn Marsden, Hospital Director and some of her team, following the emergency pathway from ED to acute medicine and ITU. Visiting the Riverside elective area and some of the specialty Stroke and Urology services.
14. At **Hammersmith**, I had a tour of several services at the site, I was taken around by Steve Hart, Site Director and Andrew Chukwuemeka, Medical Director, we visited Renal services with Julie Harris and Helen Watts, Lead Nurses, Haematology service with Karen Bradley, Lead Nurse and Andrew Perez, General Manager. We also went to the Queen Charlotte to see Women's Services (who were responsible for delivering my older daughter, who is all grown up now) with Cathy Hughes and Susan Barry, Lead Nurses.
15. At **Northwick Park** I met with the Health and Wellbeing team led by Maeve O'Callaghan-Harrington, Head of Staff Engagement and Wellbeing, hearing about the fantastic work they do supporting staff across the Trust. I also visited the new breast clinic with Scott Rice, Divisional Medical Director, Integrated Clinical Services (ICS), meeting Krystal Copeland, Assistant General Manager, Clinical Genetics and Breast Service and the team at the clinic. I also had a tour of the radiology and diagnostic services by Tanuja Khiroya, Head of Diagnostic Imaging and Medical Physics.
16. At **Ealing Hospital** I joined the Mayor of Ealing, Cllr Mohinder Kaur Midha and Pippa to open the new, state of the art catheter lab led by Stuart Rosen, Consultant Cardiologist. This development is a real sign of our commitment to the Ealing site.
17. At **Central Middlesex** I visited the Sickle Cell Service, with Scott Rice, Divisional Medical Director, Integrated Clinical Services (ICS), Joan Klein, Trust Cancer Lead and Mark Titcomb Managing Director, Central Middlesex Hospital, meeting Jeanette Johnson, Sister Medical Day Unit, Kofi Anie, Clinical Psychologist, Patricia Alfonso Brown, Sickle Nurse specialist and their team. Sickle Cell is a very painful disease that effects only people of Afro-Caribbean origin. For too long it has been ignored by the pharmaceutical industry and under researched, with the only treatment available really being pain management when the sufferer has an acute event. The Brent Sickle Cell service has been established for 30 years and I was delighted to see that we have a state of the art facility for our community and excited to hear that we will be one of the centres for a major national clinical trial, co-ordinated in our Trust by Rossby Awadzi. The Trust is involved in several aspects of sickle cell research, particularly looking to improve patient experience throughout their healthcare journey, ophthalmological disease prevention through screening, understanding the impact of the disease and promoting patient advocacy through teaching.

18. I have also met with local MPs, in October I met with MP Rt Hon Boris Johnson, whose Uxbridge and South Ruislip constituency includes Hillingdon Hospital. As well as meeting with me, Mr Johnson met with members of the Hillingdon Hospital redevelopment team to receive an update on the new hospital plans. In November Pippa and I met with MP Rt Hon Gareth Thomas, whose Harrow West constituency includes Northwick Park to discuss the pressure on staff, plans for the hospitals and any ways that helpful in supporting us.
19. I am pleased to say I have now been to all sites across the four Trusts and throughout the coming year I am keen to regularly visit every site and meet as many staff across all departments as I can.



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Committee Thursday 26 January, 2023										
AGENDA ITEM NO.	3.2										
TITLE OF REPORT	Non-Executive Director Succession Planning and Recruitment 2023										
AUTHOR NAME AND ROLE	Daryl Lutchmaya, Deputy Director of Corporate Governance										
ACCOUNTABLE EXECUTIVE DIRECTOR	Matthew Swindells, Chair in Common										
PURPOSE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%;"></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 above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance		Info Only		Advice		The Council of Governors Nominations and Remuneration Committee met on Wednesday 11 January, 2023 and: <ul style="list-style-type: none"> - agreed the recruitment and selection process (appendix 2) and indicative timeline (to be updated) (appendix 3) for the succession planning and recruitment of the two Chelsea and Westminster NHS Foundation Trust Non-Executive Director (NED) vacancy positions that will arise during 2023 - recommends the extension of Stephen Gill’s Non-Executive Director’s term by an additional 12 months starting from 1 November 2023 until 31 October 2024. 		
Decision/Approval											
Assurance											
Info Only											
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered	Committee	Date of Meeting	Outcome								
	Council of Governors Nominations and Remuneration Committee	11 January 2023	Recommendation to Council of Governors								
SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	<p>NED appointments are shared across two of the four Acute Trusts within the Collaborative. As part of the establishment of the Collaborative, a process for Shared NED Recruitment and Appointments was agreed.</p> <p>At the time of writing The Collaborative are in the process of identifying a Search & Selection Agency to support the recruitment and selection process for of the two Non-Executive Director positions, one whose term expires on the 30 Jan, 2023, and the other on the 31 August, 2023.</p> <p>The Committee were asked to:</p> <ol style="list-style-type: none"> 1. Discuss the skills, expertise, knowledge and diversity needed on the Board of Chelsea and Westminster NHS Foundation Trust which in turn can be fed into the candidate briefing pack (Appendix 1). 										

	<ol style="list-style-type: none"> 2. Appoint a Governor representative for the interview panel. 3. Note the agreed process for the recruitment and appointment of shared NEDs (Appendix 2), and recruitment indicative timeline (to be updated) (Appendix 3). 4. Recommend to the Council of Governors to approve the extension of Stephen Gill's Non-Executive Director's term by an additional 12 months starting from 1 November 2023 until 31 October 2024. 														
KEY RISKS ARISING FROM REPORT															
STRATEGIC PRIORITIES 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:</p> <table border="1" data-bbox="113 835 810 1149"> <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>Y</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	Y	Quality	Y	People (Workforce or Patients/Families/Carers)	Y	Operational Performance	Y	Finance	Y	Public Consultation	Y	Council of Governors	Y	
Equality And Diversity	Y														
Quality	Y														
People (Workforce or Patients/Families/Carers)	Y														
Operational Performance	Y														
Finance	Y														
Public Consultation	Y														
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)	

Appendix 1

NORTH WEST LONDON ACUTE PROVIDER COLLABORATIVE:

CHelsea AND WESTMINSTER NHS FOUNDATION TRUST NON EXECUTIVE DIRECTOR SKILL MATRIX

Name	Ops	Strategy	Digital/IT	Governance /Risk	Audit	HR/OD	£	Pship	Estates /Cap	Comms /PR	Change Mgmt	Clinical	Diversity	Gender	Ethnically Diverse
M Swindells														M	
S Gill														M	
N Dodhia														M	
A Mehta														M	
A Dalvi														M	
C Jervis														F	
S Mohinuddin														M	
N Manuel														M	
P Goldsbrough														M	
A Bush														M	
Totals (10)															
Totals (whole)	9	8	5	6	5	4	6	5	2	1	3	2		9M 1F	4
Totals (%)	90%	80%	50%	60%	50%	40%	60%	50%	20%	10%	30%	20%		90% M 10% F	40%

Appendix 2

RECRUITMENT AND APPOINTMENT PROCESS

Background:

- There are two scenarios which need to be addressed in the recruitment and appointment of a shared NED to trusts within the collaborative.
 - Appointments to a host NHS trust where NED is shared with a foundation trust
 - Appointments to a host foundation trust where the NED is shared with a NHS trust.
- Scenario (a): the process will be led by NHSE and the added factor to consider is the involvement of the governors from the foundation trust with whom the NED is to be shared.
- Scenario (b): the process will be led by the foundation trust with a subsequent approval process for the appointment by NHSE of the NED to the NHS trust
- This paper proposes options to address both scenarios.

SCENARIO A: Appointments to host NHS trust where NED is shared with a foundation trust

- Process pre interview:
 - Agree the skills, expertise, knowledge and diversity needed on the Board of Directors for each Trust. Vice Chair host NHS trust leads, and has regard to views of Vice Chair FT having received input from FT Council of Governors Nomination and Remuneration committee.
 - Advertising and method led by host trust supported by NHSE placing vacancy on websites and sharing with NHSE talent pool / Non-Executive Directors
 - Application pack to include information on both trusts
 - Shortlisting – led by VC host trust with a parallel process at the foundation trust
 - Shortlisting reconciliation - VCs of both trusts and Chair in Common to agree candidates to interview. For NHS Trust appointments the Independent member (see para 7(iv)) should be involved in shortlisting, and an NHSE representative should be invited to participate, and will attend their discretion
- Pre interview:
 - Pre interview calls and / or meetings to be offered with both VCs and Chair in Common

- Stakeholder panel: A (small) stakeholder event for interview candidates to meet with a selection of NEDs and governors from the FT Nomination and Remuneration Committee. Feedback from the stakeholder panel to the final interview panel on areas for the interview panel to probe in more detail. The stakeholder panel is not empowered to make appointing recommendations.

7. Interview panel:

- Panel membership to be agreed with NHSE and to include;
 - i. Chair in Common
 - ii. VCs of both trusts
 - iii. Member who brings diversity credentials
 - iv. Independent Non Exec Chair or NED who brings independence (may also be combined with (iii)).
 - v. NHSE representative (which NHSE may elect not to use at their discretion)
 - vi. Lead governor, or nominated representative, as member of panel.
 - vii. Director of HR (observer) from host trust - to assure process

8. Post interview:

- Successful candidate recommended to NHSE for appointment
- NHSE appoint NED to the NHS trust
- FT CoG remcom endorse NHSE appointment and recommend to full CoG the appointment of the NED to the FT.

9. Costs and administration:

- Recruitment costs lie with host trust
- Process administered by host trust
- Pre-employment checks and statutory requirements eg DBS, FPP etc by NHSE and host trust with assurance and records if required provided to the shared trust.

SCENARIO B: Appointments to host foundation trust where the NED is shared with a NHS trust.

10. Process pre interview:

- Agree the skills, expertise, knowledge and diversity needed on the Board of Directors for each Trust. Vice Chair host foundation trust leads, using existing FT process with FT Council of Governors Nomination and Remuneration committee. Has regard to views of Vice Chair NHS trust.
- Advertising and method led by host trust. NHSE support can be requested to place vacancy on websites and share with NHSE talent pool / Non-Executive Directors
- Application pack to include information on both trusts
- Shortlisting – led by VC host foundation trust with a parallel process at the NHS trust
- Shortlisting reconciliation - VCs of both trusts to agree candidates to interview. (Advice from NHSE appointments team in case of an FT appointment is not required or available.)

11. Pre interview:

- Pre interview calls and / or meetings to be offered with both VCs and Chair in Common and FT Lead Governor.
- Stakeholder panel: A (small) stakeholder event for interview candidates to meet with a selection of NEDs and governors from the FT Nomination and Remuneration Committee. Feedback from the stakeholder panel to the final interview panel on areas for the interview panel to probe in more detail. The stakeholder panel is not empowered to make appointing recommendations.

12. Interview panel:

- Panel membership to be agreed with CoG Remcom and to include
 - i. Chair in Common
 - ii. VCs of both trusts
 - iii. Member who brings diversity credentials
 - iv. External NED from outside the trust (who may also be combined with (iii)).
 - v. Lead governor, or nominated representative(s), as member of panel.
 - vi. Director of HR (observer) from host trust - to assure process

13. Post interview:

- Successful candidate recommended to foundation trust CoG remcom for appointment
- FT CoG remcom recommend to full CoG the appointment of the NED to the FT.
- NHSE Appointments team to receive all related paperwork from the recruitment campaign prior to recommendation presented to Committee
- VC NHS trust recommends to NHSE that the NED be appointed to the NHS trust

14. Costs and administration:

- Recruitment costs lie with host trust
- Process administered by host trust
- Pre-employment checks and statutory requirements e.g. DBS, FPP etc. by host trust with assurance and records if required provided to the shared trust

(Appendix 3) NED Recruitments 2023 – Indicative Timeline to be updated

Activity	Indicative Timeline
Preparation of candidate brief, including stakeholder input	3-13 January 2023
Advertisement opens	w/c 16 January 2023
Open Evening (s) and community engagement activities	W/c 23 /30 January 2023
Closing Date for applications	17th February 2023
Longlisting Process	w/c 20 February 2023
Shortlisting Process	w/c 27 February 2023
Formal Interviews	W/c 6 March 2023
Nominations Committee / Council of Governors / NHS England approval	w/c 13 /20 March 2023
Start Date	Estimated w/c 24 April 2023



TITLE AND DATE (of meeting at which the report is to be presented)	<i>Public Meeting of the Council of Governors, 26 January 2023</i>
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AGENDA ITEM NO.	3.3
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TITLE OF REPORT	Chief Executive's Report
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AUTHOR NAME AND ROLE	Daryl Lutchmaya, Deputy Director of Corporate Governance
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ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts, Chief Executive Officer
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<p>THE PURPOSE OF THE REPORT</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		To provide assurance to the Governors of the key high level affairs of the Trust.
Decision/Approval									
Assurance	X								
Info Only									
Advice									

REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome
	Board In Common	17.01.2023	Noted

SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<ul style="list-style-type: none"> • Thank you to each and every member of staff for their contribution to the delivery of care during a very challenging year • Continued commitment to the Covid-19 Vaccination Programme from Chelsea and Westminster Hospital both internally and at system level • Despite the challenges of Covid-19 and of Winter, our Winter plan and the continued dedication of staff enabled us to safely operate throughout the Christmas and New Year period
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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	X	



Choice		
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 Officer's Report – Chelsea and Westminster Hospital NHS Foundation Trust

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1. Key messages

1.1 Ready for Winter

1.1.1 We continued with a major focus on our Ready for Winter campaign with a range of initiatives across digital platforms, vaccination drives and board rounds to support patient flow and discharge. We developed and deployed a number of applications in response to the ongoing operational pressures to deal with the management of the patient pathway.

1.1.2 We reached another milestone on our journey of digital innovation as we launched the Timely Care Hubs. This tool supports daily board rounds by reducing the reliance on manual processes and allowing our teams to make better-informed, more coordinated decisions so that patients are treated in the right order, faster. This has been pivotal over the last couple of weeks to our effective bed flow and patient discharge process.

1.1.3 I am immensely proud of the commitment and loyalty of our workforce, particularly with the challenges of service disruptions over the last couple of weeks.

1.2 Pioneering Centre for Gender Surgery

1.2.1 Our gynaecology team for the Chelsea Centre for Gender Surgery completed the first gender affirming robotic-assisted hysterectomy for a patient on the national waiting list. Gender affirming hysterectomy is now being offered at Chelsea, with metoidioplasty from January 2023. I would like to congratulate the team who have been at the forefront of this service.

2. Quality and Safety

2.1 Infection control and Vaccination

2.1.1 We have seen increasing numbers of both patients and staff diagnosed with flu and Covid across our sites. The teams have continued to implement robust infection control measures to minimise the risk of transmission. It is for this reason that we made the difficult decision to reinstate the wearing of face masks across all areas of our hospitals and clinics, in addition to the existing requirement for their use within clinical areas. Additionally our infection control team have been undertaking a Trust-wide education programme focusing on the core principles of good infection control practices, seeing a 5% reduction on the number of C.Diff cases when compared to the same period last year.

2.1.2 A key component of protecting our patients and staff from serious ill health and transmission of flu and Covid is the annual vaccination programme. The Trust launched the annual staff flu vaccination programme in September and has continued to offer staff and eligible members of the public the Covid vaccination booster. This is a key public health initiative to ensure our staff and patients are protected through the winter period. In addition to static clinics within each of our sites, roaming peer vaccination is in place and recognition events for teams with high uptake. Across the North West London Acute Provider Collaborative, the Chief People Officers have led an event to review approaches

in each of our organisations to share best practice. Whilst staff uptake of flu vaccination is ahead of the position last year, uptake has been slow for both vaccines nationally across the NHS and London. The Trust is in the top quartile of Trusts for flu uptake across London, with 44.9% of staff receiving the vaccine against a London average of 39%, and 45.7% of staff receiving the Covid booster against a London average of 40.9%

2.2 **Lowest Mortality risk in England**

2.2.1 The outcome of a recent mortality surveillance programme continues to provide a rich source of learning to support our organisational improvement objectives. A step change in the relative risk of mortality was experienced in March 2017 and has continued into Q2 2022/23; the Trust continues to be recognised as having one of the lowest relative risk of mortality (SHMI) rates across the NHS in England.

2.3 **Patient Experience**

2.3.1 I am proud that, given the operational challenges, over 90% of our inpatients report a positive experience of care. However, I recognise the need to continually engage with our community to improve the experience of care across all our services. The Head of Patient experience is working with user groups and HealthWatch to identify further opportunities for improvement.

2.4 **Maternity Assurance**

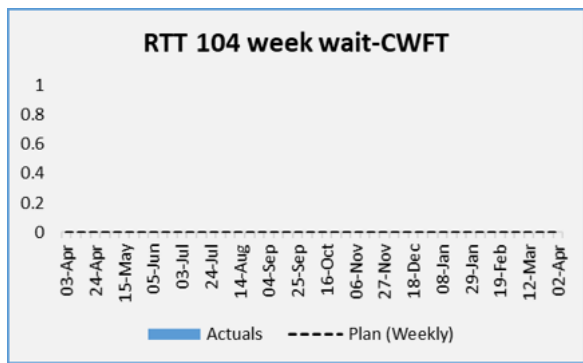
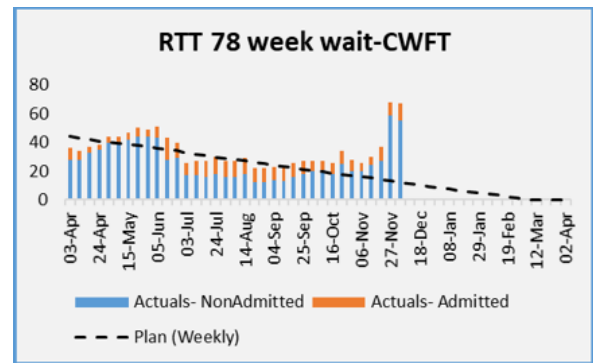
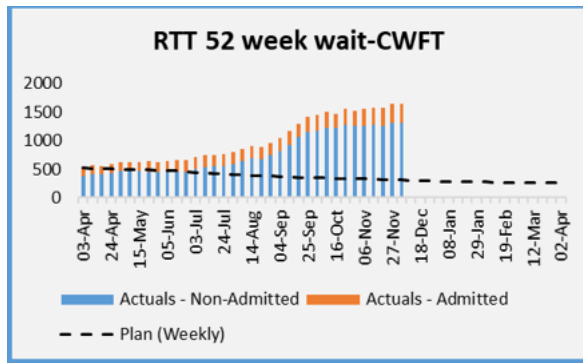
2.4.1 The Trust provides oversight of Maternity Services through the Trust Executive Management Board and Quality Committee. Maternity services provided support until the end of November 2022 to Imperial Hospitals homebirth service due to ongoing pressures in the service. In addition, the Executive Team received a report on the Trust position regarding compliance against Year 4 of the Maternity Incentive Scheme, Ockenden Immediate and Essential Actions and key findings from the East Kent Report. Following the external Ockenden Assurance Visit, I was pleased that our services are now compliant with all of the immediate and essential actions from the interim Ockenden report.

2.4.2 In preparation for the Industrial Action taken by the London Ambulance Service, our Maternity Service coordinated the response across NWL to ensure that women and birthing people had appropriate access to the home birth service, and support to transfer to hospital if required.

3. **Operational performance**

3.1 There were noted challenges during Month 8 (November 2022) across a number of key performance indicators. Nevertheless, the Trust has been able to improve and sustain performance for several measures, performed relatively well against National benchmarks and retain a position as one of the best performing Trusts nationally.

3.2 Despite the marginal increase in the 52+ waiting cohort, the Trust continues to report no 104+ waiters although the number of 78+ has increased due to capacity constraints for new referrals in Vascular, Urology and General Surgery.



3.3 The Trust has a responsibility to provide flu and Covid vaccinations to all staff, volunteers and contractors working within its premises, and the Trust launched its Flu & Covid vaccination programme on the 12th September 2022. All staff can book in for their flu and Covid-19 vaccinations and boosters at both hospital sites.

4.1 Finance performance

4.1.1 In November, the Trust reported a year-to-date deficit of £0.27m after adjustments. This was break-even against plan for the year to date. The Trust is forecasting to deliver its breakeven plan in 2022/23.

4.2 Ambulatory Diagnostics Centre Project

4.2.1 The Ambulatory Diagnostics Centre (ADC) Project is progressing well, with the project at RIBA stage 4 (technical design) and the outcome of the planning application is expected in January 2023. The next phase is to commence the procurement process for the construction work, which is expected to start in March 2023.

4.2.2 The CWFT Board was asked to delegate authority to the CWFT Finance & Performance Committee to approve the next ADC gateway and commencement of the procurement process. A Full Business Case will be developed after the procurement process has been completed and will be presented to the Board for approval and to award the contract in 2023/24.

5. People

5.1 In November 2022, Sue Smith, Interim Chief People Officer left the Trust to take up a new role as the Chief People Officer at South London and Maudsley NHS Foundation Trust. Lindsey Stafford-Scott has stepped up from the role of Deputy Chief People Officer and will serve as the Interim Chief People Officer for a period of up to six months.

6. Equality, Diversity and Inclusion (EDI) update

6.1 Our commitment to promoting a fair and diverse workplace remains core to our priorities and we've achieved the following over the last couple of months:

- **Internationally Educated Nurses and Midwives (IENMS) Accelerated Development project**

Secured the Internationally Educated Nurses and Midwives (IENMS) Accelerated development NHSEI funded project. The programme offers a supportive learning space, developed in collaboration with subject experts and fellow IENMS who themselves have forged exciting careers.

- **Staff networks – A voice that counts**

Continuing conversations through staff network on how to improve inclusion, engagement across the organisation. All networks have a Chair or co-Chair in place. We are implementing more streamlined actions for each network in relation to Trust business plans.

- **Published new reporting templates for WRES, WDES and GPG each with separate action plan**

Our WRES indicators show that we have progressed with access to non-mandatory training.

Our areas of focus are appointment from shortlisting and entering the disciplinary process. This will be achieved by some of the work we are engaging in through the Just and Learning culture programme of work. Our WDES indicators show that we have progressed with a reduction in Disabled Staff entering the formal capability process. Disabled Staff have also reported better relationship with managers when compared to the previous National Staff Survey results.

- **Submission to Stonewall Workplace Equality Index (WEI)**

We submitted our Stonewall Workplace Equality Index. This was our second completion year of a three-year cycle. We have been able to benchmark across the index sections to make quality improvements. We submitted all of our work in September and the results of the WEI 2023 will be published in February 2023.

7. Trust Highlight

7.1 Queen Consort applauds our Domestic Abuse team

7.1.1 The Queen Consort met the pioneering Domestic Abuse team at Chelsea and Westminster Hospital. Her Majesty met with the health-based domestic abuse Independent Domestic Violence Advisors (IDVAs) and staff working in the field at the maternity unit. Her Majesty continues to be an advocate for survivors of domestic abuse, and has supported this cause for many years. In 2020, in her former role as The Duchess of Cornwall, Her Majesty became patron of SafeLives, a UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

7.2 Endometriosis research launch

7.2.1 We have a dedicated team at the Trust that is leading on pioneering research to reduce the time between the onset of Endometriosis symptoms and diagnosis, and to better understand the challenges faced by patients, how we can support them, and how we can treat this condition. This event was widely supported by Endometriosis UK, the all-parliamentary group on women's health, RCOG and NHS England. We recently hosted a private viewing event for a new documentary film with Executive Producer, Hilary Clinton, [Below the Belt](#), which revealed the challenges and unmet needs of women living with endometriosis. This was only the second time the film has been shown in the UK, and the first screening in a hospital, which has inspired hospitals around the world to plan their own screenings of the film.

7.3 Global campaign to end HIV by 2030

7.3.1 We are supporting the work of Fast-Track Cities - a global initiative to end HIV by 2030. We recently hosted the Danish Aids Foundation who wanted to learn more about the work of our clinics. Our services are at the forefront of the aim to eliminate HIV in London.

7.4 World AIDS Day

7.4.1 An important day for our sexual health services to raise awareness of HIV, help secure the rights of people living with HIV and importantly fight the stigma and discrimination around the disease. I am proud of the work our sexual health services have led to reduce the rate of HIV infections and eliminate stigma for our patients in the capital.

7.4.2 I would like to thank all our services who provide exceptional testing, treatment and support, getting Londoners on PrEP, and delivering outreach and timely care to people living with HIV. Our sexual health services ran a number of events, with a test day in Soho. Our services produced an exhibition of artwork from patients who are living with HIV. At West Mid, Sexual Health Hounslow held stalls this week, promoting PrEP, encouraging open conversation, and taking bookings for the extra PrEP clinics they are hosting next week.

8. Updates from Council of Governors

8.1 At its meeting in October, the Council noted that following a failed tender process in early 2022, it was proposed to extend the current external audit contract with Deloitte LLP for a further 2 years to September 2024. The intention would then be to retender the service to move to a new contract from October 2024. The Council discussed the issues involved in finding accounting firms willing to tender for audit services, noting that this was a national issue which had been escalated to the NHSE national team. Accounting firms were now less willing to bid for NHS audit work due to restrictions on them then bidding for advisory work.

8.2 The Council noted an update on the preparations for the January 2023 Governor elections. The Council also noted that the creation of the Rest of England Constituency had been agreed by Council and the Trust Board in July 2022. Nominations opened on 9 November, with voting to run from 5th to 30th January. Results will be announced on 31 January.

8.3 The Council of Governors Membership and Engagement Committee met in November to consider the review of the Membership Engagement and Communications Strategy. It was noted that the membership profile had remained fairly stable over the past few years, with around 18,000 members. The characteristics of the membership also remained stable, representing the general characteristics of the local population with the exception of the younger population. It was noted that the engagement plan for members would be further developed with input from the Trust Director of Communications. The Implementation Plan will aim to be more ambitious in its recruitment of new members, more representative by engaging with specific community groups to attract new governors and will consider the establishment of 'town hall' events to engage with local populations across the NWL Collaborative.

9. Research and innovation

9.1 National portfolio studies

9.1.1 The Trust recruited 3,364 participants into 152 National Portfolio Studies from April to December 2022. This includes 440 participants recruited into 34 commercial studies and 245 participants recruited to Covid studies.

9.1.2 We are a top recruiter for commercial studies in NWL, contributing 48% to commercial recruitment in the sector. We are on target to recruit 4,000 participants into portfolio studies by March 2023, nearly doubling numbers on the previous year, with HIV and Maternity being the top recruiting specialties.

9.2 Research publications

9.2.1 So far in 2022-23 there were at least 60 publications by Trust colleagues on Covid-19 related topics. The most recent was the publication of the CWFT sponsored international PIONEER study in the Lancet. The PIONEER Trial is a randomised controlled trial of early intervention versus standard care. The article reveals the findings of the multi-national Covid-19 treatment study, which trialled the antiviral favipiravir for the treatment of mild to moderate Covid-19.

9.2.2 This has been an international effort and we would like to congratulate our clinical teams as well as all our partners who have worked across two continents on this all-important study.

9.3 Launch of Hand Therapy App

9.3.1 We were pleased to launch a brand new version of the smartphone app, Hand Therapy: The Exercise Prescription App. The award-winning app provides patients with treatment information and a therapist-tailored exercise programme to aid recovery from hand and wrist injuries.

9.4 Preventing Group B Streptococcus (GBS) infections in newborns

9.4.1 The Women's Health Research team at West Middlesex University Hospital have been working alongside their clinical colleagues to deliver the GBS3 Trial. The GBS3 trial is investigating whether routine testing for GBS reduces early onset neonatal sepsis. West Middlesex were randomised to the Enriched Culture Medium testing, which for the trial is offered from 35 weeks gestation to all women who meet eligibility. The Research Team have liaised with all community teams, the antenatal team, MSWs, inpatient antenatal and day assessment midwives and administration teams who prepare all the handheld

notes and the doctor's clinics. Women were contacted and informed via the DrDoctor App, so they could actively ask for the test, with the result that since the start of the study over 1,800 tests were taken.

10. Stakeholder engagement

10.1 Below is a summary of significant meetings and communications with key stakeholders since the last Trust Board meeting:

- Queen Consort visit to our pioneering domestic abuse unit 13 October
- Danish AIDS Foundation visit to our sexual health clinics 31 October and 1 November
- Health Improvement and Disparities, Department of Health and Social Care 4 November
- Minister Will Quince MP 3 November and 15 November
- MP Helen Whateley 24 November
- North West London Joint Health and Overview Scrutiny Committee 7 December

10.2 The Elective Orthopaedic Centre consultation commenced on 17 October and will run until 20 January. We have held several face-to-face engagement events at a number of our sites, with our approach consistent with that of the other North West London Trusts.

11. Recognition and celebrating success

11.1 Green matters step up

11.1.1 We hosted our very first Sustainability Week for the entire organisation. The Sustainability team organised a packed agenda of events—including Sustainability Fairs, bike doctors, Garden Fairs, clothes repair workshops, keynote speakers and even a chance to try out an electric vehicle.

11.2 UK leaders for Radiology services

11.2.1 I was delighted our Trust has won the Best NHS trust in the UK for delivering radiology services award. Our radiology service continues to go from strength to strength, having recently successfully renewed their Quality Standard for Imaging (QSI) Accreditation in November.



CONFIDENTIAL

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors – 26 January, 2023
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AGENDA ITEM NO.	3.4														
TITLE OF REPORT	Performance and Quality report – October 2022														
AUTHOR NAME AND ROLE	Robert Hodgkiss, Deputy Chief Executive & Chief Operating Officer														
ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts, Chief Executive Officer														
THE PURPOSE OF THE REPORT <table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>√</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 report the combined Trust’s performance for October 2022 , highlighting risks to achievement, issues and identifying key actions going forward.						
Decision/Approval															
Assurance	√														
Info Only															
Advice															
REPORT HISTORY Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>EMB</td> <td>23 November, 2022</td> <td></td> </tr> <tr> <td>Quality Committee</td> <td>06 December, 2022</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	EMB	23 November, 2022		Quality Committee	06 December, 2022						
Name of Committee	Date of Meeting	Outcome													
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SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>During Month 7 (October 2022), there were several challenges across a number of key performance indicators. Nevertheless, the Trust has been able to improve and sustain performance for several measures and performed relatively well against National benchmarks.</p> <p>In October 2022, the RTT PTL in London continues on an increased trajectory, which is also reflected in the Trust position. In addition to an increase in demand, the rise in the Trust PTL has been driven by the planned addition of the eRS cohort to the RTT PTL. There is also a noted increase in the number of patients waiting at 52+ weeks, however the rate of increase appears to have positively slowed down and is significantly lower than that seen in the previous three months, potentially signifying stability. Despite this view, the Trust continues to maintain its commitment to ensure that there are no 104+ waiters since March 2022, with marginal improvement also observed in the number of patients waiting over 78+ weeks when compared to the previous month. The RTT position, is closely monitored and managed through weekly Elective Access meetings.</p>														

A&E

4hr performance in October was 75.38%. Performance on the Chelsea site increased in the month to 77.4%, while performance on the West Middlesex site saw a deterioration to 73.86%. The site saw 7403 attendances in the month, which was the highest level of attendance we have seen in a month following the pandemic. The UTC at West Middlesex, which is not provided by the Trust, also saw a reduction in performance, impacting on late transfer of patients through to the Emergency Department. Both sites continue to be among the top performers in ambulance handover times, ensuring that ambulance crews are released quickly from the Emergency Departments.

RTT 18 Week Incomplete

There was a noted increase in activity in October following the summer break as more patients were treated. Despite the increase in the 52+ waiting cohort, the Trust continues to report no 104+ waiters and the number of 78+ remains stable as capacity is being aligned chronologically to the next group of patients waiting. External and internal validation of active RTT patients has commenced to ensure patients on the PTL that require treatment are identified and the next course of action is directed accordingly.

Cancer

2 Weeks Wait (Breast Symptomatic) is currently non-compliant for October at 91.67%. This will be compliant following end of month validation.

31-Day (Diagnosis to First Treatment) is compliant for September 2022. This is driven by work in the colorectal and skin pathways. Compliance continues to be precarious due to high volumes in these specialities, as well as clinically complex patients undergoing surgery following extensive pre-operative work. October's final position is undergoing validation and will be provided in next month's report.

62-Day (GP Referral): The 62-day target is non-compliant for October 2022, currently at 69.61%. This has been largely driven by delays to first appointment, delays for diagnostics and patient choice to first diagnostics. Histology delays, although improving, continue to impact some of our pathways. Focused work is continuing on further reduction of the backlog with an aim to return to compliance over the coming months.

62-Day (NHS Screening): The 62-day target was compliant for September 2022, with a performance of 100%. This has been entirely driven by improvement in the Breast performance following focused work by that team.

28-Day FDS: September position has now been validated and shows an underperformance of 68.93%. October remains unvalidated, however, compliance is unlikely, although performance is expected to be an improvement over the September position. Challenges remain related to specific patient pathways across a number of key specialities. Focus continues on returning to compliance.

Diagnostic Waits <6 weeks

	The monthly diagnostics collection collects data on waiting times and activity for 15 key diagnostic tests and procedures. The Trust has maintained performance by achieving this target in October 2022, at 99.56%, meaning 9,593 patients received their diagnostic test within 6 weeks across the 15 key areas. Only 42 breaches are recorded for October 2022- the Trust remains the top performance Trust in the country in terms of performance against this target.
KEY RISKS ARISING FROM THIS REPORT	Key areas of concern continue to be: RTT, Cancer Services, A&E

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

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

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

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

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

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

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



TRUST PERFORMANCE & QUALITY REPORT

October 2022



NHSI Reporting

NHSI Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	76.54%	75.99%	77.40%	78.18%	80.80%	79.85%	73.86%	78.50%	78.97%	78.18%	75.38%	75.38%	78.36%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	67.16%	60.34%	63.91%	66.21%	54.07%	51.53%	55.01%	55.74%	61.18%	56.22%	59.74%	59.74%	61.43%	
Cancer <small>(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Oct-22) in this report)</small>	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.24%	93.78%	96.63%	92.62%	96.45%	94.48%	96.56%	95.51%	96.36%	94.17%	96.59%	n/a	94.28%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	97.18%	91.67%	99.43%	100%	97.18%	91.67%	n/a	99.43%	
	31 days diagnosis to first treatment (Target: >96%)	88.00%	96.23%	80.00%	93.15%	88.76%	n/a	92.11%	93.89%	88.49%	96.23%	87.30%	n/a	93.53%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	100%	n/a	n/a	100%	100%	n/a	n/a	n/a	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	33.33%	n/a	n/a	66.67%	100%	n/a	n/a	87.50%	60.00%	n/a	n/a	n/a	78.57%	
	62 days GP referral to first treatment (Target: >85%)	67.86%	76.36%	55.88%	73.85%	71.64%	74.00%	77.88%	70.84%	70.53%	74.84%	69.61%	n/a	71.84%	
Cancer - FDS	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	66.67%	100%	100%	33.33%	62.26%	100%	100%	33.33%	33.33%	62.50%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	77.20%	71.81%	77.10%	77.25%	64.41%	66.84%	66.56%	67.45%	69.58%	68.93%	70.92%	70.92%	71.49%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	2	1	1	8	2	1	1	10	4	2	2	2	18	

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 (Oct-22) and are not included in quarterly or yearly totals

A&E Waiting Times 4hr performance in October was 75.38%. Performance on the Chelsea site increased in the month to 77.4%, while performance on the West Middlesex site saw a deterioration to 73.86%. The site saw 7403 attendances in the month, which was the highest level of attendance we have seen in a month following the pandemic. The UTC at West Middlesex, which is not provided by the Trust, also saw a reduction in performance, impacting on late transfer of patients through to the Emergency Department. Both sites continue to be among the top performers in ambulance handover times, ensuring that ambulance crews are released quickly from the Emergency Departments.

18 Weeks RTT – Incomplete Pathway

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Clostridium Difficile : There were 2 Trust attributed CDI cases in October 2022, 1 case occurred at the WM site and 1 at the CW site. A root cause analysis meeting was held for the WM case, which identified that all antibiotics were appropriate for the patient's complex medical needs and in line with Trust guidelines, the CDI case was well managed and there was no learning identified. The CW site RCA is pending. To date (Apr 22 – Oct 22) there have been 18 Trust-attributed CDI cases; this is a 5% reduction in comparison to the same period last year (Apr 21– Oct 21).

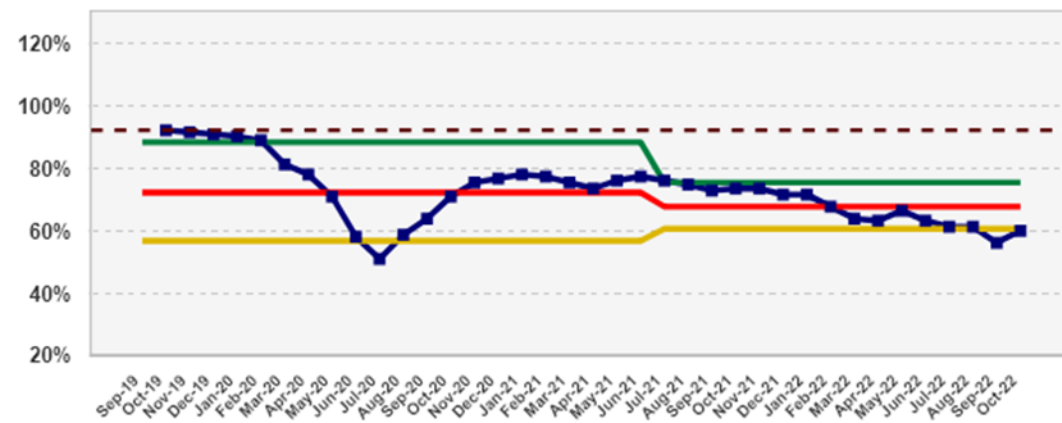


SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 37 months Sept 2019 to Oct 2022

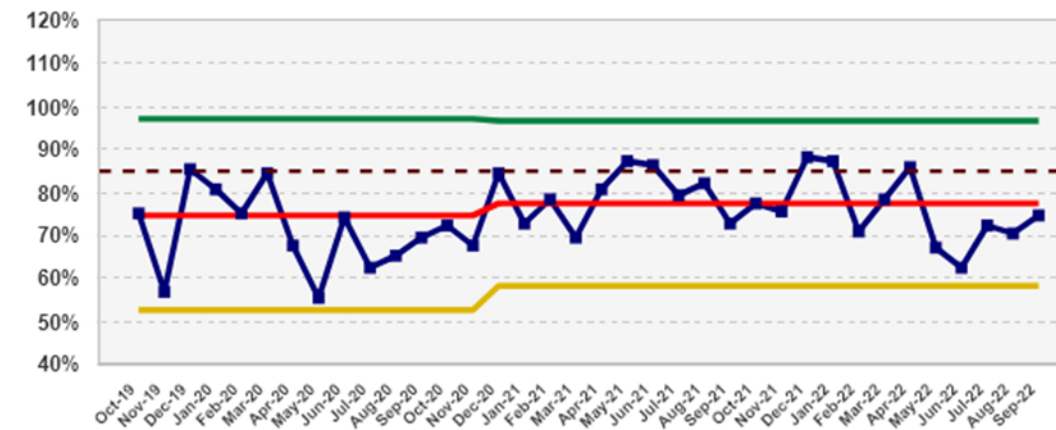
RTT Incomplete pathways

Trust Total

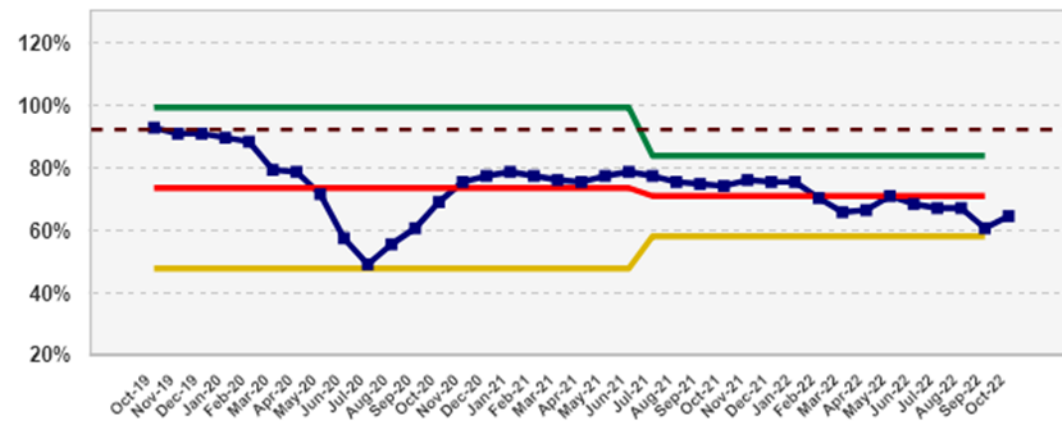


Cancer: 62 day standard

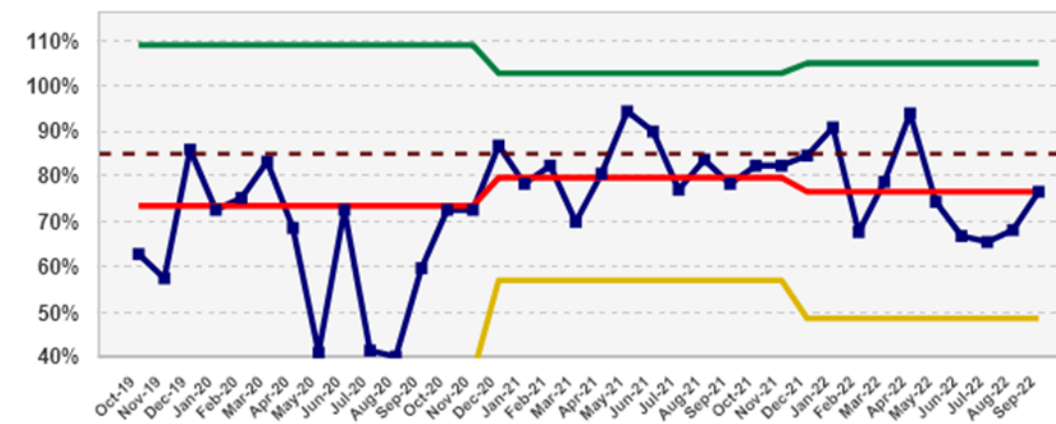
Trust Total



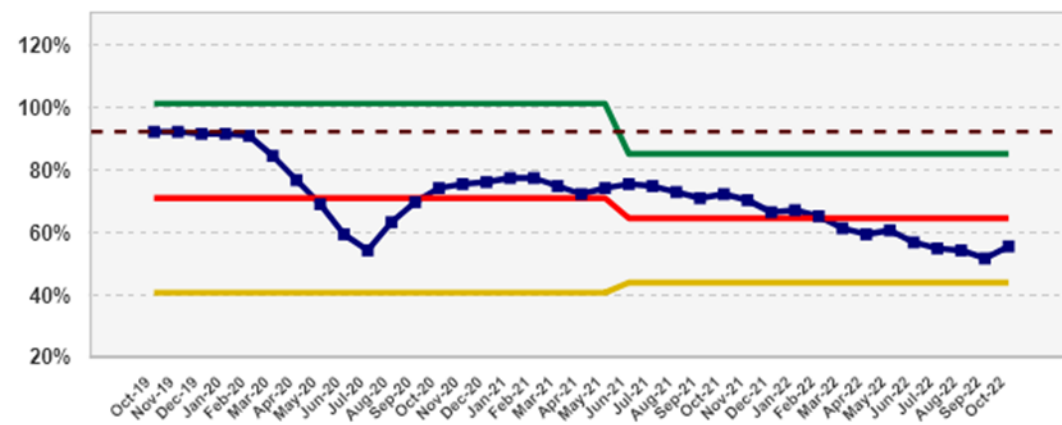
Chelsea and Westminster



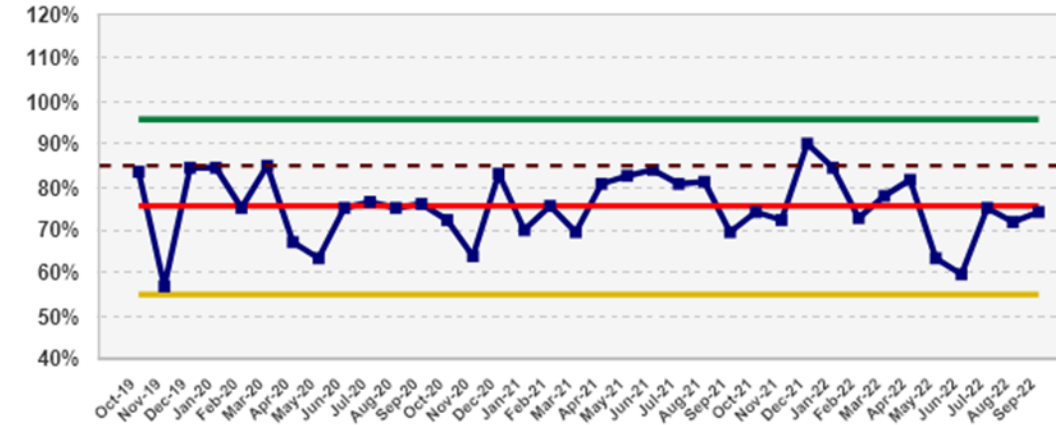
Chelsea and Westminster



West Middlesex



West Middlesex



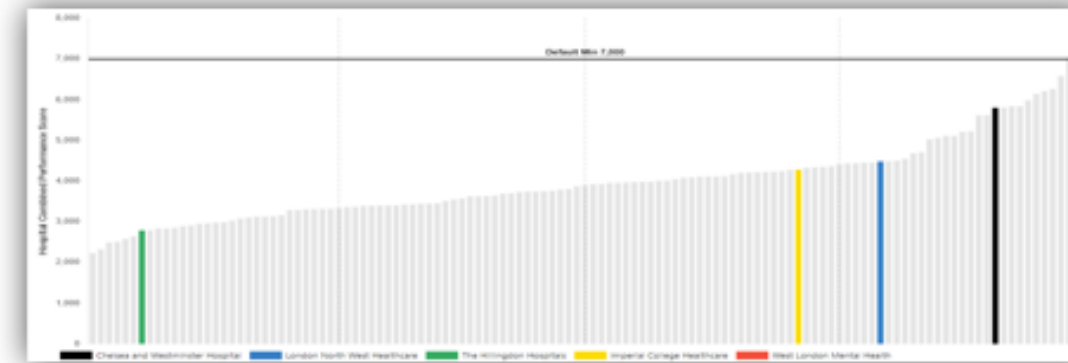


National Benchmarking Against Select Indicators

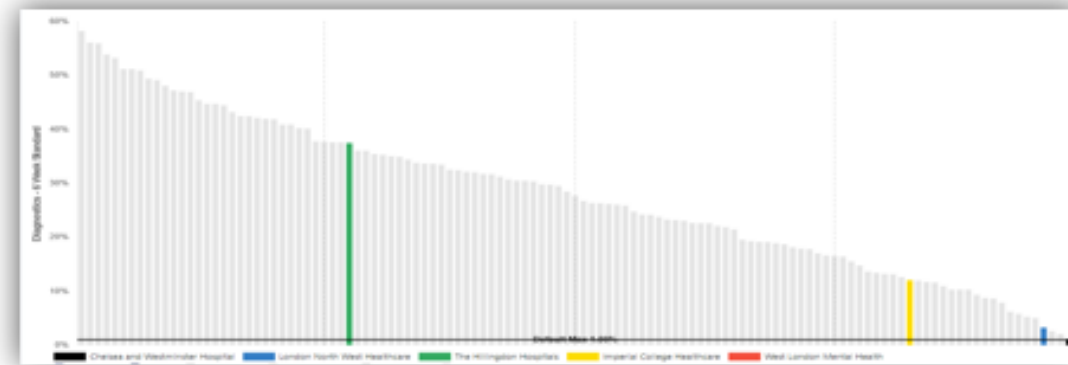
The below has been sourced from PublicView and represents the Trust Performance for September 22. The Ranking is based on peers in the same group as the Trust

The Trust ranked 11th nationally on the HCS in October 2022, same as the previous month.

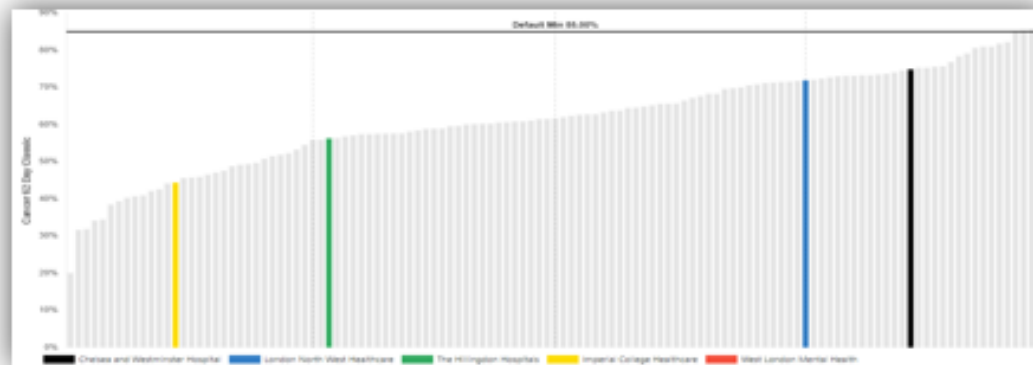
Hospital Combined Score -11th Nationally



6 -wk. Diagnostic – 1st OF 119



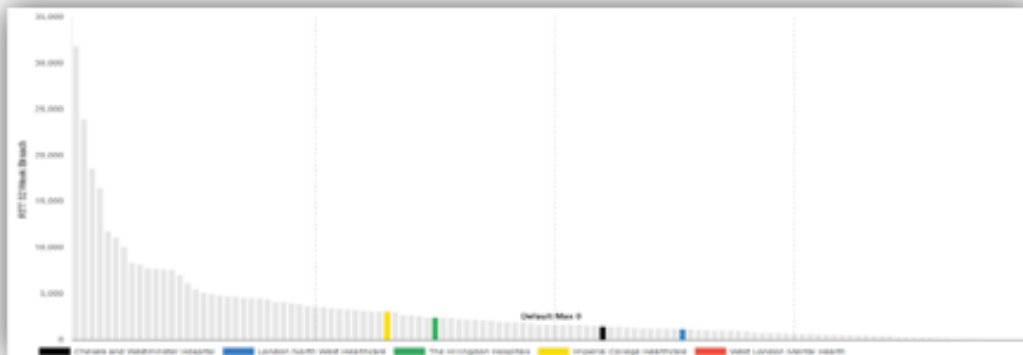
Cancer 62 Days 17th OF 121



62 Day Cancer Standard: The Trust is currently ranked 17th out of 121 trusts, an improvement in ranking when compared to the previous month from 32nd to 17th.

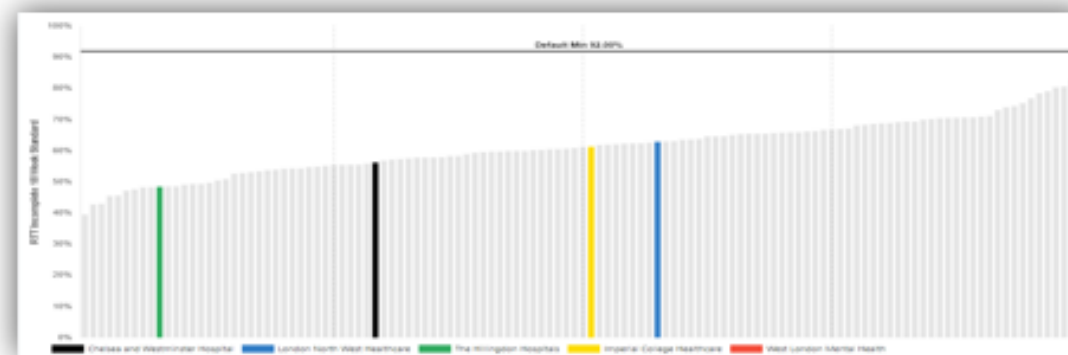
6 Week Diagnostic Standard: The Trust is topping the league table nationally for diagnostic waits.

RTT 52 wks- 54th OF 120



RTT 52 Week Breaches: The Trust is currently ranked 54th of 120 Trusts, a reduction in ranking when compared to the previous month.

RTT 18-wk Incomplete Pathway 85th OF 120



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



Safety

Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trend charts
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	2	0	0	0	4	0	0	0	0	6	-
	Hand hygiene compliance (Target: >90%)	95.7%	98.2%	87.0%	94.2%	93.1%	92.9%	94.2%	94.5%	94.2%	95.1%	90.3%	90.3%	94.4%	-
Incidents	Number of serious incidents	2	1	3	14	6	5	3	25	8	6	6	6	39	-
	Incident reporting rate per 100 admissions (Target: >8.5)	9.3	8.4	8.0	8.7	9.6	9.9	9.0	9.5	9.5	9.1	8.5	8.5	9.1	-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.03	0.06	0.02	0.05	0.03	0.00	0.02	0.03	0.03	0.03	0.03	0.02	-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	4.99	5.83	4.44	5.09	3.67	3.76	2.74	3.15	4.28	4.76	3.58	3.58	4.07	-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%	-
Harm	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1	-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	1	1	0	0	1	1	1	-
	Safeguarding adults - number of referrals	27	35	28	165	33	28	27	248	60	63	55	55	413	-
Mortality	Safeguarding children - number of referrals	11	21	24	147	84	97	83	597	95	118	107	107	744	-
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	65	67	67	67	75	75	75	75	71	71	72	72	72	-
	Number of hospital deaths - Adult	54	32	44	302	57	55	60	432	111	87	104	104	734	-
	Number of hospital deaths - Paediatric	0	0	1	4	0	0	0	0	0	0	1	1	4	-
	Number of hospital deaths - Neonatal	2	3	0	12	1	0	4	7	3	3	4	4	19	-
	Number of deaths in A&E - Adult	0	0	0	0	7	6	4	31	7	6	4	4	31	-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	-
Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	-	

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

Incidents

There were six External SIs reported in October 2022; one maternity incident affecting baby, one patient fall, one delayed cancer diagnosis, one surgical/invasive procedure incident and two unexpected deaths. The investigations into these events will seek to identify any care or service delivery challenges that impacted the outcome, and establish actions to reduce the risk or consequence of the event reoccurring. During the target month (October 2022) the number of patient safety incident per 100 admissions was 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 Safety Incidents

A total of 133 medication-related incidents were reported in October 2022. CW site reported 82 incidents and WM site reported 49 incidents; there were 2 incidents reported in the community. The number of medication-related incidents reported in October has increased at CW site since September (80) and decreased at WM site (66).

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

The Trust position of medication-related incidents involving patients (NRLS reportable) for October 2022 was 3.58 per 1,000 FCE bed days, which is below the Trust target of ≥ 4.2 per 1000 FCE bed days. This is due to a decrease in the number of reported incidents at WM site. This will be re-discussed at the next MSG meeting for ideas on how to sustain an adequate level of reporting of medication –related incidents, particularly at the WM site.

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

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

Safeguarding

Safeguarding adult referrals numbers remain fairly stable over time in terms of referrals, with a high complexity of cases. Safeguarding children's referrals figures continue to be skewed by the different referral & reporting criteria from our local boroughs. Both sites remain busy with complex family management



Patient Experience

Patient Experience Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	91.5%	94.7%	96.0%	95.3%	95.7%	97.5%	95.9%	96.9%	94.3%	96.5%	95.9%	95.9%	96.3%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	2.7%	1.9%	0.9%	1.7%	1.02%	0.74%	1.29%	0.7%	1.6%	1.2%	1.1%	1.1%	1.0%		-
	FFT: Inpatient response rate (Target: >30%)	22.5%	26.5%	29.6%	21.9%	55.4%	63.6%	54.1%	53.6%	37.2%	42.8%	39.9%	39.9%	35.0%		!
	FFT: A&E satisfaction % (Target: >90%)	84.1%	82.0%	80.1%	80.5%	78.3%	76.1%	71.2%	76.8%	82.4%	80.3%	77.6%	77.6%	79.4%		!
	FFT: A&E not satisfaction % (Target: <10%)	10.4%	12.1%	13.4%	13.1%	15.5%	15.6%	20.9%	15.7%	11.9%	13.1%	15.6%	15.6%	13.8%		!
	FFT: A&E response rate (Target: >30%)	20.6%	20.4%	20.5%	20.6%	20.3%	19.7%	18.2%	19.8%	20.5%	20.2%	19.8%	19.8%	20.3%		!
	FFT: Maternity satisfaction % (Target: >90%)	86.2%	80.4%	82.1%	87.2%	86.2%	87.5%	92.9%	86.6%	86.2%	83.0%	83.0%	83.0%	87.1%		!
	FFT: Maternity not satisfaction % (Target: <10%)	9.6%	13.7%	10.6%	9.7%	11.9%	10.2%	0.0%	9.1%	10.5%	12.4%	9.7%	9.7%	9.5%		-
Experience	FFT: Maternity response rate (Target: >30%)	33.7%	27.8%	26.0%	28.9%	22.6%	19.9%	21.5%	22.0%	28.2%	24.3%	25.5%	25.5%	26.6%		!
Complaints	Breach of same sex accommodation (Target: 0)	0	0	47	47	15	15	8	103	15	15	55	55	150		!
	Complaints (informal) through PALS	40	38	37	430	30	27	22	282	70	65	59	59	712		-
	Complaints formal: No of complaints due for response	32	34	18	173	15	25	11	96	47	59	29	29	269		-
	Complaints formal: Number responded to < 25 days	29	27	16	156	13	18	11	84	42	45	27	27	240		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0		-	

Please note the following

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Regarding Friends and Family Tests: These metrics are currently suspended and will be re-instated if this report when brought back on line

MSA (Mixed Sex Accommodation)

The "Guidelines for the Provision of Intensive Care Services" require "discharge from critical care to a general ward must occur within four hours of the decision" and where this does not occur and the patient remains in a shared bay or room, this would be classified as a mixed sex breach. West Middlesex site saw 8 breaches for October (down from 15 in September). This reduction is welcomed; however, external bed pressures remain an issue as does the ICU configuration of two open bays and limited side rooms. The ICU team at West Middlesex have been working hard to reduce breaches and improve the patient experience. We will continue to work closely with CCOT and Clinical Site Management to address the issue of bed availability for timely discharges from the critical care unit.

Complaints

93% of complaints were responded to within the 25 day KPI (target 95%) during October and our position has recovered. Two complaints were not responded to within the timeframe. Compliance with responding to PALS concerns within 5 working days was 97% (KPI 90%).

Friends and Family Test

There has been a continued upward trend in the satisfaction score and response rate for inpatient areas at Chelsea over the past 3 months – this has been attributed to a continued patient experience presence on the ward, staff promotion of feedback and more structured processes for collection. Collectively inpatient areas across both sites score above the 90% satisfaction and 30% response rate KPIs. A&E's satisfaction rate for Chelsea continues to achieve above 80% however a concern is the downward trend for West Mid A&E satisfaction score and increase in negative percentage; the themes of the negative feedback continue to relate to waiting times and communication. There are plans to undertake patient experience projects in December such as "the first 15 steps" and the use of HealthWatch to delve further into how we can work collaboratively to improve waiting times, or communication regarding waiting times at West Mid ED. A final positive is that Maternity at West Mid scored above 90% satisfaction rate – when reviewing comment themes, this is attributed to the supportive attitude of staff, the environment and patient care provided. There are patient experience projects being undertaken at present based on the FFT results and National Maternity Survey results /feedback themes such as a review of patient information for induced labour and breastfeeding, in addition to reintroducing the partner visiting rules. It is hoped this will contribute to continued improvements in scores.



Efficiency and Productivity

Efficiency & Productivity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.55	1.77	2.81	2.35	2.03	3.56	2.28	2.72	2.42	2.28	2.71	2.71	2.44	-
	Average length of stay - non-elective (Target: <3.95)	3.96	3.80	3.78	3.79	3.78	3.82	3.64	3.79	3.86	3.81	3.71	3.71	3.79	-
	Emergency care pathway - average LoS (Target: <4.5)	4.49	4.39	4.04	4.22	4.37	4.37	4.12	4.41	4.42	4.38	4.09	4.09	4.33	-
	Emergency care pathway - discharges	273	260	286	1880	386	364	387	2617	660	624	673	673	4497	-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.54%	5.91%	5.47%	5.57%	7.19%	6.69%	6.89%	6.98%	6.37%	6.28%	6.16%	6.16%	6.25%	!
	Non-elective long-stayers	421	397	261	2495	438	363	308	2551	859	760	569	569	5046	-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	84.1%	84.9%	79.6%	84.1%	82.8%	82.2%	78.5%	80.9%	83.7%	84.2%	79.3%	79.3%	83.2%	!
	Operations cancelled on the day for non-clinical reasons: actuals	2	1	5	33	18	34	20	139	20	35	25	25	172	-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.06%	0.03%	0.15%	0.15%	0.71%	1.49%	0.90%	0.93%	0.35%	0.63%	0.45%	0.45%	0.46%	-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	0	0	3	0	3	2	31	1	3	2	2	34	!
	Theatre Utilisation Model Hospital (Target > 85%)									83.0%	80.0%	78.0%			-
Outpatients	First to follow-up ratio (Target: <1.5)	2.25	2.32	2.21	2.19	1.72	1.70	1.74	1.73	2.02	2.03	2.01	2.01	1.99	!
	Average wait to first outpatient attendance (Target: <6 wks)	10.1	9.6	10.5	9.7	10.9	11.4	12.2	10.8	10.5	10.4	11.2	11.2	10.2	!
	DNA rate: first appointment	11.5%	10.7%	10.5%	10.7%	9.9%	9.5%	8.9%	10.1%	10.8%	10.1%	9.8%	9.8%	10.4%	-
	DNA rate: follow-up appointment	10.0%	9.8%	9.8%	9.7%	8.5%	8.9%	8.4%	8.6%	9.4%	9.5%	9.3%	9.3%	9.3%	-

Please note the following

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

Daycase Rate

There was a reduction in performance on both sites in October 2022. Against the target of 85% Chelsea achieved 79.6%, West Middlesex 78.5%. At Chelsea Gynaecology, Urology & General Surgery have successfully implemented HVLC lists within the theatre timetable maximising efficiency and protecting dedicated theatre space for more complex procedures. Prioritising complex cases whilst there were anaesthetic shortages has contributed to this deterioration.

Cancelled Operations

Cancelled operations on the day increased at Chelsea but decreased at West Middlesex in October. This was predominantly due to anaesthetic staff shortages as the anaesthetic workforce has reduced the amount of ECL work they conducted whilst the BMA pay rate was negotiated. To address this issue complex, urgent and emergency activity was prioritised.

Theatre Utilisation

Utilisation reduced from 80% to 78% in October. The impact of reduced ECL sessions from the anaesthetists, whilst the proposed BMA rate was being discussed, has resulted in theatre list anaesthetic provision being moved on the day of surgery. There were delays on both sites associated with this, mainly in increased late start times while patients needed review by the new allocated anaesthetist.

Outpatients

DNA and Wait to 1st attendance: The Trust DNA rate improved for new appointments across the Trust in October, and Quarter 3 performance shows a very positive trend vs year-to-date. Follow-ups remain static. DNA for both news and follow-ups slipped slightly at CW site, but both improved considerably at WMUH. Average Wait to First Appointment slipped at both sites -there remain backlogs in routine new appointments in a number of services so we predict continued instability for this indicator. The Trust's New to Follow Up ratio improved overall, and particularly at the Chelsea site. This remains the key focus at the Trust's Outpatient Board. October saw a 'medium-bang' go live of patient initiated follow up (PIFU) across a number of outpatient services. All remaining services will go live at the end of November. This should start to drive an improvement in this indicator.



Clinical Effectiveness

Clinical Effectiveness Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	
Best Practice	Dementia screening case finding (Target: >90%)	96.6%	99.2%	94.3%	96.1%	92.0%	99.1%	95.7%	94.2%	94.1%	99.1%	95.0%	95.0%	95.1%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	95.7%	84.6%	60.0%	67.9%	83.3%	78.9%	100.0%	82.8%	91.4%	81.3%	80.6%	80.6%	75.4%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	85.7%	90.0%	72.7%	90.0%	94.1%	92.9%	95.2%	91.9%	91.7%	91.7%	87.5%	87.5%	91.1%	
VTE	VTE: Hospital acquired	1	1	1	5	5	3	2	30	6	4	3	3	35	
	VTE risk assessment (Target: >95%)	90.6%	91.8%	91.2%	91.1%	94.8%	96.0%	95.1%	95.8%	92.9%	94.0%	93.2%	93.2%	93.6%	
TB Care	TB: Number of active cases identified and notified	2	5	9	33	8	13	20	73	10	18	29	29	106	
Sepsis	ED % of patients with high NEWS score screened for Sepsis	91.3%	93.6%	93.6%	91.5%	70.7%	75.1%	72.4%	71.3%	82.4%	85.9%	85.2%	85.2%	83.6%	
	ED % of patients at risk of developing sepsis receiving antibiotics	36.4%	37.4%	36.8%	30.8%	58.3%	54.1%	50.3%	61.7%	46.4%	46.0%	43.6%	43.6%	43.1%	
	ED % of patients at risk of developing sepsis receiving antibiotics within 1 hour	16.8%	17.3%	14.1%	13.2%	32.5%	34.9%	31.4%	39.1%	24.0%	26.3%	22.9%	22.9%	23.5%	
	AAU/AMU % of patients with high NEWS score screened for Sepsis	95.8%	97.0%	96.8%	96.6%	95.6%	96.2%	99.6%	97.8%	95.7%	96.6%	98.2%	98.2%	97.2%	
	AAU/AMU % of patients at risk of developing sepsis receiving antibiotics	94.0%	94.4%	88.8%	91.7%	88.6%	85.4%	90.8%	91.0%	90.5%	89.2%	89.9%	89.9%	91.3%	
	Inpatient Wards % of patients with high NEWS score screened for Sepsis	92.7%	87.9%	89.4%	89.0%	94.2%	94.8%	94.9%	95.1%	93.3%	91.1%	91.7%	91.7%	91.9%	
Improving outcomes for Inpatient diabetes patients	% of patients identified and triaged as having diabetes														
	Number of inpatient nurses/HCAs that have received 10-point training	0	0	0	0	0	0	0	0	0	0	0	0	0	
Improving clinical handover	Length of stay for elective (surgical specialties only) patients with recorded diabetes	4.1	4.4	5.6	4.5	2.1	5.8	2.4	3.9	3.4	4.9	4.5	4.5	4.3	
	Junior Doctors Trained on the principle of safe and effective handover (Target >=50%)	29.0%	30.0%	31.0%	37.0%	-	-	-	-	29.0%	30.0%	31.0%	31.0%	37.0%	
	Attendance at downstream ward (Target >=95%)	96.0%	99.0%	93.0%	92.3%	-	-	-	-	96.0%	99.0%	93.0%	93.0%	92.3%	

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Dementia screening

Sustained achievement of the 90% target is observed across both sites for dementia screening. With WM at 95.7% and CW at 94.3%

VTE Risk

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. CW site has again not achieved the 95% target due in part to day case surgery not being able to be excluded but a Cerner change to the way the VTE assessment is made should allow those patients to be excluded and allow a more accurate %. VTE root cause analysis for HATs is performed.

#NoF (Time to Theatre - Neck of Femur)

WM achieved 100% compliance and all 16 patients went to theatre in under 36 hours. CW saw 6 of the 16 medically fit patients miss the 36 hour target, of which 5 by a maximum of 8 hours. All 5 were delayed by other cases on the trauma list overrunning, the remaining one breach required multiple diagnostics before they could go to surgery.

Clinical Handover

CW site: Currently, There are no further training sessions for F1/F2 until junior doctor changeover in Dec 2022.

WM site: Arrangements are put in place with the postgraduate education fellows to block core slot for 1 hour per session and per cohort at WM site for FY1 teaching, starting 29th Dec and FY2 teaching, starting 9th Nov. There is an identified risk of a Trust wide shortage of facilitators to deliver the training to all new starters in clinical areas.

Attendance at Downstream wards

There is consistent attendance recorded at AAU to downstream wards in the Chelsea site. At West Middlesex work is in progress, however currently there are no formal handover for all patients moving from AMU to downstream wards. Patients are handed over on an adhoc basis if the patients are clinically unwell or have urgent investigations to be performed or followed up on the day.



Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	279	393	398	2025	767	1041	1114	4528	1046	1434	1512	1512	6553		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.10%	99.17%	99.26%	98.32%	98.70%	98.43%	99.83%	99.30%	98.89%	98.78%	99.56%	99.56%	98.85%		-
	Diagnostic waiting times >6 weeks: breach actuals	33	33	33	445	54	70	9	218	87	103	42	42	663		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	10.0%	9.4%	8.8%	9.1%	8.7%	9.2%	8.3%	8.6%	9.5%	9.4%	8.6%	8.6%	8.9%		!
	A&E time to treatment - Median (Target: <60')	00:25	00:27	00:28	00:27	01:03	01:02	01:06	01:04	00:45	00:42	00:43	00:43	00:42		!
	London Ambulance Service - patient handover 30' breaches	31	42	47	234	96	156	188	864	127	198	235	235	1098		-
	London Ambulance Service - patient handover 60' breaches	1	1	0	12	2	11	8	38	3	12	8	8	50		!

Please note the following

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RTT Incomplete Pathway

Whilst capacity is focused on the highest priority and longest waiting patients, until those on a non-admitted pathway over 52 weeks are seen and treated then the cohort of patients likely to tip over cannot be brought forward from their existing appointment or booked. A number of specialties with an increasing 52 week non-admitted PTL are running additional clinics to help support the situation.

Diagnostic 6-Week Waits

The monthly diagnostics collection collects data on waiting times and activity for 15 key diagnostic tests and procedures. The Trust has maintained performance by achieving this target in October 2022, at 99.56%, meaning 9,593 patients received their diagnostic test within 6 weeks across the 15 key areas. Only 42 breaches are recorded for October 2022- the Trust remains the top performance Trust in the country in terms of performance against this target.

A&E Unplanned re-attendances

A&E re-attendances remain stable, with a continued focus on redirection of patients where appropriate.

LAS Handover

The Chelsea and West Middlesex sites continue to amongst the top performance on ambulance handover times, ensuring that ambulance crews are released quickly from the Emergency Departments. Breaches on the Chelsea site remain stable, with an increase at West Middlesex who saw an increase in activity and conveyances in Month 7 (October 2022).



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Aug-22	Sep-22	Oct-22	Aug-22	Sep-22	Oct-22	Aug-22	Sep-22	Oct-22
RTT waiting list positions	Total RTT waiting list	27478	28592	30007	23106	25164	26606	50584	53795	56792
	Total Non-Admitted waiting list	22865	24175	25767	20863	23123	24710	43728	47337	50656
	Non-Admitted with a date	8148	12280	15609	10388	12667	14911	18536	24947	30520
	Non-Admitted without a date	14717	11895	10158	10475	10456	9799	25192	22390	20136
	Total Admitted waiting list	4613	4417	4240	2243	2041	1896	6856	6458	6136
	Admitted with a date	532	760	1072	356	485	669	888	1245	1741
	Admitted without a date	4081	3657	3168	1887	1556	1227	5968	5213	4395
	Patients waiting >78 weeks	9	10	3	10	13	19	19	23	22
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Aug-22	Sep-22	Oct-22	Aug-22	Sep-22	Oct-22	Aug-22	Sep-22	Oct-22
Total	279	393	398	767	1041	1114	1046	1434	1512
Colorectal Surgery	4	5	9	69	94	111	73	99	120
Dermatology	33	51	55	70	108	133	103	159	188
ENT	4	3		59	47	57	63	50	57
Gastroenterology						1			1
General Medicine				13			13		
General Surgery	19	30	29	88	127	127	107	157	156
Gynaecology	4	8	5	3	2	3	7	10	8
Medical Endoscopy					1			1	
Neurology		1						1	
Not Stated				1	1	1	1	1	1
Ophthalmology	17	29	24				17	29	24
Oral Surgery				3	29	24	3	29	24
Orthodontics	2	1	2				2	1	2
Paediatric Clinical Haematology				4	2		4	2	
Paediatric Clinical Immunology	8	9	7				8	9	7
Paediatric Dentistry	31	49	44				31	49	44
Paediatric Dermatology	5	6	6	5	22	29	10	28	35
Paediatric Ear Nose and Throat			2	4	9	28	4	9	30
Paediatric Endocrinology						1			1
Paediatric Gastroenterology	1	1	1				1	1	1
Paediatric Ophthalmology	1	3					1	3	
Paediatric Plastic Surgery	3	4	3				3	4	3
Paediatric Surgery	2	3	1	3	4	2	5	7	3
Paediatric Trauma and Orthopaedics		1						1	
Paediatric Urology	1	1	1	5	8	2	6	9	3
Paediatrics	1	1		2	1	1	3	2	1
Pain Management	2	1	3				2	1	3
Plastic Surgery	28	36	47	85	88	89	113	124	136
Podiatric Surgery				2	1		2	1	
Rheumatology				14	15		14	15	
Trauma & Orthopaedics	20	32	38	12	19	24	32	51	62
Urology	37	35	36	141	231	219	178	266	255
Vascular Surgery	56	83	85	184	232	262	240	315	347



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:30	1:33	1:31	1:27	1:32	1:31	1:32	1:28	1:31	1:32	1:31.5	1:31.50	1:27.5	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1.77	1.77	1.77	1.77	1.98	1.98	1.98	1.98	1.87.5	1.87.5	1.87.5	1.87.50	1.90.50	-
Birth indicators	Total number of NHS births	441	444	484	3149	382	359	388	2609	823	803	872	872	5758	-
	Total number of bookings	539	562	561	3898	511	469	423	3208	1050	1031	984	984	7106	-
	Maternity 1:1 care in established labour (Target: >95%)	98.5%	98.5%	99.2%	98.6%	97.8%	97.3%	98.6%	97.2%	98.1%	97.9%	98.9%	98.9%	97.9%	-
Safety	Admissions >37/40 to NICU/SCBU	17	11	16	95	n/a	n/a	n/a	n/a	17	11	16	16	95	-
	Number of reported Serious Incidents	0	1	1	2	1	1	0	6	1	2	1	1	8	-
	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	7.4%	6.4%	7.4%	7.1%	7.9%	7.9%	8.4%	7.6%	7.6%	7.1%	7.9%	7.9%	7.3%	-
	Number of stillbirths	1	1	1	6	0	2	2	10	1	3	3	3	16	-
	Number of Infant deaths	1	1	1	6	1	0	2	7	2	1	3	3	13	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	n/a	n/a	n/a	0.0%	0.0%	-
	Spontaneous unassisted vaginal births	24.8%	24.2%	21.3%	24.5%	30.9%	28.6%	30.3%	31.7%	27.6%	26.2%	25.3%	25.3%	27.8%	-
	Vaginal Births - spontaneous & induced	59.0%	60.0%	53.7%	57.8%	58.9%	53.5%	54.6%	58.3%	58.9%	57.1%	54.1%	54.1%	58.1%	-
	Instrumental deliveries	15.7%	18.5%	14.6%	16.4%	12.2%	10.6%	12.9%	12.6%	14.1%	15.0%	13.8%	13.8%	14.6%	-
	Pre-labour elective caesarean sections	74	65	71	488	48	35	49	318	122	100	120	120	806	-
	Emergency caesarean sections in labour	55	51	54	396	63	85	84	491	118	136	138	138	887	-

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 for the month of October are 1:31 at Chelsea and 1:32 at West Middlesex. The recommended birth rate plus ratios are 1:24.9 Chelsea and 1:21.7 West Middlesex and a business case will be presented to executive management board in December to support investment to achieve these ratios. Both sites are now compliant for the 98 hours dedicated consultant labour ward presence and twice a day ward rounds. The MIS year 4, safety action 4 indicates that we have to demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. At both sites consultant there was 100% consultant presence for the clinical situations outlined by the RCOG report for the month of October.

Safety

Our safety outcomes as a Trust remain stable and at our recent Pillar 1 LMNS meeting it was acknowledged that we have the **lowest rates for crude stillbirth** rate across the NWL sector despite comparable IOL and CS rates (CWFT 2.42/1000, ICTH 4.44/1000, LNWUTH 3.81/1000. We completed a thematic review of all the SIs at our WMUH site, as we noticed an increase in cases between May 2022 to August 2022. We reviewed the 7 cases and identified the following contributory areas (i) interpreting and communication, English was not the first language in 3 of the women (ii) delay in obstetric review (iii) placenta not sent for histology (iv) commencing oxytocin without an obstetric review. Via the LMNS we will be piloting cardmedic to aid improving interpreting in an acute setting. There is an ongoing obstetric workforce review at the WMUH site and we plan to launch in collaboration with our HR partners a series of consultations with the consultants in January 2023. The daytime labour ward consultant presence is not dedicated and we need to design a rota which will achieve such.

(1) PMRT:

For October there were 5 deaths (3 stillbirths and 2 neonatal deaths). Of these 3 were antenatal and 2 neonatal deaths. GA at time to death (i) 20-21 weeks n=1 (ii) 24-27 weeks n=1 (iii) 32-36 weeks n=2 (iv) 37-41 weeks n=1. We have recently reviewed and discussed our PMRT process with Alex Bolton and agreed that:

(i) the PMRT and SI process will continue where a case has both maternity and neo natal involvement (ii) If the NND occurs in the neonatal service, maternity will provide a summary of the AN and maternal care for the PMRT and a review of the care must be conducted (72 hours review) to determine if an SI is required (iii) Prior to a decision regarding referral to the Coroner and MDT review must take place to ensure all the relevant information is available to the decision makers (iv) where there is legal or coroner involvement normal bereavement support and follow up should continue.

(2) Avoidable term admissions to NICU:

WHUH site: In October, there were 13 term admissions to NICU (rate 3.39%, 5 babies were transferred out, 6 were due to respiratory problems, 5 HIE, 1 facial lacerations and abnormal movements, 1 social reason. We are reviewing these cases.

In September there were 3 avoidable admissions to NICU and the following actions were agreed to reduced admissions:

- (i) Teaching on indication for optiflow
- (ii) Re-emphasize the importance of babies being observed for a bit longer before moving up to the neonatal unit
- (iii) Neonatal led to complete paperwork via post grad centre to making ATAIN and BFI training mandatory for junior doctors.

CWH site: 19 babies were admitted (15 for respiratory support, 2 hypoglycaemia, 1 feeding issues, one for SVT). 4 are still under review (2 intubated babies and 2 ken wing babies). 5 were deemed avoidable (3 needing respiratory support, 1 feeding issues and 1 hypoglycaemia). None of these were suitable for TC care.

Outcomes

Preterm birth: The national target is to reduce the PTB rate to 6% by 2025 and Ockenden SA9. At CWH site the rate was 7.1%. Overall, 30 women experienced PTB and 36 babies were born preterm. 24 cases there was a single pregnancy and 6 twin pregnancies. 14 of the births were spontaneous and 16 iatrogenic. There were 2 IUTs (QCCH and WMUH) and 3 women from the Portland presented in PTB. 4 women were eligible for Magnesium sulphate <30 weeks and there was 100% compliance. Of those requiring steroids <34 weeks: 7 had completed course, 1 received one dose and 1 did not have steroids.

Ockenden and MIS update on SA 6 for last Q1 2022:

- (i) 1592 scans were performed at the 20 week anomaly scan. Of these 115 (7.2%) were found to have raised mean uterine artery Dopplers. All of these patients were offered serial growth scans at 28, 32 and 36 weeks for the detection of feta growth restriction.
- (ii) All women with a BMI >35 are offered growth scans from 32/40 and a all women have mean UAD performed by 24 weeks and not just those at high risk.
- (iii) This year Q1 and Q2 there have been 16 neonates identified as < 3rd centile born at >37+6/40. Of the 16 cases identified where the neonate was born < 3rd centile at >37+6 weeks gestation, 7/16 were high risk for SGA and had serial growth scans arranged. 3/16 had an antenatal referral for suspected SGA and 2 out of the 3 had an USS arranged within 3 days. 11/16 had USS which demonstrated growth >10th centile.

3 patients had SFH only measured. In the majority of these cases USS had not detected SGA. This may have been missed or FGR may have occurred after the last scan at 36 weeks.



Maternity Perinatal Quality Surveillance Model

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023
Perinatal Quality	Maternity Safety Support Programme in place									No	No	No	No	No
	Training compliance for all staff groups in maternity (Multidisciplinary training) (Target >= 90%)									69.0%	76.0%	67.0%	67.0%	69.7%
	Service User Feedback FFT									Yes	Yes	Yes	Yes	Yes
	Staff Feedback from board safety champion									Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust									0	0	0	0.00	0.43
	Coroner Reg 28 made directly to Trust									0	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Compliant									2	3	3	6	6
	Progress in achievements of NHSR MIS (10 safety actions) In Progress									6	5	5	4	4
	Progress in achievements of NHSR MIS (10 safety actions) Off Track									2	2	2	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions)...									100.0%	96.0%	96.0%	96.0%	96.4%

CQC Metric Ratings - Jan 2020	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
	Chelsea and Westminster	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	West Middlesex	Good	Requires Improvement	Good	Good	Outstanding	Good

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

Perinatal Quality Surveillance Model

Chelsea and West Middlesex are not on the national maternity safety support programme as there are no concerns regarding the quality and safety of the maternity service.

Mandatory training: Currently multi-disciplinary training compliance over a 12 month period stands at 67% which is a decrease from 76% in September combined for all members of the multidisciplinary team with a target of above 90%. Training compliance has been impacted by the recent cancellation of education days due to the need to provide safe staffing in the clinical areas during July-October. Additional training days are planning on both sites to ensure compliance is achieved by Dec 2022, however, should some of these be cancelled due to ensuring safety staffing safety action 8 of the maternity incentive scheme year 4 will be at risk.

Service user feedback: The service receives monthly friends and family test feedback and for September this was 86% for WM and 83% for CW and these scores are impacted by feedback related to delays in induction and cancellations in caesarean sections at Chelsea which has now been added to the divisional risk register. The teams work effectively across the sites to manage the flow and activity and communicate 7 days a week via the structured Trust processes. The recent CQC national survey published in May identified 5 questions where CW/WM are in the 5 top performing Trust in London. The areas for improvement from the survey are listening, feeding support and postnatal care and the service has a full action plan in place to address these areas. The service has also undertaken two local surveys to understand the experiences of services users: Health watch Richmond Survey of service user experiences during Covid (October 2020) and experiences of women from Black, Asian and minority ethnic background. Both surveys have associated action plans and updates are provided to the Trust Quality Committee on a quarter basis.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and NED as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. The Non-executive director maternity safety champion has now started regular walkabout in maternity.

The trust has received 3 early notifications of concern from HSIB for action in the last 7 months, the last one was in July. All early notifications detailed actions plans that are monitored on a monthly basis by the Director of Midwifery and Clinical Director. One of the earlier notifications of concern from May 22 at the West Middlesex site has now been reversed as the final investigation report did not find the initial concerns upheld.

Maternity incentive Scheme year 4: The service successfully achieved the 10 safety actions in year 3 of MIS (10% reduction in CNST premium). Year 4 was paused between December 21 and May 22. The quarterly gap analysis was presented to board and quality committee in September and current compliance is 3 safety actions on track, 5 are in progress and 2 are at risk (safety action 5 & 8) these safety actions relate to midwifery staffing and multi-professional training.

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020 and the service has been working to achieve full compliance with the report. Following our assurance visit and the formal feedback report received we have one outstanding area related to data input and not service quality that is being addressed to ensure we are fully compliant by November.

CQC Inspection (December 2019): The maternity service had their last Care Quality Commission inspection in December 2019 and have embedded all the actions into the service. We are now undertaking work to prepare for any upcoming CQC inspection



Cancer Update

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

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months Trend charts	
		Aug-22	Sep-22	Oct-22	2022-2023	YTD breaches	Aug-22	Sep-22	Oct-22	2022-2023	YTD breaches	Aug-22	Sep-22	Oct-22	2022-2023 Q3	2022-2023		YTD breaches
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	90.0%	90.0%	90.3%	7.5	100%	90.0%	90.0%	n/a	90.3%	7.5	-
	Colorectal / Lower GI	n/a	54.5%	75.0%	70.4%	9	84.2%	27.3%	15.4%	56.6%	22	84.2%	40.9%	38.1%	n/a	62.3%	31	!
	Gynaecological	100%	100%	20.0%	100%	2	50.0%	60.0%	66.7%	53.5%	11	75.0%	75.0%	45.5%	n/a	66.1%	13	!
	Haematological	100%	50.0%	100%	73.7%	2.5	100%	83.3%	75.0%	73.7%	3.5	100%	75.0%	83.3%	n/a	73.7%	6	-
	Head and neck	n/a	100%	n/a	91.7%	0.5	0.0%	n/a	100%	83.3%	0.5	0.0%	100%	100%	n/a	88.9%	1	-
	Lung	100%	100%	100%	100%	0	0.0%	75.0%	100%	66.7%	1.5	33.3%	88.9%	100%	n/a	83.3%	1.5	-
	Sarcoma	n/a	n/a	0.0%	n/a	0.5	0.0%	n/a	n/a	12.5%	3.5	0.0%	n/a	0.0%	n/a	12.5%	4	-
	Skin	68.8%	100%	42.9%	88.3%	8.5	50.0%	84.0%	100%	69.7%	13.5	60.0%	86.7%	73.3%	n/a	78.3%	22	-
	Upper gastrointestinal	16.7%	55.6%	100%	50.0%	5.5	100%	0.0%	66.7%	80.0%	2.5	54.5%	41.7%	71.4%	n/a	62.2%	8	!
	Urological	72.0%	82.4%	31.6%	61.9%	28	63.5%	79.2%	81.3%	69.2%	39	66.2%	80.5%	62.7%	n/a	66.9%	67	!
	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	33.3%	1	0.0%	n/a	n/a	55.6%	2	0.0%	n/a	n/a	n/a	50.0%	3	-

Improving personalised cancer care at diagnosis

	Aug-22	Sep-22	Oct-22	2022-2023	YTD breaches
% patients receiving an (HNA) & care plan					
Patients with an end of treatment summary					

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

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 (Oct-22) and are not included in quarterly or yearly totals.

Trust Commentary

The 62-day target is non-compliant for October 2022, currently at 69.61%. This has been largely driven by delays to first appointment, delays for diagnostics and patient choice to first diagnostics. Histology delays, although improving, continue to impact some of our pathways. Focused work is continuing on further reduction of the backlog with an aim to return to compliance over the coming months.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			1	10
Gynaecology		1.5	1	2.5
Haematology	0.5	1	0.5	3
Head and Neck	0	1.5	0	0
Colorectal	2.5	5.5	4	5.5
Lung		2.5	0.5	2
Skin		2.5	2	12.5
Testicular			0	1
Upper GI		4.5	3.5	1.5
Urology	1.5	8.5	2.5	12
Total:	4.5	27.5	15	50



Safer Staffing

Chelsea and Westminster Site (October 22)

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No harm and mild		Moderate and severe		Month	YTD	Month	YTD	
												Month	YTD	Month	YTD					
Maternity	100%	81%	96%	100%	6.7	2.5	9.2	12.5	14.90%	17.14%	14.12%	1	2						78.3%	
Annie Zunz	144%	87%	100%	112%	7.3	2.8	10.1	7.5	9.79%	19.12%	0%	1	10						100.0%	
Apollo	97%	-	92%	-	16.4	0	16.4	N/A											66.7%	
Mercury	102%	-	102%	-	7.3	0	7.3	10.1					1						100.0%	
Neptune	104%	-	113%	-	10.1	0	10.1	12.5				1	4						98.5%	
NICU	92%	-	93%	-	14.5	0	14.5	26.8	11.13%	14.24%	0%								81.3%	
AAU	100%	71%	103%	101%	7.4	1.7	9	7.8	8.92%	15.89%	39.63%	7	39						91.5%	
Nell Gwynne	108%	67%	133%	72%	4.6	3.2	7.8	6.9	-0.37%	5.49%	17.94%	4	37						92.3%	
David Erskine	94%	73%	98%	91%	3.7	2.5	6.2	7.2	-7.64%	15.00%	12.41%									
Edgar Horne	98%	73%	99%	101%	3.2	2.6	5.8	6.6	11.41%	15.79%	14.96%	4	34						100.0%	
Lord Wigram	88%	93%	89%	131%	3.7	3.3	7.2	7.1	10.84%	10.35%	4.00%		14		1		1		95.3%	
St Mary Abbots	90%	92%	92%	107%	3.7	2.8	6.5	7.1	23.65%	11.16%	18.81%	1	15	1	1				100.0%	
David Evans	77%	93%	133%	221%	4.5	2.6	7.2	7.1	-8.08%	8.20%	26.76%		7		1				98.4%	
Chelsea Wing	125%	90%	99%	98%	8.9	4.8	13.6	7.1	20.76%	8.00%	0.00%		5							
Burns Unit	124%	87%	238%	100%	21.9	2.5	24.4	N/A	15.90%	6.41%	0%	3	14						93.8%	
Ron Johnson	94%	161%	101%	165%	4.3	3.8	8.1	7.4	21.54%	25.05%	35.29%	5	32							
ICU	98%	90%	102%	100%	26.8	2.4	29.7	26.8	-0.01%	12.06%	0%	1	3			1	1			
Rainsford Mowlem	94%	69%	99%	94%	3.2	2.6	6.3	6.8	5.16%	14.06%	9.55%	3	32						97.7%	
Nightingale	64%	60%	85%	65%	3.4	2.8	6.2	7.7				3	6						88.9%	

West Middlesex Site (October 22)

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Qualified			Un-qualified	No Harm & Mild		Moderate & Severe		Month	YTD	Month	YTD		
											Month	YTD	Month	YTD						
Lampton	103%	89%	101%	95%	3.2	3.8	7.1	6.8	-19.43%	16.90%	0.00%	2	22						100.00%	
Richmond	55%	0.55	131%	323%	3.9	2.6	6.7	7.1	11.50%	0%	20.00%	6	20		1				100.00%	
Syon 1 cardiology	102%	104%	102%	150%	4.4	2.5	7	9.5	4.53%	7.50%	20.08%		14		1				96%	
Syon 2	94%	102%	98%	112%	3.2	3.3	6.7	7.2	11.61%	8.86%	13.33%		20						93.94%	
Starlight	99%	-	121%	-	9.9	0	10.1	12.5					1						89.80%	
Kew	101%	100%	100%	125%	3.1	3.1	6.3	6.9	0.39%	20.51%	18.63%	5	29						100.00%	
Crane	110%	95%	127%	170%	3.4	3.1	6.6	7.3	8.05%	17%	17.07%	7	27		1				100.00%	
Osterley 1	80%	48%	93%	140%	2.9	2.1	5.4	7.1	2.38%	9.59%	19.13%	4	26		1				91.30%	
Osterley 2	91%	64%	109%	108%	3.5	2.2	5.7	7.1	4.22%	0.00%	4.55%	2	19						98.04%	
MAU	90%	84%	105%	104%	5.5	2.2	7.7	7.8	13.05%	10.18%	19.91%	7	71						95%	
Maternity	89%	94%	85%	94%	6.1	2.2	8.3	12.5	11.18%	13.66%	14.46%		2						81.87%	
Special Care Baby Unit	90%	100%	95%	100%	6.5	2.3	8.8	12.5	4.43%	11.82%	0.00%								100%	
Marble Hill 1	112%	106%	96%	210%	3.1	2.8	6.2	6.6	15.98%	4.21%	8.25%	7	54		1	1	1		95.65%	
Marble Hill 2	93%	114%	98%	243%	2.9	3.9	6.9	6.1	4.37%	23.57%	12%	3	35						100.00%	
ICU	95%	0.71	94%	0.9	26.6	2.2	28.8	26.8	-12.98%	9%	0%									



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) and NICE red flag categories with a review of trends in the previous six months. This is then benchmarked against the national benchmarks 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.

There were high fill rates on all medical ward due to additional HCAs being booked for frail confused patients at high risk of falls for both days and nights. On Kew, Crane, Marble Hill 1 and Marble Hill 2 extra HCAs were booked for patients requiring one to one for various reasons including mental health issues, high risk of falls, and confused wandering patients. Marble Hill 1 had additional HCA requirements due to the annexe being open for partial part of the month.

Osterley 1 had additional HCA requirements day and night due to the opening of the annexe area. On Osterley 1+2 during the day HCA and RN fill rate was low due to high levels of sickness which were not filled by bank or agency staff. Ward managers and the ICU team have supported in order to maintain patient safety. On Richmond ward the numbers of RNs and HCAs on days was decreased due to the opening of non-elective escalation with low bank and agency fill rates. The management team have increased their clinical time to maintain safe staffing and theatre staff supported. The low fill rates on West Mid ICU HCAs are due to supporting the Osterley's unplanned sickness. CHPPD was not compromised.

In Paediatrics Starlight's high fill rate for registered staff were due to an increased number of patients requiring 1:1 supervision. In maternity the remaining Support Workers (MSWs) vacancies have now been filled with the majority of staff having started providing adequate fill rate.

The reduced RN fill rate on David Evans ward is due to reduced elective activity. The high RN fill at night reflects staff supporting the trauma bays and step downs form ICU. There was increased HCA cover at night for Lord Wigram to support the confused and high risk of falls patients. On Burns staffing fill rates increased at night for RMNs to ensure close observation of patients with mental health concerns. High fill rate for RNs at the CW ITU reflects the activity of the unit.

On Ron Johnson three patients on the ward required close observation by HCAs on both days and nights. High fill rate on Annie Zunz was due to the Surgical Admissions Lounge being based on there. On AAU, Nell Gwynne, David Erskine, Rainsford Mowlem and Nightingale there were low HCA fill rate due to vacancies and being unable cover both day and night HCA shift with bank or agency. Nell Gwynne ward required additional RN cover over night to support the patients with tracheostomies.

Twice daily nurse staffing meetings continue to deploy staff as required in order to maintain patient safety. The Chelsea wing had increased RN requirement for the month as they support private outpatients.

In terms of incidents with harm there was 1 following falls. The patient on SMA fractured their hip post fall and required surgery. In terms of incidents with harm there was 2 incidents involving pressure damage. The patient on Marble Hill 1 is currently under investigation for a neurodegenerative disorder and is known to the dieticians and tissue viability. The Pressure ulcer damage on ICU CW has been attributed as community acquired pressure damage.

There were 0 medication errors involving moderate harm reported. Friends and Family test showed 4 wards at CW and 4 wards at WM scored 100%, there is ongoing work with the Patient Experience team and Apollo to capture and improve their satisfaction rates and merge the current QR codes.

Please note all incident figures are correct at time of extraction from DATIX. There were 14 red flags raised in October 7 for CW & 7 for West Mid, mainly related to staffing shortfalls. The Vacancy rate and Turnover are from September.



CQUIN (October 2022) 2022/2023

CQUIN	Lead	Target	Quarter 1 (%)	Action Plan
CCG 1: Flu vaccinations for frontline healthcare workers	Lee Watson Stephanie Stevenson-Shand	90%	NA	NA (CCG1 will be reported from September)
CCG 2: Appropriate antibiotic prescribing for UTI in adults	Stephen Hughes	60%	85%	NA
CCG 3: Recording of NEWS2 score, escalation time and response time for	Elaine Manderson Misha	60%	53.13%	Clarification was obtained from NHSE/I on numerator inclusion. A re audit updated compliance to 69% in line with target (conversations underway to update this). Compliance in CW was 47% and MW was 91% - shared learning is being explored across the sites.
CCG 4: Referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	Carla Hearsum Peter Hyland	65%	47%	Awaiting action plan
CCG5: Patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.	Gary Davies	70%	Data not submitted	Quarter one and two data to be submitted before 25 th November We have worked over the first quarter to get a Cerner solution to allow clinical staff to fill in the bundle, order appropriate tests and treatments and allow us to capture the required data. This is now available but needs a few changes that are awaiting the end of the Cerner Freeze.
CCG 6: Major elective blood loss surgery patients are treated in line with NICE guideline NG24.	Gareth Teakle	60%	Data not submitted	Quarter one and two data to be submitted before 25 th November Awaiting Update
CCG 7: acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.	Emily Ward Deirdre Linnard	1.5%	1.6%	NA
CCG 8: Surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.	Nicola Rose	70%	94.85%	NA
CCG 9: All unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	Kevin Shottliff Matt Foxton	35%	0.35%	Awaiting action plan



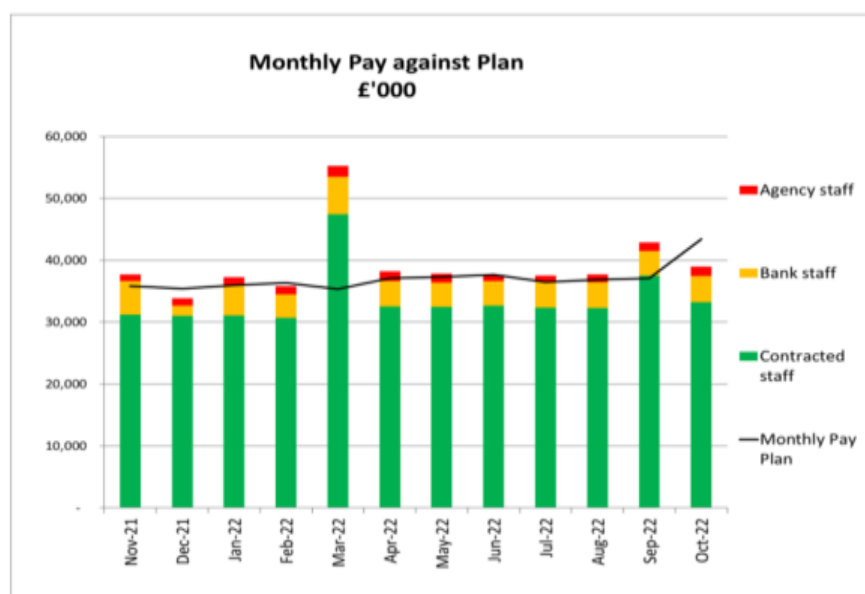
Finance M7 (October 2022) 2022/2023

£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	466,557	473,230	6,673
Expenditure			
Pay	(262,092)	(270,871)	(8,779)
Non-Pay	(179,284)	(177,707)	1,577
EBITDA	25,181	24,652	(529)
EBITDA %	5.40%	5.21%	-0.2%
Depreciation	(16,835)	(16,835)	(0)
Non-Operational Exp-Inc	(9,259)	(8,330)	929
Surplus/Deficit	(913)	(514)	399
Control total Adj - Donated asset, Impairment & Other	584	401	(183)
Disposal of Asset	0	(43)	(43)
Adjusted Surplus/Deficit	(329)	(156)	173

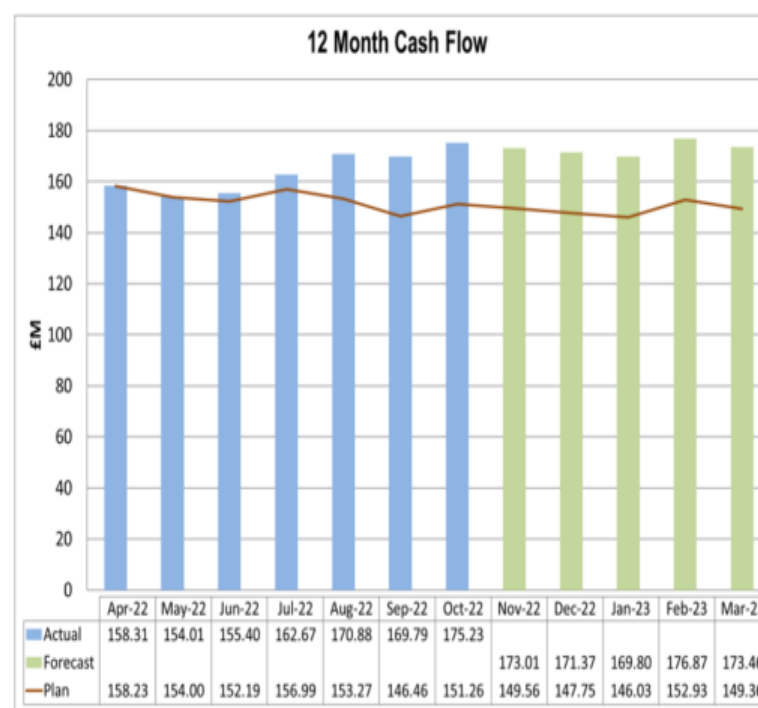
The adjusted financial position at month 7 is a £0.16m deficit, which against the adjusted plan is a £0.17m favourable variance. This is primarily driven by recognition of 100% ERF for months 1-6.

Pay: £8.78m adverse against plan at month 7. YTD material variances include CIP slippage £7.79m and premium cover for sickness, vacancies and other staff absences.

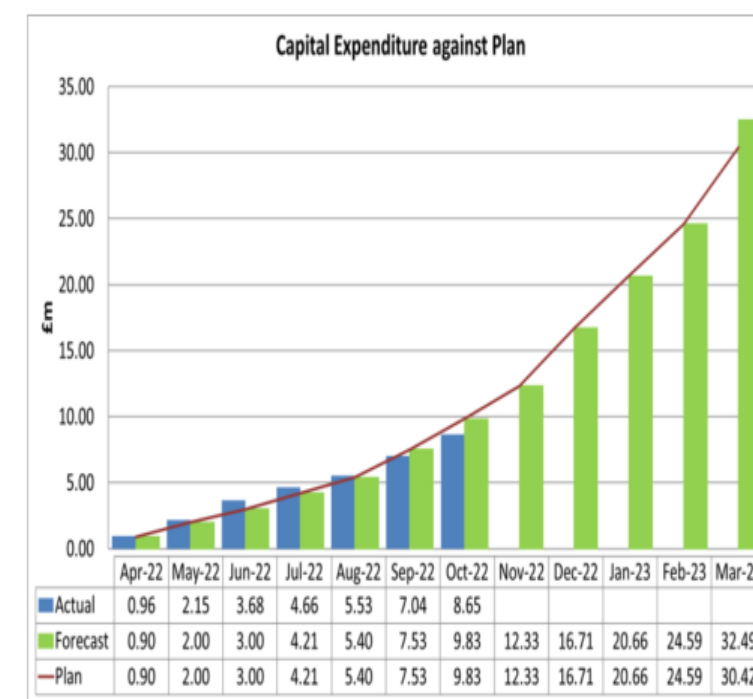
Income: NHS Clinical income from ICBs and NHS England have continued on block payment for 22/23 with adjustments for inflation, growth and the Elective Recovery Fund (ERF). The increase in Month 7 income is driven by Q1/Q2 achievement of ERF for North West London ICB and the increase in monthly block value for the pay award uplift. All other commissioners ERF income is included at the minimum level of 25% as in prior months as we anticipate clawback due to under recovery against targets. Sexual Health services are paid on an activity basis, income is billed in line with agreed baselines with quarterly reconciliations for over or under performance.



Comment: The exceptional March 2022 payroll figures include the 6.3% Pension contribution (£16.1m - a notional figure). The pay figure in September includes the YTD pay-awards uplift for AFC staff and consultants.



Comment: The favourable cash variance to plan in M7 of £23.97m is favourable cash variance b/fwd from M6 of £23.34m, Higher receipts to plan of £6.37m (CCG £503k Lower, Health Education £2.88m Higher, Local Authority £51k Higher, Donations £113k Lower, NHS England £1.98m Higher, AR £678k Higher, PP Income £486k Higher, FT's £560k Higher, Interest Income £169k Higher, Other Income £185k Higher) offset by Higher cash outflows to plan £5.74m (Higher Creditor payments)



Comment: The Trust has spent £1.62m in M7 2022-23 compared to the original budget of £2.30m, resulting in an under spend of £0.69m. The spend year to date is £8.65m compared to the planned position of £9.83m, resulting in an under spend of £1.18m. The under spend mainly relates to Estates projects which have now been phased to be spent in the last three months of the financial year (£13m). There are also timing differences between the phasing of the planned spend and the period when the actual spend will be incurred. The year to date spend accounts for only 27% of the capital programme as the majority of the capital spend has been phased in the plan to be incurred in the last four months of the financial year (£18m). The capital forecast for the year is £32.45m, and increase of £1.71m from last month, which is due to PDC funding being awarded for two projects and the transfer of £1.5m to LAS. The forecast is apportioned between the areas as follows; Estates £21.40m; Medical Equipment £4.66m; IT £6.06m, Non-Medical Equipment £0.15m and contingency £0.17m.



CONFIDENTIAL

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors 26/01/2023											
AGENDA ITEM NO.	3.5											
TITLE OF REPORT	Workforce Performance Report (November 2022)											
AUTHOR NAME AND ROLE	Lindsey Stafford-Scott – Chief People Officer (Interim)											
ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts – Chief Executive Officer											
THE PURPOSE OF THE REPORT <table border="1" data-bbox="108 831 518 1037"> <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		<p>The attached performance report provides an update to the People and Workforce Committee against key themes and deliverables in the Trust’s People Strategy.</p> <p>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 have the necessary plans in place to address them.</p> <p>This report was presented to the Executive Management board in the absence of a Workforce development Committee in December 2022 and carried over to 4th January 2023 as a result of winter site pressures..</p>			
Decision/Approval												
Assurance												
Info Only	X											
Advice												
REPORT HISTORY Committees/Meetings where this item has been considered)	<table border="1"> <thead> <tr> <th>Name of Committee</th> <th>Date of Meeting</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>EMB</td> <td>04 January 2023</td> <td></td> </tr> <tr> <td>People and Workforce Committee</td> <td>13 January 2023</td> <td></td> </tr> </tbody> </table>	Name of Committee	Date of Meeting	Outcome	EMB	04 January 2023		People and Workforce Committee	13 January 2023			
Name of Committee	Date of Meeting	Outcome										
EMB	04 January 2023											
People and Workforce Committee	13 January 2023											
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>The monthly report provides a summary of key progress against our People Strategy and workforce key performance indicators (KPIs) for November 2022 (M8).</p> <p>The Trust’s overall vacancy rate at 6.73% has dropped from 7.09% and continues to be the lowest within the NWL sector that sees an average of 11.73%. AHPs, qualified and unqualified nurses remain hot spots and continue to be the focus of our recruitment strategies. Qualified and non-qualified nursing remain biggest users of temporary staffing, monitored by the Task and Finish Group which progresses this work.</p> <p>The Trust’s turnover rate increased slightly in month from 14.88% to 14.92% and is higher than the target rate and the NWL sector average. The highest turnover is recorded in WLCH and ENT, with only PCD being within target or acceptable tolerances, respectively. Turnover is higher among AHPs, Scientific & Technical, and unqualified nursing.</p> <p>Sickness has fallen slightly from 3.90% to 3.88% in month and remains the lowest within NWL sector. 3 out of 7 divisions report sickness rates below Trust average, with WLCH seeing the lowest rate at 2.55%. CSD reports the highest sickness rates at 5.21%. Sickness rates are higher amongst qualified</p>											

	<p>and unqualified nursing. The ER Team continue to support managers with sickness training and management and our Trust provides an extensive health and wellbeing offer to support our people to be well at work.</p> <p>Non-medical appraisal has improved in month from 70.53% to 72.48% overall, with CSD and ENT currently within acceptable tolerance. Appraisal performance is lower amongst A&C staff group which is where the focus will be in the next few weeks. The appraisal performance is being monitored monthly and remains to be a focus for the organisation.</p> <p>Core training, also a focus for the organisation at present, has seen a small increase of 1% on last month, and continues to be the lowest within NWL sector. WLCH and WCH report the lowest compliance of 85% each. Our people are not able to book study leave unless they are fully compliant with their core training.</p> <p>The revised performance report sets out those areas which are to be noted as core focus these are:</p> <ul style="list-style-type: none"> • Vacancy and turnover, where retention continues to be the key risk and is subject to focused local and collaborative activity. • Agency Spend – concerted effort to reduce agency , in particular off-framework spend • Appraisal completion – concerted efforts required to close in acceptable tolerances for all divisions. • Sickness absence - Increasing levels of colds and flu, as well anxiety/stress/depression/other psychiatric illnesses require focussed intervention. <p>Appendix 1 – November Month 8 Workforce Performance report</p>
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KEY RISKS ARISING FROM THIS REPORT	<p>Risk are as set out within the report. Key risks continue to be:</p> <ul style="list-style-type: none"> • Vacancy rate • Turnover • Appraisal • Core Training
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STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)

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

<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td data-bbox="100 1742 502 1794">Equality And Diversity</td> <td data-bbox="502 1742 614 1794">Y</td> </tr> <tr> <td data-bbox="100 1794 502 1845">Quality</td> <td data-bbox="502 1794 614 1845"></td> </tr> <tr> <td data-bbox="100 1845 502 1919">People (Workforce or Patients/ Families/Carers)</td> <td data-bbox="502 1845 614 1919">Y</td> </tr> <tr> <td data-bbox="100 1919 502 1971">Operational Performance</td> <td data-bbox="502 1919 614 1971">Y</td> </tr> <tr> <td data-bbox="100 1971 502 2022">Finance</td> <td data-bbox="502 1971 614 2022">Y</td> </tr> <tr> <td data-bbox="100 2022 502 2074">Public Consultation</td> <td data-bbox="502 2022 614 2074"></td> </tr> <tr> <td data-bbox="100 2074 502 2085">Council of Governors</td> <td data-bbox="502 2074 614 2085"></td> </tr> </table>	Equality And Diversity	Y	Quality		People (Workforce or Patients/ Families/Carers)	Y	Operational Performance	Y	Finance	Y	Public Consultation		Council of Governors		<p>The key risks are highlighted above and throughout the report.</p>
Equality And Diversity	Y														
Quality															
People (Workforce or Patients/ Families/Carers)	Y														
Operational Performance	Y														
Finance	Y														
Public Consultation															
Council of Governors															

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



People Plan & Workforce Performance Report to the Executive Management Board, Workforce Development Committee and People and Workforce Committee

Month 8 – November 2022



Executive Summary

Overall, we are reporting a trust wide budgeted establishment of 6817.31 FTE, a staff in post figure of 6458.66 FTE and therefore, total vacancies of 458.65 FTE. We are however, reporting temporary staffing usage of 161.86FTE, which is significantly below the total number of vacancies. This suggests the efficacy of some of the grip and control measures, ensuring only necessary temporary staffing usage for safe service delivery, while encouraging safe and alternative ways to achieve productivity and deploy resources. However, the use of agency and in particular off-framework agency remains above acceptable levels and is an ongoing area of focus. Although our vacancy rates have been consistently below 10% and now at an all time low of 6.73% in the last rolling year, attraction efforts must continue, particularly for AHPs and non-qualified staff. HR teams are linking closely with collaborative recruitment and retention working groups, where vacancy rates at collaborative level remain a common cause for concern. Collaborative action is focusing on the hard to fill vacancies with a specific people priority in the NWL Acute Collaborative People plan focussed on this area.

Voluntary turnover over the last rolling year saw a high of 15.05% in Jun 2022 and it's lowest rate of 13% in December 2021. In month, it has increased from 14.88% to 14.92% in month we are unlikely to see the same lowest rate trend recorded last December. We must ensure that all divisions have active retention plans that include on boarding and ongoing people experience, career progression opportunities, leadership and wellbeing offers. The HR team will actively participate in collaborative projects including the retention programme, supported by national resource, which is being initiated across the NWL ICS. Acute Collaborative HRDs are sharing details of existing retention initiatives to inform future local or collaborative action.

Sickness absence is currently at 3.88% and is lower than that recorded this time last year i.e December 2021 and January 2022 rates which were both above 5%. This may have been linked to COVID 19. However, with cold and flu being the most common absence reason and increasing across the country, we continue efforts in our local infection control and flu and Covid vaccine campaigns. This month sees a spike in anxiety/ stress/ depression and other psychiatric illnesses as a reporting reason. We must work closely with the H&WB and Employee Relations teams in understanding factors, support interventions and support for managers in identifying what else they may do to help their teams preserve their wellbeing.

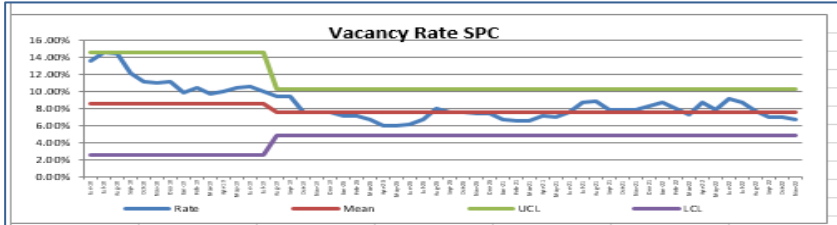
Agency spend remains a focus area and the Trust is working towards local and collective solutions. The new bank rates have now been implemented across Nursing and Midwifery staff with the last phase of adjustments for Bands 5 and 7 being reflected in their bank pay on the 23rd December. Escalation rates have been agreed for our 1st tier framework agency providers across A&E and Midwifery until the end of January 2023. Early results have already been noted with 9 new nurses booking shifts for A&E, 11 new midwives booking shifts with a further 13 awaiting clearance.

Although we report the highest completion rate in the last 12 months at 72.48%, non-medical appraisal remains an area of concern with only two divisions on course to end within acceptable tolerances. This, however is a common concern within the collaborative, with no Trust currently meeting targets for both medical and non- medical appraisal. While performance in this area has been affected by agreed approaches to re-prioritise during Covid, recovery plans are now in place for each division. Such plans must identify barriers to completing appraisal and line manager support to ensure these are completed for their teams. With the formal launch of the new pay step progression policy approved at P&W committee last month, it will be important to ensure line managers do not miss out on pay progression due to not having completed appraisals for all their teams.

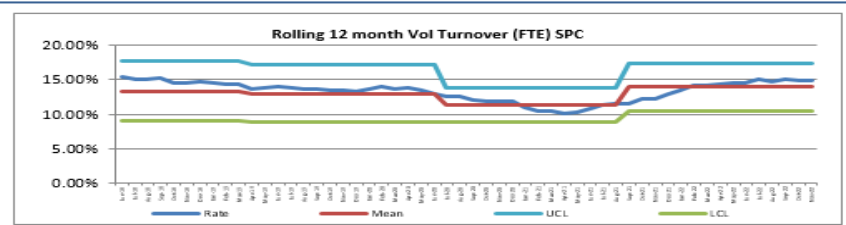
Escalations by Theme:

- Vacancy and turnover, where retention continues to be the key risk highlighted in the most recent annual safer staffing report presented at the November 2022 P&W committee.
- Agency Spend – concerted effort to reduce agency , in particular off-framework spend
- Appraisal Completion – Reported as off 21% required to close in acceptable tolerances for all divisions.
- Sickness absence - Increasing levels of colds and flu, as well anxiety/stress/depression/other psychiatric illnesses require focussed intervention.

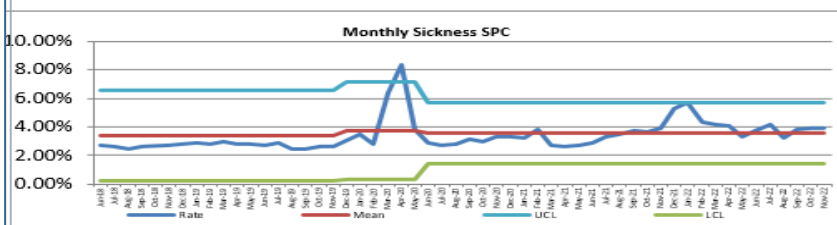
Key Indicators Over time and Coverage Triangulation



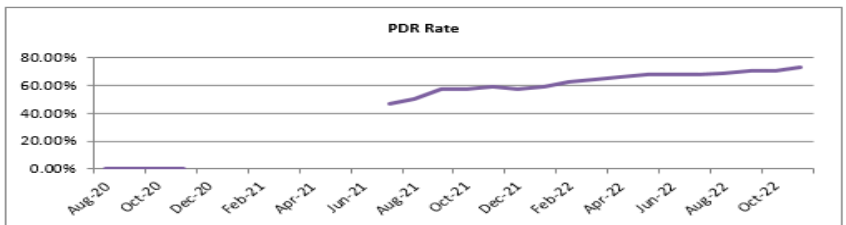
Movement in Month	↓
Movement Year to Date	↓
Movement over Last 12 months	↓



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	↑

The Trust's overall vacancy rate at 6.73% has dropped from 7.09% and continues to be the lowest within the NWL sector* that sees an average of 11.73%. AHPs, qualified and unqualified nurses remain hot spots and continue to be the focus of our recruitment strategies. Qualified and non-qualified nursing remain biggest users of temporary staffing, monitored by the Task and Finish Group which progresses this work.

The Trust's turnover rate increased slightly in month from 14.88% to 14.92% and is higher than the target rate and the NWL sector average*. The highest turnover is recorded in WLCH and ENT, with only PCD being within target or acceptable tolerances, respectively. Focused work is being done at divisional level to address this. Turnover is higher among AHPs, Scientific & Technical, and unqualified nursing.

Sickness has fallen slightly from 3.90% to 3.88% in month and remains the lowest within NWL sector*. 3 out of 7 divisions report sickness rates below Trust average, with WLCH seeing the lowest rate at 2.55%. CSD reports the highest sickness rates at 5.21%. Sickness rates are higher amongst qualified and unqualified nursing. The ER Team continue to support managers with sickness training and management and our Trust provides an extensive health and wellbeing offer to support our people to be well at work.

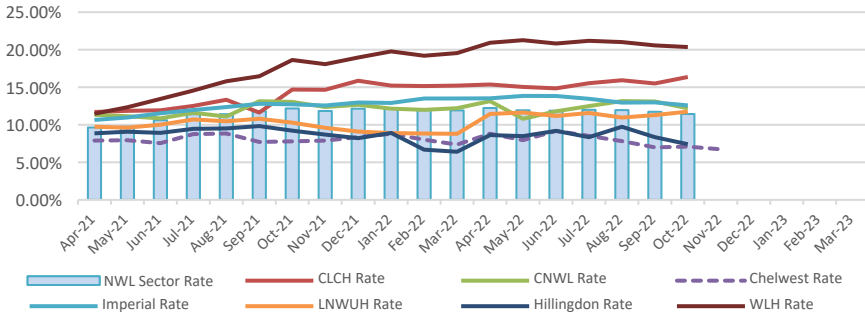
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Core training, also a focus for the organisation at present, has seen a small increase of 1% on last month, and continues to be the lowest within NWL sector*. WLCH and WCH report the lowest compliance of 85% each. Our people are not able to book study leave unless they are fully compliant with their core training.

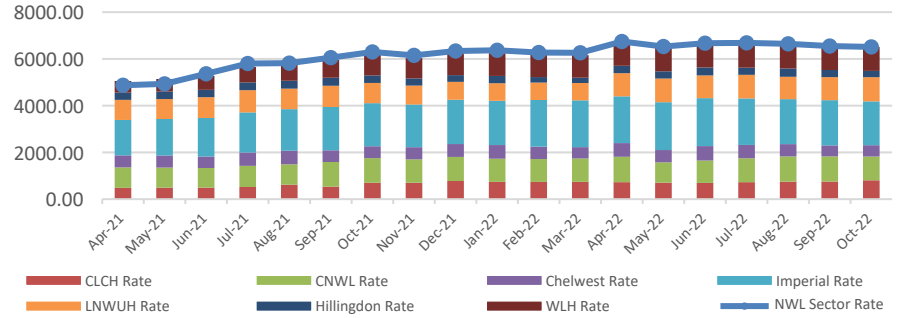
*See next slide for NWL sector benchmark illustrations
3.5a Workforce Performance Report Nov 22.pptx

NWL Benchmark (In arrears)

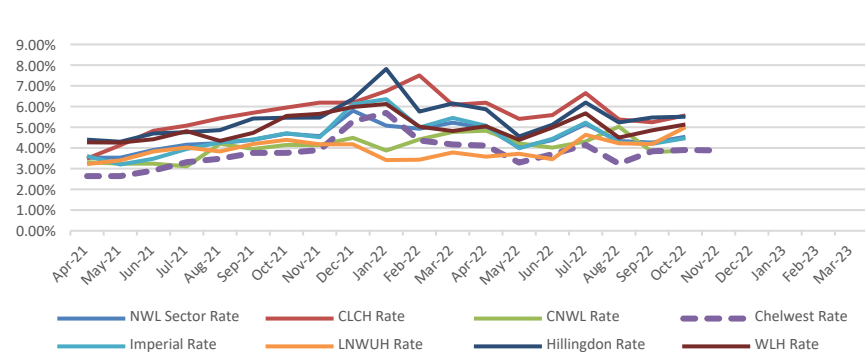
Vacancy Rate



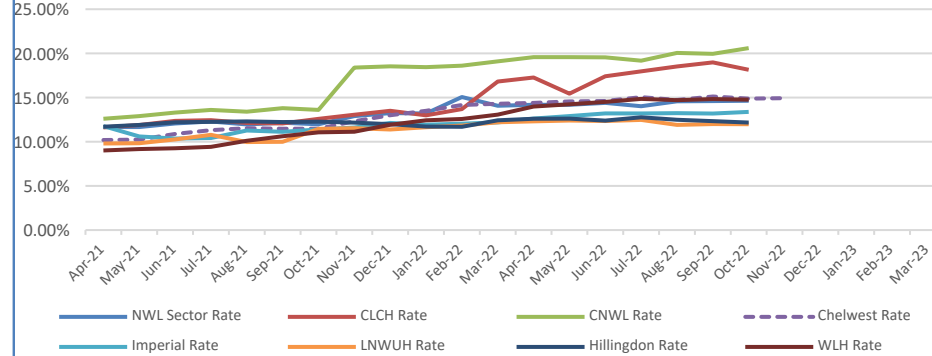
Vacant FTE



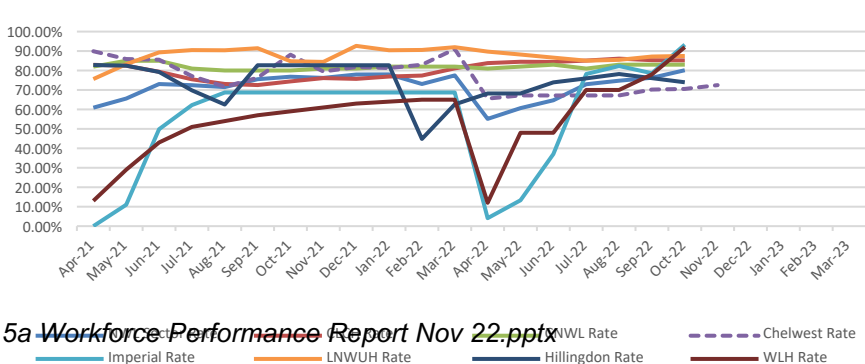
In Month Sickness Rate



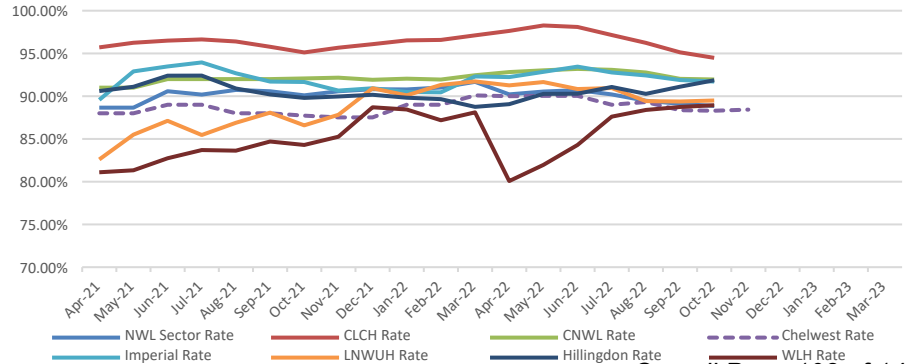
Vol Turnover Rate (12 month rolling)



Non Medical Appraisal



Core Training Rate



Performance Measure

2020/21 baseline

2023/24 ambition

Sickness (average days)

5.8 days

5 days

Divisional	Trust	COR	CSD	EIC	ENT	PCD	WCH	WLCH
FTE Days Lost to Sickness (In month)	7408.59	483.50	1523.86	1583.08	290.61	1284.51	1933.37	309.65
FTE Days Available	190718.29	16935.60	29229.46	52001.10	6186.52	35710.11	38492.71	12162.78
Staff Headcount	6822	581	1060	1825	219	1265	1427	445
In Month Sickness Rate	3.88%	2.85%	5.21%	3.04%	4.70%	3.60%	5.02%	2.55%
of which Short Term	2.16%	1.51%	2.60%	1.85%	2.30%	2.37%	2.46%	1.74%
of which Long Term	1.72%	1.35%	2.62%	1.20%	2.40%	1.22%	2.56%	0.80%
No of Episodes in Month	1521	84	285	382	47	289	355	79
New Active Sickness Triggers	624	20	85	119	14	96	94	24
Triggers Downgraded	400	15	72	82	10	55	76	22
Previous Months 1 Month Sickness Rate	3.90%	2.49%	5.32%	3.62%	4.35%	3.90%	4.37%	1.87%
In Month Movement	-0.01%	0.36%	-0.11%	-0.57%	0.35%	-0.30%	0.66%	0.68%
12 Month Sickness Rate	4.13%	2.07%	5.19%	3.55%	5.11%	4.14%	5.22%	3.09%

Staff Group	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)	1794.02	343.31	389.2	3277.35	1046.2	212.32	346.2
FTE Days Available	35715.59	9869.15	39406.22	72070.9	19906.16	4856.78	8893.49
Staff Headcount	1232	374	567	2573	719	182	330
In Month Sickness Rate	5.02%	3.48%	0.99%	4.55%	5.26%	4.37%	3.89%
of which Short Term	2.25%	2.92%	0.63%	2.71%	2.72%	2.29%	1.97%
of which Long Term	2.77%	0.56%	0.35%	1.84%	2.53%	2.08%	1.92%
12 Month Sickness Rate	4.49%	3.51%	0.89%	5.08%	6.42%	4.77%	4.71%
Previous Months 1 Month Sickness Rate	5.22%	2.93%	0.70%	4.38%	5.67%	6.23%	4.73%
In Month Movement	-0.20%	0.55%	0.29%	0.17%	-0.41%	-1.86%	-0.84%

Highest Sickness Reason	In Month Episode %	Highest Sickness Reason	In Month FTE Lost %
S13 Cold, Cough, Flu - Influenza	29.38%	S10 Anxiety/stress/depression/other psychiatric illnesses	17.77%
S25 Gastrointestinal problems	11.92%	S13 Cold, Cough, Flu - Influenza	15.46%
S15 Chest & respiratory problems	9.03%	S15 Chest & respiratory problems	12.19%
S98 Other known causes - not elsewhere classified	8.37%	S98 Other known causes - not elsewhere classified	8.95%
S99 Unknown causes / Not specified	6.39%	S12 Other musculoskeletal problems	7.77%

Summary

The sickness rate reduced in month and remains within expected statistical variances. CSD, ENT and WCH have materially higher rates than the other clinical divisions.

The highest reason for sickness by episode is Influenza emphasizing the importance of ensuring that the 50%+ of staff that have not been immunised do so. In terms of FTE lost Anxiety/stress/depression/other psychiatric illnesses remains the highest cause stressing the importance of our psychological service offer and other wellbeing support and initiatives.

Actions

- ER team to continue training support for managers.
- ER and H&WB to work closely with divisions to identify factors leading to increased stress/anxiety/depression.
- H&WB and HRBPs to reinforce well-being offers within division.
- Divisional managers to log all sickness cases with ER team for on-going and timely case management support.

Performance Measure

2020/21 baseline

2023/24 ambition

Voluntary Turnover of Staff

18%

10%

Divisional	Trust	COR	CSD	EIC	ENT	PCD	WCH	WLCH
Voluntary Leaves (FTE) in last 12 months	812.85	94.00	184.00	215.00	36.00	107.00	178.00	63.00
Voluntary Leaves (HC) in last 12 months	877	37.22	101.1	116	23.92	83.76	94.01	2.64
Voluntary Turnover Rate	14.92%	17.01%	17.72%	14.62%	18.62%	10.15%	14.47%	19.53%
Retirement Rate	1.22%	1.38%	1.54%	0.62%	0.00%	1.21%	2.02%	0.46%
Gross Turnover Rate	18.59%	26.71%	22.41%	16.15%	20.11%	12.91%	18.67%	21.47%
Previous Vol TO Months Rate	14.88%	15.86%	17.80%	14.16%	18.45%	10.50%	15.19%	19.59%
Movement	0.03%	1.15%	-0.08%	0.45%	0.17%	-0.34%	-0.72%	-0.06%
Last Years Vol TO Rate	12.32%	8.96%	12.40%	14.32%	22.41%	8.87%	8.76%	
Movement	2.60%	8.05%	5.32%	0.30%		1.28%	5.71%	

Top 5 Vol Leaver Reasons	WTE Leavers in 12 Months	%
Voluntary Resignation - Other/Not Known	250.06	27.74%
Voluntary Resignation - Relocation	196.94	21.85%
Voluntary Resignation - Promotion	150.11	16.65%
Voluntary Resignation - Work Life Balance	127.05	14.10%
Voluntary Resignation - To undertake further education or training	72.21	8.01%

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	213.43	73.96	13.38	322.04	103.08	23.11	63.85
Voluntary Leaves (HC) in last 12 months	219	76	16	352	113	29	72
Voluntary Turnover Rate	18.00%	22.81%	2.41%	13.83%	16.94%	14.62%	22.25%
Retirement Rate	1.32%	0.31%	1.09%	1.51%	1.29%	1.78%	1.00%
Gross Turnover Rate	24.11%	25.34%	5.75%	16.04%	19.55%	24.53%	25.55%
Previous Vol TO Months Rate	17.37%	22.54%	2.03%	13.95%	17.69%	15.43%	22.89%
Movement	0.63%	0.27%	0.37%	-0.12%	-0.76%	-0.81%	-0.64%

Summary

Turnover has increased marginally to 14.92% in month on a rolling basis. The high voluntary turnover is a material risk to the organisation being able to provide safe, effective services whilst maintaining financial grip and control. Divisional improvement programmes focused on retention are a focus for business planning and the Trust is investing heavily in health and wellbeing programmes to support our colleagues.

The highest reason for resignation is other/not known (27.74%). Relocation (21.85%) is the second most significant reason for leaving. The nature of that reason is complex and may be impacted by rates of pay, cost of living, family dependencies and flexible working opportunities.

Divisions are focusing on hotspots areas and undertaking activities to better understand issues, increase leavers surveys and plan appropriate actions.

Actions

- HRBPs will work closely with divisions to ensure each has a retention plan linked to workforce development plans.
- HR teams to work closely with operational leads in translating collaborative retention projects and schemes into CW local plans, monitoring progress and effectiveness through WDC.
- HR to explore removal or reframing of "other/not known" option on leavers questionnaire for more meaning data capture. *Overall Page 110 of 141*

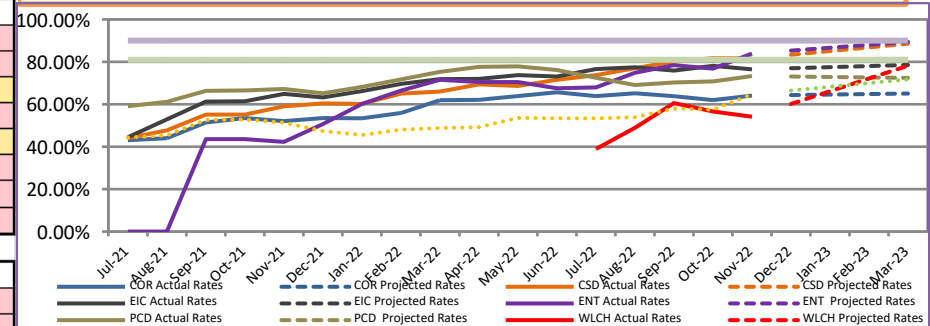
Appraisal Rates

Month	Aug-22	Sep-22	Oct-22	Nov-22
Trust PDR Rate	68.39%	70.21%	70.53%	72.48%
COR PDR Rate	65.18%	63.81%	61.97%	64.10%
CSD PDR Rate	76.99%	80.17%	81.72%	81.61%
EIC PDR Rate	77.44%	75.88%	78.11%	76.47%
ENT PDR Rate	74.85%	78.44%	76.79%	83.91%
PCD PDR Rate	69.08%	70.28%	70.78%	73.30%
WLCH PDR Rate	48.91%	60.57%	56.61%	54.12%
WCH PDR Rate	53.88%	58.04%	57.46%	64.78%

Month	Aug-22	Sep-22	Oct-22	Nov-22
Trust PDR Rate	68.39%	70.21%	70.53%	72.48%
A&C PDR Rate	62.66%	65.52%	65.46%	68.79%
AHP PDR Rate	74.56%	79.21%	77.97%	79.32%
Nursing (Q) PDR Rate	68.69%	69.80%	70.50%	72.83%
Nursing (UQ) PDR Rate	68.21%	69.73%	70.67%	71.62%
OACS PDR Rate	74.10%	73.13%	73.33%	75.71%
STT(Q) PDR Rate	80.53%	82.09%	81.18%	76.95%

Month	Aug-22	Sep-22	Oct-22	Nov-22
Trust Med App Rate	88.22%	89.95%	91.30%	89.22%
CSD Med App Rate	91.49%	93.75%	92.31%	87.50%
EIC Med App Rate	86.36%	88.28%	87.27%	84.65%
PCD Med App Rate	86.83%	89.90%	90.63%	89.12%
WLCH Med App Rate				
WCH Med App Rate	90.84%	90.84%	95.77%	94.86%

Target – 90%



Division	Apr 22 Rate	Current Rate	22/23 close Projected Rate
COR	55.88%	64.10%	65.06%
CSD	65.03%	81.61%	88.55%
EIC	69.60%	76.47%	78.52%
ENT	66.43%	83.91%	89.41%
PCD	71.72%	73.30%	72.42%
WLCH	49.22%	54.12%	78.17%
WCH	-	64.70%	71.77%

Summary

The overall PDR rate for the Trust shows a slight improvement. However the rate of improvement is not progressing as expected with the in month movement varying by Division. COR & PDC made some improvement for November, while WCH and ENT showed significant improvement (8% and 7% respectively). Monthly reports allowing for managers to plan and prioritise appraisals are shared by working day 6 each month and Divisions are setting target trajectories for monitoring at the Workforce Development Committee. For medical staff, the overall Trust appraisal rates dropped slightly in month to 89.22%, just below the target range. Appraisals which are overdue are being followed up by the Medical Workforce Team in line with Trust processes.

Actions

- HRBPs will work closely with divisions to ensure recovery plans are in place to achieve 90% appraisal target rate.
- ER and HRBPs to work closely with divisions to embed the new pay step progression policy linked to appraisal which requires all managers' to have completed appraisals for their direct reports in order to be eligible for pay progression.
- Divisional managers to escalate to HRBPs, issues or concerns presenting barriers to appraisal completion, for support and solution planning.
- Application of PDR compliance to study leave authorisation

Statutory and Mandatory Training Rates

Target – 90% (IG 95%)

Nov-22 Course	Core Training			
	Last Month	This Month	Target	Trend
Core Training Rate	88%	89%	90%	↑
Theory Adult BLS	73%	73%	90%	→
Practical Adult BLS	81%	81%	90%	→
Conflict Resolution - Level 1	94%	94%	90%	→
Equality & Diversity	92%	92%	90%	→
Fire	87%	84%	90%	↓
Health & Safety	91%	92%	90%	↑
Infection Control (Hand Hygiene)	90%	91%	90%	↑
Infection Control - Level 2	88%	89%	90%	↑
Information Governance	91%	91%	95%	→
Moving & Handling - Level 1	91%	92%	90%	↑
Moving & Handling - Level 2 Theory	87%	87%	90%	→
Moving & Handling - Level 2 Patient	86%	85%	90%	↓
Safeguarding Adults Level 1	91%	92%	90%	↑
Safeguarding Adults Level 2	89%	89%	90%	→
Safeguarding Adults Level 3	84%	83%	90%	↓
Safeguarding Children Level 1	92%	93%	90%	↑
Safeguarding Children Level 2	89%	91%	90%	↑
Safeguarding Children Level 3	79%	79%	90%	→

	Last Month	This Month	Trend
TRUST	88%	88%	→
Clinical Support Division	91%	93%	↑
Corporate Division	90%	90%	→
Emergency & Integrated Care Division	88%	89%	↑
Enterprise Division	88%	92%	↑
Planned Care Division	89%	89%	→
West London Childrens Hospiatal		85%	↑
Womens, Childrens and Sexual Health Division	86%	85%	↓

Summary

Overall compliance is still sitting at 89% but has seen 0.2% increase every two weeks

Actions

Safeguarding Children Level 3:

- The safeguarding children’s team have delivered many training sessions, and are keen to help improve the current rate of 79%. The team is holding a cross site safeguarding L3 clinical governance morning on Wednesday 14th Dec. They are continuing with regular training so aim to be above 90% before the next financial year.

Safeguarding Adults Levels 2&3:

- Taking into account the bookings for December, the Trust should be just over 90% following the training on the 12th December.

Information Governance: (National Guidance 95%)

- The team will continue to send out monthly personalised reminders (mail-merge) to all non-compliant and soon to be non-compliant staff. After Christmas, they will be sending non-compliant lists of staff to the divisional directors / general managers.

Moving & Handling:

- The M&H recovery plan has been in full swing since April 2021 when compliance dropped to 72%. This includes: Additional standalone trainings created for Maternity who has the lowest records of compliance, now introduced MH for MW and MWSW in Chelsea. Maternity team has now also created recovery plan for M&H recovery plan. The team will continue training support for managers.

Employee Relations

Category	Metric	Nov-22							
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Non Medical Disciplinary									
No of Disciplinary cases opened in month	Number	0	0	1	1	1	1	2	0
No of current, open disciplinary cases	Number	2	1	2	3	3	3	3	3
Average length of closed disciplinary cases (closed in the last 24 months)	Days <60	70.38	70.38	133.18	133.18	120.00	117.51	120.43	120.43
Average length of disciplinary Investigation	Days<30	37.50	35.00	19.50	23.00	27.00	25.00	24.00	37.00
Total Disciplinary cases opened in year (from April 22)	Number	0	0	1	2	3	4	7	7
% BAME Disciplinary Cases in year (from April 2022)	%	100.00%	100.00%	0.00%	50.00%	66.67%	75.00%	83.33%	83.33%
% BAME Disciplinary Cases opened in month	%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%
Exclusions - No. of live in month	Number	1	1	0	1	1	2	0	0
Medical Disciplinary									
No of MHPS cases opened in month	Number	0	0	0	0	0	1	0	0
No of current, open MHPS cases	Number	1	1	1	0	0	1	1	1
Average length of closed MHPS cases (closed in the last 24 months)	Days <60	136.76	136.76	136.76	136.76	145.85	145.85	147.63	147.63
Average length of MHPS Investigation	Days<30	28.00	28.00	28.00	0.00	0.00	13.00	43.00	63.00
Total MHPS cases opened in year (from April 22)	Number	0	0	0	0	0	1	1	1
% BAME MHPS Cases in year (from April 2022)	%		0.00%	0.00%			100.00%	100.00%	100.00%
% BAME MHPS Cases opened in month	%								
Exclusions - No. of live in month	Number	0	0	0	0	0	0	0	0
Grievance									
Grievance - No. of opened cases in month	Number	1	1	1	1	1	1	1	2
Grievance - No. of opened cases in year	Number	1	3	4	4	5	8	9	11
Grievance - No. of open cases	Number	4	4	8	8	6	6	3	5
Average length of closed grievance cases	Days	130.43	132.29	134.98	134.98	134.98	135.78	151.19	151.19
Grievances - % that are BAME Cases opened in month	%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	100.00%
Grievances - % that are BAME Cases opened in year	%	0.00%	0.00%	25.00%	0.00%	0.00%	37.50%	44.44%	54.55%
B&H cases - included in grievance numbers (of those opened in year)	Number	0	0	0	0	0	0	0	0
Sickness									
Sickness - No. of cases opened in month	Number	22	13	19	15	20	27	34	29
Sickness - No. of open cases	Number	79	82	86	87	82	91	111	125
Long Term - sickness cases in month	Number	10	11	15	13	14	19	26	19
Short Term - sickness cases in month	Number	11	2	4	2	6	8	8	10
Ancillary									
No. of Employment Tribunals (ET) active	Number	8	7	6	5	4	5	5	7
Staff attending FR training sessions in month announced	Number	48	50	50	50	111	115	115	111

Summary

- No new disciplinary cases were opened in the month of November.
- The total number of open formal disciplinary cases is 3.
- The focus on early and informal resolution has seen a reduction in formal case work. However, the number of informal cases has risen to 69, an increase of 14 since September.
- The average length of disciplinary investigation in November is 37 days, which is 23% above the KPI threshold of 30 working days.
- There is currently 1 live MHPS case.
- There were 2 new grievance cases opened in November and the current number of formal grievances is 11. There are also 6 informal cases that are subject to mediation.
- The total number of sickness cases increased from 111 in October to 125 as at end of November.
- The number of Employment Tribunal (ET) cases has increased to 7 as recorded at the end of November. The ER team are adopting robust case management strategies to prevent ET claims against the Trust. The key themes of the current live ET cases remain race discrimination, disability discrimination, unfair dismissal and deduction of wages.

Actions

- Managers' training to continue on sickness, grievance, probation, performance, conflict resolution, flexible working and managing difficult conversations.
- The ER Team to continue monthly sickness outreach to identify areas where additional support is needed and with the provision of advice towards outcomes in existing cases.
- Divisions to log all sickness and informal cases with ER for support and data capture for meaningful just culture change.

Performance Measure

2020/21 baseline

2023/24 ambition

Increase in the number of BAME staff 8a and above

Disproportionate – 3 grades not met

All grades meeting set targets

Projected Model Employer Targets	2019	2020	2021	2022	2023	2022/23 Performance	2022/3 ambition	2021/2 current	Gap
Band 8a	74	78	82	86	90	Band 8a	86	85	-1
Band 8b	25	27	29	31	33	Band 8b	31	32	+1
Band 8c	10	11	12	13	14	Band 8c	13	17	+4
Band 8d	6	6	7	7	8	Band 8d	7	3	-3
Band 9	2	2	3	3	3	Band 9	3	4	+1
VSM	5	6	7	8	9	VSM	8	4	-3

Division	BAME Staff in Band 8A+ (Afc)	Staff in Band 8A+ (Afc)	Band 8A+ (Afc) BAME %	BAME Staff in Medical	Staff in Medical	Medical BAME %	Overall Staff Population BAME %
289 PDC Planned Care Division	11	46	23.91%	153	372	41.13%	57.35%
289 EIC Emergency & Integrated Care Division	24	102	23.53%	202	456	44.30%	56.33%
289 Enterprise Division	6	23	26.09%	2	11	18.18%	42.01%
289 CSD Clinical Support Division	49	93	52.69%	32	66	48.48%	54.06%
289 CCF Corporate Division	41	141	29.08%	16	29	55.17%	45.96%
289 WCH Womens, Childrens and Sexual Health Division	6	51	11.76%	120	282	42.55%	39.38%
289 WLCH West London Childrens Hospital	4	12	33.33%	71	174	40.80%	47.19%
Trust	141	468	30.13%	596	1390	42.88%	50.69%

Factor	Current Month	Last Month	Start of Year
% of Diversity Champions on Band 8A+ Interview Panels	0.00%	00.00%	8.33%

Summary

Having met the Band 8a target last month we have had a leaver and so have reverted to 1 below target.

We continue to over-perform on Bands 8b, 8c and 9 and have surpassed the Model Employer Goals (MEG) targets in these areas.

We have yet to improve our compliance with Diversity Panel members on panels.

Actions

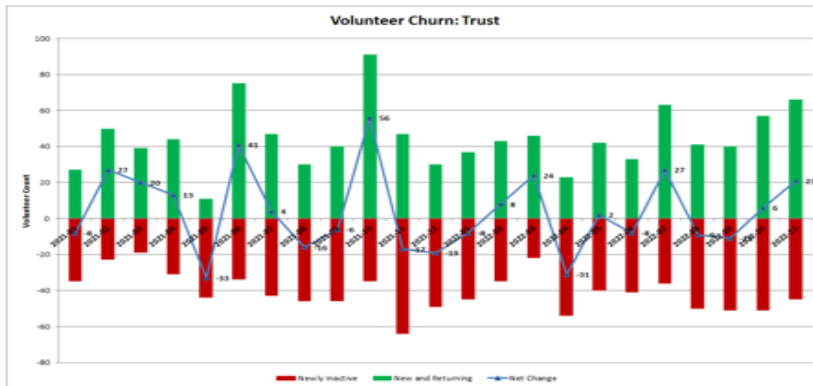
- Maintain focus on B8d and VSM through to the end of Q4.
- Reinforce efforts on the new recruitment inclusion project to increase Diversity Champions at interview panels.
- Finalise recruitment and selection training and review of roles and responsibilities for equitable recruitment.
- CPO and DCPO-SC to review local approaches and opportunities, taking learning from collaborative partners and translating into CW actions.

Volunteers

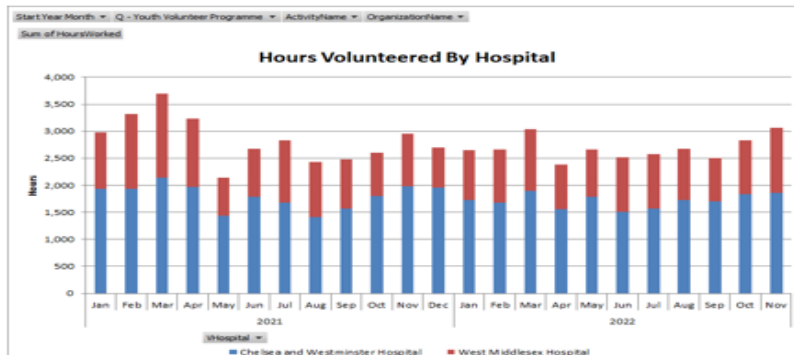
There was an overall 8% increase in volunteering hours from October to November, with 235 volunteers contributing 3062 hours. The team has been recruiting new volunteers including many new young volunteers from local schools and colleges. The team has experienced significant challenges in terms of staff absences and disruption from sewage leaks in the volunteering hub at Chelsea. However, the current volunteer recruitment drive should mean the service is well-provisioned for volunteers during the winter period.

Trust Summary

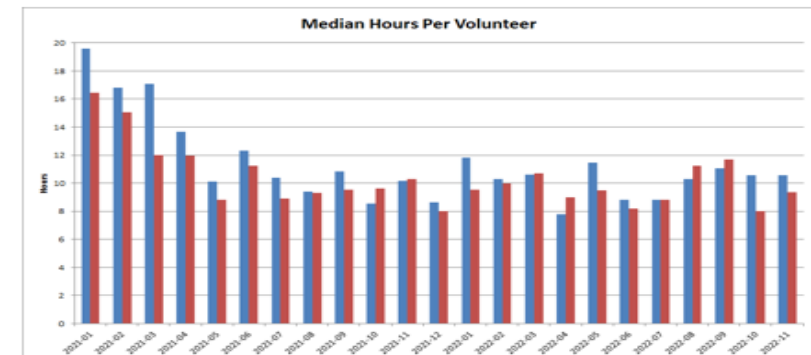
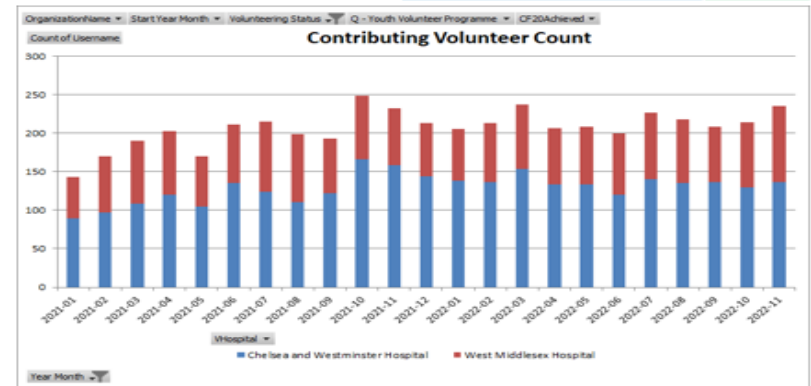
Change on Last Month +21



Change on Last Month +8%



Change on Last Month +10%



Recruitment Data for non-medical

Metric	Units	Status	Avgc YTD	Last mth	This mth
Authorisation start to final approval					
Corporate	avge.	days	30.6	49.6	30.3
CSS	avge.	days	32.2	57.6	35.3
EIC	avge.	days	36.3	32.4	50.5
PCD	avge.	days	20.6	23.8	41.0
WCH	avge.	days	35.1	26.6	33.1
Total	avge.	days	32.3	38.4	38.4
Time taken to shortlist					
Corporate	avge.	days	8.1	6.8	12.5
CSS	avge.	days	6.7	4.0	3.5
EIC	avge.	days	5.4	4.6	4.4
PCD	avge.	days	5.3	5.0	5.7
WCH	avge.	days	5.7	9.4	6.4
Total	avge.	days	6.2	6.6	6.0
Interview date to informing recruitment team					
Corporate	avge.	days	2.7	5.1	10.2
CSS	avge.	days	3.0	1.8	3.6
EIC	avge.	days	1.5	1.3	1.7
PCD	avge.	days	1.1	3.3	0.8
WCH	avge.	days	2.4	4.4	3.9
Total	avge.	days	2.3	3.7	4.1

Process times

Summary

- Recruitment activity has remained relatively static in November with 227 offers made.
- There were 37 candidate withdrawals with a large % attributed to being offered an alternative role / a change in personal circumstances.
- The largest growth was in mass recruitment following a recent overseas nursing trip to the Philippines, with 51 offers made.
- Time to hire was at 8.87 weeks, up from 8.38 weeks in October.
- By exception, pre Employment checks in EIC sat outside KPI, which in the main is attributed to longer than average turnaround times for Occupational Health.
- There are currently 31 applicants pending OH clearance, whilst all other checks have been completed.

Actions

- Continue weekly reviews of agreed escalation process in place to ensure new candidates are prioritised for OH.
- Business case in production for additional temporary resource to support OH Pre-employment clearances
- Review of OH Collaborative contract KPI's and transition plan to ensure adequate provision during the consultation and potential transfer

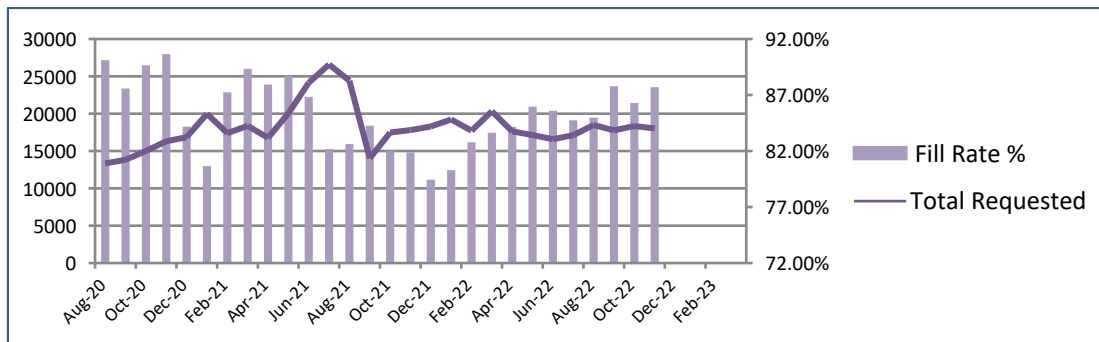
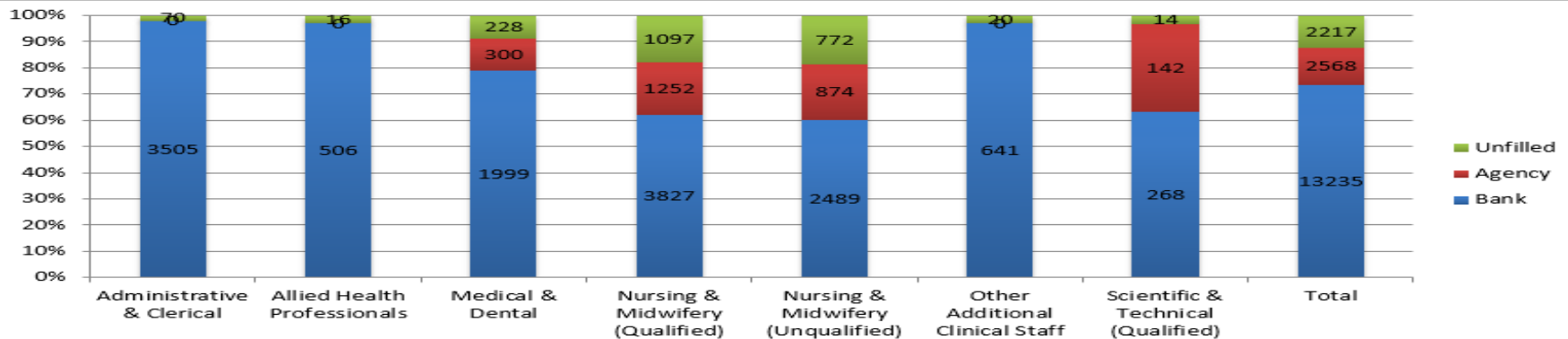
3.5a Workforce Performance Report Nov 23.pptx
Working with NWL to support collaborative recruitment activities

Metric	Units	Status	Avgc YTD	Last mth	This mth
Advert published target > 2 days					
Corporate	avge.	days	0.3	0.1	0.0
CSS	avge.	days	0.4	0.2	0.1
EIC	avge.	days	0.2	0.0	0.1
PCD	avge.	days	1.0	1.1	0.8
WCH	avge.	days	0.4	0.0	0.0
Total	avge.	days	0.4	0.2	0.1
Shortlisting sent target > 1 day					
Corporate	avge.	days	1.3	2.2	1.2
CSS	avge.	days	1.1	1.2	1.0
EIC	avge.	days	1.3	1.0	1.0
PCD	avge.	days	1.1	0.9	1.0
WCH	avge.	days	1.3	1.0	1.0
Total	avge.	days	1.3	1.3	1.0
Arrange interview target > 2 days					
Corporate	avge.	days	0.1	0.0	0.2
CSS	avge.	days	0.3	0.1	0.3
EIC	avge.	days	0.2	0.2	0.2
PCD	avge.	days	0.9	1.8	0.6
WCH	avge.	days	0.3	0.1	0.4
Total	avge.	days	0.3	0.3	0.3
Offer issued target > 2 days					
Corporate	avge.	days	1.0	0.0	0.1
CSS	avge.	days	1.4	0.3	1.1
EIC	avge.	days	1.1	0.1	0.5
PCD	avge.	days	1.0	0.8	1.9
WCH	avge.	days	0.8	0.1	0.4
Total	avge.	days	1.1	0.2	0.7
Pre-employment checks target > 20 days					
Corporate	avge.	days	12.5	12.0	12.1
CSS	avge.	days	15.8	14.7	12.5
EIC	avge.	days	16.4	23.0	28.5
PCD	avge.	days	16.4	12.3	12.8
WCH	avge.	days	17.6	14.4	14.0
Total	avge.	days	15.2	13.7	16.5
Time to hire target > 9 wks					
Corporate	avge.	weeks	7.4	7.0	7.3
CSS	avge.	weeks	7.8	7.7	6.5
EIC	avge.	weeks	8.2	4.6	12.2
PCD	avge.	weeks	8.2	12.5	7.3
WCH	avge.	weeks	9.4	10.3	9.2
Total	avge.	weeks	8.3	8.2	8.5

Performance

Bank and Agency

Group	Bank	Agency	Unfilled	Total Requested	Bank Fill Rate	Agency Fill Rate	Unfilled rate	Overall Fill Rate
Administrative & Clerical	3505	0	70	3575	98.04%	0.00%	1.96%	98.04%
Allied Health Professionals	506	0	16	522	96.93%	0.00%	3.07%	96.93%
Medical & Dental	1999	300	228	2527	79.11%	11.87%	9.02%	90.98%
Nursing & Midwifery (Qualified)	3827	1252	1097	6176	61.97%	20.27%	17.76%	82.24%
Nursing & Midwifery (Unqualified)	2489	874	772	4135	60.19%	21.14%	18.67%	81.33%
Other Additional Clinical Staff	641	0	20	661	96.97%	0.00%	3.03%	96.97%
Scientific & Technical (Qualified)	268	142	14	424	63.21%	33.49%	3.30%	96.70%
Total	13235	2568	2217	18020	73.45%	14.25%	12.30%	87.70%



Total Trust bank shifts have reduced slightly from 18349 in October to 18020 in November with a Bank and Agency fill rate of 87.7%. The outlier by division is CLCH with 78.52% and by staff group, unqualified Nursing and Midwifery is 81.33% and qualified Nursing and Midwifery 82.24%. The total number of shifts requested within Nursing and Midwifery (qualified) fell by 811 shifts in November. Whilst our bank fill rate performance was better as a % in November v's October (61.97% v's 57.56%), we actually filled 143 shifts less in November utilising bank.

Bank and Agency – Reasons for Requests

Division	COR	CSD	EIC	ENT	PDC	WCH	WLCH	Total
Annual Leave	2	4	116	6	56	10	2	196
Covid Operational	58	47	112	0	36	0	0	253
Covid Sickness/Isolation Cover	0	1	21	0	13	22	0	57
Mat Leave	0	13	150	10	66	74	0	313
Other	1	0	143	0	36	1	0	181
Other Leave	1	2	10	0	6	11	2	32
Private Patients	0	0	0	147	19	0	0	166
Sickness Cover	44	80	521	97	574	327	60	1703
Specialling	69	42	803	17	555	234	138	1858
Study Leave	18	14	176	0	401	44	1	654
Vacancies	709	1572	3055	169	1478	1096	249	8328
Workload	224	811	630	55	1211	305	195	3431

Summary

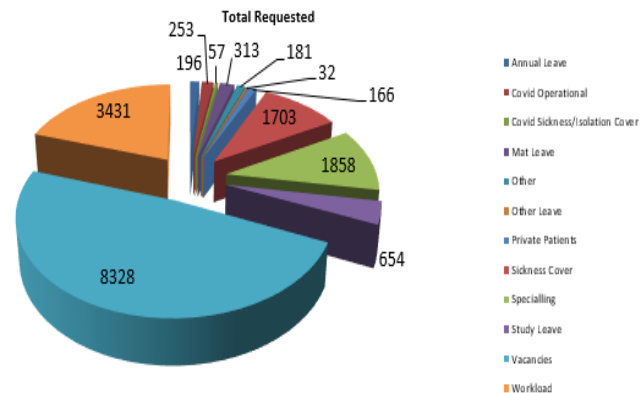
The number of shifts attributed to vacancy fell by 360 shifts in November which can be attributed to the impact of new starters. Specialling shifts also saw a decrease, down 402 shifts from October. The new AfC bank rates have now been implemented with the last phase of adjustments for Bands 5 and 7 being reflected in their bank pay on the 23rd December. Whilst there has not yet been a visible increase in our bank fill rates as a result, the next phase of implementation will see some targeted communications to all substantive staff that are not on the bank to promote the benefits and encourage further take up. The use of off framework agency is exclusively in Qualified Nursing and Midwifery, particularly in EIC, WCH and PCD. It is anticipated that increased Bank rates and temporary Agency escalated rates will remove off framework in due course.

Actions

- Escalation rates have been agreed for our 1st tier framework agency providers across A&E and Midwifery until the end of January 2023. Early results have been positive with 9 new nurses booking shifts for A&E and 11 new midwives booking shifts with a further 13 awaiting clearance. To qualify for the incentivised rates these staff are also required to book a minimum of 2 shifts per week.
- New Medical Bank Pay Rates have also been introduced effective 1 December and fill rates will be monitored

Nov-22

Request Reason	Trust			Total Requested	Shifts %
	Bank	Agency	Unfilled		
Annual Leave	123	40	33	196	1.14%
Covid Operational	237	1	15	253	1.47%
Covid Sickness/Isolation Cover	28	12	17	57	0.33%
Mat Leave	231	34	48	313	1.82%
Other	122	47	12	181	1.05%
Other Leave	21	1	10	32	0.19%
Private Patients	121	28	17	166	0.97%
Sickness Cover	867	399	437	1703	9.92%
Specialling	1012	477	369	1858	10.82%
Study Leave	403	179	72	654	3.81%
Vacancies	6508	924	896	8328	48.50%
Workload	2796	383	252	3431	19.98%
Total	12469	2525	2178	17172	100.00%





CONFIDENTIAL

TITLE AND DATE (of meeting at which the report is to be presented)	Council of Governors 26/01/2023										
AGENDA ITEM NO.	3.6										
TITLE OF REPORT	Accessibility Audit of the Physical Environment Briefing Paper January 2023										
AUTHOR NAME AND ROLE	Mark Greene, Associate Director of Estates & Facilities and Andy Denton, Capital Project Manager										
ACCOUNTABLE LEAD	Stephen Gill, Vice Chair										
THE PURPOSE OF THE REPORT	This paper has been written to update the Council of Governors on the progress of AccessAble and their audits of the Trust as previously reported.										
<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								
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND											
KEY RISKS ARISING FROM THIS REPORT	Risk are as set out within the report. Key risks continue to be: <ul style="list-style-type: none"> • Vacancy rate • Turnover • Appraisal • Core Training 										
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)											
Deliver high quality patient centred care	Y										

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:

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

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

Background

An accessibility audit was previously carried out on the Chelsea site by AccessAble and a report produced to outlining the status in regards to accessing the main hospital and services. A secondary follow up visit /audit was undertaken in July 2022 to ascertain if there were any changes since their last visit and to audit the areas which were not covered in the initial audit. An initial brief update was received on the 29th August which outlined the areas visited. In conjunction with the re-audit of the Chelsea site, West Middlesex site was also audited and detailed reports were received on the 22nd December 2022. In addition, the Trust’s satellite sites (10 Hammersmith Broadway, 56 Dean Street and Dean Street Express) are also in the process of being audited and should be completed by March 2023.

As part of this project Accessable produce “Access Guides” which are on-line virtual guides outlining what to expect when visiting the Trust from a physical environment perspective, which will be launched when all audits have been successfully completed.

Update

AccessAble were instructed to review the information / data submitted and the issues highlighted in this paper for the Chelsea site and provide a clear updated report outlining specific non-compliances in order for the Trust to develop appropriate and targeted action plans. These also include identifying areas where there are multiple issues / concerns that could potentially be addressed collectively and possibly form part of a capital project if appropriate. The report analysis was received on the 10th of January which will drive the development of a working group to address/action the recommendations provided. The membership of the working group is in the process of being agreed and formalised. The analysis highlighted the following;

Entrances

Look to improve colour contrast around doors at;

- Main hospital entrance
- ED entrance

General Circulation

- Look to use mat finish cleaning products on floors to minimize shine and potential glare.
- Avoid patterned flooring when replacing.

Review wayfinding signage to;

- Inpatient pharmacy
- Mars Ward
- Macmillan Information and Support Centre
- The Tent

Some people may not want to use lifts. Clearly sign stairs and develop processes to escort people via stairs if staff only access.

- Stairs 1 - nosing needs to be face on as well as on tread. Handrails should extend horizontally beyond first and last step.
- Stairs 2 - nosing needs to be face on as well as on tread.
- Stairs 6 - nosing needs to be face on as well as on tread.

Check contrast markings on escalator steps and improve contrast to foot and head of escalators.

For departments and wards with a 50m + journey look at how resting points can be provided;

- Apollo Ward
- Blood Tests – Phlebotomy

- Cashier
- Children's Burns Unit
- Friends Patient & Staff Library
- Mars Ward

Reception areas

Look to provide hearing assistance systems at as many reception points as possible. AccessAble found that receptions at 30 departments did not have hearing assistance systems.

In addition check the hearing assistance systems that did not work when tested by AccessAble;

- Boots Pharmacy
- Main Reception
- Elizabeth Suite - Early Pregnancy and Acute Gynaecology Assessment Unit
- Saturn Ward

Provide refresher training to reception staff on how to use hearing assistance systems.

Provide a mixture of seating with and without seating in reception areas.

Departments/wards for suggested review;

- Adult Trauma Orthopaedic Outpatients & Fracture Clinic – currently fixed only with armrests.
- Bereavement Services – currently only with armrests.
- Burns Outpatients – currently fixed only with armrests.
- Centre for Clinical Practice – currently only with armrests.
- Children’s Dental – currently none with armrests.
- Children’s Outpatients – currently none with armrests.
- Children's Surgical Pre-Assessment and Admissions – currently none with armrests.
- Dermatology, Plastic Surgery and Hand Management Outpatients - currently fixed only without armrests.
- ED Imaging Department – currently fixed only with armrests.
- Eye Clinic – currently fixed only with armrests.
- Gate 1 and 2 – currently only with armrests.
- Gate 3 and 4 – currently only with armrests.
- George Watts Day Care – currently only with armrests.
- Gynaecology – currently fixed only with armrests.
- Maternity Assessment Suite – currently only with armrests.
- Obstetrics Ultrasound and Foetal Medicine Unit – currently none with armrests.
- Paediatric Ambulatory Care Clinic – currently none with armrests.
- Pathology – currently none with armrests.
- St. Stephen's Centre - John Hunter Clinic – currently only with armrests.
- Therapy Services - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy – currently fixed only with armrests.
- Westminster Wing and Assisted Conception Unit – currently only with armrests.

(Suggested that wards/departments with highest footfall or highest proportion of people with mobility difficulties, or those over 65+ are prioritised).

Changing Places

- Provide privacy screen
- Provide wide tear off paper
- Install spatula or automatic flush if possible
- Ideally provide a full length or lowered mirror
- Provide a towel dispenser as well as hand dryer

Washrooms/Bathrooms

Fit emergency alarm cords at;

- Mercury Ward - Washroom Wheel in Shower.
- Therapy Services - Physiotherapy, Hand Therapy, Hydrotherapy and Burns Therapy

Replace cords so they are within 10cm of the floor of the emergency cords.

Some washrooms do not have a transfer space on to the toilet; many wheelchair users will not be able to use these toilets. They should be flagged as ambulant rather than accessible facilities. Others are missing a drop-down rail on the transfer side and one or more wall mounted grab rails.

- Acute Assessment Unit - needs another wall mounted grab rail (only one currently). Emergency alarm too short.
- Ann Stewart Ward - no lateral transfer space due to position of sink, needs another wall mounted grab rail (only one currently), missing drop down rail. Emergency alarm too short.
- Annie Zunz Ward - needs another wall mounted grab rail (only one currently).
- David Evans Ward - Male Shower - needs another wall mounted grab rail (only one currently) Female Shower - no transfer space due to position of sink, needs another wall mounted grab rail (only one currently), missing drop down rail. Emergency alarm too short.
- Edgar Horne Ward - drop down rail by toilet on wrong side, missing wall mounted grab rails. Emergency alarm too short.
Emergency Department – (Emergency Obs Unit – Bay) – Emergency alarm too short.
- Intensive Care Unit (ICU) - missing wall mounted grab rails.
- Josephine Barnes Ward - both washrooms do not have a lateral transfer space due to position of sink. Emergency alarm too short.
- Lord Wigram Ward - missing drop-down rail. Emergency alarm too short.
- Mercury Ward - wheel in shower - missing wall mounted grab rails. No emergency pull cord – standard shower - Emergency alarm too short.
- Nightingale Ward - needs another wall mounted grab rail (only one currently). Emergency alarm too short.
- Rainsford Mowlem Ward - wheel in shower - needs another wall mounted grab rail (only one currently). Emergency alarm too short.
- St Mary Abbots Ward - wheel in shower - needs another wall mounted grab rail (only one currently) and drop-down rail.

Move toilet roll closer to the toilet in the washrooms in Neptune and Jupiter Wards and Mercury Ward.

Explore feasibility of moving sink in reach of toilet in washrooms flagged in column HA, consider wrapping into refurbishment. Wheelchair user should be able to wash and dry hands before transferring.

Accessible Toilets

36 had obstructed transfer spaces. Column HN of LCIM – note to all departments/wards to not put bins on transfer side and explain reasons.

When refurbishing accessible toilets ensure flush is on transfer side and ideally spatula. See list of departments and wards with issues – columns HN and HO.

The following departments / wards accessible toilets are not able to provide a transfer space – suggest label as ambulant;

- Ann Stewart Ward
- Josephine Barnes Ward

The following departments and wards have accessible toilets with alarm cords that are too short;

- Acute Assessment Unit

- Ann Stewart Ward
- Apollo Ward
- CAMHS, Perinatal & Parent Infant Mental Health Service and Paediatric Psychology
- Chelsea Community Hospital School
- Children's Burns Unit
- Children's Dental Health
- Children's Emergency Department
- Children's Outpatients
- Children's Surgical Pre-Assessment and Admissions
- CW+ MediCinema
- David Evans Ward
- Dermatology, Plastic Surgery and Hand Management Outpatients
- Diagnostics Centre
- Edgar Horne Ward
- Emergency Department
- Eye Clinic
- Gates 1 and 2
- Gates 3 and 4
- Gazzard Day Unit
- Gynaecology
- Imaging - X-Ray, CT Scanning, MRI, Bone Density, Ultrasound and Nuclear Medicine
- Lord Wigram Ward
- Mercury Ward
- Nell Gwynne Ward
- Neonatal Intensive Care Unit (NICU)
- Nightingale Ward
- Obstetrics Ultrasound and Foetal Medicine Unit
- Rainsford Mowlem Ward
- Saturn Ward
- Treatment Centre - Day Case Surgery & Procedures
- Westminster Wing and Assisted Conception Unit

Suggest to look at feasibility of improving accessible toilets in key areas that are central / high footfall – look to meet BS8300:2018 and Stoma Friendly criteria.

Accessible Toilet(s) (Lower Ground Floor - Male - Right Hand Transfer).





This accessible toilet is located on the Lower Ground Floor, to the left of Lift D, along the main corridor.

- Add horizontal grab rail to door
- Add a dropdown rail is on the transfer side
- Add a vertical wall-mounted grab rail on the transfer side
- Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space
- Fit an emergency alarm
- Place mirror within advised height
- Add wall mounted grab rails at sink
- Place a shelf at recommended height
- Consider moving basin in reach of toilet in future
- Provide a towel dispenser as an alternative to hand dryer

Accessible Toilet(s) (Lower Ground Floor - Female - Left Hand Transfer)

This accessible toilet is located on the Lower Ground Floor to the left of Lift D, along the main corridor.

- Add horizontal grab rail to door
- Add a dropdown rail is on the transfer side
- Add a vertical wall-mounted grab rail on the transfer side
- Add horizontal wall-mounted grab rail on the opposite side of the seat to the transfer space
- Fit an emergency alarm
- Place mirror within advised height

	<ul style="list-style-type: none"> ▪ Add wall mounted grab rails at sink ▪ Place a shelf at recommended height ▪ Consider moving basin in reach of toilet in future ▪ Provide a towel dispenser as an alternative to hand dryer <p>Accessible Toilet(s) (Ground Floor - Left Hand Transfer) This accessible toilet is located on the Ground Floor, along the main corridor.</p> <ul style="list-style-type: none"> ▪ Replace alarm cord so it is in height ▪ Place mirror within advised height ▪ Place a shelf at recommended height ▪ Provide a towel dispenser as an alternative to hand dryer <p>Audit and Summary Reports In addition initial audit reports have been received for the West Middlesex site – for information, included in this paper are the summary report and backing data reports.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Best Pract Diagrams 2022.pdf </div> <div style="text-align: center;">  BPG West Midd 2022.xlsx </div> <div style="text-align: center;">  LCIM West Midd 2022.xlsx </div> <div style="text-align: center;">  RAG West Middlesex 2022.xlsx </div> </div> <p>Next Steps / Recommendations As outlined at the beginning of this update the agreed working group would facilitate the prioritisation of the initial recommendations (some of which may need to be addresses / factored into any future ward refurbishments). Similar analysis will need to be actioned on the West Middlesex site and satellite sites.</p>
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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



Council of Governors Away Day

Date: 19 April 2023
Time: 10.00 – 15.30
Location: TBC

Agenda

10.00	Welcome and introduction	Chair
10.15	Update on the Acute Provider Collaborative and any emerging national guidance for Governors	Matthew Swindells & Lesley Watts
10.30	Introduction to the new Governors elected in January 2023	Matthew Swindells
10.45	Maximising our Effectiveness as a Council of Governors – Survey Feedback	Simon Dyer & David Phillips
11.45	Attendance record of Council of Governors	Simon Dyer
12.00	Coffee Break	
12.15	Best Practice Briefing	Governwell
13.15	Lunch	
14.00	Update on progress of Membership & Engagement Implementation Plan	Peter Jenkinson & Emer Delaney
14.15	Discharge and Best Quality of Care of Patients	Rob Bleasdale & Senior Nurse
15.15	Any Other Business	Matthew Swindells
	Close of meeting and next steps	Matthew Swindells



Council of Governors Forward Plan 2023

	26 January 2023 Council of Governors (Mandated) 1600 to 1800 hours	23 March 2023 Governor Briefing Session (Voluntary) 17:00-18:00	19 April 2023 Governor Away Day 10:00 to 15:30 hours
Statutory/Mandatory Business	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Strategy: NWL Collaborative Acute Provider update • People & Workforce Report to the Council of Governors (AM) • Quality Sub-Committee Report (LJW) • Membership and Engagement Sub-Committee Report – Approval of Strategy (DP) 	TBC	<ul style="list-style-type: none"> • Welcome and Networking/Introductions • Announcement of Election results • Governwell Training Programme for 2023-24 • Introducing our Governor Sub Committees and refreshing membership • Maximising our Effectiveness • Introducing our Governor Guide for 2023-24
Papers for Information	<ul style="list-style-type: none"> • Chairman’s Report (MS) • Chief Executive Officer’s Report (LW) • Performance Report <ul style="list-style-type: none"> - Performance & Quality Report (LW) - Workforce Workforce Report (LW) • Accessibility work update (SG) 		
Other Business	<ul style="list-style-type: none"> • Questions from the governors (and the public) • Governors Away-Day Plan (19 April, 2023) Any other business <ul style="list-style-type: none"> - Forward plan - Schedule of meetings - Governor attendance register 		

	19 April 2023 Council of Governors Meeting 1600-1700 hours	22 June 2023 Governors Briefing Session 17:00-18:00 hours	20 July 2023 Council of Governors Meeting 1000-1100
Statutory/Mandatory Business	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Strategy: NWL Integrated Care System (ICS) developments – update • Quality: CoG Quality Sub-Committee Report • Council of Governors Nomination and Remuneration Committee Report • Finance & Performance Report to the Council of Governors (ND) • Audit & Risk Committee Report to the Council of Governors (AD) • Quality Priorities 2023-24 • Business Planning 2023-24 Update • CoG Terms of Reference and Sub Committee Terms of Reference Approval • CoG Code of Conduct Refresh 	<p>Governor Quality Statement for 2022-23 – and briefing on performance against 2022-23 quality priorities</p>	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Strategy: NWL Integrated Care System (ICS) developments – update • COG Sub-Committees: Quality Sub-Committee Report; Membership Sub-Committee Report
Papers for Information	<ul style="list-style-type: none"> • Chairman’s Report • Chief Executive Officer’s Report • Performance & Quality Report; Workforce Performance Report • Accessibility work update 		<ul style="list-style-type: none"> • Chairman’s Report • Chief Executive Officer’s Report • Performance & Quality Report; Workforce Performance Report • Accessibility work update

Other Business	<ul style="list-style-type: none"> • Questions from the governors and the public • Forward plan • Schedule of meetings • Governor attendance register • Any other business 		<ul style="list-style-type: none"> • Questions from the governors and the public • Forward plan • Schedule of meetings • Governor attendance register • Any other business
	28 September 2023 Briefing Session 1700-1800 hours	19 October, 2023 Council of Governors 1600-1800 hours	7 December 2023 Briefing Session 1700-1800 hours
Statutory/Mandatory Business	TBC	<ul style="list-style-type: none"> • Minutes of Previous Meeting, including Action Log • Strategy: NWL Integrated Care System (ICS) developments – update • Quality: Quality Committee Report to Council of Governors • COG sub-committees: Membership & Engagement Sub-Committee Report; Quality Sub-Committee Report; 	TBC
Papers for Information		<ul style="list-style-type: none"> • Chairman’s Report • Chief Executive Officer’s Report • Governors Elections 2023 – update • Performance & Quality Report, including Winter Preparedness; Workforce Performance Report • Accessibility work update 	
Other Business		<ul style="list-style-type: none"> • Questions from the governors and the public • Governors Away Day (Jan or Apr) 2024 – plan • Forward plan • Schedule of meetings • Governor attendance register • Any other business 	

Council of Governors Meeting Dates 2023

The Council of Governors meetings take place in public every three months. All Governors are required to attend this meeting which will be chaired by the Chair of the Council of Governors Matthew Swindells. Papers will be issued for this meeting approximately 1 week in advance.

Dates	Location	Time
26 January 2023	Hybrid	16.00-18.00
19 April 2023	Away Day plus meeting	10:00-17:00
20 July 2023	Hybrid	10:00-11:00
19 October 2023	Hybrid	16:00-18:00
25 January 2024	Hybrid	16:00-18:00

Lead Governor & Council of Governors Informal Meeting Dates 2023

The purpose of this meeting is to provide a voluntary opportunity for Governors to meet with the Lead Governor Simon Dyer. These meetings have been scheduled to take place following your receipt of the main Council of Governor meeting papers (see above) so that you can discuss content, queries etc.

Dates	Location	Time
23 January 2023	Virtual	16.00-17.00
17 April 2023	Virtual	16:00-17:00
24 July 2023	Virtual	16:00-17:00
16 October 2023	Virtual	16:00-17:00
22 January 2024	Virtual	16:00-17:00

Non-Executive Director (NEDs) & Council of Governors Informal Meeting Dates 2023

The purpose of this meeting is to provide a **voluntary** opportunity for Governors to meet with the Non-executive Directors in a non-public setting. The meetings are scheduled twice a year immediately following the main Council of Governors meeting.

Dates	Location	Time
19 April 2023	Virtual	18.00-19.00
19 October 2023		
TBC April 2024		

Council of Governor Briefing Session 2023

The Governor briefing sessions provide a voluntary opportunity for Governors to hear from a subject matter expert about a particular aspect of the work of the Trust.

Dates	Location	Time
23 March 2023	Virtual	1600-1700
18 May 2023	Virtual	1600-1700
29 September 2023	Virtual	1600-1700
7 December 2023	Virtual	1600-1700
21 March 2024	Virtual	1600-1700

Corporate Governance Contact Details

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Daryl Lutchmaya

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Corporate Governance Office

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Email address: chelwest.corporategovernance@nhs.net



Council of Governors – Attendance Record 2022

Governor	Category	Constituency	27.01.22	21.04.22	28.06.22 Away Day	21.07.22	01.08.22	20.10.22	TOTAL	TOTAL %
Richard Ballerand	Public	Royal Borough Kensington and Chelsea	✓	✓	Apologies	✓	✓	✓		
Jeremy Booth	Patient		Apologies	Apologies	Apologies	Apologies	Apologies	Apologies		
Caroline Boulliat	Public	London Borough of Wandsworth	✓	✓	✓	✓	Apologies	✓		
Cass J. Cass-Horne	Public	City of Westminster	✓	Apologies	✓	Apologies	✓	✓		
Christopher Digby-Bell	Patient		✓	✓	✓	✓	✓	✓		
Simon Dyer	Patient		✓	✓	✓	✓	✓	✓		
Richard Jackson	Staff	Support, Administrative and Clerical	✓	Apologies	Apologies	Apologies				
Paul Kitchener	Public	Royal Borough of Kensington and Chelsea	Apologies	✓	Apologies	✓	Apologies	✓		
Minna Korjonen	Patient		✓	✓	✓	✓	✓	✓		

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

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



Acronyms

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

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



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



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



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



Y

YTD

Year to Date