COUNCIL OF GOVERNORS MEETING

COUNCIL OF GOVERNORS MEETING

📅 19 October 2023

🕐 16:00 GMT+1 Europe/London

📍 Main Boardroom CWFT and MS Teams

AGENDA

1. GENERAL BUSINESS

🕐 16:00

REFERENCES

📄 Agenda COG - 19 October 2023.pdf

Council of Governors Meeting

Location: Hybrid meeting – Main Boardroom, Chelsea and Westminster Hospital NHS Foundation Trust/MS Teams

Date: 19th October 2023
Time: 16:00hrs – 18:30hrs

Microsoft Teams meeting

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AGENDA

16:00	1.0	GENERAL BUSINESS		
16:00	1.1	Welcome and Apologies for absence Jo Winterbottom	Verbal	Chair
	1.2	Declarations of interest	Verbal	Chair
	1.3	- Minutes of previous meeting held on 20th July 2023 - Minutes of the Extraordinary CoG Meeting held on 5th September 2023 - Action Log	Paper	Chair
16:10	2.0	UPDATES		
	2.1	Chair's Report and NWL Acute Provider Collaborative (APC) Update	Paper	Chair
	2.2	Chief Executive's Report and Trust Update	Paper	Chief Executive Officer

	2.3	Governors Election 2023 – Update	Paper	Director of Corporate Governance
	2.4	NED Recruitment - Update	Verbal	Chief of Staff to the Chair
16:55	**3.0**	**QUALITY**		
	3.1	Annual Report from the Chair of the Quality Committee	Paper	Chair of the Quality Committee
	3.2	Quality Update – including Performance & Quality Report plus CQC patient survey results and next steps	Paper	Chair of the Quality Committee/Chief Nursing Officer
17:40	**4.0**	**FOR DISCUSSION**		
	4.1	Role of the Lead Governor	Paper	Director of Corporate Governance
	4.2	Council of Governors Membership and Engagement Sub-Committee Report	Verbal	Chair of Council of Governors Membership and Engagement Sub-Committee
	4.3	AccessAble work update	Verbal	Vice Chair
	4.4	Governors Away Day 2024 – Plan	Verbal	Director of Corporate Governance
18:20	**5.0**	**OTHER BUSINESS**		
	5.1	Any other business, including: *5.1.1 Forward plan *5.1.2 Schedule of Council of Governor meetings 2023/24 *5.1.3 Governor attendance register *Items that have been starred will not be discussed, however, questions may be asked.	Paper Paper Paper	Chair/Lead Governor
18:30		Date and Time of the Next Meeting 25th January 2024, 16:00hrs – 18:30hrs		

1.1 WELCOME AND APOLOGIES FOR ABSENCE

● Standing item　　　👤 Chair

1.2 DECLARATIONS OF INTEREST

● Standing item   👤 Chair

1.3 MINUTES OF PREVIOUS MEETINGS AND ACTION LOG

● Standing item   👤 Chair

• Minutes of previous meeting held on 20 July 2023
• Minutes of Extraordinary CoG Meeting held on 5 September 2023
• Action Log

REFERENCES   Only PDFs are attached

📄 Agenda item 1.3a - COG MEETING Attendance and Minutes - 20 July 2023 - SG and MS.pdf

📄 Agenda item 1.3b - Extraordinary CoG Meeting - 5 September 2023.pdf

📄 Agenda item 1.3c - COG action log 260123.pdf

DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)
20 July 2023 – 10:00 – 11:00hrs
'In person' in the Chelsea Boardroom and virtual via MS Teams

Present:	Matthew Swindells	North West London (NWL) Chair in Common	(MS/Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Caroline Boulliat Moulle	Patient Governor	(CB)
	Nigel Clarke	Public Governor	(NC)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Rose Levy	Public Governor	(RL)
	Nina Littler	Public Governor	(NL)
	Ras. I Martin	Public Governor	(RIM)
	Professor Mark Nelson	Staff Governor	(MN)
	Cllr Will Pascal	Appointed Governor	(WP)
	David Phillips	Patient Governor	(DP)
	Catherine Sands	Staff Governor	(CS)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Desmond Walsh	Appointed Governor	(DW)
	Laura-Jane Wareing	Patient Governor	(LJW)
	Stuart Fleming	Public Governor	(SF)
In Attendance:	Lesley Watts	Chief Executive Officer	(LW)
	Virginia Massaro	Chief Financial Officer	(VM)
	Lindsey Stafford-Scott	Chief People Officer	(LSS)
	Peter Jenkinson	Director of Corporate Governance and Compliance	(PJ)
	Aman Dalvi	Non-Executive Director	(AD)
	Neville Manuel	Non-Executive Director	(NM)
	Catherine Jervis	Non-Executive Director	(CJ)
	Marie Price	Deputy Director of Governance	(MP)
	Graham Chalkley	Corporate Governance Officer	(GC)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)
	Laura Rogers	Deloitte	(LR)
Apologies:	Richard Ballerand	Public Governor	(RB)
	Jeremy Booth	Patient Governor	(JB)
	Julie Carter	Public Governor	(JC)
	Nara Daubeney	Public Governor	(ND)
	Minna Korjonen	Patient Governor	(MK)
	Jo Winterbottom	Public Governor	(JW)
	Stella Macaskill	Patient Governor	(SM)
	Ajay Mehta	Non-Executive Director	(AM)
	Patricia Gallan	Non-Executive Director	(PG)
	Professor Andy Bush	Non-Executive Director	(AB)
	Rob Hodgkiss	Deputy CEO and Chief Operating Officer	(RH)
	Peter Goldsbrough	Non-Executive Director	(PG)
	Martin Lupton	Associate Non-Executive Director	(ML)
	Syed Mohinuddin	Non-Executive Director	(SMo)

1.0	GENERAL BUSINESS

1.1   Welcome and apologies for absence

The Chair welcomed the Governors and those in attendance to the meeting.

The Chair 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 meetings held on 19 April 2023 and 3 May 2023

The minutes for these meetings were approved.

Minutes of the Extraordinary CoG Meeting held on 7 June 2023.

The minutes for this meeting was approved.

2.0	FOR OVERSIGHT

2.1   To receive the Annual Report and Accounts which will be formally presented at the Annual Members' Meeting (AMM) later on 20 July 2023

LW reflected on the financial year 2022/23 and commented on what the Trust had learnt from the Covid-19 pandemic. LW commented that the Trust was one of the best performing in the NHS in England, and this was achieved through the commitment of the staff. LW noted that the Trust's innovation and approach to using technology had been inspirational, and this also applied to the work done around same-day emergency care (SDEC), where the approach to the use of data and IT to organise waiting lists and theatre lists had been impressive.

LW also commented on the investment made to support the well-being of all Trust staff. LW summarised by saying that these topics were covered in more detail in the Annual Report which would be formally presented at the AMM later that day, and noted that the Trust had performed well under challenging circumstances.

MN commented on the issue regarding staff burnout which had been a major topic in the staff survey. LW noted that the survey highlighted that even though there were measures in place to support staff, more needed to be done. LW added that the measures to address staff sickness had been effective, and along with the health and wellbeing offers and Freedom to Speak Up (FTSU), the staff knew what was available to them and if there were any issues they knew where to seek help.

LSS agreed that MN raised a valid point, and confirmed that a deep dive analysis into staff turnover had shown that the health and wellbeing initiatives provided by the Trust were being accessed. LSS added that the survey had identified other factors, and these would be reviewed to address what additional support could be provided. LSS added further that the survey would be the main focus at the next People and Workforce Committee meeting, and confirmed that the results of the survey were broadly positive and had provided information that would be acted upon.

VM commented on the 2022/23 Annual Report and Accounts and welcomed LR from the Trust's external Auditor - Deloitte - to the meeting. VM confirmed that the Annual Report had been signed off by the Audit & Risk Committee (ARC) at their June meeting, and had also been laid before Parliament on 19 July 2023. VM reiterated LW's comment that the Report would also be presented at the AMM this afternoon.

VM confirmed that the Trust achieved the agreed 'break even' budget, and had ended the financial year with an increase in cash. The capital spend had been reinvested in the organisation, for example ongoing investment in the Ambulatory Diagnostic Centre (ADC) and Discharge Lounge at the West Middlesex site, the replacement of equipment in the Imaging Department and the Surgical Robot at the Chelsea and Westminster site.

LR showed a presentation that summarised the audit process that had taken place, and confirmed that the Trust had been issued with a Clean Audit Opinion and there had been no material errors. LR noted the three areas within the accounts that had been focused on: Capital Expenditure, Property

Valuation, and Management Override of Controls. LR commented on the financial stability of the Trust and its Value for Money arrangements, and confirmed that Deloitte had not identified any significant weaknesses.

LR also commented on the annual governance statement and confirmed that the detail and tone was consistent with Deloitte's work with the Trust throughout the year, and there had been no problems.

MN asked for clarification on the Trust's financial position, and asked if the 'break even' position was where the Trust wanted to be. VM confirmed that the Trust planned to 'break even', and had worked hard to achieve this. NC asked whether there was a limit on the amount of funds that could be carried forward, and VM confirmed that as Chelsea and Westminster was a Foundation Trust there was no limit to the amount of funds that could be held. The Trust's ongoing capital expenditure plans were budgeted within the Capital Resource spending limit which applied across the Integrated Care System (ICS).

DP asked what the objectives were for 2022/23 and whether the Trust had met them. VM confirmed that the Trust had achieved the financial objectives to deliver a 'break-even' plan, part of which was the result of the Cost Improvement Programme (CIP) which the Trust had achieved, but stressed that 2023/2024 would continue to be financially challenging. LW added that the Trust's overall priority remained the same, which was to provide high quality patient-centred care in the most cost-effective way.

WP asked whether inflation and its impact could affect the Trust. VM confirmed that inflation did affect the Trust, and added that the Trust's figures for 2023/24 included an inflation rate assumption of 5.5%.

The Chair thanked VM, LR and the Finance Team for their hard work that enabled a good performance to be reported on.

2.2 To receive the Annual Report from the Chair of the Audit & Risk Committee (ARC)

AD confirmed that he had been Chair of the ARC since September 2022 and had chaired three meetings during that time.

AD commented on the key issues from the ARC Chair's Annual Report, and began by noting that the audited accounts were submitted and approved on time, and thanked VM and the Finance Team for their hard work in achieving this.

AD continued by saying that he had been supported by the Executive team, and also by Deloitte.

AD confirmed that BDO UK LLP were responsible for conducting the internal audits (IA); RSM UK dealt with Counter fraud, and he added that both IA and Counter-fraud were standing agenda items for each committee meeting, and that the Committee agreed the annual plan for IA and Counter-fraud.

AD referred to the Risk Register, and summarised that this was looked at by each department and then referred to the Executive Team and then referred back to the ARC. AD noted that this was an intense process, and that the pandemic, inflation, the rises in the Cost of Living, and the industrial action had all created a 'perfect storm' that have had and continue to have an impact on the running of the Trust.

AD commented that there had been a positive outcome regarding fraudulent activity, and confirmed that within the last year there had been a decline in the use of Single Tender Waivers. AD confirmed that it was essential that the Trust remained proactive in relation to cybersecurity.

AD referred to Information Governance, and confirmed that complaints, Subject Access Requests (SARs) and Freedom of Information (FoI) requests had all been responded to in time.

With regards to the internal audit, AD noted that there had been 10 Assurance Reports and 3 Advisory Reports, and confirmed that of the 10 Assurance Reports there were 7 substantive assurances and 3 moderate assurances.

AD summarised by saying that most of the issues that had been raised through the internal audits that had taken place during the year had been addressed, and that they would continue to be dealt with as time progressed.

The Chair commented on the importance of Audit Committee and the crucial role that it plays in the running of the Trust. AD confirmed that the Chairs of the Audit Committees of the four Trusts within the North West London Acute Provider Collaborative (NWL APC) met quarterly and reviewed the issues that were addressed and dealt with in their Trust meetings.

3.0	FOR DISCUSSION

3.1 Council of Governors (CoG) Quality Sub-Committee Report

LJW provided an update on the most recent CoG Quality Sub-Committee meeting that took place on 7 July, and confirmed that the meeting had provided a good discussion. LJW summarised that infection control and the maternity programme were the two key items that had been presented at the meeting.

LJW also commented that the Committee also discussed how the Trust was supporting patients in providing feedback regarding the service they were provided and to not take any concerns that they had home, and it was confirmed that there were posters on wards across the organisation with the details of the Ward Managers who could be contacted if there were any issues. It was noted that this was a positive initiative.

LJW added that the Quality Award Timeline had also been discussed, and noted that at the 12 July 2023 CoG Development Session it was discussed that the CoG Quality Sub-Committee could be replaced by extending the quarterly CoG meetings by 30 minutes to enable Quality topics to be presented at the full CoG meetings.

PJ commented further on the 12 July CoG Development Session and confirmed that the Session looked at issues that had been raised and discussed at the Awayday that had taken place on 19 April, and noted that formal proposals regarding changes to the Constitution and structure of committees would be presented at an Extraordinary CoG meeting to be scheduled in September.

3.2 Council of Governors (CoG) Membership and Engagement Sub-Committee Report

DP commented that there had been useful discussions at the 12 July CoG Development Session, and there would be further discussions at the next CoG Membership and Engagement Sub-Committee meeting. DP also noted that all Governors were invited to attend these sub-committee meetings remotely.

DP commented on the 12 July CoG Governor Development Session and confirmed that the issue of staff membership and how they were recruited and the efforts to retain them was raised, along with whether Staff Governors could be given paid time off to attend Governor meetings. DP added that there would be more discussions regarding membership engagement at the next sub-committee meeting.

The Chair thanked LJW and DP, and noted that issues regarding quality and membership had been discussed in detail at the 12 July CoG Development Session.

3.3 Chair's Report

The Chair confirmed that Lord Markham CBE (Parliamentary Under Secretary of State at the Department of Health and Social Care), Richard Meddings (RM, Chair of NHSE) and Tim Ferris (TF, National Director of Transformation at NHSE) recently visited the Chelsea and Westminster site to view the Trust's work regarding digital technology. The Chair summarised that the purpose of this meeting was to not only look at how the Trust was addressing waiting lists in theatres and diagnostics, but also see if what we were doing could be deployed at other Trusts across the country.

The Chair also referred to the 12 July CoG Development Session and summarised the key items that had been discussed which included proposed amendments to the staff constituencies and suggestions about how staff could be encouraged to stand for election. The Chair added that a paper that outlined

the plans for this would be tabled at the next CoG Membership and Engagement sub-committee meeting, and a separate report that set out proposals for related amendments to the Trust's constitution would also be tabled at an Extraordinary CoG meeting to be scheduled in September.

3.4 Chief Executive Officer's Report including:
- **Performance and Quality Report**
- **People Performance Report**

LW commented on the industrial action by junior doctors and consultants, and noted that the Trust supported those who agreed to participate in the industrial action as well as those who agreed to continue to work. LW stressed that it was key to ensure that as many patients as possible continued to be seen during periods impacted by industrial action.

LW commented on the special occasions that had recently taken place across the Trust, which included the 30th anniversary of the opening of Chelsea and Westminster Hospital building on the Fulham Road in May, the Research, Innovation and Quality Improvement (RIQI) event that was held at the Chelsea and Westminster site, Pride week, the celebration of Black and South Asian culture, and the 75th birthday of the NHS. LW added that Amanda Pritchard (AP, Chief Executive of NHS England) visited the Trust on the 5 July to mark the 75th birthday of the NHS. LW added that the special occasions held at both sites brings the staff together, and it was important to make the most of these events.

LW also noted that staff at the Trust were undertaking groundbreaking research and innovation in order to improve the care that we provided, and referred to Accelerating FemTech, an initiative that looked at the development of technology solutions to improve Women's Health that was being led by our clinicians.

The Committee discussed the important role of research at the Trust, and NC asked whether there were junior doctors who wanted to work in research actively looked to come to Chelsea and Westminster to do this. LW confirmed that this was true, and MN added that the Trust was world-renowned for its work in research. DW commented that he would be happy to speak to any junior doctor who was interested in working in research.

WP commented that he was a Councillor for this Ward and confirmed that he was working with partners within the community who were reviewing the need for service within the area.

NL commented on the Care Quality Commission (CQC) Maternity inspection held in February and noted that this was an excellent result for the Trust. NL noted that in the Annual Report there appeared to be recurring issues regarding safety checks which could be addressed with mandatory training.

LW commented that the Trust had maintained its 'good' and 'outstanding' mark following the CQC Maternity inspection. LW noted that this was a positive result but we were always looking at how to do things better. LW added that achievement of mandatory training targets in all areas would be part of the Trust reset following Covid-19, and this was a high priority for the Trust.

3.5 AccessAble work update
SG referred to the paper that had been submitted for the meeting.

4.0 OTHER BUSINESS
4.1 Any Other Business
4.1.1 Forward Plan
4.1.2 Schedule of Council of Governor meetings 2023/2024
4.1.3 Governance attendance register
The Chair confirmed that these items were for noting.

Meeting closed at 11am.

MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS (COG) MEETING
5 September 2023 10:30am – 11:00am
Via MS Teams

Present:	Matthew Swindells	North West London (NWL) Chair in Common	(Chair)
	Stephen Gill	Vice Chair and Senior Independent Director	(SG)
	Nigel Clarke	Public Governor	(NC)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Simon Dyer	Lead Governor/Patient Governor	(SD)
	Stuart Fleming	Public Governor	(SF)
	Minna Korjonen	Patient Governor	(MK)
	Rose Levy	Public Governor	(RL)
	Nina Littler	Public Governor	(NL)
	Stella Macaskill	Patient Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
	Cllr Will Pascal	Appointed Governor	(WP)
	David Phillips	Patient Governor	(DP)
	Catherine Sands	Staff Governor	(CS)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Jo Winterbottom	Public Governor	(JW)
In Attendance:	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the Chair - NW London	(AP)
	Marie Price	Deputy Director of Corporate Governance	(MP)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Richard Ballerand	Public Governor	(RB)
	Caroline Boulliat Moulle	Patient Governor	(CBM)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Dr Nara Daubeney	Public Governor	(ND)
	Professor Mark Nelson	Staff Governor	(MN)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Laura-Jane Wareing	Patient Governor	(LJW)
	Lesley Watts CBE	Chief Executive Officer	(LW)
No response:	Jeremy Booth	Patient Governor	(JB)
	Julie Carter	Public Governor	(JC)

1.0   STATUTORY/MANDATORY BUSINESS

1.1   Welcome and apologies for absence

The Chair welcomed the Governors and those in attendance to the meeting, and thanked everyone for attending this Extraordinary Council of Governors Meeting (CoG) which was being held to approve proposed changes to the Trust's Constitution.

The Chair also noted apologies as above.

1.2   Declarations of interest

No declarations of interest were received.

2.0   FOR APPROVAL

2.1   Outcome of Development Session and Proposed Amendments to Trust Constitution

The Chair asked PJ to summarise the paper that outlined the proposed amendments to the Constitution. PJ reiterated the Chair's comments and thanked those for attending this meeting today.

PJ commented that the reason for this Extraordinary CoG meeting was for the Governors to approve proposed changes to the Constitution – which specifically addressed changes to the constituencies for the Staff Governor positions - in advance of the Governor Elections which were being launched next week. PJ added that the Board of Directors were also required to approve these proposed changes.

PJ added that the proposed changes to the Constitution followed discussions at the Governors Development Session that had taken place in July, and the changes detailed in the paper would allow us to have a more effective CoG. PJ commented further that the Membership and Engagement Committee meeting that had taken place after the Development Session further discussed how we could generate more members and continue engagement with them, and this would follow on through the election process.

PJ raised one of the issues that had been discussed at the Development Session, which was to stand down the Quality Sub-Committee meetings with immediate effect, and build in an additional thirty minutes into the quarterly CoG meetings to ensure that the Governors were still fully briefed. PJ added that there were also proposed changes to the structure of the Governor Briefing Sessions, which would allow Governors to have more of an overview and provide input into these Sessions, where Non-Executive Directors would deliver presentations on specific items and topics that were aligned to the Trust's strategic planning.

PJ also commented on the Lead Governor role and its adherence to the statutory guidelines of what a Lead Governor was. PJ agreed that more work needed to be done with regards to this - and noted the comments had been received on this – and that the Governors would be canvassed for their opinions, and this item would be brought to the next CoG meeting in October.

PJ also commented on how Staff Governors could be supported, and how Trust staff could be engaged with and eventually become Staff Governors. PJ noted that the proposed changes to the Constitution would retain the same number of Staff Governor positions, but the constituencies would be reorganised in order to better reflect the staff groups. The Chair advised that Radiologists were considered as Medical Staff and were a different grade to Radiographers. PJ thanked the Chair for clarifying this and noted that an amended paper reflected this had been circulated in advance of this meeting.

The Chair asked the Governors whether they had any questions regarding the proposed changes to the Constitution. SD noted that there were two vacancies for Staff Governors in both the Non-Clinical Staff and Nursing and Midwifery constituencies, and asked if staff from the Chelsea and Westminster site and West Middlesex site would be required to fill each of these posts. PJ commented that staff at all sites would be encouraged to take up this opportunity.

CS expressed her thanks with regards to the changes and noted that this was a positive step forward and would be helpful for the Staff Governors. PJ noted CS's comments and added that in his role as the only other Staff Governor, MN had approved the proposed changes via proxy vote.

The CoG unanimously approved the proposed changes to the Trust's Constitution.

PJ also commented on the Membership Plan and addressed how the current membership was being engaged with. PJ referred to the upcoming Governor Elections where effort was being made to address the Governor vacancies in specific constituencies such as Richmond-Upon-Thames, and added that promotional material regarding the Elections would be sent out within the next week. PJ also addressed the wider membership activities, which included the relaunch of the 'Meet a Governor' sessions and the Members' Newsletters that were issued monthly. PJ noted that there would always be more work to do, but wanted to ensure that DP and the Membership and Engagement Sub-Committee were happy with how the Plan was being delivered so far. DP confirmed that the Membership and Engagement Sub-Committee supported the work that was being carried out and was satisfied with the progress that was being made. PJ thanked DP.

DP asked that in order to assist the Governors further, could the Non-Executive Directors (NEDs) provide reports on clear objectives in order that the Governors could see what had and had not been achieved? The Chair reminded DP that the NEDs supported the Executive Directors who worked towards achieving the Trust's objectives.   SG noted DP's comments and added that NEDs did report back to the CoG, and that he would be presenting the Annual Report from the Quality Committee at the CoG meeting in October.

SG referred back to PJ's comment regarding the Quality Sub-Committee being stood down with immediate effect, and reiterated that thirty minutes would be added to every CoG meeting, with the exception of the meeting that was scheduled to take place every July, as these meetings dealt with the presentation of the Annual Report and Accounts.   SG also referred to the Governor Briefings, and added that these would be structured around the implementation and setting of the Trust's strategy. SG used the Session scheduled to take place on 28 September 2023 as an example of this, as a presentation on the Draft Winter Plan 2023/2024 would be delivered, and which would come into effect shortly after.

NC asked two questions. The first was whether there were any issues regarding the publication of the inoculation programme.   NC's second question was to PJ, and was in relation to the Governor vacancies in Richmond-Upon-Thames and whether the local authority and councillors had been contacted in relation to this.   PJ confirmed that volunteer organisations had been contacted with regards to the Governor vacancies.   MP added that as well contacting voluntary sectors, local Healthwatch organisations had been contacted, but would ensure that local authorities were also contacted regarding the Governor Elections. SG added that the Trust's 'Flu Plan and Covid Plan would be on the agenda at the next Trust Quality Committee meeting, and confirmed that these would be launched at the Staff Webinar on 12 September 2023.

The Chair referred back to the issue regarding the role of the Lead Governor, and summarised that further discussion on this would take place offline with the Governors, and this would be discussed at the CoG meeting in October.

DP commented on the recent serious incident that had recently taken place at the Chelsea and Westminster site, and asked if an update could be provided. The Chair advised that this was something that only LW could provide, and nobody else in attendance was qualified to provide any form of update. SG echoed the Chair's comments and added that LW would provide a verbal update on this incident at the next CoG meeting.

-3.0   OTHER BUSINESS

3.1   Any Other Business

There was no other business.

Date and time of next meeting: Thursday 19th October 2023, 16:00hrs - 18:30hrs.

Meeting closed at 11am.

Council of Governors –Action Log

Date	Minute number	Action	Current Status	Due/ Completion Date	Lead
19 April 2023	2.2	**Council of Governors Nominations and Remuneration Committee** CoG meeting to be called to approve the recommendations in relation to the appointment of the NEDs	Council of Governors meeting took place on Wednesday 3rd May to approve the appointment of the NEDs	03/05/2023	GC

2. UPDATES

🕐 16:10

2.1 CHAIR'S REPORT AND NWL ACUTE PROVIDER COLLABORATIVE (APC) UPDATE

● Standing item   ● Chair

REFERENCES   Only PDFs are attached

📕 Agenda item 2.1 - CWFT Council of Governors Chairs Report 18.10.23.pdf

CONFIDENTIAL

TITLE AND DATE	Council of Governors Meeting
*(of meeting at which report to be presented***)**	19 October 23

AGENDA ITEM NO.	2.1
TITLE OF REPORT	Council of Governors Chair's Report
AUTHOR NAME AND ROLE	Matthew Swindells, Chair – North West London Acute Provider Collaborative (APC)
ACCOUNTABLE EXECUTIVE DIRECTOR	n/a

PURPOSE OF REPORT	To update the CoG on the Chair's activities

Decision/Approval	
Assurance	
Info Only	x
Advice	

Please tick above and then describe the requirement in the opposite column

REPORT HISTORY	Committee	Date of Meeting	Outcome
Committees/Meetings where this item has been considered			

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	An update on CWFT and the APC from the Chair to the Council of Governors
KEY RISKS ARISING FROM REPORT	

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

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT:

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

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

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

1. The Acute Provider Collaborative

2. It has been just over a year since we formed the North West London Acute Provider Collaborative (APC). It has been a year filled with many challenges across the NHS. We decided to form the APC to harness the best of the four acute trusts in North West London by using our committed and diverse workforce, our world-leading research capabilities and our ever-deepening community relations to work with our partners, stakeholders and communities to deliver the best care in the NHS and address the significant health inequities across our system. The evidence of our finances, clinical outcomes and access performance in the context of what is happening in the rest of the NHS suggests that we are making positive strides towards that ambition, though there is still a long way to go.

3. We pride ourselves on being learning organisations and an important part of that is being willing to evolve and change as we mature. The APC is a unique structure within the NHS and you may have noticed that we have implemented some changes to our governance in the past three months which we highlighted at the October Board in Common meeting. The "Collaborative Infrastructure Committee" that reports to the Board has been split into "Digital and Data", chaired by Steve Gill, the Vice Chair from Chelsea and Westminster Foundation Trust (CWFT); and "Estates and Sustainability", chaired by Bob Alexander, the Vice Chair from Imperial College Healthcare Trust (ICHT). The Chief Executives from across the four Trusts have also put in place a "Collaborative Executive Management Board" with representatives from all four organisations, to streamline joint decision making. We have also asked our internal auditors to do a review of our governance structures and advise us on where we can improve the way we work.

4. Urgent Treatment Centres

5. From 18 October, all the Urgent Treatment Centres (UTCs) across North West London will be managed by the Trusts. UTCs provide care to patients with a range of urgent medical problems and minor injuries that are too urgent to wait for a GP appointment but do not need be seen in an Emergency Department.

6. Urgent care services play a pivotal role in effective patient flow, ensuring our patients are seen in the right place at the right time. Earlier this year we took over the running of the UTCs at Northwick Park and Hillingdon, which we had to do with little time to plan and at a quick pace. I was impressed with how our teams managed to deliver this service change, which was a huge amount of work and the transition was handled smoothly by our teams. Since then we have managed to design the UTCs into our pathways which will bring better benefits for our patients and communities.

7. Appointments and Recruitment

8. At this month's Board in Common we welcomed a number of Non-Executive Directors (NEDs) on to the Board, who started their roles on 1 September 2023. Carolyn Downs is a Board member for ICHT, where she chairs the Quality Committee, and is a board member for CWFT, where she is a member of the Finance and Performance Committee and the People Committee. Carolyn has recently stepped down as the Chief Executive at Brent Local Authority and I know is keen to keep supporting the diverse communities we serve across North West London and working with you at CWFT.

9. Professors Neena Modi and Martin Lupton joined the BiC last month as our Academic NEDs. These appointments play a vital role in ensuring our organisations continued links into research, education and training. Professor Neena Modi sits on the Board at CWFT and ICHT, she is Vice Dean (International) and Professor of Neonatal Medicine in the Faculty of Medicine at Imperial College London, and as you may know she is a consultant in neonatal medicine at CWFT. Neena is going to take a special interest in developing research and access to innovative medicines across all our Trusts. Martin Lupton sits on the Board at LNWH and THHFT, he is the Vice-Dean (Education) for the Faculty of Medicine at Imperial College London. He is also a consultant in Obstetrics and Gynaecology at CWFT. Martin is going to take a special interest in developing medical education across all our Trusts.

10. As you are aware, we have recently started a new NED recruitment campaign as we will have two vacancies on the BiC in early 2024. The two roles we are recruiting to include a NED at CWFT:

- Board member for The Hillingdon Hospitals NHS Foundation Trust, where they will chair the Audit Committee, and Chelsea and Westminster Hospital NHS Foundation Trust, where they will be a member of the Quality and Safety Committee and the Finance and Performance Committee.
- Board member for London North West University Healthcare NHS Trust, where they will chair the Finance and Performance Committee, and Imperial College Healthcare NHS Trust, where they will be a member of the People Committee and the Audit Committee.

11. We are working with the search company Nurole to get a diverse and talented pool of candidates, as the best boards are those that reflect the workforce and communities they serve. We will bring the new appointment for CWFT to the CoG for approval a little later this year.

12. Annual Members meetings

13. We made a commitment when we became a Board in Common that all four Trusts would still hold their Annual Members/General meetings where members of the public and staff can hear about the achievements and challenges of the individual organisations, get a current update on progress and have the chance to ask questions to the Board and senior Executives. We held the ICHT and CWFT in July, THHFT and LNWH had their meetings last month. It was great to speak to staff and members of the public about each of the Trusts.

2.2 CHIEF EXECUTIVE'S REPORT AND TRUST UPDATE

● Standing item   👤 Chief Executive

REFERENCES   Only PDFs are attached

📕 Agenda item 2.2 - CEO Report.pdf

TITLE AND DATE	Council of Governors - 19 October 2023
(of meeting at which report to be presented)	

AGENDA ITEM NO.	2.2
TITLE OF REPORT	Chief Executive Officer's Report – Chelsea and Westminster Hospital NHS Foundation Trust
AUTHOR NAME AND ROLE	Emer Delaney, Director of Communications
ACCOUNTABLE EXECUTIVE DIRECTOR	Lesley Watts, Chief Executive Officer

PURPOSE OF REPORT			This report provides Governors with assurance on key operational and strategic issues pertinent to Chelsea and Westminster Hospital NHS Foundation Trust
Decision/Approval			
Assurance	X		
Info Only			
Advice			
Please tick above and then describe the requirement in the opposite column			

REPORT HISTORY	Committee	Date of Meeting	Outcome
Committees/Meetings where this item has been considered	North West London Acute Provider Collaborative Board in Common	17.10.2023	Noted

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	• In full preparation of the winter period and setting out of the Winter Plan; • Trust being shortlisted for the HSJ Trust of the Year; and • the approval of our Quality Account in the last quarter, where the report sets out how we have delivered against our quality priorities for 2022/23 and outlines our quality priorities for 2023/24.

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT:	
Equality And Diversity	

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

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

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

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. It has been a busy and varied quarter for the Trust and we are now in full preparation for the winter period. We have set out our Winter Plan with key initiatives in place to support the Trust meet an increase in non-elective demand, as well as service specific plans for each of the affected service areas.

Our plan aims to reduce demand on front door services, and support hospital flow through either admission avoidance or earlier discharge. This includes: urgent treatment centre (UTC)/emergency department (ED) demand management and flow, front door frailty service, admission avoidance and earlier discharge (same day urgent care (SDEC), virtual wards), use of digital tools to support flow and discharge, seven day working and phasing of elective demand.

We have already kick started our winter vaccinations with COVID-19 jabs across our hospital sites. This year we have co-designed a campaign that focuses on the armour of protection that both vaccinations provide which has been endorsed nationally by NHS England.

1.2. We were delighted to be shortlisted in the national HSJ Trust of the Year category, recognising our outstanding contribution to healthcare. We have also been shortlisted for the 'Driving Efficiency Through Technology' award category as part of the North West London Acute Provider Collaborative on the Care Coordination Solution to better manage elective patient care. Thank you to all our staff for their dedication in providing outstanding patient care and continuous drive to be leaders in digital innovation.

1.3. Our focus on innovation continues with DERM artificial intelligence (AI) work which is helping speed up the diagnosis of skin cancer and improve the patient experience. The DHSC recently met with our clinicians

leading on DERM AI technology to see how it is helping to reduce dermatology waiting lists, enabling more time to be dedicated to more complex cases.

1.4. In September we marked the eight year anniversary of West Middlesex University Hospital and Chelsea and Westminster Hospitals joining forces to become the organisation we have grown today- much has been achieved in this period and we are looking forward to the impact the Ambulatory Diagnostic Centre will deliver for diagnostics across the communities of West London.

1.5. The escalation of the national industrial action pay dispute continues to have a sustained demand across the sector, an impact we were largely able to manage patient flow effectively, deliver safe urgent and emergency care and sustain some elective activity. I am extremely grateful to our staff for their outstanding contribution and teamwork in ensuring patient safety and timely care during the ongoing industrial action.

2. Quality and Safety

2.1. The Trust's Quality Account was approved by our Quality Committee members in the last quarter. The report, which is available on our website, sets out how we have delivered against our quality priorities for 2022/23 and outlines our quality priorities for 2023/24.

2.2. Core to ensuring we have safe and high quality services is ensuring that we listen to and learn from patients. Work on embedding and implementing our patient experience strategy, with a focus on 'you said, we did' has been central to this. This has included upskilling staff on patient feedback mechanisms and using the information more effectively. In turn this is resulting in improvements to survey response rates with more staff wanting to be involved in patient experience activities. Further actions are being identified as part of the Trust's ward accreditation programme.

3. Infection Control

3.1. From April – 19 September 2023 the Trust reported two MRSA blood steam infections bringing the Trust to a total of two cases to date this financial year. There were nine cases of C.difficile infections between July-September and year to date there have been 17 Trust apportioned cases.

3.2. As E.coli bacteraemia cases increase across the sector, we continue to work closely with ICS and APC sector colleagues to identify and establish improvement workstreams with primary care - an example being the implementation of a standard catheter passport given the number of cases that are linked to catheters. The team has also commenced a systematic (monthly) review of all Trust attributed blood stream infections.

3.3. The infection prevention and control team continues with a programme of education and reviews of clinical practice focusing on the management of invasive devices. A 'gloves off' campaign has also been designed and will be launched in September. The campaign aims to reduce the use of non-sterile gloves to improve hand hygiene compliance, reduce the Trust's use of single use plastics and improve staff hand health.

3.5 We are working closely with the APC Quality Infection Prevention and Control (IPC) workstream towards standardising winter planning, infection surveillance systems, shared learning practices to improve healthcare acquired infection rates and implementing a penicillin de-labelling programme.

4. Operational performance

4.1 In August, A&E four hour performance was 82.66%. The Trust ranked fifth nationally and second in London. We achieved the national targets for cancer two- week wait referrals, 31-days diagnosis to treatment, 62-day cancer screening and the cancer faster diagnostic standard (FDS). The Trust remains a top performer nationally for cancer treatment waiting times.

4.2 Elective referral to treatment (RTT) 18-week wait performance remained challenged, but broadly stable, with efforts continuing to see long waiting and clinically urgent patients. The Trust remained resilient in delivering planned activity levels despite industrial action.

4.3 Enhanced oversight and targeted interventions remain in place for at-risk specialities: trauma and orthopaedics, colorectal surgery, plastic surgery, vascular and general surgery.

5. Finance performance

5.1. We are reporting a £4.42m adjusted deficit position for the year to date (at month four), which is £4.62m behind plan. The Trust's plan and forecast for the year is break-even.

5.2. We are working across the Trust and more widely across the collaborative to recover the position, which is largely driven by industrial action and associated increased staff cover costs and loss of elective recovery fund. Inflation also continues to have an impact.

5.3 The capital spend at month four is £5.92m against our plan of £6.12m due to timing differences in the capital programme. At the end of month 4 the cash balance was £165.78m.

6. People

6.1. Richard House has been appointed as Deputy Director for Learning and Development for the Trust. He has an extensive career working both in the UK and internationally on major development programmes working for John Lewis, and his career ranges from the Royal Marsden, Surrey ICS, Sussex, NHS England leading on their digital integration. Richard joins us at a key point with expanding and accessibility of our learning and development (L&D) provision to staff.

6.2. Natasha Singh will be taking the reins of EDI Board advisor from October. Natasha is a consultant obstetrician and gynaecologist who has lead one of the largest maternity services in London with West Mid recently retaining ratings of Outstanding for maternity and Good for the Chelsea hospital site. Natasha has also been part of the cultural safety programme which is pioneering best practice for EDI in supporting patients and their families, this appointment marks an important step in progressing our focus on EDI at the Trust.

6.3. Patricia Gallan, Carolyn Downs and Professor Neena Modi joined the Board as Non-Executive Directors and we look forward to working closely with them. Nilkunj Dodhia, Peter Goldsbrough and Professor Andrew Bush all reached the end of their respective terms and the Trust extends thanks and gratitude for their time and contribution.

7. Equality, Diversity and Inclusion (EDI) update

7.1. We celebrated South Asian Heritage Month event with a special event at West Mid which was nothing short of spectacular - with so many of our staff sharing aspects of their culture through dance performances, food, music and henna painting. This led to a whole month of events across both hospital sites to recognise the enormous contribution of our South Asian workforce and community. The events were featured widely in local media.

7.2 On Saturday 1 July the Trust we marched at the London Pride parade. This is the second year that the Trust (as a whole) has had a presence at Pride, and for the first time staff travelled on a branded float. This was an important opportunity to demonstrate our solidarity with the LGBTQ+ community and highlight our role as a national leader in sexual health and gender services. Our LGBTQ+ Staff Network submitted our first Stonewall Workplace Equality Index application.

7.3 The Trust has led on the creation of the 'Access-Able' Working Group, chaired by our Deputy Chief Nurse, and which our Disabled Staff Network are key stakeholders;

7.4 NHS England have commended our work with the use of virtual reality (VR) technology to provide immersive learning experiences for staff in equality, diversity and inclusion training.

8 Trust highlights

8.1 On 5 July, we celebrated 75 years of the NHS across all our hospital sites. On the morning we hosted BBC Radio 4 Today programme with live interviews and some pre-recordings from earlier that week showcasing our robotic surgery and patient stories of their incredible while at the Trust. Amanda Pritchard, chief executive of NHS England joined the trust on the day to mark the celebrations as a former employee of the hospital. Sky News broadcast live for the entire day at West Mid hospital site with interviews with leading clinicians, volunteers, primary care leaders to demonstrate the varied and roles in multi-disciplinary roles that support the NHS.

8.2 NHS England has awarded our Trust the contract to deliver TransPlus – the first integrated gender, sexual health and HIV service to be commissioned in England. Since 2020, it has delivered invaluable care and support to over 700 patients – including diagnosing gender dysphoria, hormone initiation and monitoring, speech and language therapy, and surgical referral alongside an extensive wellbeing programme.

8.3 The new discharge lounge facility at West Middlesex has received national recognition from the Department for Health and Social Care (DHSC), with Ministers sharing it as an exemplar. The new discharge facilities were developed following a successful £1m bid to the NHS England support fund earlier this year—enabling our Trust to improve the quality of care and experience for patients.

8.4 Our Trust has recently launched our smoking cessation campaign Smokeless, ahead of Stoptober to support our patients and staff. To support the service we have welcomed two smoking cessation advisors, as they work across both sites in providing tailored support and information. The new revised service will have a major impact on respiratory care ahead of the winter months.

9 Member and governor update

9.1 We held a positive Annual Members Meeting on 20 July showcasing our achievements during 2022/23. Attendees heard about our innovative robotic surgery and how this is transforming care for patients, alongside the experience shared by our butterfly volunteers who support patients in the last days and hours of their lives.

9.2 We have strengthened engagement with our wider community, including Trust members and governors. To support increased participation, in September our Council of Governors (CoG) and Trust Board members approved amendments to the Trust's Constitution, bringing greater clarity to the staff constituencies in time for the recently launched process seeking nominees for election to the CoG.

10 Research and innovation

10.1 In October, we celebrated the fourth anniversary of CW Innovation and hosted events across both sites where staff got involved as we develop our vision for the future. With thought-provoking talks and hands-on demonstrations, we were delighted to recognise the breath of work that is leading pioneering changes for the NHS nationally and more locally.

10.2 Research, Innovation and Quality Improvement (RIQI) week took place from 3–6 July, where we showcased best practice across the Trust via in-person and live-streamed events. This was the largest events that has taken place across the organisation to embrace and celebration the role of research and innovation.

11 Stakeholder engagement

11.1 Below is a summary of significant meetings and communications with key stakeholders:

- Chief Executive NHSE, Amanda Pritchard celebrated with us to mark the NHS birthday at the Chelsea hospital site –5 July
- Ruth Cadbury MP leads on Osterley Park NHS Parkrun –8 July
- Munira Wilson MP visits West Mid to hear more about our services, including the Trust's takeover of the Urgent Treatment Centre – 24 July

- Allied Health Professionals (AHPs) invited to Minister's Roundtable with Minister of State Department of Health and Social Care, Will Quince – 6 September
- Series of public Meet the Governor sessions across sites from July-August

12 Recognition and celebrating success

12.1 Our green plans have stepped up with The Trust is always looking for more sustainable ways of working, supporting our pledge to achieve net zero emissions by 2040. We have moved to Ecosia as our default search engine. Ecosia benefits the environment with each search made, with 100 percent of profits going towards planting new trees across the world.

12.2 We have been highly commended in the Virtual or Remote Care Initiative of the Year category at this year's HSJ Patient Safety Awards which recognises safety, culture and positive experience in patient care. The Trust was commended for their Mpox virtual monitoring initiative, which has proved invaluable in the remote care of people with Mpox infection, by reducing the challenging impact on the workforce as observed at the start of the Mpox outbreak.

12.3 Working with Hounslow Council, Sadia Khan, Service Director for Cardiology at the Trust has spearheaded a new project, Digital Inclusion for Social Health Impact, aiming to reduce digital exclusion and breakdown health barriers impacted by digital inequalities. The results of this partnership includes the Trust now recycling old tech via the council's laptop recycling project Our Barn so that more residents can have digital access at home.

12.4 Our Maternity Cultural Safety team has been recognised for creating a culturally safe maternity unit at the Trust, in the prestigious Nursing Times Awards. The team has also has been shortlisted for the Dame Elizabeth Anionwu Award for Inclusivity in Nursing and Midwifery and finally our maternity and neonatal team has been nominated for the UK Maternity Unit Marvel Awards, held by the UK's leading maternity safety charity, Baby Lifeline.

12.5 Our Trust has received a Gold Award from the Armed Forces Covenant Employer Recognition Scheme. This prestigious award recognises our work in supporting and advocating for patients and staff who are current or serving members of the armed forces.

12.6 The Burns team recently presented at the 20th European Burns Association congress held in Nantes (France), highlighting our latest advancements and introduction of an online academic-based Advanced Burns care course in the UK that is hosted on the unit at Chelsea.

2.3 GOVERNORS ELECTION 2023 - UPDATE

● Information Item   ● Director of Corporate Governance

REFERENCES

📄 Agenda item 2.3 - 2023 Governor Elections.pdf

CONFIDENTIAL

TITLE AND DATE	Council of Governors – 19 October 2023
*(of meeting at which report to be presented***)**	

AGENDA ITEM NO.	2.3
TITLE OF REPORT	Governors Election 2023
AUTHOR NAME AND ROLE	Graham Chalkley, Corporate Governance Officer
ACCOUNTABLE EXECUTIVE DIRECTOR	Peter Jenkinson, Director of Corporate Governance

PURPOSE OF REPORT	To provide an update to the Council of Governors on the 2023 Governors Election.

Decision/Approval	
Assurance	
Info Only	X
Advice	

Please tick above and then describe the requirement in the opposite column

REPORT HISTORY	Committee	Date of Meeting	Outcome
Committees/Meetings where this item has been considered			

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	• Confirmation on the nominations received and next steps regarding the vacancies for Public, Patient and Staff Governors in various constituencies

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	
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT:

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

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

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

1. Introduction

This report sets out background and progress to date with the nominations and election process for members of the Council of Governors.

2. Background

The proposed changes to the Trust's Constitution – specifically changes to the Staff category - were approved at the Extraordinary Council of Governor's meeting that took place on 5 September 2023. These changes were as follows:

Current		Proposed	
Support Administrative and Clerical Staff	1	Non Clinical Staff	2
Allied Health Professionals, Scientific and Technical Staff	1	Allied Health Professionals (AHPs), Scientific and Technical Staff	1
Contracted Staff	1	Medical and Dental Staff	1
Medical and Dental Staff	1	Nursing and Midwifery Staff	2
Nursing and Midwifery Staff	1		
Management Staff	1		
TOTAL	**6**	**TOTAL**	**6**

3. Election process

Following this approval, the notice advising all members of the 2023 Governor Elections was published. The deadline for nominations to stand in this election was Thursday 5 October at 17:00hrs.

4. Outcome to date

Following the deadline, we received a total of 12 nominations from the following for the posts in the following constituencies:

Name	Constituency
Christopher Digby-Bell, Patient Governor	Patient
Taofik Fetishan, Patient Governor	Patient
Ian Dalton, Patient Governor	Patient
Richard Ballerand, Public Governor	Royal Borough of Kensington and Chelsea
Heena Bellara, Public Governor	Royal Borough of Kensington and Chelsea
Tana Focke, Public Governor	Royal Borough of Kensington and Chelsea
Paul Halloran, Public Governor	Royal Borough of Kensington and Chelsea
Rose Levy, Public Governor	London Borough of Hammersmith and Fulham
Maureen Chatterely, Public Governor	London Borough of Richmond Upon Thames
Michael Markiewicz, Staff Governor	Staff Governor – Medical and Dental Staff
Mark Nelson, Staff Governor	Staff Governor – Medical and Dental Staff
Lucinda Thorpe, Staff Governor	Staff Governor – Nursing and Midwifery Staff

Due to the number of seats available and the number of candidates that have been received, the Governors are advised that there will be contested elections in the following constituencies:

- Patient Constituency, Royal Borough of Kensington and Chelsea and Westminster, and Staff Governor – Medical and Dental Staff.

The notice of the nominated candidates has been published.

Following the process there will be a number of vacancies in some constituencies: non-clinical staff; AHPs, scientific and technical staff; one nursing and midwifery staff seat and one seat in the public Richmond Upon Thames constituency.

5. Next steps

Those who submitted a nomination have until 11 October 2023 should they wish to withdraw their nomination. Should there be any changes, a revised list will be published.

The voting for the 2023 Governor Elections opens on Monday 30 October 2023 and closes on Wednesday 22 November 2023, with the results being announced on Thursday 23 November 2023.

An induction for the newly appointed Governors is being planned to take place on Tuesday 5 December 2023.

2.4 NED RECRUITMENT - UPDATE

● Information Item　　　👤 Chief of Staff to the Chair

3. QUALITY

🕐 16:55

3.1 ANNUAL REPORT FROM THE CHAIR OF THE QUALITY COMMITTEE

● Standing item   👤 Vice Chair

REFERENCES   Only PDFs are attached

📄 Agenda item 3.1 - CWFT Quality Committee report Cover Sheet.pdf

📄 Agenda item 3.1a - CWFT Quality Committee report for October 2022 COG.pdf

📄 Agenda item 3.1b - Quality Committee organogram June 2023.pdf

📄 Agenda item 3.1c - Quality Committee Terms of Reference - July 2022.pdf

📄 Agenda item 3.1d - Quality planner.pdf

📄 Agenda item 3.1e - Vaccination update for COG (PDF).pdf

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TITLE AND DATE *(of meeting at which report to be presented***)**	Council of Governors, 19 October 2023

AGENDA ITEM NO.	3.1
TITLE OF REPORT	Chair of the Quality Committee Annual Report to the Council of Governors (CoG), October 2023.
AUTHOR NAME AND ROLE	Steve Gill, Vice-Chair
ACCOUNTABLE EXECUTIVE DIRECTOR	Steve Gill, Vice-Chair
PURPOSE OF REPORT | Decision/Approval		
Assurance	X
Info Only	X
Advice	| Please tick above and then describe the requirement in the opposite column	To provide an update to the Council of Governors of the Quality Committee.
REPORT HISTORY Committees/Meetings where this item has been considered	Committee / Date of Meeting / Outcome NIL
SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	The Quality Committee is directly accountable to the Board and provides assurance that probity and professional judgement is exercised in all areas. This report summarises the work of the CWFT Board Quality Committee for the 12-month period October 2022 to September 2023. The CWFT Quality Committee provides assurance and oversight of the delivery of one of the Trust's three strategic priorities - 'To deliver high quality patient centred care' - and oversees the three themes that define quality: • The EFFECTIVENESS of the treatment and care provided to patients; • The SAFETY of treatment and care provided to patients; and • The EXPERIENCE patients have of the treatment and care they receive. The Quality Committee's work also relates directly to each of the Trust's 'PROUD' Values: Putting patients first; Responsive to and supportive of patients and staff; Open, welcoming, and honest; Unfailingly kind, treating everyone with respect, compassion, and dignity; Determined to develop our skills and continuously improve the quality of care.

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	

IMPLICATIONS ASSOCIATED WITH THIS REPORT:

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

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

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

Chelsea & Westminster Hospital NHS Foundation Trust (CWFT) Board Quality Committee – Chair's Annual Report to the Council of Governors (CoG), October 2023.

This report summarises the work of the CWFT Board Quality Committee for the 12-month period October 2022 to September 2023.

1-Introduction / Governance Structure:

(i)-CWFT Board Quality Committee:

I was appointed as the CWFT Non-Executive Director (NED) Maternity & Neonatal Board Safety Champion in March 2021 and subsequently as Chair of the CWFT Quality Committee in July 2022.

The CWFT Quality Committee meets 6 times per year. Escalation reports from the CWFT Quality Committee flow into the North West London Acute Provider Collaborative (NWL APC) Quality Committee in Common (CiC).

(ii)-NWL APC Quality CiC:

I was appointed as the Chair of the NWL APC Quality CiC in September 2022 coincident with the establishment of the NWL APC.

The role of the NWL APC Quality CiC is:-

- To oversee and receive assurance that the four Trust level Board Quality Committees are functioning properly and identify areas of risk where collaborative-wide interventions would speed up and improve the response.
- To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements.
- To identify, prioritise, oversee, and assure, strategic change programmes to drive NWL APC-wide and NWL Integrated Care System (ICS) improvements.
- To draw to the NWL APC Board in Common's (BiC's) attention matters they need to agree, approve, or note.

The NWL APC Quality CiC meets Quarterly in September, December, March, and June.

Reports from the NWL APC Quality CiC flow into the NWL APC BiC, which meets Quarterly in October, January, April, and July.

2-CWFT Board Quality Committee Purpose / Objectives:

The CWFT Quality Committee provides assurance and oversight of the delivery of one of the Trust's three strategic priorities: **'To deliver high quality patient centred care'.**

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

The Quality Committee oversees the three themes that define quality:

• The **EFFECTIVENESS** of the treatment and care provided to patients – measured by both clinical outcomes and patient-related outcomes

• The **SAFETY** of treatment and care provided to patients – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivered.

• The **EXPERIENCE** patients have of the treatment and care they receive – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

The Quality Committee's work also relates directly to each of the Trust's **'PROUD'** Values:

Putting patients first; **R**esponsive to and supportive of patients and staff; **O**pen, welcoming, and honest; **U**nfailingly kind, treating everyone with respect, compassion, and dignity; **D**etermined to develop our skills and continuously improve the quality of care.

The Committees Objectives are set out in the CWFT Board Quality Committee Terms of Reference (ToR). **See Appendix 1.**

The CWFT Quality Committee has a broad scope illustrated by the Quality governance architecture. **See Appendix 2.**

The main Groups and their Chairs are:

(i)-Patient Safety (Gary Davies, Medical Director, Chelsea & Westminster Hospital).

(ii)-Clinical Effectiveness (Iain Beveridge, Medical Director, West Middlesex Hospital).

(iii)-Patient & Public Experience (Lee Watson, Director of Nursing, Chelsea & Westminster Hospital).

(iv)-Health, Safety & Environmental Risk (Robert Bleasdale, Chief Nursing Officer).

(v)-Joint Safeguarding (Vanessa Sloane, Deputy Chief Nurse).

3-CWFT Board Quality Committee Membership and Attendance:

(i)-NED membership: Other than myself as Quality Committee Chair the NED committee members during the 12-month period to September 2023 were:

Neville Manuel (throughout the 12 months); Prof. Andy Bush, and Associate NED Martin Lupton (both to end August 2023); Prof. Neena Modi (from September 2023).

Prof. Bush reached the end of his term of office as the Academic NED for CWFT and ICHT at the end of August 2023 and was replaced as Academic NED by Prof. Modi in September 2023.

In September 2023 Martin Lupton was appointed as the Academic NED for THHT and LNWH (within the NWL APC) and consequently ceased to be an Associate NED at CWFT, Martin's Associate NED role has not been replaced.

(ii)-Executive Director membership:

Rob Hodgkiss (Deputy Chief Executive and Chief Operating Officer); Roger Chinn (Medical Director); Robert Bleasdale (Chief Nursing Officer).

Other attendees include Alex Bolton (Associate Director of Quality Governance) together with regular attendance from the Group Chairs listed above.

Meeting attendance is excellent, everyone actively participates, with in-depth discussion, a high degree of candour, and robust challenge.

Over the last 12 months the Committee met 6 times as planned.

4-Items Covered by the CWFT Board Quality Committee:

See Appendix 3, Quality Committee Report Plan cycle.

5-2023/24 Quality Priorities:

(i)-Improve End of Life Care; (ii)-Frailty; (iii)-Effective Discharge; (iv)-PSIRF (Patient Safety Incident Response Framework)

6-Comments / Assurance:

My assurance as Chair of the CWFT Board Quality Committee to the NWL APC Quality CiC, the NWL APC BiC and to the CWFT CoG is that the CWFT Quality Committee is functioning well and fulfilling its purpose.

On behalf of the Committee, I confirm that we are assured regarding the overall quality of care that the Trust provides to its patients.

Evidence to support the assurance includes:

The Trust being shortlisted by the HSJ for Trust of the Year 2023;

The 2023 CQC Trust Maternity review report confirmed no change to the prior Maternity inspection grading of Outstanding (West Mid.) and Good (Chelsea), this should be seen in the context of over 85% of the 2023 CQC Maternity report grades have seen a 'downgrade' in ratings;

The Trust continues to achieve the highest performance benchmarks:

Combined Trust performance

- The aggregate adjusted score of 10 key performance indicators covering quality, finance, workforce, operational targets, and patient feedback. The Trust has consistently ranked in the top decile Nationally.

- Consistently recognised as one of the safest hospitals with the lowest mortality rates in England.

Cancer performance

- Top decile in 2022/23 on delivery of Cancer 2-week wait standards.

Urgent and A&E performance

- Delivering quality urgent care standards including achieving the 76% 4-hr waits. The Trust is in the top Decile Nationally.

Diagnostic performance

- The top-rated hospital in 2022/23 for delivering 95% diagnostic standards of patients waiting no more than 6-weeks.

The Quality Improvement (QI) 'culture' of the organisation is very much in evidence, with multiple QI projects underway throughout the Trust. There is emphasis on ensuring the learnings from incidents and complaints are truly learned, and changes in practice truly embedded, so that root causes are addressed to minimise the likelihood that these issues will recur.

However, patient numbers at CWFT's emergency department continue to be very high. GP referrals into acute care are very high. The backlog of elective care patients that accrued during the pandemic is large and the planned reduction of the overall Patient Tracking List (patients waiting for care) is impacted by ongoing Industrial action, despite elective care activity 'throughput' now being above pre pandemic levels.

The Trust achieved zero – '104 week' wait patients at the end of March 2022 and has maintained that position; at the end of August 2023 the Trust has under 70 – '78 week' wait patients (of which 23 were patient choice).

The Trust's close working relationships across the NWL APC and mutual aid with the other acute Trusts is benefiting patients by enabling more patients to be seen in a timely manner.

But there are significant challenges at the Trust and across NHSE re overall performance recovery.

The 3 biggest risks to the quality of care that CWFT Quality Committee members consistently express are:

(i)-The impact of ongoing Industrial Action.

(ii)-Volume of demand in urgent and emergency departments, including ambulance handovers and patient discharge.

(iii)-Workforce, overall motivation remains good, and staffing levels are safe but, having worked at or above capacity through the Covid-19 pandemic and now heading into the 2023 'Winter' pressures the workforce is tired from the sheer relentless pressure of patient activity levels, and from the small numbers, but increasing frequency, of patients and their relatives being abusive towards our staff.

S. Gill

Chair of CWFT Board Quality Committee (July 2022) & Board NED Maternity & Neonatal Safety Champion (March 2021).

Chair of NWL APC Quality CiC (September 2022).

11 October 2023.

Quality Committee
Chair: Steve Gill

Clinical Effectiveness Group
Chair: Iain Beveridge
Hospital Medical Director WM
Frequency: Monthly

Patient Safety Group
Chair: Gary Davies
Medical Director CW
Frequency: Monthly

Patient and Public Experience Group
Chair: Lee Watson
Director of Nursing CW
Frequency: Monthly

Health, Safety and Environmental Risk Group
Chair: Robert Bleasdale
Chief Nursing Officer
Frequency: Monthly

Joint Safeguarding Group
Chair: Vanessa Sloane
Deputy Chief Nurse
Frequency: Quarterly

Clinical Effectiveness Group subgroups:

Critical Care Delivery Group
Chair: Sanjay Krishnamoorthy
CD Emergency & Acute Medicine
Frequency: Bi monthly

Nutrition & Hydration
Chair: Emer Delaney
Nutrition Specialist Practitioner
Frequency: Quarterly

Organ Donation Group
Chair: Parvinder Garcha
Lay chair
Frequency: 6 monthly

Clinical Decision Support Group
Chair: Sarah Cox
Lead Consultant Palliative Care
Frequency: fortnightly / as need arises

End of Life Care
Chair: Iain Beveridge
Hospital Medical Director WM
Frequency: Monthly

Resuscitation Group
Chair: Kath Bonnici & Ruth Caulkin
Consultants
Frequency: Bi Monthly

Discharge Governance Group
Chair: Richard Turton
DDN, Emergency &Integrated Care
Frequency: Monthly

New Interventional Procedures Group
Chair: Isabel Jones
DMD, Planned Care
Frequency: monthly / as need arises

Patient Safety Group subgroups:

Transfusion Group
Chair: Anastasia Chew
Consultant haematologist
Frequency: Quarterly

Thrombosis Group
Chair: N Wiles/S Patel
Thrombosis leads
Frequency: bi-monthly

Medical Devices Group
Chair: David Bushby
Deputy Director of Nursing WM
Frequency: Monthly

Falls Strategy Group
Chair: Stephanie Stevenson-Shan
Vaccination Lead
Frequency: Monthly

Infection Prevention & Control
Chair: Nabeela Mughal
DIPC/ Consultant Microbiologist
Frequency: Monthly

Pressure Ulcer Group
Chair: Joanne Tillman
Deputy Director of Nursing CW
Frequency: Monthly

Medicines Safety Group
Chair: Hester Yorke/David Bushby
Consultant / Deputy Dir Nursing WM
Frequency: Monthly

IV Access Group
Chair: Kim Watts
Resuscitation Lead Nurse
Frequency: Bi Monthly

Mortality Surveillance Group
Chair: Iain Beveridge
Hospital Medical Director WM
Frequency: Monthly

Medico legal group
Chair: Roger Chinn
Chief Medical Officer
Frequency: Monthly

Trust Medicines Group
Chair: Deirdre Linnard
Chief Pharmacist
Frequency: Monthly

Dementia Steering Group
Chair:
Dementia Lead
Frequency:

LocSSIP Monitoring Group
Chair:
Patient Safety Lead
Frequency:

Patient and Public Experience Group subgroups:

PLACE Group
Chair: Matt Robinson
Head of Patient Experience
Frequency: Quarterly

Learning Disability Group
Chair: Kathryn Mangold
Lead Nurse for Learning Disability and Transition
Frequency: Bi-Monthly

Research & Innovation P&P involvement
Chair: Chris Adamson
Lead Research Nurse & Delivery Manager
Frequency: Quarterly

Youth Forum
Chair: Melanie Guinan
Lead Nurse Paediatrics and Neonates
Frequency: Under review as part of WLCH

Patient & Public Involvement Group
Chair: Matt Robinson
Head of Patient experience
Frequency: Bi-Monthly

Health, Safety and Environmental Risk Group subgroups:

Radiation Safety Group
Chair: Annelies Maenhout
Consultant Nuclear Physician
Frequency: Quarterly

Staff Safety Group
Chair: Nicola Rose
Divisional Director of Nursing PCD
Frequency: Monthly

Water Safety Group
Chair: Marie Courtney
Director of Estates & Facilities
Frequency: Monthly

Safer Sharps Group
Chair: Cathy Hill
Director of Nursing WM
Frequency: Monthly

Medical Gases Group
Chair: Deirdre Linnard
Chief Pharmacist and Head of Professions
Frequency: Monthly

Bio-Safety Group
Chair: Damon Foster
Research Delivery and Operations Manager
Frequency: Quarterly

Fire Safety Group
Chair: Marie Courtney
Director of Estates & Facilities
Frequency: Monthly

Respiratory Protection Group
Chair: David Bushby
Deputy Director of Nursing (WM)
Frequency: Quarterly

Ventilation Safety Group
Chair: Marie Courtney
Director of Estates & Facilities
Frequency: Monthly

Electrical Safety Group
Chair: Marie Courtney
Director of Estates & Facilities
Frequency: Monthly

Joint Safeguarding Group subgroups:

Learning Disability Group
Chair: Kathryn Mangold
Lead Nurse for Learning Disability and Transition
Frequency: Bi-Monthly

Mental Health Group
Chair: Lee Watson/Cathy Hill
Director of Nursing CW/WM
Frequency: Bi-Monthly

Chelsea and Westminster Hospital
NHS Foundation Trust

Quality Committee
Terms of Reference

1.   Constitution

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

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

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

2.   Authority

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

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

3.   Aim

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

4.   Objectives

4.1   This Committee oversees the three themes that define quality:

- **The EFFECTIVENESS of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes

- **The SAFETY of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivering

- **The EXPERIENCE patients have of the treatment and care they receive** – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.

4.2   The Committee's objectives are:

- To have oversight of the Trust's Quality Strategy and Plan including to agree the annual quality priorities and monitor progress against them;

- To monitor the impact on quality of any strategic change programme such as reconfiguration of clinical pathways, national initiatives such as Getting it Right First Time.

- To approve the Trust's annual quality account before submission to the Board;

1

- To monitor the Trust's Quality Dashboard;

- To consider matters referred to the Quality Committee by its sub-groups as shown below;

- To monitor Trust compliance with statutory Health and Safety requirements

- To monitor the extent to which the Trust meets the requirements of commissioners and regulators.

In relation to **EFFECTIVENESS**

- To have oversight of the annual clinical audit programme

- To make recommendations to the Audit and Risk Committee concerning the annual programme of internal audit work, to the extent that it applies to matters within these terms of reference;

- To have oversight of Trust-wide compliance with clinical regulations and Central Alert System requirements;

- To ensure the review of patient safety incidents (including near-misses, complaints, claims and Coroner Prevention of Future Deaths reports) from within the Trust and wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning;

- To monitor the impact on the Trust's quality of care of the Improvement Programme and any other significant reorganisations;

- To ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.

In relation to **SAFETY**

- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas;

- To have oversight of the Trust's Maternity Improvement Programme and to monitor Trust performance in this area

- To have oversight of and review quality related risks on the Trust's Risk Assurance Framework;

- To review and monitor the Quality Committee elements of the Trust's Board Assurance Framework.

- To scrutinise serious incidents, analyse patterns and monitor trends and to ensure appropriate follow up within the Trust;

- To monitor progress and approve the Trust quality priorities such as the Trust work plan on sepsis and deteriorating patients;

- To provide the Board with assurance regarding Adult and Child Safeguarding requirements and processes;

- To monitor nurse staffing levels in accordance with safe staffing benchmarks;

- To have oversight of infection protection and control and to scrutinise the annual Infection Protection and Control report on behalf of the Board;

- To have oversight of health and safety and environmental risk and monitor progress;

2

- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the trust's policy on reporting issues of concern and monitoring the implementation of that policy;

- To ensure compliance with standards set by statutory and regulatory bodies with regard to quality of care delivery;

- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust.

In relation to **EXPERIENCE**:

- To have oversight of the Trust's performance against the 5 key areas as described by the Care Quality Commission: Safe, Effective, Caring, Responsive and Well Led.

- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement;

- To monitor the Trust's Friends and Family Test response rates and recommendation rates;

- To provide the Board with assurance that complaints are handled both a timely and effective manner;

- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALs data, and ensure appropriate actions are put into place;

- To oversee the Trust's work progress on Patient Experience.

In relation to Risk:-

- The Committee will monitor risks identified in the Trust's Board Assurance Framework that have been allocated for oversight by the Committee
- The Committee will establish and maintain an overview of the Trust's quality risks and risks to the delivery of the Trusts quality and safety plans and ensure the effectiveness and implementation of controls to mitigate risks

5.   Method of Working

5.1   All Committee Members will:

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

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

   1.   Apologies for absence
   2.   Declarations of interests
   3.   Minutes of the previous meeting
   4.   Business to be transacted by the Committee

3

5.   Any other business

6.   Date of next meeting

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

6.   Membership

6.1   The membership of the Quality Committee shall consist of:

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

6.2   The Chief Nursing Officer and Chief Medical Officer need to have a deputy in their absence.

6.3   The Director of Nursing (Chelsea site), Director of Nursing (West Middlesex site) and the Medical Directors for each site each have a standing invitation to attend meetings of the Committee.

6.4   The Chair of the Board in Common may attend local Board committee meetings at his / her discretion, but is not considered a standing member of the committee. If the Chair in Common attends, then he / she counts towards the quorum necessary for the transaction of business at that meeting and has voting rights at the committee.

7.   Quorum

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

- Two Non-Executive Directors, one of whom should Chair the meeting
- Chief Medical Officer or deputy
- Chief Nursing Officer or deputy

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

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

8.   Frequency of Meetings

8.1   Meetings will be held at least six times a year with additional formal meetings as deemed necessary.

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

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

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

4

9. Secretariat

9.1 Meeting minutes, agendas and forward work plans to be maintained by the Head of Quality & Clinical Governance.

9.2 Minutes, agenda and papers to be circulated by the Board Governance Manager.

10. Reporting Lines

10.1 The Quality Committee will report to the NWL Acute Provider Collaborative Quality Committee after each meeting, who will in turn report into the NWL Acute Provider Collaborative Board in Common. The minutes of all meetings of the Quality Committee shall be formally recorded and submitted to the next Collaborative Quality Committee. Matters of material significance in respect of quality will be escalated to the following meeting of the Collaborative Quality Committee and the NWL Acute Provider Collaborative Board in Common. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Quality Committee minutes.

10.2 The following groups shall report to the Quality Committee:

- Clinical Effectiveness Group
- Patient Safety Group
- Patient & Public Experience Group
- Health, Safety and Environmental Risk Group
- Safeguarding and Mental Health Group

10.3 The above groups will report as per the Quality Committee work plan, and also at times when requested by the Quality Committee. The reports provided by the groups should be in written format unless agreed by the chair.

10.4 The above groups' Terms of Reference will be reviewed by the Quality Committee annually.

10.5 The Quality Committee has key relationships with all other Board committees via its membership. In addition, there are links to Commissioners and other providers through the Medical Director, Chief Medical Officer and Chief Nursing Officer.

11. Openness

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

Reviewed by: Quality Committee
Date: 7 January 2020
Approved by: Board of Directors
Date: March 2020
Review date: December 2020
Approved by: Board of Directors
Date: March 2021
Reviewed by: Quality Committee
Review Date: April 2022
Reviewed by: Quality Committee
Date: September 2022

Trust Quality Committee: Cycle of Plan

Month	Frequency	Lead	Report to APCQC	June 06/06/2023	June 20/06/2023	September 05/09/2023	September 26/09/2023	November 07/11/2023	December 05/12/2023	December 12/12/2023	February 06/02/2024	March 05/03/2024	March TBC
Date presneted at EMB				24/05/2023	07/06/2023	16/08/2023	13/09/2023	25/10/2023	22/11/2023	22/11/2023	17/01/2024	14/02/2024	TBC
Date papers due for circulation for quality committee				30/05/2023	13/06/2023	29/08/2023	19/09/2023	31/10/2023	28/11/2023	05/12/2023	30/01/2024	27/02/2024	TBC
Date of quality committee				06/06/2023	20/06/2023	05/09/2023	26/09/2023	07/11/2023	05/12/2023	12/12/2023	06/02/2024	05/03/2024	TBC
DEEP DIVES													
Deep Dives (clinical issues/areas of concern/national work)	As required		Yes		√		√			√			√
SAFETY & QUALITY IMPROVEMENT													
Integrated Quality and Performance Report	Each meeting/monthly	COO/DCEO	No	√		√		√	√		√	√	
Acute collaborative quality metrics	Quarterly	COO/CMO/CNO		√	√	√	√	√		√	√	√	√
Trust Quality Function Reports	Quarterly	CMO/CNO	Yes		√		√			√			√
Serious Incident Report	Bi-Monthly	CNO	No	√		√			√			√	
Learning from SIs/Incidents - Thematic analysis	Bi-Annual	CNO	Yes			√	√					√	√
Mortality Monitoring Committee and Learning from Deaths	Quarterly	CMO	Yes	√	√				√	√			
Infection Control Report incl Antimicrobial Stewardship	Biannual	CNO	Yes	√	√				√	√			
Health and Safety Report	Biannual	CNO	No			√						√	
Maternity Improvement Programme incl CNST	Quarterly	CNO		√	√	√	√		√	√		√	√
Improvement Programme/Quality Priorities and CQUINS	Quarterly	CNO/CMO	No	√		√			√			√	
Patient Safety Group and PSIRF implementation plan	Biannual	CNO/CMO	No			√		√					
Joint Safeguarding report	Bi-annual	CNO	No			√							
EFFECTIVENESS													
Clinical Effectiveness Group (CEG)	Bi-annual	CMO	Yes	√	√				√	√			
Trust Wide Policy updates: Clinical/Patient Care	Bi-annual	CNO	No					√					
Medication Management, Safety and Controled Drugs Report	Bi-annual	CMO	No					√					
EXPERIENCE													
Patient Experience and Engagement Report	Bi-annual	CNO	No			√					√		
National Inpatient Survey - **dates TBC Maternity/CYP/Impatient/ED**	Bi-Annually	DQGC	No					√ – deferred from September					
Complaints & PALS Report	Bi-annual	DQGC	No								√		
PLACE report						√							
STRATEGY, GOVERNANCE & RISK													
Board Assurance Framework (Quality Risks)	Quarterly	CNO	Yes	√	√	√	√		√	√		√	√
Risk Assurance Framework (Quality Risks)	Quarterly	CNO	No	√		√			√			√	
Quality Account Priorities (2023/24)	Annual	CNO	Yes										√
Quality Strategy 2019-24 Implementation Update	Bi-Annual	CNO/CMO	No										
Flu plan and progress		CNO		√		√		√	√		√		
Legal Services Update Incl. learning from Claims and inquests	Bi-annual	CNO	Yes			√	√					√	√
Annual Review of CQC statement of Purpose	Annual	CCAO	No									√	
Annual Reports					June		Sept			Dec			March
Infection Prevention and Control (include decontamination)	Annual	CNO	Yes			√	√						
Patient Experience and engagement annual report (including Complaints Annual Report)	Annual	CNO	Yes	√	√								
Safeguarding Annual Report (Adults and Children)	Annual	CNO	Yes					√		√			
Regulatory compliance (CQC standards) reporting	Annual	Dir Corp Affairs	Yes						√	√			
Falls annual report (including hip fracture report)	Annual	CNO	Yes			√ deffered from March						√	√
Dementia annual report	Annual	CNO	Yes									√	√
Mental Capacity Act/Deprivation of Liberty annual Report	Annual	CNO	Yes		moved to September 2023	moved to November 2023		√					
Resuscitation Committee annual report	Annual	CNO/CMO	Yes	√	√								
Radiation Protection/Safety Committee annual report	Annual	CMO	Yes					√ deffered from September					
End of Life Care annual report	Annual	CNO/CMO	Yes					√ deffered from September					
Medical Devices Management annual report	Annual	CNO/CMO	Yes									√	√
Medications Safety annual report	Annual	CMO	Yes									√	√
Human Tissue Authority (HTA) annual report	Annual	CMO/CNO	Yes					√		√			
Human fertility and embryology annual report	Annual	CMO/CNO	Yes					√		√			
Seven day services standards compliance annual report	Annual	CMO	Yes									√	√
Medical Examiner office Annual Report	Annual	CMO	Yes						√	√			
Health and Safety annual report	Annual	CNO	No								√		
Safe Staffing Annual Report	Annual	CNO/CMO	No			√							
Learning Disability Service Annual Report	Annual	CNO						√					
Clinical Negligence Scheme for Trusts (Maternity)	Annual	CNO	Yes						√	√			
Research and Development Annual Report	Annual	CMO	No								√		
NHS England Annual EPRR report	Annual	DCEO/COO	No								√		
Patient Equity Report	Annual	CNO	No			√							
Legal Services Annual Report	Annual	CNO	No			√							
Quality Account (final)	Annual	CNO	Yes		√								
Duty of Candour Annual Report								√ deffered from September					
STANDING ITEMS													
Apologies for absence				√		√		√	√		√	√	
Minutes of last meeting				√		√		√	√		√	√	
Declarations of interest				√		√		√	√		√	√	
Action log and matters arising				√		√		√	√		√	√	
Issues for escalation to Collaborative Committee			Yes	√	√	√	√	√	√	√	√	√	√
Issues to be escalated to the Board			Yes	√	√	√	√	√	√	√	√	√	√
Forward planner				√		√		√	√		√	√	
COMMITTEE GOVERNANCE/ OTHER MATTERS													
Annual Review of Committee Effectiveness	Annual	CCAO/CN	No									√	
Annual Review of Terms of Reference (Collaborative QC)	Annual	CCAO/CN	Yes				√						
Annual Review of Terms of Reference	Annual	CCAO/CN	No									√	
Annual Review of Committee Work Programme	Annual	CCAO/CN	No									√	

Staff Covid & Flu vaccinations Autumn 2023

- We are seeing high numbers of staff from ED & acute areas due to increase in Covid +ve patients

- A number of people are having flu only due to having Covid in the last couple of weeks

- Areas which had low uptake last year e.g. NICU & SCBU have peer vaccinators this year & we are seeing increased uptake

- We are undertaking vaccinations for NWL and North London for patients, public & staff with allergies to MRNA vaccines

- We are also offering public Covid vaccination clinics every weekend at WM

Chelsea and Westminster Hospital
NHS Foundation Trust

Covid 19 and Influenza Current Position

Closing Position 22/23	Straight Line Trend Forecast Closing Position 23/24	Week 4 Position (Front Line Staff) 22/23	Week 4 Position (Front Line Staff) 23/24
Flu – 48.44%	Flu – 76%	Flu – 13.47%	Flu – 11.82%
Covid 19 – 43.69%	Covid 19 – 73%	Covid – 18.66%	Covid 19 – 12.06%

Front Line Staff

Covid Front Line Staff Progress

Covid Immunised 2022/23 · Covid Immunised 2023/24 · Covid Rate 2022/23 · Covid Rate 2023/24

Influenza Front Line Staff Progress

Influenza Immunised 2022/23 · Influenza Immunised 2023/24 · Influenza Rate 2022/23 · Influenza Rate 2023/24

All Staff

Covid All Staff Progress

Covid Immunised 2022/23 · Covid Immunised 2023/24 · Covid Rate 2022/23 · Covid Rate 2023/24

Influenza All Staff Progress

Influenza Immunised 2022/23 · Influenza Immunised 2023/24 · Influenza Rate 2022/23 · Influenza Rate 2023/24

3.2 QUALITY UPDATE - INCLUDING PERFORMANCE & QUALITY REPORT

PLUS CQC PATIENT SURVEY RESULTS AND NEXT STEPS

● Information Item   ● Vice Chair and Chief Nursing Officer

REFERENCES   Only PDFs are attached

📕 Agenda item 3.2 - Quality Update coversheet.pdf

📕 Agenda item 3.2a - Quality Update.pdf

📕 Agenda item 3.2b - Quality and Performance Report (July 2023).pdf

CONFIDENTIAL

TITLE AND DATE *(of meeting at which report to be presented***)**	Council of Governors, 19 October 2023

AGENDA ITEM NO.	3.2
TITLE OF REPORT	Quality Report to the Council of Governors
AUTHOR NAME AND ROLE	Robert Bleasdale, Chief Nursing Officer
ACCOUNTABLE EXECUTIVE DIRECTOR	Robert Bleasdale, Chief Nursing Officer and Steve Gill, Vice Chair (non-executive lead)

<table>
<tr>
<td colspan="2">PURPOSE OF REPORT</td>
<td rowspan="2">This report summarises the key quality exceptions and risks discussed, and the assurance reports presented at Chelsea and Westminster Hospitals NHS Foundation Trust's Quality Committee in September 2023.</td>
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Decision/Approval	
Assurance	X
Info Only	X
Advice	

Please tick above and then describe the requirement in the opposite column
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REPORT HISTORY Committees/Meetings where this item has been considered	Committee	Date of Meeting	Outcome
	Quality Committee	5 September 2023	

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	Some of the key items raised in this report include: • Quality Measures • Quality Priorities 2023/2024 • Complaints • Maternity and Neonatal Quality and Safety Report • Maternity and Neonatal Staffing Report; and • COVID-19 and 'Flu Vaccination plan.

KEY RISKS ARISING FROM REPORT	

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT:

Equality And Diversity	Y
Quality	Y
People (Workforce or Patients/Families/Carers)	Y

Operational Performance	Y
Finance	
Public Consultation	
Council of Governors	Y

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

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

Quality Report to Council of Governors
October 2023

This report summarises the key quality exceptions and risks discussed, and the assurance reports presented at Chelsea and Westminster Hospitals NHS Foundation Trust's Quality Committee in September 2023.

1. Quality Measures
1.1 - The Trust integrated quality and performance report for July 2023 was reviewed along with the analysis of performance against the measures in the acute collaborative provider quality/clinical outcomes dashboard. This section provides narrative regarding the Trust performance against each of the measures and any action being taken to improve.

1.2 Quality Priorities 2023/2024
The Trust's 2023/24 quality priorities have been identified through engagement with multiple stakeholder groups including our Council of Governors and Engagement Forum which includes external stakeholders, engagement and feedback from our Board's Quality Committee, and the review of incident reporting and feedback from complaints and concerns.

Each priority is aligned to one or more of our three strategic objectives and triangulates with areas identified as offering the greatest opportunities for improvement. The identification of these priorities has been supported by a review of learning from incidents, patient feedback (complaints, concerns and patient experience), mortality reviews, claims and coroners' inquests, and our ambition is for teams to continue to develop transferrable and sustainable knowledge and skills to carry on the journey of improvement within the organisation and across the wider health and care system.
Within that context, we have set the following priorities for 2023/24:

- **End of life care**—supporting people in their last months or years of life
- **Effective Discharge**—enabling safe and timely discharge
- **Frailty care**—improving the identification and care of frail patients
- **Patient Safety Incident Response Framework (PSIRF)** enhancing patient safety learning and improvement

Each priority will be overseen by a Quality priority lead and delivery will be supported by the organisation's Improvement Department. Progress on the delivery of the Trust's Quality Priorities will be monitored on a quarterly basis through reports to the Executive Management Board and the Quality Committee. We are committed to focusing on these priorities so as to best improve the quality of care, patient experience, and the environment and culture within which our staff work.

1.3 Incidents - During the month of July 2023 one external serious incident (SI) was reported; this case relates to a size discrepancy between implants (head size and cup size) following a hip replacement, the issue was identified shortly after the procedure and corrected the same day. The investigation into this event will seek to identify gaps in our safety checking processes and establish the actions required to reduce the risk of reoccurrence. This incident met the surgical 'Never Event' Criteria for wrong implant/prosthesis.

1.4 Infection Control - Clostridium Difficile (CDI): To date (April 23 – July 23) there have been 11 Trust-attributed CDI cases against a threshold of 25 cases for the year. Three attributed cases occurred in July 2023. Root cause analysis has identified no lapses in care at this time. MRSA: One MRSA blood stream infection identified during the month, bringing the year to date total to one which occurred within the neonatal unit. An incident meeting was established, improvement works, root cause analysis (RCA) findings and performance continues and are monitored through the Infection Control Group.

1.5 Complaints – Key items from the 2022/2023 Annual Patient Experience Report:

- During 2022-23, the Trust received a total of 481 complaints which equates to an average of nine complaints per week, and is an increase of 7% against the number of complaints received during 2021-22 (449).
- The PALS and Complaints Team has not consistently met the target of 95% of responses being sent within 25 working days of receipt of the complaint, but are refocusing its efforts in achieving this from April 2023 onwards.
- 477 out of the 481 complaints received and investigated during 2022-23 were completed.
- During the year, we received contact from the Parliamentary Health Service Ombudsman (PHSO) regarding 15 complaints they assessed during 2022-23. We received a decision on one cases they have investigated: which was partly upheld for Emergency and Integrated Care (EIC) Division. As at 1April 2023, there was one open complaint with them for investigation for the Women's Division.
- During 2022-23, the Patient Advice and Liason Service (PALS) team logged and resolved 921 concerns, a decrease of 35% from 2022-23 (1412).
- The PALS team logged a total of 602 compliments on Datix during the year 2022-23, a decrease from 632 the previous year.

The themes were as follows:

Clinical Treatment	Values and Behaviour	Appointments	Communications	Patient Care
32%	8%	5%	27%	16%

For July 2023, 89% (35/39) of complaints were responded to within the 25 day KPI (target 95%), and 97% of PALS concerns were closed within five working days (KPI 90%).

1.6 Patient experience – Friends and Family Test (FFT): The Trust continues to exceed the hospital target (90%) of inpatients reporting a good experience of care (95.6% in July 2023). Improvement in the satisfaction rates for both sites A&E departments is noted (though satisfaction remains below target 84.3%); this improving position has been linked to the improvement work relating to waiting times, communication and patient care undertaken within these areas. An improving position for maternity satisfaction is also noted (89.6%); this follows a targeted patient experience awareness campaign in June 2023 led by maternity services.

1.7 Venous thromboembolism (**VTE)** – In month VTE risk assessment performance was 93.4% compared with the 12 month average of 93.1%. West Middlesex site continues to meet the target of 95%. No attributed cases were identified in target month.

1.8 COVID-19 and 'Flu vaccination plan - The Department for Health and Social Care and UK Health Security Agency have warned of risks of new BA.2.86 (Pirola) COVID-19 variant, and NHS England has fast-tracked the winter vaccination programme. Those most at risk will be vaccinated against COVID-19 and flu from 11 September 2023, following the Joint Committee on Vaccination and Immunisation recommendations. COVID-19 and 'flu vaccinations will be given at the same time, where possible, in order to help ensure that vital protection from both viruses is available to all ahead of winter.

2. Learning from Serious Incidents (June/July 2023 dataset)
2.1 - The committee noted the occurrence of three serious incidents in June and July relating to; wrong implant/prosthesis (never event), delayed diagnosis of TB, and an unexpected neonatal death. During this reporting period (June / July 2023), 13 SI investigations were concluded, associated action plans are monitored within both Divisional Quality Boards and the Trust's Patient Safety Group to ensure implementation and learning cascade.

2.2 - The Trust continues to operate to the 60 working day completion target for serious incident investigation; there are currently no cases breaching this target. This is an essential element of PSIRF preparedness / readiness to step back from the Serious Incident Framework.

3. Health and Safety Annual Report

3.1 - The Quality Committee received the Trust's Health and Safety Annual Report; the update summarises activities overseen by the organisation's Health, Safety and Environmental Risk Group (HSERG) and the learning/improvement action associated within incident management, inspections, audits, and risk assessment. The committee noted the positive assurance of Trust compliance with health and safety legislation during this reporting period, but noted that violence and abuse towards staff remained a significant theme, with support being provided to staff given the overall increase in cases. It also noted that the existing staff safety group was leading this work.

4. Maternity and Neonatal Quality and Safety Report

4.1 - The Maternity Service had a Care Quality Commission (CQC) inspection in February 2023, and the CQC rated the maternity service at West Middlesex University Hospital as 'Outstanding' and the maternity service at Chelsea and Westminster Hospital as 'Good'. The key highlights of the report are:

- MMBRACE 2021 highlighted that the perinatal mortality rates across the service were lower than Trusts of a similar size. 17 cases were reviewed with the perinatal mortality review tool in Q4. There is significant improvement in compliance with data monitoring standards across both sites from Q3-Q4 and of those cases completed review care were not graded as a C or D (where different care may or would have changed the outcome).

- In Q4, neither site had any referrals to Healthcare Safety Investigation Branch (HSIB). CWH reported 6 serious incidents (5 level 2 and 1 level 3); WMUH reported 3 serious incidents (1 level 3 and 2 level 2).

- There are currently 30 risks on the maternity risk register. There had been a reduction in risks scoring 9 or above (n=11), 4 cross-site, 3 on the Chelsea site and 4 on the West Middlesex site. There had been significant progress in Q4 with the risks related to staffing, Ockenden, statutory and mandatory training and the lift at West Middlesex as described in the comments section of the report.

- The national pause on the rollout of maternity continuity of care teams until the building blocks were in place, with the first being safe staffing, remains. There was a decline in Midwifery Continuity of Care (MCoC) in Q4 related to the changes made to the inclusion criteria.

- The Maternity Single Delivery Plan was launched in March 2023 and the service was awaiting the publication of the technical guidance. Initial benchmarking by the service highlighted 5 non-complaint objectives.

- The service achieved the required 90% for all staff group training that was required as part of year 4 of the maternity incentive scheme. There had been a decline in fetal monitoring compliance in Q4, and this related to industrial action and new starters. This was being monitored by the senior leadership team monthly. There was no change in compliance with GAP/GROW online training. However, this is covered in the annual Multiples of the Normal Median's (MOM's) update, and the service was reviewing the continued use of this software.

- Saving Babies Lives (Version 2), some metrics had not been reported due to the implementation of K2 phase 1 (36 week CO monitoring). 100% of women across both sites with a parts per million (ppm) reading of CO>4 were offered smoking cessation. Two other areas of partial compliance included risk assessment for fetal growth restriction at booking 70% of risk assessment completed across the sites action plan in place and steroids within seven days of birth (all cases reviewed and no concerns with clinical management).

- The Trust remained below the national average for term admission to the neonatal unit, and all cases continue to be reviewed with associated action plan.

- The final submission for Year 4 maternity incentive scheme (MIS) was submitted in February 2023 and the service declared full compliance with all 10 safety actions. There are two action plans in place that were being monitored on a monthly basis, one to one care in labour on the West Middlesex site and qualified in speciality on the Chelsea site. The service was awaiting release of Year 5 MIS and an update will be provided in the Q1 23/24 report.
- Please see associated Maternity and Neonatal Staffing Q4 staffing report which provides detailed narrative.
- The focus of the 23/24 Maternity and Neonatal Voice Partnerships (MNVP) work plan is to include the voices of neonatal service users and their families and to grow and develop do-production. The Maternity Voices Partnership (MVP) have submitted their annual report and work-plan.
- The service has made significant progress in improving service user response rates and experience. A service user experience action plan has been developed with focus on post-natal care and co-production with the MNVP.
- The professional midwifery advocates (PMA) continue to deliver a session on the mandatory training, lead the listening service for women who have had a difficult birth experience. In Q4, the lead PMA was focusing on escalation and facilitating engagement sessions to understand the barriers to escalation.
- Burnout continues to a theme in the 2022 Staff Survey alongside opportunities for development. The service has developed a People's Promise that focuses on recruitment and retention, staff wellbeing and equity of support and opportunity for development.

5. Maternity and Neonatal Staffing Report

5.1 - The committee noted the measures in place to ensure safe maternity staffing including workforce planning, planned versus actual midwifery staffing levels, the midwife to birth ratio, specialist hours, and compliance with supernumerary labour ward coordinator, one to one care in labour and red flag incidents, and associated workforce measures.

5.2 - Sickness and vacancy remain challenging with some impact on elective work (and, as such, patient experience), but all birthing women continue to have one-to-one care in labour and the supernumerary status of the coordinator is not being compromised. Sickness is being managed and monitored for themes and trends.

5.3 - Recruitment and retention: the services continues to reduce vacancies and improve Quality Improvement Services (QIS) (70% will be achieved by September). An action is being developed alongside recruitment and retention to reduce off-framework agency usage. Current vacancy rate at CW is 9.56% (19 WTE) and 11.64% at WM (22.68 WTE).

5.4 - Red flag events: During Q1 2023/24 - 22 red flags were identified across the service (16 CW/6 WM), which represents a significant reduction in red flag events. Further improvement work at CW relating to compliance with the Birth Rate Plus Acuity Tool was noted. Primary themes from red flag events related to delay in pain relief, delay between admission for induction and beginning the process. The committee noted associated improvement programmes.

5.5 - Supporting locum obstetricians: the committee noted that guidance from the Royal College of Obstetricians and Gynaecologists (RCOG (2022) outlining the level of support and due diligence required to ensure locum obstetricians had the requisite skill and were appropriately supported. Assurance noted that the Trust only utilised either obstetric locums from the hospital bank, or for longer-term, go through a full Trust induction. Therefore, the process for a robust orientation and on-going support was already in place.

5.6 - The committee also discussed the recent findings of the criminal case into deaths at the Countess of Chester Hospital and the systems in place to support staff raising concerns and the oversite of

clinical outcomes. The committee noted that a paper was being produced for consideration across the acute provider collaborative.

6. PSIRF implementation

6.1 - The Quality Committee endorsed the Trust's Patient Safety Incident Response Policy and Patient Safety Incident Response Plan ahead of submission to the ICB for go-live approval. The committee noted and approved the proposed patient safety improvement programme and local priorities for pre-determined incident response. These being;

• incidents resulting in moderate, severe, fatal harm;
• patient falls resulting in harm;
• delayed diagnosis of cancers;
• sub-optimal escalation and/or response to a deteriorating patient;
• delay/failure to recognise complication of treatment or procedure resulting in moderate or severe harm;
• issues with patient appointment management (including follow-up);
• wrong medication or wrong dose leading to actual or potential severe harm;
• pressure damage >2 and unstageable;
• delay/failure to recognise or escalate fetal heart rates concerns leading to hypoxic ischaemic encephalopathy;
• healthcare acquired infections and issues with infection control procedures
• delayed discharge of medically optimised
• delays within diagnostic pathways; and
• staff issues actually or potentially impacting patient safety.

6.2 - The committee noted that the implementation and planning was being driven through a Trust level task and finish group chaired by the Associate Director of Quality Governance, which also formed part of the Acute Provider Collaborative Quality Work stream to ensure consistency and cross organisational support was embedded.

6.3 - The committee was pleased to note that the e-learning training had now been launched across the Trust and asked for a trajectory for improvement.

7. Joint adult and children's safeguarding group 6 month report

7.1 - The committee received an update on the local and national requirements and on-going work within the safeguarding arena. The report identified a continuing trend of high referrals in all areas of safeguarding, with increasingly complex requirements of patients. It was noted that training compliance continues to require improvement and had been negatively affected by staffing shortages leading to requirements for dedicated safeguarding staff to work clinically and the addition of new staff to the list of those requiring training following review.

7.2 - Learning Disability/Autism: During this 6-month reporting period, 16 adults and 1 child with a learning disability died during hospital admission. Support and learning form the Learning disability mortality review (LeDeR) programme was highlighted. The Oliver McGowan training programme on learning disability and autism has been introduced as mandatory training for all staff to support enhanced care and service provision and this was being implemented across the Trust, although it was recognised that the Trust had previously provided LD and Autism training to staff. Prevent: The Adult Safeguarding team completed one Prevent referral during this reporting period.

7.3 - The committee noted positive assurance relating to the trained, processes, and relationships with social workers and local authorities to support the prioritisation of adult and child safeguarding activity.

8. PLACE Report

8.1 - The committee noted the relaunch of the national PLACE programme following a two year pause. The committee welcomed the assessment undertaken by staff and patient assessors and noted the

areas of positive assurance, exceeding the national NWL Acute Provider Collaborative Quality Committee – Quality Function Report template and London average across all six domains. However, there was a decline in scores associated with provision of a supportive environment for patients with dementia or disabilities which related to aspects of the care environment, such as provision of dementia clocks. The Patient and Public Engagement and Experience Group (PPEEG) is leading the associated improvement progamme, and the committee was assured that immediate improvement works had been completed.

9. Assurance reports

9.1 - The table below provides a list of the assurance reports reviewed at September 2023 Quality Committee, alongside any issues requiring escalation.

Report title	Issues for escalation
Integrated Quality and Performance Report	No issues for escalation to the collaborative
Acute Collaborative Quality Metrics	No issues for escalation to the collaborative
Serious Incident Report	No issues for escalation to the collaborative
Health and Safety Report (annual report)	No issues for escalation to the collaborative
Maternity Improvement Programme including CNST (Safe Staffing Report Q1 and Quality and Safety Report Q1)	It was noted that there is a risk in respect of safety action 8 of the maternity incentive scheme due to the impact of ongoing industrial action.
Patient Safety Group and PSIRF implementation plan	No issues for escalation to the collaborative
Joint Safeguarding report (adult & children)	No issues for escalation to the collaborative
Patient Experience and Engagement Report	No issues for escalation to the collaborative
PLACE report	No issues for escalation to the collaborative
Board Assurance Framework	No issues for escalation to the collaborative
Risk Process Assurance framework	No issues for escalation to the collaborative
Seasonal Vaccination Plan 2023/24	No issues for escalation to the collaborative
Falls Annual Report	No issues for escalation to the collaborative
Safe Staffing Annual Report	No issues for escalation to the collaborative
Legal Services Annual Report	No issues for escalation to the collaborative

Executive summary

Analysis of the Trust performance with the agreed metrics for the acute collaborative quality dashboard is provided in section 1. The metrics remain stable for the Trust, however detailed analysis of the monthly position and action taken is provided and discussed at the Trust Quality Committee.

Next Steps

Improvement actions detailed in the report will continue to be implemented and monitored through the Trusts internal governance structure. Patient Safety, Quality and Experience will be monitored by the Trust Quality Committee, with key issues being summarised or escalated to the Collaborative Quality Committee, including opportunities for collaboration and sharing of best practice.

TRUST PERFORMANCE & QUALITY REPORT

July 2023

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024 Q2	2023-2024	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	81.74%	78.22%	82.78%	80.23%	80.47%	79.74%	79.36%	78.91%	81.01%	79.09%	80.80%	80.80%	79.47%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	65.92%	65.80%	65.49%	65.19%	58.10%	58.36%	57.63%	57.69%	61.61%	61.67%	61.05%	61.05%	61.02%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.19%	97.66%	94.34%	96.76%	98.69%	97.68%	97.10%	98.01%	98.05%	97.67%	96.00%	n/a	97.50%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	100%	n/a	n/a	100%	97.26%	94.12%	96.91%	94.87%	97.30%	94.12%	96.91%	n/a	94.90%	
(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jul-23) in this report	31 days diagnosis to first treatment (Target: >96%)	98.11%	100%	100%	97.71%	100%	95.56%	97.10%	98.16%	99.30%	97.48%	98.32%	n/a	97.99%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	74.63%	76.81%	61.54%	73.08%	73.44%	81.88%	75.47%	74.42%	73.85%	80.19%	70.18%	n/a	73.96%	
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	100%	n/a	100%	37.50%	62.50%	100%	51.43%	37.50%	64.71%	100%	100%	52.78%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	80.70%	82.88%	86.37%	82.27%	73.89%	73.82%	74.11%	73.95%	76.75%	77.80%	78.87%	78.87%	77.43%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	0	1	1	5	2	1	2	6	2	2	3	3	11	

A&E 4-hr Waiting Times
There has been an improvement in Trust performance from 79.09% in June to 80.80% in July. ChelWest ranks fifth nationally and first in London for 4-hour performance. Overall attendances fell slightly in month from 29,911 in June to 28,581 in July. The departments across both sites successfully navigated both junior medical and consultant industrial action in-month.

18 Weeks RTT *(Incomplete Pathway)- awaiting final positions*
The Trust continues to sustain a stable PTL with the 18-week position showing a similar performance to previous months. There has been continued progress in reducing the 52ww, 78ww and 65ww backlogs following the addition of a number of long waiting patients in June identified as not having been scheduled for appointments due to a technical issue with the eRS system. There are no patients waiting over 104weeks on the PTL. Services continue to ensure capacity is focused on treating long waiting patients as well as those who are clinically urgent. Enhanced oversight and assurance remain in place for all at-risks specialties.

Cancer *(Final Previous Month, Unvalidated Current month)*
2-week Waits: 2ww GP suspected cancer referral performance is sustainably compliant with a performance of 97.67% for June 2023**.**

31-Day: The 31-day target was compliant in June 2023, with a performance of 97.48%.

62-Day (GP Referral): The 62-day target was non-compliant in June 2023, but with an improving performance of 80.19%. This performance represents the second month of a large number of patients treated, with 103 62-day patients starting their first treatment in June 2023.

62-Day (NHS Screening): The 62-day screening target was non-compliant for June 2023, with a performance of 64.71%. Focused work is underway with the Breast service team to understand the patients who have breached and do focused pathway improvement work.

28-Day FDS: The FDS target sustained compliance for June 2023, with a performance of 77.80%. This has been driven by focused work on first diagnostic within 10 days for key specialities (Colorectal and Urology) and the impact of the new CCS digital tool, allowing quick action against patient pathways. This performance is sustained for July 2023, with a continue improving (unvalidated) performance of 78.54%.

Clostridium Difficile
There were 3 Trust attributed CDI cases in July 2023; 1x on the Chelsea site on Rainsford Mowlem (RNM) ward and 2x on the West Middlesex site on Richmond and Crane.
The RNM RCA was conducted and it was established that due to the complexity of this patient it was unclear whether a lapse in care had taken place, the prolonged use of antibiotics is likely to have contributed to C.diff but the antibiotics were required. The Crane RCA established that there were no lapses in care. The Richmond RCA meeting has been requested, provisionally booked in for the 10th of August 2023.

SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 37 months April 2020 to May 2023

RTT Incomplete pathways

Trust Total
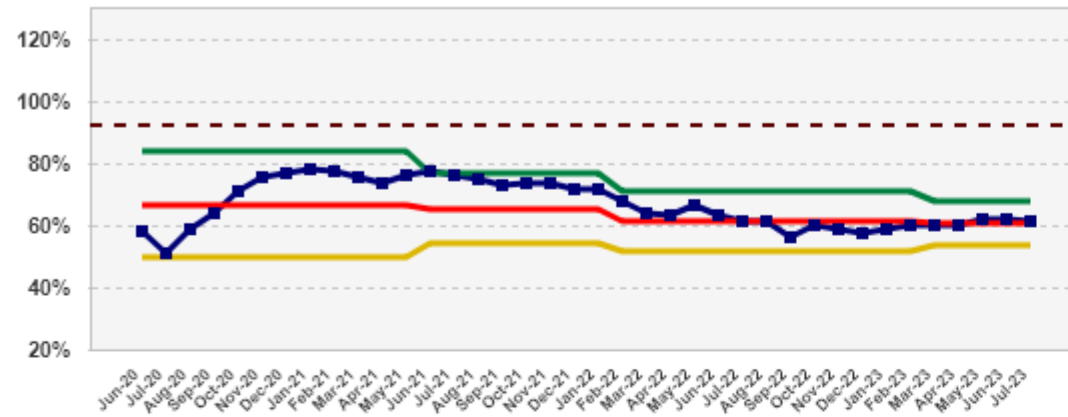
Chelsea and Westminster
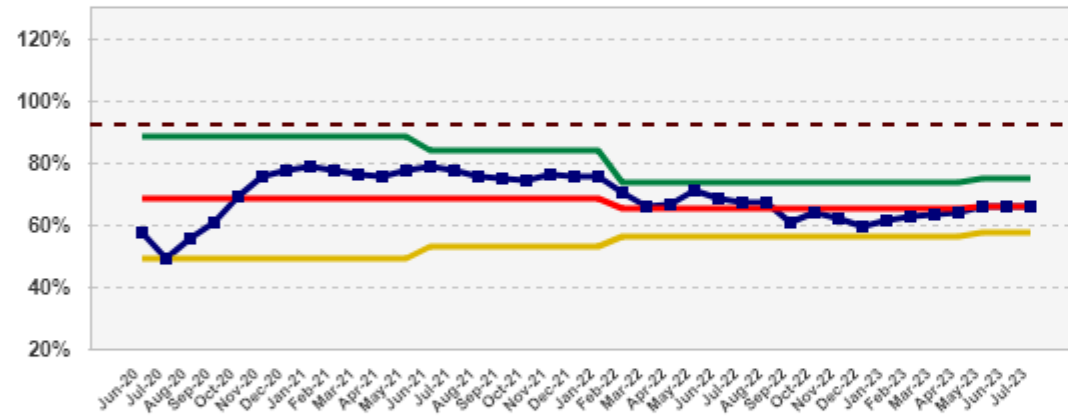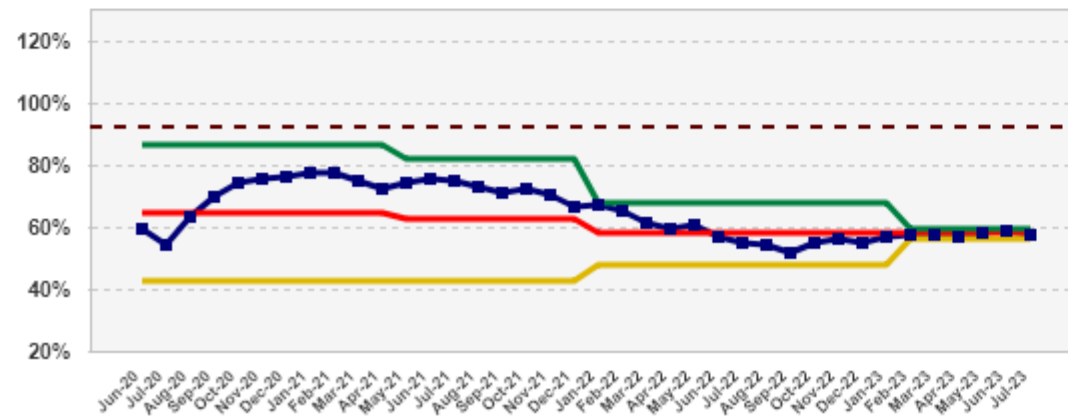
West Middlesex

Cancer: 62 day standard

Trust Total
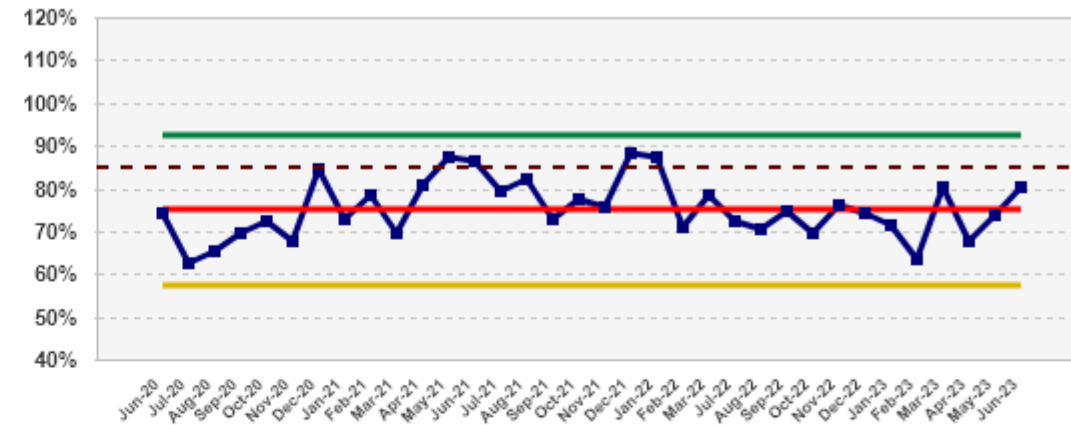
Chelsea and Westminster
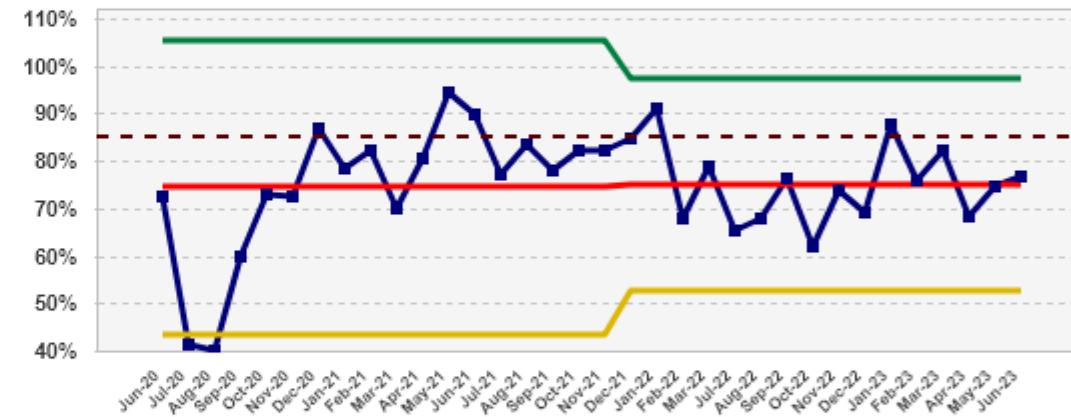
West Middlesex
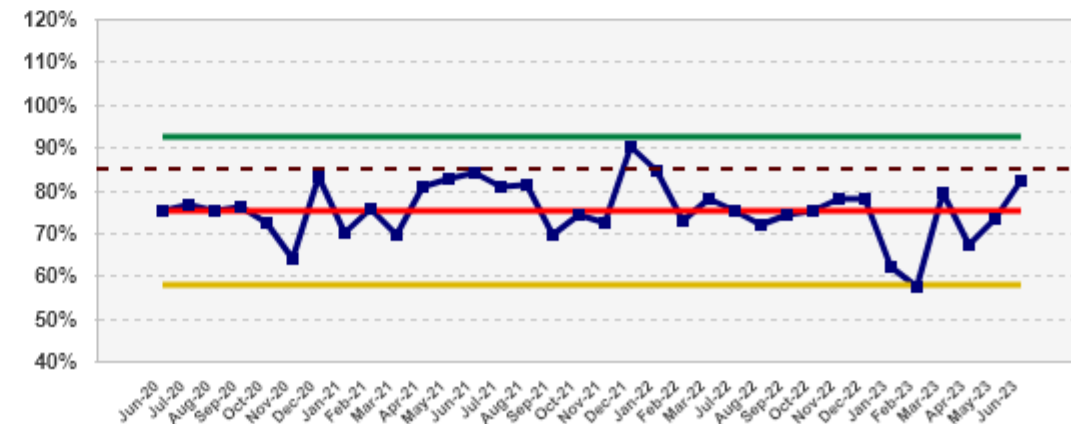
National Benchmarking Against Select Indicators

The below has been sourced from PublicView and represents the Trust Performance for May 23, except A&E 4hr (June) and HCS (July). The ranking is based on peers in the same group as the Trust. The Trust ranked 6th nationally on the HCS in July 2023, an improvement from the previous month.

A&E 4-hr Waits | 5th Nationally
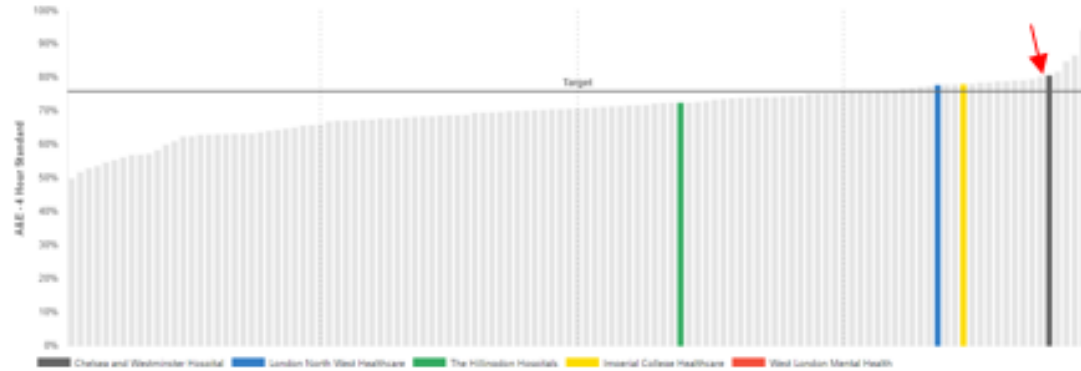
Hospital Combined Score | 6th Nationally
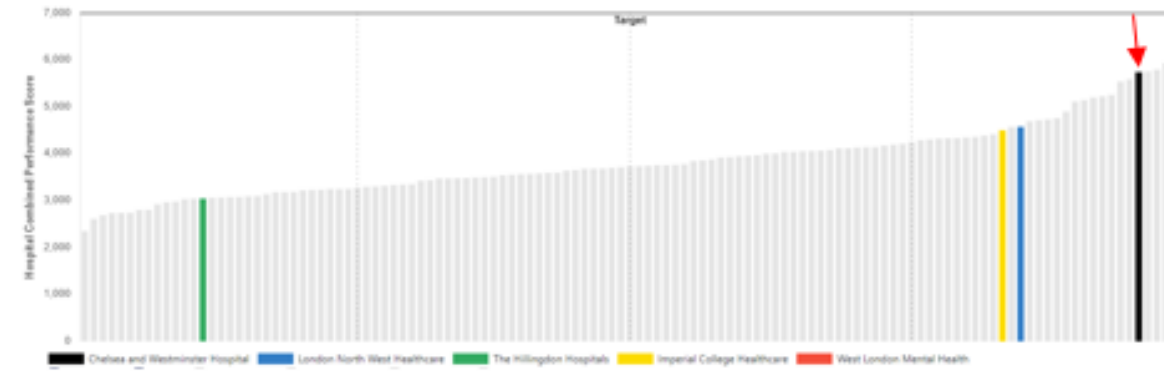
Cancer 62 Days | 21st OF 120
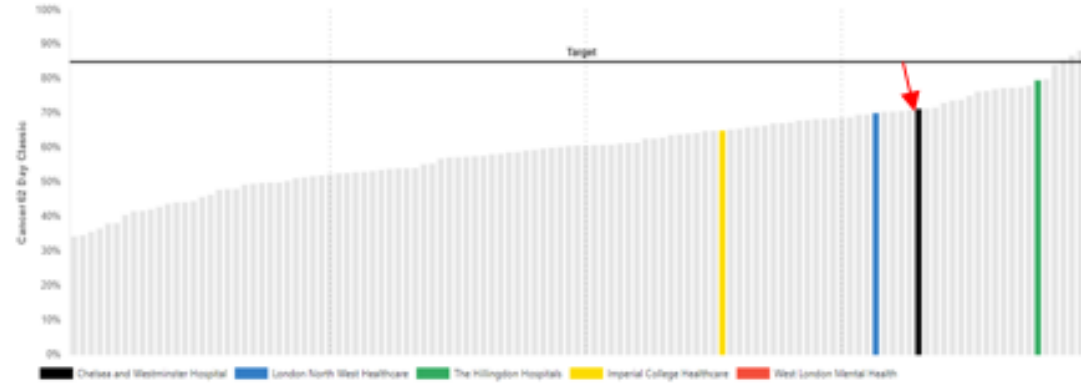
62 Day Cancer Standard: The Trust is currently ranked 21st out of 121 Trusts, this is an improvement from the previous month

6 -wk. Diagnostic | 8th OF 120
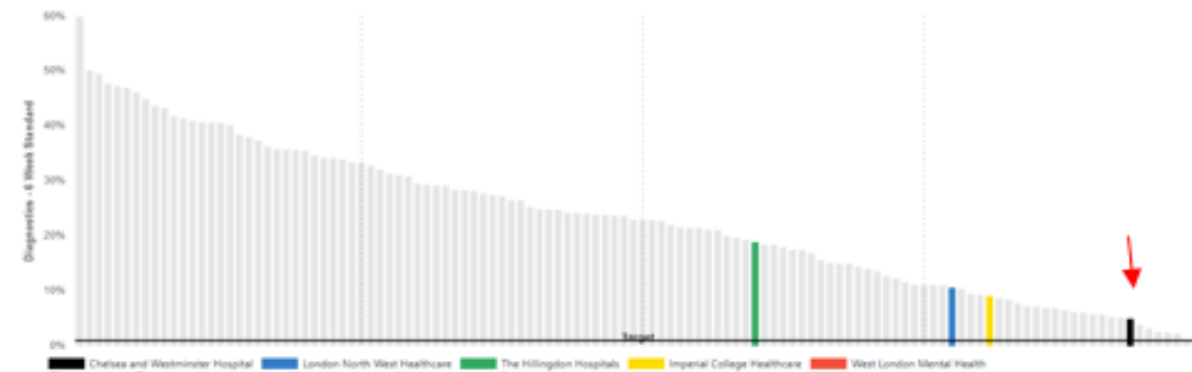
6 Week Diagnostic Standard: The Trust is 8th position in the league table nationally for diagnostic waits. This is an improvement in ranking.

RTT 52 ww | 47rd OF 120
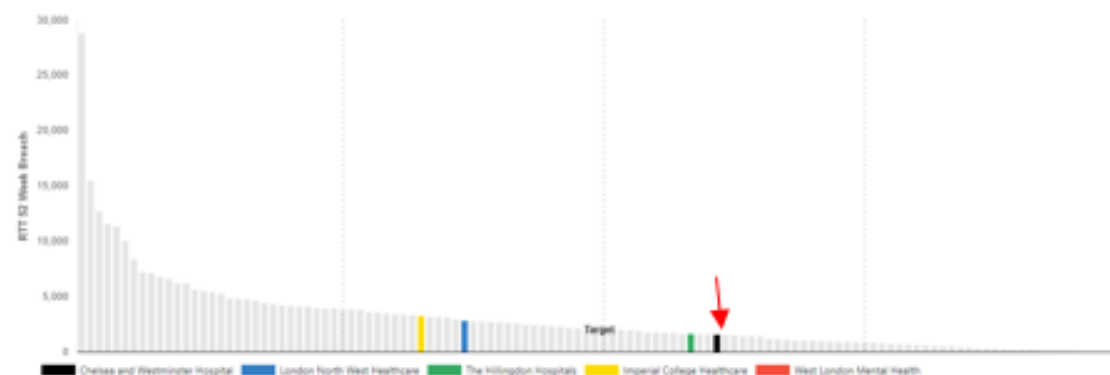
RTT 52 Week Breaches: The Trust is currently ranked 47th of 120 Trusts.

RTT 18-wk Incomplete Pathway | 53rd OF 120
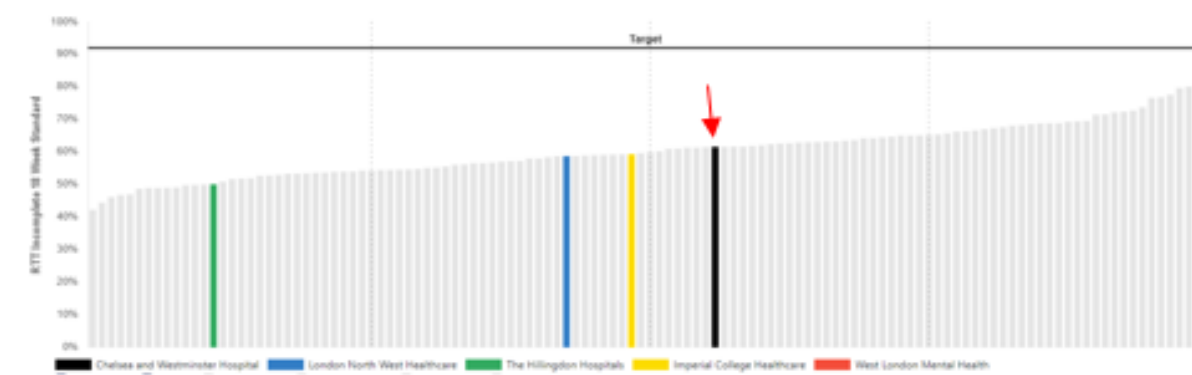
RTT 18 Week Standard: This position is showing a similar ranking when compared to the previous month.

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024 Q2	2023-2024	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	1	1	0	0	0	0	0	0	1	1	1	
	Hand hygiene compliance (Target: >90%)	94.4%	93.1%	95.6%	94.4%	96.7%	98.8%	97.1%	97.3%	95.5%	95.6%	96.2%	96.2%	95.7%	
Incidents	Number of serious incidents	1	0	1	4	0	2	0	3	1	2	1	1	7	
	Incident reporting rate per 100 admissions (Target: >8.5)	9.3	9.3	9.1	9.3	10.5	9.3	8.8	9.5	9.9	9.3	9.0	9.0	9.4	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.00	0.00	0.02	0.01	0.03	0.00	0.00	0.01	0.01	0.00	0.01	0.01	0.01	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	3.70	4.49	5.08	4.48	3.33	4.03	3.54	3.80	3.52	4.26	4.33	4.33	4.15	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	2.7%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	1.6%	0.4%	
Harm	Never Events (Target: 0)	0	0	1	2	0	0	0	1	0	0	1	1	3	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	NEWS compliance %														
	Safeguarding adults - number of referrals	30	29	45	124	22	20	51	132	52	49	96	96	256	
	Safeguarding children - number of referrals	14	15	76	123	91	82	103	397	105	97	179	179	520	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	68	68	68	68	74	74	75	75	71	71	72	72	72	
	Number of hospital deaths - Adult	31	34	35	143	68	47	49	237	99	81	84	84	380	
	Number of hospital deaths - Paediatric	0	0	0	1	1	0	0	1	1	0	0	0	2	-
	Number of hospital deaths - Neonatal	1	0	0	5	0	0	1	1	1	0	1	1	6	-
	Number of deaths in A&E - Adult	2	0	1	5	4	2	4	14	6	2	5	5	19	-
	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	-

MRSA
There was 1Trust attributed MRSA bacteraemia in July 2023, on the Chelsea NICU. An RCA meeting was conducted promptly and reiteration of IPC actions. The NICU action plan reviewed and overseen by Unit Lead Nurse and regular high level walkabouts/ audits carried out on the unit. Ongoing support provided by the IPC Team.

Incidents
There was one Never Event SI reported in July 2023; a Surgical Never Event - Wrong implant/prosthesis. Immediate actions were implemented following the incident. The investigation into this event will seek to identify any care or service delivery challenges that impacted the outcome and establish actions required to reduce the risk or consequence of the event reoccurring. During the target month (July 2023) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. It is anticipated that reporting rates will increase following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE); staff training will be an integral part of the roll out.

Medication Related Safety Incidents
156 incidents were reported in July, consistent to performance in June (154). There has been an increase in reporting at WM site, with Trust performance achieving the target of 4.2. Email correspondence of recent trends in medication-related incidents are to be shared and circulated by the MSG chairs for wider awareness and encouragement to improve the reporting of medication-related incidents, particularly at the WM site. DATIX 'how-to' guides have been shared with the new intake of junior doctors cross-site, with the reporting of medication-related incidents to be covered in upcoming teaching sessions for junior doctors.

Medication-related (NRLS reportable) safety incidents % with harm
There were two incidents of moderate harm reported in July, pending investigation. Trust target has been achieved.

Safeguarding
Adult safeguarding referrals have increased significantly on both sites in July. Many of these are complex cases relating to family members and discharge destinations. Children's safeguarding referrals have also increased. It must be noted that following some investigation into figures reported Chelsea & Westminster Hospital site has reverted to a manual count of referrals - this has shown an increase in referrals, but a review of previous months data is also taking place. Cases within children's safeguarding often involve aspects of mental health.

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024 Q2	2023-2024		
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	95.3%	95.6%	95.7%	95.4%	98.3%	97.4%	95.6%	97.2%	97.0%	96.7%	95.6%	95.6%	96.4%		
	FFT: Inpatient not satisfaction % (Target: <10%)	1.6%	0.9%	1.5%	1.6%	0.72%	0.69%	1.54%	1.0%	1.1%	0.8%	1.5%	1.5%	1.2%		
	FFT: Inpatient response rate (Target: >30%)	30.5%	31.4%	35.5%	31.8%	52.2%	44.3%	46.8%	47.1%	40.4%	37.7%	41.0%	41.0%	39.1%		
	FFT: A&E satisfaction % (Target: >90%)	82.7%	81.7%	85.8%	83.6%	77.2%	78.0%	81.1%	78.7%	81.0%	80.6%	84.3%	84.3%	82.1%		❗
	FFT: A&E not satisfaction % (Target: <10%)	10.3%	11.7%	8.5%	10.1%	14.4%	14.7%	13.4%	14.1%	11.5%	12.7%	10.0%	10.0%	11.3%		❗
	FFT: A&E response rate (Target: >30%)	27.0%	26.6%	26.8%	27.1%	25.9%	24.9%	25.7%	25.6%	26.7%	26.0%	26.5%	26.5%	26.6%		❗
	FFT: Maternity satisfaction % (Target: >90%)	90.8%	93.0%	87.7%	90.1%	83.3%	87.1%	92.8%	87.9%	88.0%	90.6%	89.6%	89.6%	89.3%		
	FFT: Maternity not satisfaction % (Target: <10%)	7.0%	4.7%	6.4%	6.7%	10.1%	10.9%	5.8%	8.7%	8.2%	7.2%	6.2%	6.2%	7.5%		
	FFT: Maternity response rate (Target: >30%)	42.8%	43.9%	38.9%	42.2%	29.9%	34.3%	31.0%	31.0%	36.8%	39.4%	35.4%	35.4%	37.1%		
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	33	15	22	88	33	15	22	22	88		❗
Complaints	Complaints (informal) through PALS	29	30	19	102	56	42	33	161	85	72	52	52	263		
	Complaints formal: No of complaints due for response	32	29	27	116	10	23	12	61	42	52	39	39	177		
	Complaints formal: Number responded to < 25 days	30	29	10	91	9	23	25	72	39	52	35	35	163		
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		

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 same sex breach. West Middlesex site had 22 breaches for July. This is due to our high occupancy level in the AICU, delayed discharges, which have impacted overall capacity and external bed pressures within the hospital. The critical care team are disappointed by the negative impact this has on our patients and continue to highlight at each bed meeting.

Complaints
90% of complaints were responded to within the 25-day KPI (target 95%) during July. Three were not responded to within the timeframe (2 for PC and 1 for EIC), due to delays in receiving sufficient information to draft. Compliance with responding to PALS concerns within 5 working days was 97% (KPI 90%).

Friends and Family Test
A major positive for July is the improvement in satisfaction rates for both A&E sites, which an indirectly linked with some of the improvement work happening in these areas and in respect to the UEC findings – targeting waiting times, communication and patient care. Following June's West Middlesex maternity results, an awareness campaign started to enhance uptake and satisfaction rates for these patients, and a positive outcome can be seen in July's west mid maternity satisfaction rate. Response rates were all positive for July and demonstrate that current processes are working effectively across the Trust for promoting and capturing FFT surveys. A concern is the drop in Chelsea's maternity data, predominantly showing poorer post-natal experiences than previous months – more focused work will need to take place here and conversations have started with the teams in this regard.

Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024 Q2	2023-2024		
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.28	2.73	4.93	3.50	4.64	2.77	5.37	3.84	3.60	2.74	5.03	5.03	3.58		
	Average length of stay - non-elective (Target: <3.95)	4.28	3.95	3.99	4.14	3.72	3.69	3.42	3.68	3.98	3.81	3.68	3.68	3.89		❗
	Emergency care pathway - average LoS (Target: <4.5)	4.40	4.14	4.31	4.42	4.21	4.13	3.66	4.10	4.29	4.14	3.94	3.94	4.24		
	Emergency care pathway - discharges	274	268	268	1061	357	352	357	1429	632	621	626	626	2490		
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.06%	4.88%	4.97%	5.12%	6.46%	6.09%	6.59%	6.59%	5.73%	5.44%	5.77%	5.77%	5.83%		
	Non-elective long-stayers	485	434	305	1685	420	438	299	1568	905	872	604	604	3253		❗
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	84.4%	89.2%	84.9%	86.0%	82.0%	83.7%	83.3%	83.6%	83.8%	87.5%	84.4%	84.4%	85.3%		-
	Operations canc on the day for non-clinical reasons: actuals	13	15	12	51	16	12	18	54	29	27	30	30	105		
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.37%	0.42%	0.38%	0.38%	0.63%	0.49%	0.69%	0.55%	0.48%	0.45%	0.52%	0.52%	0.45%		❗
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	7	3	6	21	4	1	1	6	11	4	7	7	27		-
	Theatre Utilisation Model Hospital (Target > 85%)	80.3%	78.5%	83.1%	81.2%	90.3%	93.9%	92.8%	92.6%	83.5%	83.2%	86.4%	86.4%	84.9%		❗
Outpatients	First to follow-up ratio (Target: <1.5)	2.49	2.34	2.44	2.42	1.83	1.79	1.66	1.77	2.19	2.10	2.07	2.07	2.12		❗
	Average wait to first outpatient attendance (Target: <6 wks)	9.7	9.7	8.5	9.4	11.8	12.1	11.8	11.8	10.7	10.8	10.1	10.1	10.5		-
	DNA rate: first appointment	11.5%	10.7%	11.6%	11.3%	11.0%	10.5%	10.8%	10.8%	11.2%	10.6%	11.3%	11.3%	11.1%		-
	DNA rate: follow-up appointment	9.9%	9.8%	9.5%	9.8%	9.1%	8.8%	8.3%	8.7%	9.6%	9.4%	9.0%	9.0%	9.4%		

Day Case Rate

The Day Case rate remains is marginally below the 85% target, however it dropped from 87.5% in June to 84.4% in July. It should be noted that Industrial Action caused a significant reduction in the number of elective operating lists conducted in month, and therefore the overall number of daycases performed was significantly less. The slight deterioration in performance on the Chelsea site can be attributed to the decrease in number of cases performed as the number planned elective ordinary admissions and failed daycases did not change. On the West Middlesex site the improvement in performance arises from a decrease in the number of failed daycases.

Cancelled Operations

Cancelled Operations on the day increased slightly on both sites in July. Earlier case over-runs were the predominant reason for patient cancellations on both sites this month – 9 on the West Middlesex site and 7 on the Chelsea site. Anaesthetic staff shortages on the day continue to be problematic and resulted in staffing shortages on both sites. Equipment issues, an emergency in theatres and prioritising clinically urgent patients account for the remainder of the cancellation. On the West Middlesex site there was one patient not rebooked within 28 days due to patient choice, on the Chelsea site capacity issues have prevented the rebooking of patients within the 28 day target.

Theatre Utilisation

Trust-Wide Utilisation increased from 83.2% in June to 86.4% in July 2023. It should be noted that Industrial Action caused a significant reduction in the number of elective operating lists conducted in month. Despite a slight decrease in month, Theatre Utilisation remains significantly above the 85% target on the West Middlesex site. The Chelsea Site remains below the 85% target, however there was an improvement in utilisation from 78.5% in June to 83.1% in July 2023. Performance in Paediatric and Treatment Centre Theatres were significantly below 85% and remain the focus on ongoing improvement work.

Outpatients

Our First to follow up ratio improved at WMUH but dipped at CW. The overall trend remains positive, although remain determined to pick up the pace around this. The focus on PIFU continues with engagement with Action webinars and cross-London comparisons. The average wait to first attendance dropped at both sites but waits remain long. The situation remains most challenged at WMUH. DNA rate overall remains static with new patient DNA rate having slipped and follow up DNA rate having improved.

Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024 Q2	2023-2024	
Best Practice	Dementia screening case finding (Target: >90%)	96.4%	90.2%	88.5%	91.4%	94.0%	95.7%	92.2%	94.9%	94.9%	93.3%	90.7%	90.7%	93.4%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	77.8%	64.3%	72.7%	66.7%	68.4%	86.7%	100.0%	84.8%	71.4%	75.9%	89.3%	89.3%	77.2%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	84.6%	100.0%	100.0%	91.1%	92.3%	86.4%	90.0%	88.4%	89.7%	92.1%	94.6%	94.6%	89.4%	
VTE	VTE: Hospital acquired	0	0	0	0	0	4	0	5	0	4	0	0	5	
	VTE risk assessment (Target: >95%)	91.8%	91.0%	90.8%	91.4%	96.5%	96.6%	96.1%	96.2%	94.1%	93.7%	93.4%	93.4%	93.8%	
TB Care	TB: Number of active cases identified and notified	4	5	1	18	4	8	8	32	8	13	9	9	50	
Sepsis	ED % Periods Screened (Target >90%)	90.5%	91.8%	91.2%	91.3%	86.1%	85.8%	86.1%	86.2%	88.7%	89.3%	89.1%	89.1%	89.2%	
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	71.4%	74.9%	69.3%	72.7%	86.8%	89.7%	93.2%	89.5%	77.1%	81.1%	78.8%	78.8%	79.2%	
	Ward % Periods Screened (Target >90%)	89.0%	87.6%	87.3%	89.1%	95.8%	94.9%	96.4%	95.5%	92.3%	90.7%	91.3%	91.3%	92.0%	
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	96.9%	95.5%	96.4%	96.2%	96.4%	94.2%	94.6%	95.5%	96.7%	94.9%	95.4%	95.4%	95.9%	

#NoF (Time to Theatre - Neck of Femur)
There was a significant improvement in Trust performance in July 2023 compared to the previous month, driven by full compliance in West Middlesex hospital. Performance for the Chelsea site was 72.7% with only 3 breaches, as 8 of 11 patients medically fit for surgery had surgery within 36 hours. There were three patients who were medically fit but were delayed due to lack of space on the trauma list due to a high volume of trauma.

VTE Risk
West Middlesex site has met the target for VTE risk assessment is compliant at 96.1% (target >95%). All hospital acquired VTE undergo RCA to ensure compliance and learning.

Sepsis (Deteriorating Patient)
Sustained ED performance both in overall screening, timeliness of screening and clinical review. Targeted QIP in place to improve Screening at WMUH site. Ward performance compliant across both sites for screening and clinical review

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024	May-23	Jun-23	Jul-23	2023-2024 Q2	2023-2024	
RTT waits	RTT Incompletes 52 week Patients at month end	653	891	803	2810	958	1032	959	3726	1611	1923	1762	1762	6536	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	99.58%	99.14%	98.09%	98.85%	91.34%	92.97%	93.68%	91.93%	95.07%	95.92%	95.84%	95.84%	95.18%	
	Diagnostic waiting times >6 weeks: breach actuals	19	38	82	201	478	337	285	1595	497	375	367	367	1796	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.1%	6.4%	6.2%	6.8%	7.6%	8.0%	7.2%	7.6%	7.3%	7.0%	6.6%	6.6%	7.1%	
	A&E time to treatment - Median (Target: <60')	00:25	00:27	00:25	00:25	01:02	01:05	01:07	01:06	00:37	00:39	00:41	00:41	00:40	
	London Ambulance Service - patient handover 30' breaches	26	26	18	95	136	167	153	650	162	193	171	171	745	
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	15	22	13	89	15	22	13	13	89	

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

RTT Incomplete Pathway (52week Waits)
There has been continued progress in reducing the 52ww backlogs following the addition of a number of long waiting patients in June identified as not having been scheduled for appointments due to a technical issue with the eRS system. Services continue to ensure capacity is focused on treating long waiting patients as well as those who are clinically urgent. Enhanced oversight and assurance remain in place for all at-risks specialties.

Diagnostic 6-Week Waits
The Trust maintained compliance against the national DM01 standard of 95%, with a reported position of 95.84% with 8,448 receiving their diagnostic in under six weeks across the 15 key diagnostic areas. The Trust recovery plan remains in place to increase capacity (as we did in May, June and July). Our plan to return to delivering the 99% in August has been hindered slightly by the strikes, but we are confident August will see an improved figure on July's position,

Ambulance Handover
Ambulance handovers remain among the best in sector and London with no 60-minute breaches at Chelsea and 13 at West Middlesex in-month. The Trust continues to participate in the LAS 45-minute handover initiative.

Unplanned Re-attendances
Re-attendances fell on both sites from 6.4% to 6.2% at Chelsea and 8.0% to 7.2% at West Middlesex, giving a Trust-wide position of 6.6% in-month.

RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23
RTT waiting list positions	Total RTT waiting list	25547	25822	25336	31348	32289	32812	56895	58111	58148
	Total Non-Admitted waiting list	21793	22546	22021	29441	30524	30733	51234	53070	52754
	Non-Admitted with a date	5950	8323	11378	7289	9153	11782	13239	17476	23160
	Non-Admitted without a date	15843	14223	10643	22152	21371	18951	37995	35594	29594
	Total Admitted waiting list	3754	3276	3315	1907	1765	2079	5661	5041	5394
	Admitted with a date	515	629	895	341	440	769	856	1069	1664
	Admitted without a date	3239	2647	2420	1566	1325	1310	4805	3972	3730
	Patients waiting >65 weeks	92	208	198	172	251	193	264	459	391
	Patients waiting >78 weeks	9	49	34	24	64	47	33	113	81
	Patients waiting >104 weeks	0	0	0	1	3	0	1	3	0

RTT 52 week waiters   Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23
Total	653	891	803	958	1032	959	1611	1923	1762
Cardiology			1						1
Clinical Haematology	1						1		
Colorectal Surgery	11	18	11	163	190	171	174	208	182
Dermatology	15	12	5	11	7	9	26	19	14
Endocrine Surgery		1	1					1	1
ENT	12	12	6	112	114	75	124	126	81
Gastroenterology					1			1	
General Surgery	103	114	97	109	127	122	212	241	219
Gynaecology	9	8	21	3	2	1	12	10	22
Maxillo-Facial Surgery	1	1		3	2	1	4	3	1
Medical Endoscopy				1		1	1		1
Neurology				1		1	1		1
Ophthalmology	29	42	47				29	42	47
Oral Surgery				47	27	19	47	27	19
Orthodontics	3	3	1				3	3	1
Paediatric Allergy					1			1	
Paediatric Clinical Haematolog				1	1		1	1	
Paediatric Clinical Immunology	35	38	41	2	8	1	37	46	42
Paediatric Dentistry	41	26	20				41	26	20
Paediatric Dermatology	2	3		35	20	5	37	23	5
Paediatric Ear Nose and Throat	2	3	2	30	35	36	32	38	38
Paediatric Endocrinology						1			1
Paediatric Gastroenterology	1		2	9		1	10		3
Paediatric Maxillo-Facial Surg	1	1					1	1	
Paediatric Neurology					1	3		1	3
Paediatric Plastic Surgery	21	29	25	1	4	1	22	33	26
Paediatric Surgery	1	2		10	8	2	11	10	2
Paediatric Trauma and Orthopae				19	35	45	19	35	45
Paediatric Urology	1	1	1	5	4		6	5	1
Paediatrics			1	23	31	31	23	31	32
Pain Management	11	17	4				11	17	4
Plastic Surgery	87	139	116	110	111	120	197	250	236
Podiatric Surgery				1	2	8	1	2	8
Podiatry				2	3	1	2	3	1
Respiratory Medicine					1	1		1	1
Trauma & Orthopaedics	161	188	205	169	182	184	330	370	389
Trauma and Orthopaedics				9			9		
Urology	78	94	60	61	57	56	139	151	116
Vascular Surgery	27	139	136	21	58	63	48	197	199

Maternity Dashboard - July 2023

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital				Combined Trust Performance				
		May-23	Jun-23	Jul-23	2023/24	May-23	Jun-23	Jul-23	2023/24	Apr-23	May-23	Jun-23	Jul-23	2023/24
Workforce	Midwife to birth ratio (Target: 1:30)	1:27	1:27	1:27	1:27	1:28	1:25	1:25	1:27	1:28	1:28	1:26	1:26	1:28
	Hours dedicated consultant presence on labour ward (Ta...	1:98	1:98	2:38	1:98	1:98	1:98	2:38	1:98	1:98	1:98	1:98	2:38	1:98
Birth Indicators	Total number of NHS births	432	392	417	1634	369	337	366	1407	754	819	729	783	3085
	Total number of bookings	578	533	498	2086	426	403	437	1770	981	1004	936	935	3856
	Maternity 1:1 care in established labour (Target: >95%)	98%	95.00%	99.00%		95%	96.25%	98.10%						
Safety	Admissions >37/40 to NICU/SCBU	12	16	9	59	15	11	7	49	38	27	27	16	108
	Number of reported Serious Incidents	1	4	1	6	3	2	2	7	2	4	6	3	15
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	1	0	1	1	2	1	0	1	1	3
	Pre-term (gestation <37 weeks) as % of mothers delivere...	6.09%	6.89%	6.47%		8.13%	9.50%	6.01%						
	Number of stillbirths	0	1	1	5	0	0	1	4	6	0	1	2	9
	Number of Infant deaths	1	2	0	7	0	0	1	2	5	1	2	1	9
	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	1.60%	3.19%	3.70%		5.40%	5.21%	7.00%						
	% Spontaneous unassisted vaginal births	20%	22%	25%		35%	25%	29%						
	% Vaginal Births - spontaneous & induced	37.30%	40.30%	41.20%		50%	42%	43%						
	Instrumental deliveries	60	52	58	204	46	38	43	174					
	Pre-labour elective caesarean sections	81	76	83	293	47	44	53	176					
	Emergency caesarean sections in labour	115	97	99	415	87	96	102	383					

*note issues with K2 data has impacted the maternity Dashboard.

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

Workforce

The current midwifery ratios on each site for the month of June are 1:27 at Chelsea and 1:25 at West Middlesex. The midwifery leadership team are focused on recruiting posts that will enable compliance with the ratio's set out by Birthrate plus. Bi-monthly recruitment days have been in place since January this with reasonable success. Chelsea has 21 newly qualified midwives starting in October/November and West Middlesex has 22. These preceptorship midwives will have a full program of support as outlined in the Single Delivery Plan. We have also welcomed 23 internationally recruited midwives to the service in the last 12 months. Both sites are now compliant for the 98 hours dedicated consultant labour ward presence and twice a daily ward rounds. The MIS year 5, 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'. We are compliant and for the month of July there were no cases in which a consultant was expected to attend and did not. Junior Doctors undertook further industrial action (7am on 13th July to 7am on 18th July). All gynaecology services apart from the 2WW were cancelled to allow deployment of consultants to the frontline. All key areas were safely covered.
CWH site: antenatal clinics, caesarean section lists all continued as per normal.
WMUH site: all antenatal clinics were cancelled and caesarean cases rescheduled to allow safe staffing of acute areas. There were no serious incidents reported during this time.

The consultant strike was scheduled for the 48hrs from 7am on the 20th July. None of the O and G consultants participated in the strike.

At the CWH site in response to lessons learnt from the junior doctors strikes, a hot week consultant ward rounds was implemented on the postnatal ward and the team have completed a 7 week cycle and will feedback potential areas for quality improvement to improve bed productivity, utilisation and facilitate safe discharges.

The HEE reports for NTS and GPVTS Trainees have just been published and the clinical tutors are formulating an action plan in response. Both sites had no red flags for the NTS trainees with green for clinical supervision and this is a significant from earlier reports. There were red flags for the GPVTS with respect to clinical supervision and rota design and we are currently undertaking a review of the junior doctors rotas cross site aimed at mitigating against gaps, sickness and locum/short term overspend.

Safety

(1) SIs: WMUH site: There was one external SI for a baby who needed cooling, twin pregnancy, IOL for reduced fetal movements, instrumental birth Twin 1, Twin 2 CS requiring respiratory support. The case was accepted by HSIB. 1 internal SI 31/40 neonatal death following prolonged rupture of membranes from 26/40.

There are 108 reported incidents in July. Main themes arising:

(i)   Maternal, fetal and neonatal, n=30. Most reported incidents: Cat. 1 CS. (n=10) and post-partum haemorrhage >1500mls (n=9)

(ii)   Access to care/admissions, n=22. These were largely due to delay in transfer to labour ward for ongoing IOL.

(iii)   Staffing issues (n=4)

(iv)   Aggression – (n=4)

CWH site: x1 level 2 SI was reported on the Chelsea site, an unexpected term admission to NICU, with respiratory distress and incidental finding of low sodium.

There were 102 reported incidents in July. Main themes arising:

(i)   Maternal, fetal and neo-natal –30 most reported incident: post-partum haemorrhage >1500mls (n=10)

(ii)   Delay in access to hospital care – 11 (access to recovery beds, delays in IOL and delay in transfer to post-natal ward)

(iii) Medication related- 9 (8 no harm and 1 low harm incident)

(iv) Staffing - 9

(2) PMRT (Cross site):   4 cases were reported in July (3 WMUH and 1 CW) all cases are being reviewed in line with PMRT timeframes.

(3) ATAIN (Cross site):   Data not yet available for July, teams across both sites are reviewing all term admissions to NICU/SCBU to identify areas of improvement.

Audit program

Documentation audit: Daily documentation spot checks are being undertaken to ensure (i) the digital workflows are working in real time (ii) embedding of education on the shop flow of data entry and accurate documentation. Daily omission reports have now been implemented across site to improve digital documentation standards.

SBLCBv2 update (for all elements an action plan is in place, and this is updated in the quarterly reports):

1. **Element 1: Reducing smoking**: CO monitoring: compliance with booking CO monitoring across both sites, the service continue to support the data entry for 36 week CO monitoring and an improvement in documented compliance is expected in August.

2. **Element 2**: **Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction**: weekly documentation audits to improve compliance with risk assessments at booking, service is undertaking a review of AN appointment times to support compliance with standards.

3. **Element 3: Raising awareness of reduced fetal movements:** fully compliant across both sites

4. **Element 4: Effective fetal monitoring during labour:** decline in trainee and consultant compliance due to on-going industrial action, x2 training days scheduled for Sept. and ongoing review of compliance.

5. **Element 5: Reducing Pre-term Birth:** 100% of women received at least 1 dose of steroids and 75% had a full course. All cases reviewed and no clinical concerns noted.

6. *New* Element 6: **Management of Pre-existing Diabetes in pregnancy**: GAP analysis of the diabetic service provision on both sites is being undertaken.

Perinatal Quality Surveillance Model Board Reporting

Metric	Target	Chelsea & Westminster Site			West Middlesex University Stie			Combined Trust Performance		
		May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23	May-23	Jun-23	Jul-23
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) MoMs	90% + requirement	92%	91%	90%	91%	94%	92%	93%	89%	87%
Training compliance for all staff groups in maternity related to fetal monitoring	90% + requirement	88.00%	81.00%	81.00%	84%	74%	74%	92%	86%	86%
Service User Feedback FFT	feedback Recevied- yes/no (add narrative each month)	Yes	Yes	Yes	Yes	yes	yes	Yes	yes	yes
Staff Feedback from board safety champion	feedback recevied- yes/no (add narrative each month)	Yes	Yes	Yes	Yes	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	0	0	0	0	0	0
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0
Progress in achievements of NHSR MIS year 4 (10 safety actions)	No of actions green	10	10	5	10	10	5	10	10	5
	No of actions amber	0	0	5	0	0	5	0	0	5
	No of actions red	0	0	0	0	0	0	0	0	0
Ockenden compliance against 7 IEA's (49 complaince questions)	Total of 49 being 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
CQC Metric Ratings- Feb. 2023	WM	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	CW	Good	Requires Impro	Good	Good	Outstanding	Good

Annual Reports	
Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following: A) would recommend their trust as a place to work B) Receive treatment from the Trust (Reported Annually)	A) (Trust average 65%) Midwives 74% cross-site B) (Trust average 72%) Midwives 83% cross-site April 2022
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported Annually)	A) (Trust average 65%) Obstetricians 71% cross-site B) (Trust average 72%) Obstetricians 81% cross-site April 2022
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (Reported Annually)	2021 Cross-site 89.3% of trainees reported excellent or good

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.

Multi-professional mandatory training and fetal monitoring training: Backdated to February 2023 the mandatory training is now broken down by site and a separate line has been added for the fetal monitoring training which is also broken down by site. In July overall multi-disciplinary training compliance is at 90% and 81% (provisional data) for fetal monitoring training compliance. The on-going industrial action is impacting trainee and consultant training compliance, this is being closely monitored by the senior leadership team and any concerns regarding meeting compliance with MIS year 5 will be escalated early. Training compliance fluctuates depending on where staff are in their training cycle. The practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12 month period and additional days will be added if required.

Service user feedback: The service receives monthly friends and family test feedback and for July this was 92% for WM a continued month on month increase in positive service user feedback and 87% CW which is a decline from the previous month. The response rate has seen a sustained increase across both sites to 40% on the CW site and 32% on the WM site. The negative scores remain impacted by feedback related to delays in induction, cancellations in caesarean sections and this is on the divisional risk register and improvement work is underway to review the demand and capacity for elective caesarean sections across the 2 sites. 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 CQC survey and multiply survey's undertaken by both the service and the maternity voices partnership have been merged together into one overall action plan. The work plan for the maternity voices partnership has been developed for 2023-2024 and has been presented to the Trust quality committee as part of the maternity quality and safety report and is tracked in the MVP meeting and directorate level monthly meeting. Community engagement event are being planned over the next 6 months and post-natal care pathways are being developed in collaboration with the MVP.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director 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. Feedback in the last month has been positive with staff feeling supported, informed and can start to see the impact of new recruits.

Maternity incentive Scheme year 5: The service successfully achieved the 10 safety actions in year 4 of MIS (10% reduction in CNST premium) and the board declaration was submitted on the 1st of February 2023. There are 2 associated action plans that have enabled full compliance to be submitted and these are related to safety action 4 (qualified in speciality neonatal nurses) currently at 65% in July 2022 (national standard 70%) with a projection of being complaint at 70% by September 2023. The second action plan is for safety action 5, 121 care in labour on the west Middlesex site where 22 women did not receive full 121 care doing their labour and birth. This is being monitored on a monthly basis by the quality and safety team and there is a marked improvement in 1:1 care in labour as seen on the IBR. Year 5 of the scheme was launched at the end of May 2023 and the service has completed its review of compliance against the 10 safety actions. In the month of July we are green with 5 safety actions and amber with 5 safety actions. Compliance against each action will be report in the Q1 quality and safety and safer staffing reports to the Board.

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. We are now fully compliant and will continue the rolling audits to ensure the IEAs are embedded.

CQC Inspection (February 2023): The maternity service had their Care Quality Commission inspection in February 2023 on both sites and received the final report in May. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. An action plan has been formulated to track the 3 'must do's' and 6 'should do's for the CW site and the 7 'should do's' for the WM site. Several of these actions where implemented following the inspection and the final report being received. This action plan is being tacked in a fortnightly meeting and the evidence for the 3 'must do' actions are due in August.

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
		May-23	Jun-23	Jul-23	2023-2024	YTD breaches	May-23	Jun-23	Jul-23	2023-2024	YTD breaches	May-23	Jun-23	Jul-23	2023-2024 Q2	2023-2024	YTD breaches	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		81.8%	100%	94.7%	87.8%	5.5	81.8%	100%	94.7%	n/a	87.8%	5.5	
	Colorectal / Lower GI	22.2%	88.9%	57.1%	66.7%	8	42.1%	81.3%	37.5%	58.0%	15.5	35.7%	84.0%	43.5%	n/a	61.8%	23.5	
	Gynaecological	0.0%	100%	80.0%	77.8%	1.5	100%	50.0%	100%	88.9%	0.5	77.8%	83.3%	83.3%	n/a	83.3%	2	
	Haematological	100%	100%	0.0%	100%	1	100%	50.0%	100%	84.6%	1	100%	66.7%	71.4%	n/a	90.0%	2	
	Head and neck	100%	25.0%	n/a	37.5%	2.5	n/a	n/a	n/a			100%	25.0%	n/a	n/a	37.5%	2.5	
	Lung	100%	80.0%	0.0%	66.7%	3	100%	100%	100%	90.0%	0.5	100%	90.0%	50.0%	n/a	77.3%	3.5	
	Sarcoma	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	n/a	100%	0	
	Skin	100%	92.6%	100%	92.5%	2.5	75.0%	100%	63.6%	91.4%	3.5	93.3%	95.0%	87.5%	n/a	92.2%	6	
	Upper gastrointestinal	100%	n/a	100%	100%	0	100%	66.7%	90.0%	80.0%	1.5	100%	66.7%	92.9%	n/a	85.7%	1.5	
	Urological	70.4%	40.0%	29.2%	51.4%	26.5	71.7%	73.7%	76.2%	65.3%	31	71.3%	58.8%	59.1%	n/a	60.7%	57.5	
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	n/a	100%	0	
	Site not stated	n/a	100%	n/a	100%	0	n/a	n/a	n/a	100%	0	n/a	100%	n/a	n/a	100%	0	

Trust Commentary

The 62-day target was non-compliant in June 2023, but with an improving performance of 80.19%. This performance represents the second month of a large number of patients treated, with 103 62-day patients starting their first treatment in June 2023.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast				16
Gynaecology		2	0.5	1
Haematology		1	1	2
Head and Neck	1.5	2		
Colorectal	0.5	4.5	1.5	8
Lung	0.5	2.5		2.5
Other		2		
Sarcoma				1.5
Skin	1	13.5		6.5
Testicular				1
Upper GI				
Urology	9	15	5	19
Total:	**12.5**	**42.5**	**8**	**57.5**

Chelsea and Westminster July 23

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%	89%	96%	103%	7.5	3		13	10.38%	8.69%	18.95%				1					89.5%
Annie Zunz	137%	119%	103%	115%	8.1	3.6		8	15.47%	9.56%	0%				2					100.0%
Apollo	100%	-	100%	-	18.7	0		N/A	8.53%	15.73%	113%									100.0%
Mercury	100%	-	104%	-	7.6	0		9.4	18.80%	15.04%	0%				2					100.0%
Neptune	118%	-	125%	-	12.4	0		11.1	5.39%	26.25%	40%									97.3%
NICU	95%	-	96%	-	12.5	0		26	9.88%	11.82%	8%									93.8%
AAU	105%	98%	101%	95%	7.4	1.9		7.7	13.93%	17.41%	33.77%	9	34							94.1%
Nell Gwynne	110%	68%	135%	78%	4.5	3.2		6.9	-5.59%	10.79%	35.74%	5	19							92.3%
David Erskine	98%	63%	102%	94%	3.8	2.2		6.6	5.50%	8.70%	24.08%									100.0%
Edgar Horne	97%	64%	101%	79%	3.6	2.4		6.4	4.49%	10.83%	18.77%	2	11	1						90.9%
Lord Wigram	76%	84%	95%	95%	4.1	2.6		7.5	15.55%	6.12%	10.26%	1	8							95.6%
St Mary Abbots	101%	78%	105%	99%	3.7	2.2		7.2	11.18%	24.22%	15.30%	5	15			1	1			93.6%
David Evans	81%	94%	107%	212%	5.6	3		7.2	3.24%	0.00%	41.86%	2	6					1	1	94.6%
Chelsea Wing	114%	108%	100%	90%	10.5	6.3		7.2	28.48%	7.41%	0.00%	2	3							
Burns Unit	78%	171%	111%	142%	21.1	7.2		N/A	13.11%	11.38%	0%		2							
Ron Johnson	90%	113%	97%	110%	4.5	2.9		7.6	14.92%	17.46%	23.53%	3	9							100.0%
ICU	107%	38%	109%	-	25.4	0.4		26	9.97%	15.77%	8%		1							
Rainsford Mowlem	72%	48%	82%	60%	4.1	2.7		6.9	1.23%	12.14%	26.62%	1	15							95.0%
Nightingale	81%	99%	101%	82%	3.8	3		7.4	16.94%	0.00%	11.43%	4	28		1					100.0%

West Middlesex Site July 23

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	102%	67%	101%	78%	3.7	3.4	7.3	6.8	-1.83%	0.00%	16.16%	1	11		1					100.00%
Richmond	90%	0.87	89%	273%	3.8	3.6	7.5	7.2	6.34%	11%	0.00%	1	7							96.97%
Syon 1 cardiology	104%	98%	105%	138%	4.4	2.3	6.7	8.8	2.87%	4.08%	0.00%	3	17		2					98%
Syon 2	108%	77%	102%	99%	3.5	2.7	6.5	6.6	8.97%	9.26%	12.37%	3	12							100.00%
Starlight	108%	-	110%	-	9.7	0	9.7	11.5	2.38%	14.29%	67%									92.50%
Kew	103%	108%	99%	124%	3.2	3.1	6.8	6.9	-0.17%	10.70%	22.86%	5	22							100.00%
Crane	107%	71%	100%	133%	3.2	2.6	5.9	6.9	-8.47%	16%	10.77%	4	21		1					100.00%
Osterley 1	88%	53%	101%	117%	4.2	2.7	6.9	7.5	11.76%	7.31%	15.72%	1	13		1					98.25%
Osterley 2	100%	94%	100%	108%	3.5	2.7	6.6	7.2	16.20%	7.48%	13.18%	2	9							84.31%
MAU	92%	81%	107%	89%	5.8	2.1	8	7.7	9.65%	13.15%	22.11%	16	39							97%
Maternity	93%	81%	93%	91%	7.9	2.4	10.2	13	17.06%	10.46%	1.69%		1							95.15%
Special Care Baby Unit	104%	74%	94%	134%	10.7	2.8	13.5	11.1	12.66%	13.34%	0.00%									100%
Marble Hill 1	127%	113%	108%	195%	3.9	3.3	7.6	6.4	9.86%	0.00%	15.24%	6	36							90.00%
Marble Hill 2	105%	118%	101%	242%	3.2	4	7.2	6.5	100.00%	4.46%	15%	2	12							95.45%
ICU	98%	0.52	97%	-	25.9	0.6	26.5	26	-9.47%	10%	0%		1							

Safe Staffing Analysis – Registered Nurse and Care Staff July 2023

RN Fill Rates (ward areas) stayed the same from 99.42% in June 2023 to 99.25% in July 2023. The RN vacancy rate (whole trust) in June 2023 was 6.11%, up from 5.66% in May 2023. (July figures not available at time of report).
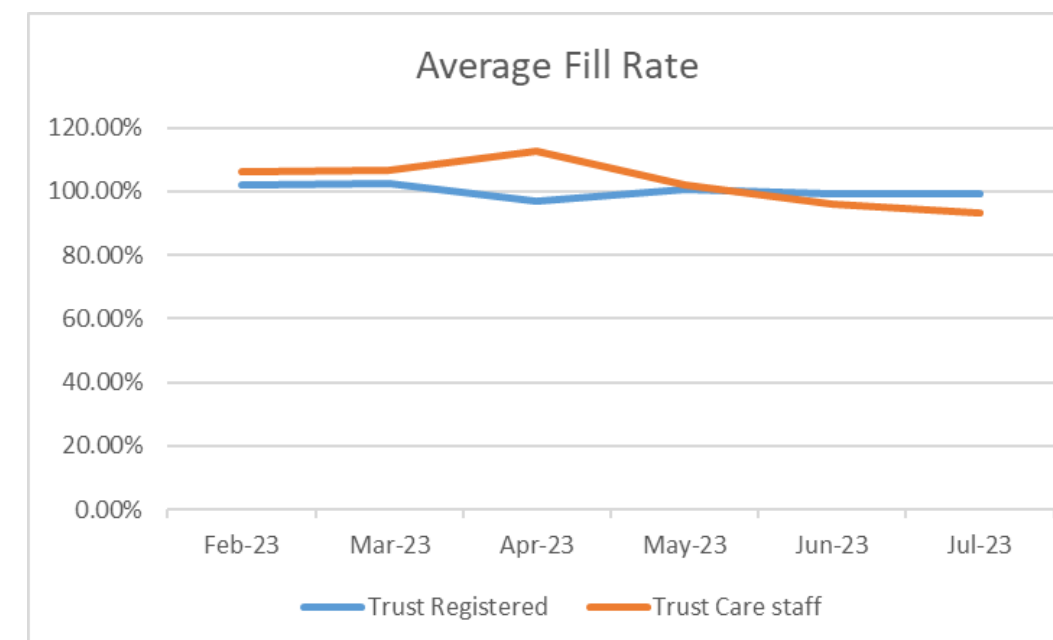
Care Staff Fill Rates (ward areas) decreased from 95.98% in June 2023 to 93.12% in July 2023. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in June 2023 was 11.57%, the same as in May 2023. (July figures not available at the time of report).

The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 97.70% in June 2023 to 96.18% in July 2023.
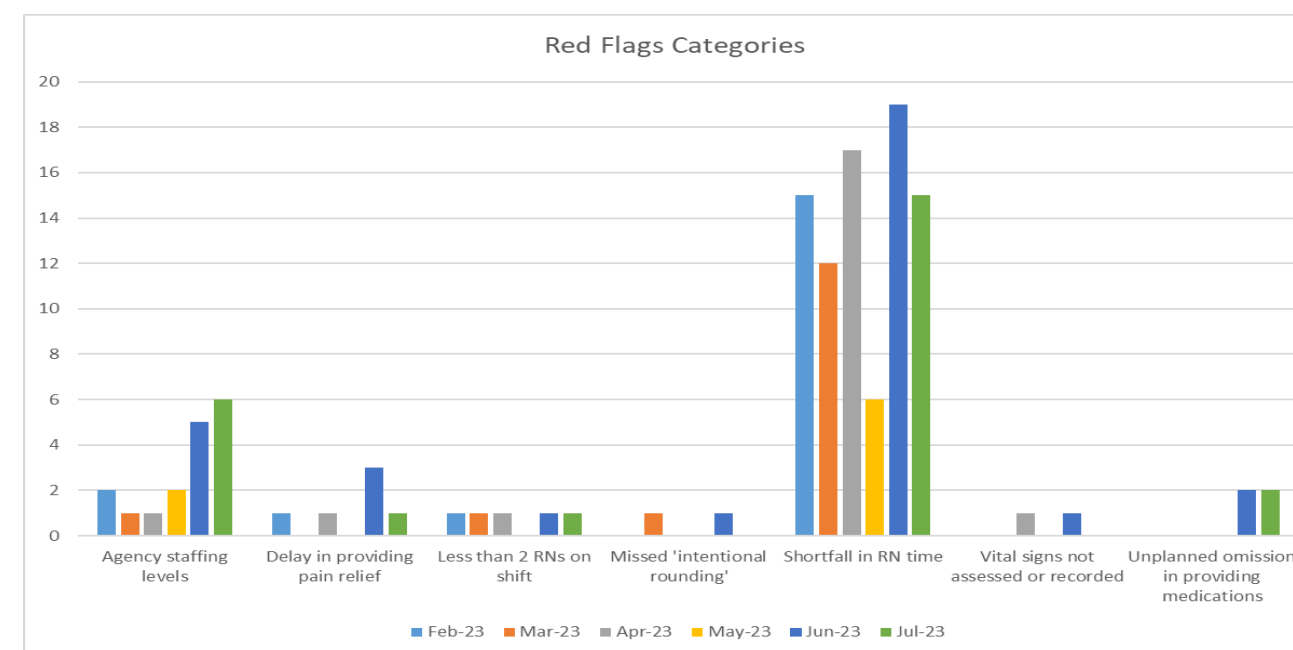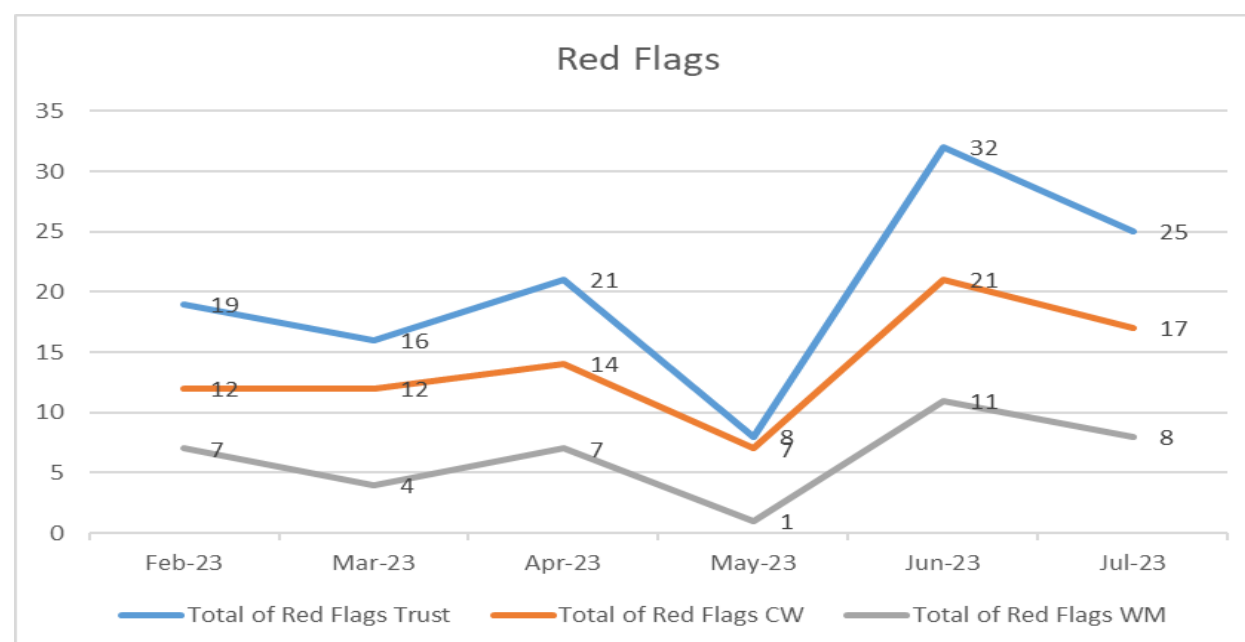
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Apr 2023) was 8.8. Trust workforce data confirms the CHPPD was 8.8 in July 2023, slightly up from June 2023 at 8.7

Safe Staffing Red Flags – 25 red flags from the 5 categories (tables below) were reported during July 2023 where majority of them were 'Shortfall in RN time' followed by 'Agency staffing levels'.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Apr 2023
Trust	8.8
Hillingdon Hospital	8.8
London NW	7
Imperial	9.9
Peer Median	8.3

Nursing, Midwifery and care staff average fill rate May 2023				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
100.54% ↑	101.81% ↓	6.3 ↑	2.7 ↑	9.0 ↔

Average Fill Rate

Red Flags

Red Flags Categories

Staffing & Patient Quality Indicator Report

July 2023

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. Twice daily nurse staffing meetings continue to deploy staff as required in order to maintain patient safety.

West Middlesex site:

There were high fill rates on Kew, Crane, Marble Hill 1, Marble Hill 2 & Crane. Extra HCAs were booked at night for patients requiring one to one for various reasons including mental health issues, high risk of falls, and confused wandering patients. Marble Hill 1 ward required additional RN cover during the day to support the discharge lounge.

Osterley 1, Crane and Syon 2 had a low HCA fill rate due to staff sickness and being unable to cover day shift with bank or agency. Ward managers and Matrons supported to mitigate risk. CHPPD was not compromised. Richmond required additional HCA cover at night due to the additional escalation beds on the ward area and ensuring close observation of a patient with mental health concerns. Recruitment to ICU HCA posts is in progress on both sites. Lampton had some unused beds and did not require their full complement of HCAs. SCBU low fill rates on days were due to sickness and high fill rates on nights due to patient acuity.

Chelsea and Westminster site:

The low RN fill during the day on Lord Wigram reflects increased staffing establishment and changes to the templates. The high HCA fill rate at night on David Evans were booked to support patients requiring one to one for various reasons including staffing the trauma bay, mental health issues, high risk of falls and confused wandering patients.

Burns staffing fill rates increased for HCAs to ensure close observation of patients with mental health concerns.

High fill rate on Annie Zunz RN long day was due to additional planned lists with patients admitted via Rainsford Mowlem. On Edgar Horne, David Erskine, Nell Gwynne, Rainsford Mowlem and St Mary Abbots there were low HCA fill rates on days and on Edgar Horne and Nell Gwynne there were low HCA fill rates on nights due to vacancies and sickness and being unable to cover day HCA shift with bank or agency. Rainsford Mowlem fill rates remained low as bed base numbers decreased and staffing was reduced.

Nell Gwynne ward required additional RN cover over night to support the patients with tracheostomies. Neptune ward required additional RN cover over night to support a child with mental health issues.

Incidents:

In terms of incidents with harm, there were two. The first is still being reviewed and is related to a missed prescription of medication post-operatively on David Evans. The second incident involving stage 3-4 pressure damage on Saint Mary Abbot ward. Appropriate pressure relieving equipment in place but patient was non-complaint with repositioning.

Friends and Family test showed that 6 wards at CW and 5 wards at WM scored 100%.

Please note all incident figures are correct at time of extraction from DATIX. There were 25 red flags raised in July, a decrease of 7 since June. 17 were for CW & 8 for West Mid, mainly related to staffing shortfalls and agency staffing levels. The vacancy rate and turnover are from June.

4. FOR DISCUSSION

🕐 17:40

REFERENCES
Only PDFs are attached

📄 Agenda item 4.1 - Role of the Lead Governor.pdf

CONFIDENTIAL

TITLE AND DATE	Council of Governors – 19 October 2023

AGENDA ITEM NO.	4.1
TITLE OF REPORT	**Role of the Lead Governor**
AUTHOR NAME AND ROLE	Peter Jenkinson, Director of Corporate Governance Marie Price, Deputy Director of Corporate Governance Simon Dyer, Lead Governor
ACCOUNTABLE EXECUTIVE DIRECTOR	Peter Jenkinson, Director of Corporate Governance

PURPOSE OF REPORT			To outline the options for the lead governor role and seek views from the Council of Governors (CoG) on the preferred option of the three proposed.
Decision/Approval		X	
Assurance			
Info Only			
Advice			
Please tick above and then describe the requirement in the opposite column			

REPORT HISTORY	Committee	Date of Meeting	Outcome
Committees/Meetings where this item has been considered			
	Issue discussed at April Council of Governors (CoG) away day and July development session.		

SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	The Lead Governor role is due for election in February 2024. Given a range of views from CoG members on what the role should encompass – from the core requirements of NHS England (NHSE) through to a more enhanced and wide ranging role. Three options are set out in the report which are as follows: 1. Core lead governor role as prescribed by NHSE 2. Current lead governor role 3. Enhanced lead governor role

	CoG members are asked to indicate which the preferred option is. Following this a role description will be developed and shared with the CoG, along with a timetable for the election, to be agreed at the January CoG meeting.
KEY RISKS ARISING FROM REPORT	N/A

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

IMPLICATIONS ASSOCIATED WITH THIS REPORT:

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

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

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

Lead Governor Arrangements

1.0 Introduction

1.1 All NHS Foundation Trusts (FTs) have a Council of Governors (CoG) and within the CoG is a 'lead governor'. The requirements of the role are set out in NHS England's Code of Governance for NHS Provider Trusts, updated in February this year. The relevant excerpt is included in Appendix 1.

1.2 The remit of the role, as set out in the Code, is limited to a key responsibility as a point of contact or liaison with NHS England and the CoG should there be any issues in relation to Board leadership. The term 'lead' is not intended to denote that the individual has any greater responsibilities, however NHS England endorses the rights of foundation trusts to enhance the role if so determined locally.

1.3 Arrangements and considerations for Chelsea and Westminster NHS Foundation Trust (CWFT) were considered at the CoG away day in April and CoG Development session in July, albeit there was limited time to discuss in detail given the wider range of topics covered.

2.0 Recap - July CoG Development Session

2.1 At the July session the following was included in the paper considered in advance of and at the session. As stated above, given time constraints, the issue was not discussed in detail and no conclusion reached. It was agreed that the issue would be reconsidered by the CoG in advance of any process to elect the lead governor once the current role holder's term of office ends.

From July 2023 CoG discussion paper:

The role of the Lead Governor: to agree the job description/expectations for the Lead Governor role or to create an additional role within the governors to take on these extended duties.

Problem statement: Governors expressed a lack of clarity regarding the role of the Lead Governor and a difference of opinion in the expectations of the role.

Points for discussion: The Lead Governor is the main point of contact in a few specific circumstances in which regulator may need to contact the Council of Governors or the other way round. Some trusts choose to broaden the role of the Lead Governor, although this is not compulsory; some also choose to establish roles such as deputy Lead Governor, or vice chair of the Council, elected from the existing Governors. These roles typically include additional responsibility around communicating with governor colleagues, canvassing opinion across the Council and monitoring attendance etc.

If the Council are looking to develop such a role, which provides greater support to them on a day to day basis, the Governors will need to consider the job description for such a role and agree a process for electing one of the existing Governors to this role.

As the current Lead Governor term of office comes to an end, Council will need to decide – do you want to amend the current role and be clear about the extended role, or create an additional role within the Governors to take on these extended duties?

3.0 Current arrangements including election

3.1 The roles and responsibilities for Lead Governor as set out in the Trust's Constitution '*Annex 7 Standing Orders for the Practice and Procedure of the Council of Governors'* are as follows:

Role and election of the Lead Governor - For the purpose of facilitating liaison between the Board of Directors and the Council of Governors, the Council of Governors shall elect one of the public or patient Governors of the Trust to be the Lead Governor in accordance with the following process:

- when the Lead Governor position becomes vacant, the Chairman shall invite public Governors and patient Governors to put themselves forward for the post of Lead Governor;
- if more than one public Governor or patient Governor puts themselves forward for the post of Lead Governor, the Company Secretary will compile a list of Lead Governor candidates and will require the completion of an applicant form from each candidate detailing their election statement. Any applications made after the agreed closing date will be rendered invalid;
- the completed Lead Governor applicant forms will be distributed to the Council of Governors no less than five working days prior to a decision as to the appointment being made;
- the final election of the Lead Governor will take place at a Council of Governors meeting by paper ballot. The numerical outcomes of the election will be declared to the Council once the count has been made.
- Appointments will ordinarily last for a three year period. Should a vacancy arise prior to the expiry of the three year period or should the postholder be temporarily unable to fulfil their duties for any reason, the Council of Governors shall agree interim arrangements to fill the duties of the post.

To note: The Constitution currently states that the the Lead Governor will be eligible for re-election twice after initially being elected. Given each governor's term is a maxiumum of three terms, this does not fully align and it is unlikely, and arguably unwise, to suggest that a new governor is able to automatically put themselves forward as a Lead Governor should a vacany arise. There is also an issue with alignment with term as governor and Lead Governor, given both are for three years and governor terms are staggered depending on election timing.

3.2 **Current practice:** the current Lead Governor acts beyond the minimum requirements of the role, acting as a liason point and contact between the Trust Board and wider governors. The current role holder acts as an interview panel member on any NED appointments, convenes a pre-meeting for CoG members only in advance of the CoG quarterly meetings, plays an active role in the CoG committees, represents the CoG at the annual members meeting (AMM), particpates in new Governor Inductions, assists with ad hoc requests such as patient exclusion reviews and liasies with the governance team.

3.3 **Current term:** the current Lead Governor's overall term is until November 2024, however the term of lead governor ends earlier, in March 2024. It is therefore important to agree the remit of the role and support any succession planning for those eligible/interested in the position.

3.4 **Example responsibilities for lead governors:** A survey found that approximately 50% of FTs had agreed some additional responsibilities for Lead Governors, including the following:
- Liaison between Board and CoG
- Regular 1:1 with Trust Secretary
- Reviewing/promoting CoG effectiveness
- Chairing Governor only meetings
- Coordinating consultation responses from Governors
- Participating in new Governor inductions
- Mentoring other Governors
- Reviewing/promoting CoG Committee effectiveness
- Reporting to Board on CoG activities
- Updating Governors on key events
- Representing the interests of Governors
- Meeting with CoG Committee Chairs
- Representing the Governors at AMM
- Involvement in policy development

As noted in 3.2 the current Lead Governor currently covers several of these.

4.0   Options for the role

4.1   The Options for the role are as follows:

4.1.1 Option 1: Core NHS England requirements for Lead Governor as set out in Appendix 1

4.1.2 Option 2: retain the current role and responsibilities of the CWFT Lead Governor, and set these out in a role description.

4.1.3 Option 3: Expand the responsibilities of the Lead Governor to include all of the elements listed in 3.4 above

Option 1	Option 2	Option 3
liaison point between NHS England and the CoG in the event of concerns regarding Board performance	liaison point between NHS England and the CoG in the event of concerns regarding Board performance	liaison point between NHS England and the CoG in the event of concerns regarding Board performance
	Interview panel member on NED appointments Member of CoG committees Chairing Governor only meetings Participating in new Governor inductions Representing the Governors at AMM	Interview panel member on NED appointments Member of CoG committees Chairing Governor only meetings Participating in new Governor inductions Representing the Governors at AMM
		Liaison between Board and CoG Regular 1:1 with Trust Secretary Reviewing / promoting CoG effectiveness Coordinating consultation responses from Governors Mentoring other Governors Reviewing/promoting CoG Committee effectiveness Reporting to Board on CoG activities Updating Governors on key events Representing the interests of Governors Meeting with CoG Committee Chairs Involvement in policy development

5.0   Next steps and recommendations

5.1   The CoG is asked to consider the options above and indicate which is the preferred option to develop further.   This will then be developed into a role description and shared with the CoG for comment, along with the timetable for the election. This will be discussed and agreed at the January CoG meeting in advance of the election process which will commence in February 2024.

5.2   Give the Constiution is not clear regarding the tenure for the Lead Governor, it is recommended that this be clarified with a recommendation for revised wording brought to the next CoG meeting.

Appendix 1

NHS England » Code of governance for NHS provider trusts

4. Lead Governor

4.1 The Lead Governor has a role in facilitating direct communication between NHS England and the NHS Foundation Trust's Council of Governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the Chair or the Trust Secretary, if one is appointed.

4.2 It is not anticipated that there will be regular direct contact between NHS England and the Council of Governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end, a Lead Governor should be nominated and contact details provided to NHS England, and then updated as required. Any of the Governors may be the Lead Governor. Note: under the CWFT Constitution only Patient or Public Governors can be Lead Governor.

4.3 The main circumstances where NHS England will contact a lead governor are where we have concerns about the board leadership provided to an NHS Foundation Trust, and those concerns may in time lead to our use of our formal powers to remove the chair or non-executive directors. The Council of Governors appoints the chair and non-executive directors, and it will usually be the case that we will wish to understand the views of the Governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the Governors to understand our concerns.

4.4 NHS England does not, however, envisage direct communication with the Governors until such time as there is a real risk that an NHS Foundation Trust may be in breach of its licence. Once there is a risk that this may be the case, and the likely issue is one of board leadership, we will often wish to have direct contact with the NHS Foundation Trust's Governors, but quickly and through one established point of contact, the Trust's nominated Lead Governor. The Lead Governor should take steps to understand our role, the available guidance and the basis on which we may take regulatory action. The Lead Governor will then be able to communicate more widely with other Governors. Similarly, where individual Governors wish to contact us, this would be expected to be through the Lead Governor.

4.5 The other circumstance where NHS England may wish to contact a Lead Governor is where, as the regulator, we have been made aware that the process for the appointment of the chair or other members of the board, or elections for Governors or other material decisions, may not have complied with the NHS Foundation Trust's constitution, or alternatively, while complying with the Trust's Constitution, may be inappropriate. In such circumstances, where the Chair, other members of the Board of Directors or the Trust Secretary may have been involved in the process by which these appointments or other decisions were made, a Lead Governor may provide us with a point of contact.

4.1 ROLE OF THE LEAD GOVERNOR

● Discussion Item   ◐ Director of Corporate Governance

4.2 COUNCIL OF GOVERNORS MEMBERSHIP AND ENGAGEMENT SUB-COMMITTEE REPORT

● Information Item   ● Chair of CoG Membership and Engagement Sub Committee

4.3 ACCESSABLE WORK UPDATE

● Standing item   ▲ Vice Chair

4.4 GOVERNORS AWAY DAY 2024 - PLAN

● Information Item   👤 Director of Corporate Governance

5. OTHER BUSINESS

👤 Chair/Lead Governor   🕐 18:20

5.1 ANY OTHER BUSINESS

● Standing item   👤 Chair

• Forward Plan
• Schedule of CoG Meetings 2023-2025
• Governor Attendance Register

REFERENCES   Only PDFs are attached

📄 Agenda item 5.1.1 - COG and Briefing Forward Plan 2023.pdf

📄 Agenda item 5.1.3 - COG Attendance Record (2023-2024).pdf

Council of Governors (CoG's) Forward Plan 2023 - 2025

	26 January 2023 CoGs Meeting 16:00 to 18:00 hours	23 March 2023 CoGs Briefing Session 16:00 to 17:00 hours	19 April 2023 CoGs Away Day 10:00am – 11:45am 13:45 – 16:30hrs
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Strategy: NWL Collaborative Acute Provider update • Quality: People & Workforce Report to the Council of Governors (Chair – Ajay Mehta) • Quality Sub-Committee Report (LJW) • Membership and Engagement Sub-Committee Report – Approval of Strategy (DP)	• Presentation from Sheena Basnayake, Hospital Director/Deputy COO, West Middlesex Hospital and Laura Bewick, Hospital Director/Deputy COO, Chelsea and Westminster Hospital. • Both Laura and Sheena are responsible for managing the Trust's relationship day-to-day across the North West London (NWL) Integrated Care System (ICS) and local borough partnerships for commissioned services delivered from their site and the surrounding community. • The presentation included: a) an oversight of the role of the Hospital Director and the key facts and figures about each site; and b) Major Strategic Developments at each site.	• 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	• Chair's Report (MS)
	• Chief Executive Officer's Report (LW)
	• Performance Report
	  - Performance & Quality Report (LW)
	  - Workforce Workforce Report (LW)
	• Accessibility work update (SG)		

Other Business	• Questions from the governors (and the public) • Governors Away-Day Plan (19 April, 2023) • Any other business (Forward plan/Schedule of meetings/Governor attendance register)		

Page 1 of 9

	19 April 2023 CoGs Meeting 12:00 – 13:00 hours	8 June 2023 CoGs Briefing Session 16:00 – 17:00 hours	12th July 2023 CoGs Development Session @W12 12:00 – 16:00 hours
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Finance and Performance Committee Annual Report • Council of Governors Nominations and Remuneration Committee – NED Recruitment update • Council of Governors Quality Sub-Committee Report • Business Planning 2023-2024	• Presentation on the results of the 2023 Staff Survey and the Trust action plan from Lindsey Stafford-Scott, Interim Chief People Officer and Onai Muchemwa, Deputy Chief People Officer (interim)	Topics to be discussued: • Staff Constituencies • Membership/Governor Elections • Strategy • Holding NEDs to Account and CoG Committee Structure • Lead Governor • Debrief from Governor's Conference
Papers for Information	• Chair's Report • Chief Executive Officer's Report • Performance & Quality Report; Workforce Performance Report • Accessibility work update		
Other Business	• Questions from the governors and the public • Any other business (Forward plan/ Schedule of meetings/Governor attendance register)		

	20 July 2023 **CoGs Meeting** **10:00 – 11:00am**	**28 September 2023** **CoGs Briefing Sessions** **16:00 – 17:00 hours**	**19 October 2023** **CoGs Meeting** **16:00 – 18:30 hours**
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting • To receive the Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) • Council of Governors Quality Sub-Committee Update • Council of Governors Membership and Engagement Sub-Committee Update	• Presentation on Draft Winter Plan 2023/2024 to be delivered	• Minutes of Previous Meeting, including Action Log • Annual Report from the Quality Committee (Chair – Steve Gill) • Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) • NWL Collaborative Update • Update from Quality Committee • Update from Membership and Engagement Sub-Committee
Papers for Information	• Chair's Report • Chief Executive Officer's Report • Performance & Quality Report • People Performance Report • Accessibility work update		• Chair's Report • Chief Executive Officer's Report • Governors Elections 2023 – update • Accessibility work update
Other Business	• Questions from the governors and the public • Any other business (Forward plan/ Schedule of meetings/Governor attendance register)		• Questions from the governors and the public • Governors Away Day 2024 – plan • Any other business (Forward plan/Schedule of meetings/Governor attendance register)

	7 December 2023 CoGs Briefing Session 16:00 – 17:00 hours	25 January 2024 COGs Meeting 16:00 – 18:30 hours	21 March 2024 CoGs Briefing Session 16:00 – 17:00
Statutory/Mandatory Business	Briefing topic/presentation to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report from the People and Workforce Committee (Chair – Ajay Mehta) • NWL Collaborative Update • Update from Quality Committee • Update from Membership and Engagement Sub-Committee	Briefing topic/presentation to be confirmed
Papers for information		• Chair's Report • Chief Executive Officer's Report • Governors Elections 2023 – update • Accessibility work update	
Other Business		• Questions from the governors and the public • Governors Away Day 2024 – update • Any other business (Forward plan/Schedule of meetings/Governor attendance register)	

Page 4 of 9

	17 April 2024 CoGs Awayday (TBC) Time TBC	17 April 2024 CoGs Meeting (TBC) Time TBC (1.5 hours)	19 June 2024 CoGs Briefing Session (TBC) 16:00 – 17:00 hours
Statutory/Mandatory Business	Agenda to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report Finance and Performance Committee (Chair – Pat Gallan) • NWL Collaborative Update • Update from Quality Committee • Update from Membership and Engagement Sub-Committee	Briefing topic/presentation to be confirmed
Papers for information		• Chair's Report • Chief Executive Officer's Report • Accessibility work update	
Other Business		• Questions from the governors and the public • Governors Away Day 2024 – update • Any other business (Forward plan/Schedule of meetings/Governor attendance register)	

	18 July 2024 (TBC) **CoGs Meeting (TBC)** **Time TBC (1.5 Hours)**	**26 September 2024** **CoGs Briefing Sessions (TBC)** **16:00 – 17:00 hours**	**17 October 2024** **CoGs Meeting (TBC)** **16:00 – 18:30 hours**
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting • Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) • Update from Quality Committee • Update from Membership and Engagement Sub-Committee	Briefing topic/presentation to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report from the Quality Committee (Chair – Steve Gill) • Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) • NWL Collaborative Update • Update from Quality Committee • Update from Membership and Engagement Sub-Committee
Papers for information	• Chair's Report • Chief Executive Officer's Report • Performance & Quality Report • People Performance Report • Accessibility work update		• Chair's Report • Chief Executive Officer's Report • Governors Elections 2024 – update • Accessibility work update
Other Business	• Questions from the governors and the public • Any other business (Forward plan/ Schedule of meetings/Governor attendance register)		• Questions from the governors and the public • Any other business (Forward plan/Schedule of meetings/Governor attendance register)

	5 December 2024 CoGs Briefing Session (TBC) 16:00 – 17:00 hours	23 January 2025 COGs Meeting (TBC) 16:00 – 18:30 hours	20 March 2025 CoGs Briefing Session (TBC) 16:00 – 17:00
Statutory/Mandatory Business	Briefing topic/presentation to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report from the People and Workforce Committee (Chair – Ajay Mehta) • NWL Collaborative Update • Update from Quality Committee • Update from Membership and Engagement Sub-Committee	Briefing topic/presentation to be confirmed
Papers for information		• Chair's Report • Chief Executive Officer's Report • Governors Elections 2023 – update • Accessibility work update	
Other Business		• Questions from the governors and the public • Governors Away Day 2024 – update • Any other business (Forward plan/Schedule of meetings/Governor attendance register)	

	16 April 2025 CoGs Away Day (TBC) Time TBC	16 April 2025 COGs Meeting (TBC) Time TBC (1.5 hours)	19 June 2025 CoGs Briefing Session (TBC) 16:00 – 17:00
Statutory/Mandatory Business	Briefing topic/presentation to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report Finance and Performance Committee (Chair – Pat Gallan) • NWL Collaborative Update • Update from Quality Committee • Update from Membership and Engagement Sub-Committee	Briefing topic/presentation to be confirmed
Papers for information		• Chair's Report • Chief Executive Officer's Report • Governors Elections 2023 – update • Accessibility work update	
Other Business		• Questions from the governors and the public • Governors Away Day 2024 – update • Any other business (Forward plan/Schedule of meetings/Governor attendance register)	

	17 July 2025 CoGs Meeting (TBC) Time TBC (1.5 Hours)	25 September 2025 CoGs Briefing Sessions (TBC) 16:00 – 17:00 hours	16 October 2025 CoGs Meeting (TBC) 16:00 – 18:30 hours
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting • Annual Report from the Chair of the Audit & Risk Committee (Chair – Aman Dalvi) • Update from Quality Committee • Update from Membership and Engagement Sub-Committee	Briefing topic/presentation to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report from the Quality Committee (Chair – Steve Gill) • Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) • NWL Collaborative Update • Update from Quality Committee • Update from Membership and Engagement Sub-Committee
apers for information	• Chair's Report • Chief Executive Officer's Report • Performance & Quality Report • People Performance Report • Accessibility work update		• Chair's Report • Chief Executive Officer's Report • Governors Elections 2024 – update • Accessibility work update
Other Business	• Questions from the governors and the public • Any other business (Forward plan/ Schedule of meetings/Governor attendance register)		• Questions from the governors and the public • Any other business (Forward plan/Schedule of meetings/Governor attendance register)

Council of Governors – Attendance Record 2023/2024

Governor	Category	Constituency	19.04.2023	19.04.2023 Awayday	12.07.2023 Development Session	20.07.2023	19.10.2023	25.01.2024	TOTAL
Lisa Addison	Patient	Patient Constituency	✓	✓	Apologies	Apologies			
Richard Ballerand	Public	Royal Borough of Kensington and Chelsea	✓	Apologies	Apologies	Apologies			
Jeremy Booth	Patient	Patient Constituency	DNA	DNA	DNA	DNA			
Caroline Boulliat-Moulle	Patient	Patient Constituency	✓	✓	Apologies	✓			
Julie Carter	Public	London Borough of Ealing	Apologies	Apologies	DNA	DNA			
Cass J. Cass-Horne	Public	City of Westminster	✓	✓	✓	✓			
Nigel Clarke	Public	London Borough of Hammersmith and Fulham	✓	✓	✓	✓			
Dr Nara Daubeney	Public	London Borough of Wandsworth	✓	✓	Apologies	Apologies			
Christopher Digby-Bell	Patient	Patient Constituency	✓	✓	Apologies	✓			

Name	Type	Constituency							
Simon Dyer	Patient/Lead Governor	Patient Constituency	✓	✓	✓	✓			**TOTAL**
Stuart Fleming	Public	London Borough of Wandsworth	Apologies	Apologies	Apologies	✓			
Parvinder Singh Garcha	Public	London Borough of Hounslow	✓	✓	✓	✓			
Minna Korjonen	Patient	Patient Constituency	✓	✓	✓	Apologies			
Rose Levy	Public	London Borough of Hammersmith and Fulham	✓	✓	✓	✓			
Nina Littler	Public	Royal Borough of Kensington and Chelsea	✓	✓	✓	✓			
Stella Macaskill	Patient	Patient Constituency	✓	✓	✓	Apologies			
Ras. I Martin	Public	Rest of England	✓	✓	Apologies	✓			
Mark Nelson	Staff	Staff Constituency (Medical and Dental)	✓	✓	✓	✓			
Cllr Will Pascal	Appointed	Royal Borough of Kensington and Chelsea	✓	✓	Apologies	✓			
David Phillips	Patient	Patient Constituency	✓	✓	✓	✓			

Catherine Sands	Staff	Staff Constituency (Management)	✓	✓	Apologies	✓			
Dr Desmond Walsh	Appointed	University Governor (Imperial College)	✓	✓	Apologies	✓			
Laura-Jane Wareing	Public	London Borough of Hounslow	Apologies	Apologies	✓	✓			
Jo Winterbottom	Public	City of Westminster	✓	✓	✓	Apologies			
VACANT	Staff	Contracted							
VACANT	Staff	Allied Health Professionals, Scientific and Technical							
VACANT	Staff	Support, Administrative and Clerical							
VACANT	Staff	Nursing and Midwifery							
VACANT	Public	London Borough of Richmond Upon Thames							
VACANT	Public	London Borough of Richmond Upon Thames							
VACANT	Appointed	Local Authority							

Patient Governors – 8; Public Governors – 14; Staff Governors – 6; Appointed Governors – 3.