Chelsea & Westminster Hospital NHS Foundation Trust Council of Governors Meeting

Zoom Conference https://chelwest-nhs-uk.zoom.us/j/95097994340 OR Dial in: +442080806592; Meeting ID: 950 9799 4340
23 July 2020 09:30 - 23 July 2020 10:30





Council of Governors Meeting

Date: 23 July 2020 **Time:** 09.30 – 10.30

Location: Zoom Conference https://chelwest-nhs-uk.zoom.us/j/95097994340 OR

Dial in: +442080806592; Meeting ID: 950 9799 4340

Agenda

	F	Hospital video clip for watching in advance of the meeting:
--	---	---

10.10	2.0	PAPERS FOR INFORMATION			
	2.1	*Performance and Quality Report, including *2.1.1 People Performance Report P.38 / P.55	Paper	For Information	Chief Executive Officer
	2.2	Cerner implementation update	Verbal	For Information	Nilkunj Dodhia, NED
	2.3	Investment alignment to Strategic Objectives	Verbal	For Information	Jeremy Jensen, NED
	2.4	Governance of capital expenditure	Verbal	For Information	Jeremy Jensen, NED
	3.0	OTHER BUSINESS			
10.15	3.1	Questions from the governors and the public	Verbal	For Information	Chairman / Chief Executive Officer
10.25	3.2	Any other business, including: *3.2.1 Forward plan P.76 *3.2.2 Schedule of meetings 2020/21 P.80 *3.2.3 Governor attendance register P.81	Paper Paper Paper	For Information For Information For Information	Chairman
10.30	3.3	Date of next meeting – 29 October 2020, 16.00-18.00, Zoom			

^{*}Items that have been starred will not be discussed, however, questions may be asked.



DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG) 23 April 2020, 16.00 – 17.30

Zoom Conference

Present:	Sir Thomas Hughes-Hallett	Chairman	(THH)
	Nowell Anderson	Public Governor	(NAn)
	Richard Ballerand	Public Governor	(RB)
	Juliet Bauer	Patient Governor	(JB)
	Caroline Boulliat	Public Governor	(CB)
	Cass J. Cass-Horne	Public Governor	(CJCH)
	Tom Church	Patient Governor	(TC)
	Professor Nigel Davies	Public Governor	(NDa)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Dr Simon Dyer	Lead Governor/Patient Governor	(SD)
	Jodeine Grinham	Staff Governor	(JG)
	Anna Hodson-Pressinger	Patient Governor	(AHP)
	Elaine Hutton	Staff Governor	(EHu)
	Richard Jackson	Staff Governor	(RJ)
	Kush Kanodia	Patient Governor	(KK)
	Paul Kitchener	Public Governor	(PK)
	Minna Korjonen	Patient Governor	(MK)
	Thewodros Leka	Staff Governor	(TL)
	Anthony Levy	Public Governor	(AL)
	Johanna Mayerhofer	Public Governor	(JMa)
	Fiona O'Farrell	Public Governor	(FOF)
	David Phillips	Patient Governor	(DP)
	Cllr Patricia Quigley	Local Authority Governor	(PG)
	Jacquei Scott	Staff Governor	(JS)
	Dr Desmond Walsh	Appointed Governor	(DW)
	Laura Wareing	Public Governor	(LJW)
	Trusha Yardley	Public Governor	(TY)
In attendance:	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-executive Board member	(NG)
	Steve Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EHe)
	Jeremy Jensen	Non-Executive Director	(11)
	Dr Andy Jones	Non-Executive Director	(AJ)
	Ajay Mehta	Non-Executive Director	(AM)
	Lesley Watts	Chief Executive Officer	(LWa)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)
Apologies:	Martin Lupton	Honorary Non-Executive Director	(ML)
	Professor Mark Nelson	Staff Governor	(MN)
	Serena Stirling	Director of Corporate Governance &	(SS)

1.0	STATUTORY/MANDATORY BUSINESS
1.1	Welcome and apologies for absence
	THH welcomed the Governors and those in attendance to Zoom conference meeting. Apologies were noted as above.
	THH noted that Staff Governor Majid Bhatti sadly passed away. He joined the Council of Governors in December 2019. Those Governors who met him at the January COG Away Day reflected on Majid as being full of optimism and enthusiasm. He will be deeply missed by the Trust and the Council of Governors. THH and SD undertook to write a personal condolence letter to Majid's family

Compliance

	Action: THH and SD to write a personal condolence letter to Majid's family.
1.2	Declarations of interest
	None declared.
1.3	Minutes of previous meeting held on 30 January 2020 Action Log and Governors' iLog
	Minutes of previous meeting – approved. Action Log and iLog – noted.
1.4	Draft Quality Report 2019/20, including Governor Commentary on the Quality Report
	This item was discussed later in the meeting.
1.5	Nominations and Remuneration Committee report
	The report was noted and approved.
1.5.1	Nominations and Remuneration Committee Terms of Reference
	The Terms of Reference were noted and approved.
1.5.2	Non-Executive Director configuration
	The paper was noted and approved.
	KK asked about plans for the Deputy Chair/Senior Independent Director successor 'training'. THH confirmed that this will be discussed with the Lead Governor and the COG Nominations and Remuneration Committee in due course.
1.6	COG sub-committees
1.6.1	Membership and Engagement Sub-Committee Terms of Reference
	The Membership and Engagement Sub-Committee Terms of Reference were noted and approved.
1.6.2	Quality Sub-Committee Terms of Reference
	Quality Sub-Committee Terms of Reference were noted and approved.
1.7	Coronavirus (COVID-19) Update
	THH invited the Chief Executive to update the Governors on Chelsea and Westminster Hospital NHS Foundation Trust (CWHFT) response to coronavirus and that of North West London.
	LW advised that CWHFT established a full incident command structure to focus on the response COVID-19; 24/7 clinical and non-clinical teams established and focused on workforce planning, patient flow, procurement, management of supplies, and staff wellbeing and support. During the pandemic LW has been leading North West London. In her absence as the Chief Executive, the Deputy Chief Executive Rob Hodgkiss has taken the helm, along with the rest of the Executive Team. The pandemic has enabled CWHFT to work collaboratively with its health and care partner organisations. Deputy Chief Executive's daily communication to staff is shared with the Governors and the Non-Executive directors in order to keep all abreast of the latest developments and how we have managed to transform the way we provide critical care to patients. The pandemic identified the need for more critical care beds in North West London and more centralised expertise in the field. Although the first

wave has flattened infection curves, we still have patients in hospital with the critical care needs. Whilst we need to prepare for a recovery, we also need to prepare for a potential second wave with a view of having a better prepared and coordinated response. In order to be able to do elective care, the system needs to enable patient care be provided in an effective integrated way across the health and social care settings. LW praised the exemplary health and care system response to the pandemic.

AHP, CJCH and PQ expressed Governors' appreciation of CWHFT and the wider NHS response to Covid-19. LW acknowledged that it has been a team effort of various organisations pooling together and supporting each other.

In congratulating LW and the Executive Team, CDB asked if any lessons have been learnt from the pandemic. LW said that initially there were a number of challenges with PPE, however we shared it with other organisations and our staff; as the time went we got better organised; throughout the pandemic staff have been kept informed about PPE availability and capacity.

In response to CJCH's question, LW said that currently there is sufficient daily supply of PPE.

DP asked if more COVID-19 patients could be moved to Nightingale field hospital so that CWHFT could continue with business as usual. LW said that a number of patients in NWL have been moved to Nightingale including our staff supporting the work of the field hospital.

In response to DP's comment about likelihood of second wave of coronavirus, LW said that coronavirus is likely to be around in the next few months. Nightingale is unlikely to be used in future and we need to organise ourselves better to cope with any other pandemic of a similar scale i.e better use of specialised clinical space, consolidating resources etc.

MK shared feedback she had received from some of her constituents who were concerned that the NHS has been heavily focusing on COVID-19 patients but not advising/treating patients for other health issues and asked if the same was true for CWHFT. LW said that some routine treatments have been stopped temporarily, however cancer and A&E services are provided by CWHFT. The primary focus was on providing swift response and care for the most seriously ill COVID-19 patients; unless required to be in hospital non-COVID-19 patients were advised to 'stay at home' in order to reduce the risk of transmission of COVID-19 in hospital. This issue highlights the importance of partnership working across health and local government and between health organisations in order to be able to address wider patient needs.

TY asked if there are any other challenges for CWHFT other than PPE and gowns supply. LW said that as indicated in the media with the surge of patients there were some challenges around staffing, PPE and availability of medication. By bringing together health and care and other organisations the NHS has managed the coronavirus outbreak situation well.

CB remarked on the extraordinary work of sharing packs amongst wards and specialities. In response to her question about any other issues facing the NHS, i.e cancer diagnostic, LW said that during the pandemic people with the need for hospital services have been asked to come forward and added that care and support to cancer patients who need it have been provided by our partner Royal Marsden Hospital. Procedures and treatments that could have been delayed have been delayed and will resume the business once the pandemic is over.

In response to CJCH question relating to digital vs. paper communication from hospital, LW said that patients who do not have a smart phone or an email will continue to be communicated to in a paper format.

KK congratulated CWHFT on the excellent work and remarked on some allegations being made about managers working and asked about practical support provided to junior staff on the frontline in these circumstances. LW said that frontline staff are well supported by the senior management and emphasised that staff, regardless the seniority level, if working at home would be provided with the digital access to their work area. On a general point, she noted that senior managers do not work from home.

KK asked if any steps have been taken by CWHFT in relation to protected characteristics groups and the effect of

COVID-19 on these groups. LW said that some evidence indicate that BAME, elderly and vulnerable groups are disproportionally impacted. She added that CWHFT is treating this with caution and once the evidence becomes available it will be reviewed and the necessary changes put in place. She further added that since the beginning of pandemic CWHFT has engaged into communication with its staff and tailored its support based on staff feedback, some examples include health and wellbeing/psychological support, BAME network meetings and CWHFT staff representatives on the national BAME group. DW linked to it by saying that CWHFT is part of the research project this will be reviewed and unpicked with a view to understand the reasons for this occurrence.

NDa asked to what extent medical and nursing students have been involved in COVID-19 response. LW said that both medical and nursing students, including retired nurses and doctors/medics have been involved in community response to COVID-19.

In response to LJW's question about CWHFT's plans for resuming outpatient appointments, LW said that there will be an overall London response to elective procedure and outpatient appointments in due course. THH linked to it by saying that NHS London Chairs Whatsup group has been set up and similar questions are shared and asked of CEOs.

CDB commended the excellent work of CWHFT's Lead Nurse for Learning Disability and Transition who trained many nurses in how to respond to needs of patients with special needs learning difficulties. LW undertook to extend Governors gratitude to Kathryn Mangold.

Action: LW to extend Governors' gratitude to Kathryn Mangold.

DW anything you would want to retain in the new way of working after COVID-19

THH remarked on how quickly the pandemic changed the way we work, one being physiotherapy on Zoom while shielding off/social distancing and yet reaching out to many people and enabling an effective communication.

THH thanked governors for their support during these unprecedented times and particularly thanked Patient Governor Anna Hodson-Pressinger for her help with securing ventilators.

THH congratulated LW the Executive Team members on their brilliant work for both CWFT and the NWL sector.

Update from Board Committee Chairs

Finance update from the Chair of Finance and Investment Committee

JJ highlighted the following:

- Regular weekly telephone calls of Chair of the Committee and the Executive Lead for finance Virginia Massaro and relaying key messages to the rest of the Non-Executive Directors on the Committee.
- The current financial position remains strong £117m cash position as at 31 March 2020.
- CWHFT is expected to break even.
- Awaiting confirmation from the centre on covid-19 costs reimbursement.

Quality update from the Chair of Quality Committee

EH highlighted the following:

- Regular weekly telephone calls of Chair of the Committee and the Executive Lead for quality Pippa
 Nightingale and relaying key messages to the rest of the Non-Executive Directors on the Committee.
- The Committee's recent focus relates to patient safety and ethics.
- Have not spent as much time overviewing patient experience.
- The patient safety processes are running and reporting any incidents of harm; assurances provided on the robust patient safety procedures and keeping a close contact with the Acting Medical Director, Dr Roger Chinn.

- Urgent non-covid procedures have been shifted to other hospital i.e cancer to RMH, orthopaedics to Stanmore, gastro to Cromwell, gynaecology to Leicester in order to continue treating patients who need the treatment; the Committee is assured that those procedures continue to happen; the Committee is concerned about backlog of procedures waiting to take place and will pay attention to that.
- NHS England/Improvement has confirmed that there is no requirement for providers' 2019-20 Quality
 Reports to be produced and audited. However CWHFT has decided to prepare and publish its
 unaudited Quality Report in late May/June. There is no requirement for stakeholder's, commissioner's
 and Governors' statements to be included in the Quality Report; however, governors can prepare their
 statement for inclusion if they wish; this will be discussed and agreed with the Chair of COG Quality
 Sub-Committee.

NA asked if transfer of some specialist patient care had been planned before the pandemic or it was in response to the pandemic. EH said that it was planned in preparation for the pandemic.

CBD said he gathers from the press that government were relaxing laws on medical negligence claims against ventilator manufacturers and asked if it was extended to CWHFT. EH said that she had no knowledge of such claims.

KK queried how CWHFT measures regulatory performance targets for services which have been transferred to other health organisations during COVID-19 i.e cancer waiting times and whether this is still required. EH said that NHSE/I issued guidance to providers as to performance data collated during COVID-19, but she was unclear which regulatory data was required to be reported. THH linked to it by saying that he has emailed a copy of the relevant policy to KK.

KK said he was concerned that patient with chronic health conditions have not been looked after by hospital in the way that they would normally be during COVID-19. EH expressed that she shares the same concern and said that as for cancer cervices every cancer patient is being reviewed by the multi-disciplinary team and recommendations made on pathway of care.

People update from the Chair of People and Organisational Development Committee

SG highlighted the following:

- Regular weekly telephone calls of Chair of the Committee and the Executive Lead for people Thomas Simons and relaying key messages to the rest of the Non-Executive Directors on the Committee.
- Seven key areas of focus: Internal clinical staffing, sickness & absence and testing; external clinical staffing; volunteering and corporate redeployment; terms and conditions; health and wellbeing/psychological support; training; staff engagement and communications.
- Appraisals suspended during Covid-19 outbreak.
- Formal reports ordinarily expected for review and approval by the Committee have been either
 postponed or suspended during the COVID-19 outbreak in order to 'free up vital time' on the frontline;
 these include:
 - Medical revalidation;
 - Gender Pay Gap;
 - o Annual Workforce Equality and Diversity Report;
 - Freedom to Speak Up (FTSU) is dealt with through Gold Command; Guardian of Safe Working (GOSW) is dealt with via Junior Doctor Forum.
- We were first Trust the country to deploy volunteers in covid areas.
- Regular staff webinars established to discuss COVID-19 impact and to answer any questions from staff.

AHP commented on recently reported unreliability of antigen test. SG said that it is currently being tested for reliability. DW added that Imperial is running a similar test across the region.

Update from the Chair of Audit and Risk Committee

NG highlighted the following:

- Regular weekly telephone calls of Chair of the Committee and the Executive Lead for audit Virginia Massaro and relaying key messages to the rest of the Non-Executive Directors on the Committee.
- The essential governance processes continue.
- Key changes for 2019/20 Annual Report and Accounts: draft accounts deadline extended to 11 May; external audit will be undertaken remotely; final audited accounts and annual report due 25 June; the external audit will be undertaken remotely;
- The Standing Financial Instructions updated to enable any urgent purchases during COVID-19.
- The Committee continues overseeing cyber security and receives assurances on continued operation of counter fraud.

In response to AHP's comment regarding supply of ventilators from abroad, NG noted that the finance and procurement teams keep abreast of demands in the supply chain and ensure as efficient as possible distribution of stocks; in addition, upfront payments are made to new suppliers during COVID-19 in order to ensure smooth delivery. THH added that, after COVID-19, a careful consideration will be given to purchasing goods centrally.

IT Update from the Chair of IT Group

ND highlighted the following:

- Regular weekly telephone calls of Chair of the Committee and the Executive Lead Kevin Jarrold and relaying key messages to the rest of the Non-Executive Directors.
- Cerner implementation went well.
- IT network has been stable and the upgrade rollout is complete to 90%.
- Working from home support has been a key focus; moving forward with a Virtual Desktop Integration solution; staff have been provided with Trust devices to support home working; the centre assigned 500 laptops for CWHFT that were due for the MoD.
- Cerner supports COVID-19 pathways and is now up and running.

2.0 OTHER BUSINESS

- **2.1** Any other business, including:
 - 2.1.1 Forward plan Noted.
 - 2.1.2 Schedule of meetings 2020/21 Noted.
 - 2.1.3 Governor attendance register Noted.

THH noted that Zoe Penn retired from the Trust after being on extended leave and noted that Dr Roger Chinn continues in the role as the Acting Medical Director. THH undertook to write to Zoe Penn to extend Board's appreciation and gratitude.

Action: THH to write to Zoe Penn to extend Governors' appreciation and gratitude.

THH advised that, as a precautionary measure, future Council of Governors meetings will be held virtually until further notice.

DP advised Governors of the latest membership numbers and suggested the Chairman writes to the Trust's members to reassure that the hospital services are under control. NG suggested a letter reflects on excellent charitable work of CW+.

Action: THH to send a letter to the Trust members.

2.2 Date of next meeting – 23 July 2020, 16.00-18.00, Zoom Conference

Meeting closed at 17.30.



Council of Govenrors (COG) – 23 April 2020 Action Log

Meeting Date	Minute number	Action	Current status	Lead
	1.1	Action: THH and SD to write a personal condolence letter to Majid's family.	Complete.	ТНН
	1.7	Action: LW to extend Governors' gratitude to Kathryn Mangold.	Complete.	LW
23 Apr 2020	2.1	Action: THH to write to Zoe Penn to extend Governors' appreciation and gratitude.	Complete.	тнн
		DP advised Governors of the latest membership numbers and suggested the Chairman writes to the Trust's members to reassure that the hospital services are under control. NG suggested a letter reflects on excellent charitable work of CW+. Action: THH to send a letter to the Trust members.	A regular monthly update on this is sent to members via E-Newsletter.	ТНН
	1.4.1	SG and TS to bring brief update on Disability work plan to next COG meeting.	The next meeting of the Disability Access Working Group is arranged for 16 October, and an update on disability work plan is on schedule for 29 October COG.	SG/TS
30 Jan 2020	1.5	JJ and VM to bring a paper to COG to demonstrate how investment activities have, and are supporting the delivery of the strategic objectives.	This is on current agenda.	mv/rr
	2.2	ND to provide a Cerner implementation update to the next COG meeting.	This is on current agenda.	ND



Council of Governors Meeting, 23 July 2020

AGENDA ITEM NO.	1.5/Jul/20
REPORT NAME	Chairman's Report
AUTHOR	Sir Thomas Hughes-Hallett, Chairman
LEAD	Sir Thomas Hughes-Hallett, Chairman
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	None
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.





NHS Foundation Trust

Chairman's Report June 2020

Covid-19

The Trust is continuing to work closely with NHS England and Public Health England to support the national response to the Covid-19 incident. I am immensely proud of how our staff have responded to this unprecedented challenge, and thank each and every one of them for their commitment and dedication during this time. We have received incredible support from our volunteers, local communities, and businesses, which has enhanced our patient and staff experience during this incident. Thank you to every group and individual who has supported the Trust during this time.

Despite our best efforts and exceptional care from our clinical teams, we have very sadly experienced a number of deaths in the organisation. On behalf of the Trust Board, I have conveyed our sincere condolences to families who have been bereaved during this time.

The full impact which Covid-19 has had on our Trust, and at regional and national levels, is still under review to inform preparations for any further surges. Our hospitals and community services look rather different than they did before 'lockdown', with a variety of infection control measures in place to keep our staff and patients safe. Additional safety measures also include altered visiting arrangements for members of the public in line with national guidance.

As we shift our focus to recovery, our priority remains staff and patient safety. To achieve this we are working closely with our North West London colleagues to ensure those patients who require hospital care, receive timely and responsive treatment. Executive colleagues are working hard to address inequalities in health provision evidenced by Covid-19. We are reinstating our full programme of governance which had been altered to ensure the Trust could focus and respond in a timely manner to the incident.

Macmillan Information and Support Centre

I continue to be impressed with the ingenuity of our teams at the Trust. Colleagues at the Macmillan Information & Support Centre are now able offer a virtual support package for patients having to shield at home. The team have collaborated with cancer specialists, complementary therapists and our charity, CW+, to cover a range of wellbeing topics over the coming weeks on their new You Tube channel. They are also running online support groups facilitated by our psychotherapists.

National Volunteers Week

The Trust celebrated National Volunteers Week in June, recognising the dedication, help and hours of time which the Trust receives from volunteers. We have seen a significant increase in their commitment to the organisation over the past few months, and on behalf of the Board I extend a sincere thank you to individuals for their commitment, care and kindness they have shown to our patients and staff.

Sir Thomas Hughes-Hallett

Chairman





Council of Governors Meeting, 23 July 2020

AGENDA ITEM NO.	1.6/Jul/20
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, Chief Executive Officer
PURPOSE	To provide an update to the Council of Governors on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Governors are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



NHS Foundation Trust

Chief Executive's Report

June 2020

Introduction

My last report to Public Board was in March, and since then, you cannot fail to have noticed the emergence of the Covid-19 virus, and the impact which it has had on our patients, staff and wider communities. In addition to dealing with this pandemic, we have also undertaken the implementation of our third phase of the Cerner electronic patient record system at the West Middlesex Hospital site, and completed our annual review and accounts for 2019/20.

Covid-19

On 30 January the first phase of the NHS's preparation and response to Covid-19 was triggered, with the declaration of a Level 4 national incident. At the time of writing, we remain in a Level 4 national incident situation.

I have been so proud to see our staff demonstrate their outstanding commitment to delivering excellent patient care and experience during this pandemic. Despite our best efforts and exceptional care from our clinical teams, we have very sadly experienced a number of deaths in the organisation, which will be confirmed as the pandemic eases.

I am particularly proud of the speed at which we responded as an organisation, and the flexibility demonstrated by staff in changing their working patterns to meet patient needs. Staff have responded positively to the different working environments. This has included the rapid implementation of digital solutions, enabling us to maintain contact with our most vulnerable patients who are shielding, and continue outpatient services with telephone or video consultations where possible.

I extend a sincere thank you to our local communities and businesses for their donations to our charity, CW+, to support our staff during this time. Our charity have been instrumental in leading on our staff welfare and engagement work during this period, and I cannot thank the team enough for their support and commitment to the organisation. We have been able to establish health and wellbeing hubs on our sites for staff to rest and access support. We have also completed over 400 occupational health risk assessments and carried out over 500 welfare calls to staff. I was also encouraged week on week by the Thursday evening 'Clap for Carers', and I thank members of our local communities for their heart felt support.

All of us recognise that our hospitals look and feel very different. We have re-configured our environments to respond safely and efficiently to the pandemic. We need to think carefully about how we adapt to living with the pandemic for some time to come. Social distancing and infection control measures are here to stay. We should assume we will have a combination of a further outbreak of the pandemic, and increased non Covid-19 emergency demand through winter. We have made a video to show the public how different our hospitals look. It should be noted that the video was created before increased guidance was given to NHS about wearing of face masks and coverings in our hospitals. Watch the video here: https://vimeo.com/422842220/68c062bce8

Whilst we have seen a reduction in patients accessing non-elective care, our Referral to Treatment performance has reduced due to the necessary pause of routine elective activity to manage the pandemic.

This has been further impacted by a significant drop in referrals. We have continued to deliver our maternity services, and care for our patients who have cancer in partnership with the Royal Marsden Partners throughout this pandemic. In addition to this, we have continued to treat patients on elective pathways that have been deemed urgent, using clinical prioritisation criteria from the Royal Colleges. A validation exercise continues across waiting lists to ensure safe treatment of patients.

We are now planning for the restart of our elective care programme, both within our Trust and across North West London. The priority is that we ensure staff and patients are safe as the pandemic continues. Before we restart our elective activity we must ensure we have appropriate stocks of: associated medicines; personal protective equipment; blood; consumables; equipment; and other needed supplies. In collaboration with our North West London partners, we are working through the steps from crisis response towards recovery and reset to ensure staff and patient safety.

We could not have achieved all this without a coordinated response across the North West London health and care sector, and I thank our acute, community, primary care, mental health, local authority, and education partners for their round the clock efforts to keep our staff and patients safe. For example, in partnership with Imperial College, final year medical students were able to qualify early and offer their services to support the sector. In collaboration with the Royal Brompton Hospital, Imperial College, and CW+, we are proud to have been awarded a major grant to fund the PIONEER trial, comparing two potential antiviral treatments for early intervention in patients with Covid-19. We have demonstrated our ability as an integrated care system to quickly repurpose and create 'surge' capacity locally and regionally.

We have an opportunity to build upon the beneficial changes which we have collectively brought about during the Covid-19 incident to enhance the care for our local populations. This includes: supporting local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology services such as digital consultations.

I look forward to continuing our work to transform how we care for patients in our local communities, and ensure equity of access and outcomes for our patients.

Equality, diversity and inclusion

In April, the Chief Medical Officer asked Public Health England to investigate disparities in risk and outcomes of Covid-19 which has now been published. Key findings from the review of Covid-19 deaths has identified major inequalities in mortality risk for Black, Asian and Minority Ethnic (BAME) people, and confirms that the impact of Covid-19 has replicated existing health inequalities, and in some cases, increased them.

In addition to this, we have all watched the terrible events unfold in the USA, with the death of George Floyd and the anguish visible in the ongoing protests. I acknowledge that many of our BAME staff, volunteers and patients are hurting at the moment, and may be feeling vulnerable, frustrated and angry. Moments like these help us to understand even more clearly that we should move forward with a great urgency in our efforts for inclusion, fairness and justice. I and all members of the executive team and our Board are committed to do this. As a Trust we want to learn together, encourage an open conversation and build a better future in solidarity. We are committed to our PROUD values; we are endlessly PROUD of our diversity and endeavour to demonstrate this in our organisational and individual behaviours, systems and structures.

We are listening to the voices of our staff through the BAME Network. We are rapidly risk assessing BAME staff and other vulnerable staff. We are committed to keeping all staff safe against COVID-19.

I want all our staff to be safe, feel valued and enjoy working in our organisation. I personally love our Trust, our diverse culture and the commitment we make every day to care for our patients and each other. This

has never been more apparent than over the past 12 weeks. I look forward to building on our work together and never let prejudice, brutality and unfairness succeed.

2019/20 reflections

2019/20 was a busy year for the Trust as we continued to experience high demand for our emergency and urgent care services, whilst undergoing a Care Quality Commission inspection, successfully implementing an electronic patient record system, and more lately, responding to the Covid-19 incident.

Reflecting on our achievements against our strategic priorities, I have highlighted a few of which we are particularly proud:

- Achieved a vacancy rate of 6.7%, one of the lowest in London;
- Achieved the lowest nurse vacancy rate in London at 5%;
- Maintained our top 20% staff engagement score in the National Staff Survey;
- Introduced the Medical Examiner role in line with national developments;
- Maintained the Care Quality Commission rating of 'Good' overall, and improving the well-led rating from 'Good' to 'Outstanding';
- Achieved a 2019/20 surplus of £29.5m, and delivered £21.7m of cost improvement programmes;
 and
- Invested £34.5m on capital which included: £13.1m on the new NICU/ITU ward at the Chelsea site and £4.7m on the Cerner Electronic Patient Record.

The progression of the redevelopment of adult critical care and neonatal intensive care services was supported by a significant fundraising campaign by CW+, and I extend a personal thank you to every donor who contributed to this, as our patients are now being cared for in world class facilities

I would like to take this opportunity to thank all of our staff who have shown consistent commitment to our patients and each other during the recent months. I know that they will continue to go 'above and beyond' as we look ahead to 2020/21.

Lesley Watts

Chief Executive Officer



Finance and Investment Committee (FIC) - Chairman's Report to Council of Governors, 23 July 2020

The purpose of this report is to provide governors with information about the activities and effectiveness of the Finance and Investment Committee (FIC). This report covers the committee's meetings during the period from May 2019 to June 2020.

About the Committee Chairman

Jeremy was appointed a Non-Executive Director of the Trust in July 2014 and was asked to chair the Finance and Investment Committee (FIC). He was made Vice Chairman and Senior Non-Executive Director when Sir John Baker stepped down on 31 October 2015. Jeremy was due to step down in June 2020 having completed two 3-year terms as a NED. His tenure was extended during the Covid emergency and he will now step down from the Board in September 2020.

The new FIC Chair will be Nilkunj Dhodia who will Chair the July and September meetings (which Jeremy will also attend) as a handover before Jeremy's departure in September 2020.

Committee Background and Terms of Reference

The aim of the FIC is to bring the finances of the hospital under scrutiny on behalf of the Trust Board.

There are three objectives:

- 1) Oversight of Financial Planning and Performance
 - a. Review budgets, annual and medium term targets.
 - b. Maintain an oversight as to the robustness of the Trusts income streams and contractual safeguards.
- 2) Investment Policy
 - a. Approve and keep under review the Trusts investment and treasury policy and ensure compliance by reviewing the Trusts' balance sheet and cash flows.
- 3) Other
 - a. Review proposals for major business cases prior to submission to the board (>£1m in budget >£200k out of budget).
 - b. Commercial and Private Patient growth strategy and business cases.
 - c. All Capital Expenditure and business cases >£1m.
 - d. Monitor and keep major projects under review.
 - e. To consider the performance and effectiveness of Joint Ventures and Joint Operations (change to FIC Terms of Reference this year).

Committee Membership and Attendance (Apr 2019 – Jun 2020)

The current Committees members are Nilkunj Dhodia (NED), Stephen Gill (NED), Aman Dalvi (NED) Lesley Watts (CEO), Rob Hodgkiss (COO) and Virginia Massaro (CFO).

Sandra Easton stepped down as Chief Financial Officer on 30 September 2019.

The Committee met at its scheduled times during the above period until Covid necessitated a different approach. Proceedings are lively and robust with participation from all members. The committee moves through its large agenda at pace, the attendance record is over 90%.

During the period of the Covid emergency the committee moved to a weekly call attended by Virginia Massaro, Nilkunj Dhodia and Jeremy Jensen. Other members of the committee and the Board were kept informed by weekly minutes for the meetings which were circulated on the day of each call. Any major items of expenditure requiring FIC approval were subject to E-governance processes with input from the other committee members.

Significant Items Covered Since Mar 2019

At every meeting, the committee reviews:

- Monthly financial results
- Improvement Programme (including Cost Improvement Programmes CIP) status
- Business cases as they arise
- Deep dive into aspects of service and / or divisional performance
- Capital expenditure forecast and plan (In detail at least twice yearly)
- Annual budget and plan preparation
- Long Term Financial Plan (Quarterly)
- Forward diary of the committee's agenda

In the past Year the committee has reviewed the following major items:

- Deep Dives
 - o Non- Elective review
 - Procurement
 - Temporary staff
 - Estates
 - Private Patients
- Business Cases
 - ISS London living wage approved (£1.9m revenue)
 - Gender Dysphoria pilot approved (£2.1m revenue for 2 year pilot)
 - Lift refurbishment (CW site) approved (£1.3m capex)
 - Overseas doctors recruitment approved (£1.0m gross revenue, before savings)

- Overseas nursing recruitment approved (£2.0m gross revenue, before savings)
- Infusion pump replacement approved (£1.9m capex)
- Ultrasound replacement approved (£1.6m capex)
- Refurbishment of 5 wards on Marjory Warren (WM site) approved (£1.2m capex)
- o Purchase of a number of PPE orders during covid all approved (£7.3m revenue)
- o Radiology Information System approved (£0.6m capex, £0.8m revenue)
- o Transformer & LV Switchgear replacement (CW site) approved (£2.3m capex)

Other

- Electronic Patient Record (EPR) Gateway Reviews & project monitoring
- NICU/ICU project monitoring
- Borrowing capacity and benchmarking
- Cash forecasting
- Corporate cost benchmarking
- Use of resources assessment
- Reference costs assurance
- Review of outsourced IT JV (SPHERE)
- Carter programme status (Benchmarked productivity comparisons)
- Review of financial risk register including Risk Assurance Framework and Business Assurance Framework.

Conclusions - What's Working Well, What Needs Improvement, Future Challenges

A Committee evaluation process was conducted in June 2019 by the committee members and the overall evaluation was positive. The committee has enacted the reduced meetings to 8 in person and 1 by teleconference per-annum. The committee now has a standing item on its agenda to comment on the quality of its papers at the end of each meeting.

The impact of FIC is felt beyond the committee as teams are often asked to attend and present on their given area. FIC members often visit the parts of the hospital affected before the business case is presented. This interaction with the hospital and its staff is working well. The Chair and other members also periodically attend deep dive meetings which are held to review elements of the improvement plan (to avoid duplication at the committee and to increase members understanding of a particular area).

2019/20 saw the successful conclusion of the 3-year Electronic Patient Record implementation to the Chelsea site (the largest Cerner implementation carried out in the UK) following a successful implementation at West Middlesex site which went live in May 2018 and again in June 2020. FIC oversaw the Gateway Reviews conducted by Ernst and Young before they were presented to the Board and helped to monitor implementation progress and project costs.

Future Challenges

A comprehensive programme needs to commence to secure the patient, staff and economic benefits from the Electronic Patient Record (EPR) investment.

The Trust is currently funded until end August 2020 on a break-even basis. The plan for the rest of this financial year and its funding has yet to be agreed.

A control process over any pathway changes across the North West London Integrated Care Service and beyond and impact of any financial changes will be set out.

Another big financial challenge faced by the Trust (and by most Trusts) continues to be the increasing growth in Non-Elective Services (caused by ageing population, overstretched primary care and reductions in the provision of social care) which prior to Covid cost the Trust £18m more every year than it received in income. The last year has seen further progress in the development of Ambulatory care services at both main acute sites to assist in demand management and winter pressures. This risk may be exacerbated by another wave of Covid related patients. This risk remains the single most important to the Trust.

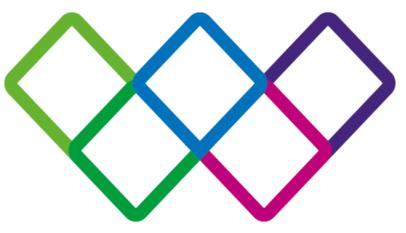
Overall the Trust continues to have an underlying deficit, which given that its reference cost index is one of the lowest in the country, implies that services continue to be priced at unsustainable levels for the given level of services provided. Also in 2018 and 2019 the Trust's Use of Resources was rated as Outstanding by its financial regulator, NHSI.

It is imperative that the Board continues to stick to the principle that it will not agree a budget that it is not confident in achieving. In my view the days of low hanging fruit on our Cost Improvement Programmes are long gone. It will be through EPR and pathway redesign, further digital innovation, and back office rationalisation that future productivity improvements can be achieved.

Jeremy Jensen 23 July 2020



Chelsea and Westminster Hospital 2019/20 Financial Performance





Summary Financial Performance in 2019/20

- Overall surplus of £29.5m
- Adjusted position on a control total basis was £10.4m surplus, which was in line with the plan for the year (after an approved adjustment relating to additional annual leave carried forward at the end of 2019/20 due to Covid-19).
- We delivered CIPs of £21.7m
- Capital expenditure was £34.5m
- Our overall use of resources rating was 1





Chelsea and Westminster Hospital NHS Foundation Trust Annual Financial Statements 2019/20

Statement of Comprehensive Income

•	2019/20	2018/19
	£000	£000
Operating income from patient care activities	603,795	577,332
Other operating income	106,115	136,602
Operating expenses	(665,596)	(688,859)
Operating surplus from continuing operations	44,314	25,075
Finance income	927	605
Finance expenses	(5,712)	(5,466)
PDC dividends payable	(10,456)	(10,772)
Net finance costs	(15,241)	(15,633)
Other (losses) / gains	(444)	13
Share of profit of associates / joint arrangements	909	404
Surplus for the year	29,538	9,859









Audit and Risk Committee (ARC) Chairman's Report to Council of Governors July 2020

The Committee Chairman - Nick Gash

I am delighted to present this, my third report of the work of the audit and risk committee to the Council of Governors.

As Chair of ARC I have held meetings with relevant executive directors, external auditors, internal auditors and the counter fraud team as well as keeping myself up to date myself with the latest guidance for NHS audit as it is published. I also take active in national and local networks of audit committee chairs.

Committee role and membership

The ARC is directly accountable to Board and provides assurance that probity and professional judgement is exercised in all financial and operational areas governance. It is the only Board Committee which is made up of only NED members (executive directors attend but are not members)

The overall role is well described by the Healthcare Financial Management Association (HFMA):

"it is the 'lens' through which the Board examines the assurances it requires to discharge its duties."

I'm delighted to say that our success in this was reflected in the judgement of CQC on the Trust's excellence in the 'Well Led' domain.

To fulfil this role, we are supported by independent advisors who attend all ARC meetings:

External auditors - **Deloittes**

Internal auditors - KPMG

Anti-fraud specialists - KPMG

The other NEDs who sit on the committee are Andrew Jones and Eliza Herman who replaced Nilkunj Dodhia in March 2020.

Executive support to ARC is provided by Virginia Massaro (Acting CFO) and Serena Stirling (Director of Corporate Governance and Compliance). Lesley Watts (CEO) also attends the committee with other members of the executive team.

Committee activities:

The committee meets on a cycle geared to the Trusts external reporting timetable - standing items on the ARC agenda include:

- External audit most importantly the Annual Report and Accounts including the Quality Account
 but also our External Auditors maintain a watching brief and keep the committee abreast of
 regulatory requirements and any changes in reporting standards.
- Internal audit (annual workplan and in-year reporting) The non-statutory and discretionary
 work of the Audit and Risk Committee is agreed by the committee each year and forms the basis
 of the Internal Audit Plan carried out by KPMG.
- Scrutinising the Risk Register and Board Assurance Framework. It is worth noting here that ARC's
 role is not managing all of the risks, it is about providing assurance to Board that the governance
 processes are in place to ensure there is effective management of risk across the organisation.
 Specific risks are scrutinised by the relevant operational board committees
- Counter fraud agreeing the annual work plan and receiving progress reports at every meeting.
- Oversight of losses and special payments including the writing off of any bad debts.

Two additional related items have been added to our regular timetable since I last reported:

- Cyber Security as promised in my last report the committee now receives an update with performance dashboard at every meeting.
- Information Governance the committee will now review this on a half yearly basis with a first deep dive due at our meeting in October

Review of Committee Activity

As with all committees our normal activity has been disrupted by the Covid pandemic and is only now returning to business as usual. During the peak of the outbreak I had weekly calls with Virginia, and I would like to take this opportunity to pay tribute to her and her team for their outstanding work over this time in maintaining the trust's financial systems and controls while also supporting a range of frontline activity across the trust. At this time of course a particular added challenge has been finalising the year end and preparing (with Serena and her team) the Annual Report and Accounts. Our last meeting was taken up with the review of these documents alongside the report from our external auditors. In the light of Covid this year there was no requirement for an audited Quality Account. The committee was pleased to recommend the Report and Accounts for approval by the Trust Board. The Governors and members will have the opportunity to formally review the Annual Report and Accounts and to question the External Auditors at the annual meeting later today. I would note however that it was pleasing not only to meet our financial targets but also to

receive very positive assurance from Deloittes on the sound financial management and governance of the Trust. The annual reports from Internal Audit and Counter Fraud were also reviewed at a separate meeting. The table below from KPMG's annual report on the Trust shows all the internal audits that were undertaken in 2018/19 and the level of assurance given:

Chelsea and Westminster Hospital NHS Foundation Trust

Coverage and recommendations raised

We have completed the following reviews during the year:

#	Review	Assurance	Recommendations Ac		ccepted	
#	Review	Assurance	Н	M	L	Total
1	IT disaster recovery	Significant Assurance with minor improvement opportunities	-	4	-	4
2	Estates project governance	Partial assurance with improvements required	-	6	-	6
3	Patient experience	Significant assurance with minor improvement opportunities	-	3	4	7
4	Business continuity	Significant assurance with minor improvement opportunities	-	4	-	4
5	Divisional governance	Significant assurance with minor improvement opportunities	-	2	4	6
6	Risk Assurance Framework	Significant assurance with minor improvement opportunities	-	1	2	3
7	Financial controls	Significant assurance with minor improvement opportunities	-	5	1	6
8	Patient safety data – mortality	Significant assurance with minor improvement opportunities	-	2	1	3
9	Discharge planning	Significant assurance with minor improvement opportunities	-	2	2	4
10	DSP Toolkit	Partial assurance with improvements required	-	3	3	6
Tota	al		-	32	17	49

We also completed an additional review of patient transport procurement. We did not raise specific recommendations from this review, though we did identify six lessons learned within the report.

December defices	Recon	Recommendations Accepted				
Recommendations	Н	M	L	Total		
Total carried forward from previous periods	1	32	20	53		
Add: New recommendations raised during the period	-	32	17	49		
Remove: Recommendations implemented by 31 March 2020	(1)	(49)	(31)	(81)		
Total current outstanding internal audit recommendations	-	15	6	21		
Of which are considered over due:	_	1	_	1		

We have not raised any high priority recommendations during the year and there are no outstanding high priority recommendations as at 31 March 2020.

The protocol whereby the chairs of board committees are not only consulted about the content of the annual internal audit plan but also the terms of reference of individual audits has continued and has been beneficial in ensuring that audits focus on the operational areas that are of concern to the NEDs.

You will note that there were two main operational areas where the level of assurance was "partial" One was estates project governance and the other is the Data Protection and Security Toolkit (DSP). The audit reports provided helpful additional insight and key recommendations were passed to relevant committees for review and monitoring of implementation. It is also worth noting that there were no 'high priority' recommendations this year. It was in response to the DSP audit that information governance has been added to our standing agenda as noted above. ARC receives an update on the implementation of recommendations at every meeting and I am pleased to report that at the time of the annual report only 1 of the 21 outstanding recommendations was overdue. The overall Internal Audit rating for 2019/20 was "significant assurance with minor improvements required".

The committee has also agreed modified internal and counter fraud audit plans for the first half 2020/21 with a further review in October. We took this decision in the light of the uncertainty around Covid. Initial priorities will include reviewing and seeking assurance that the Trust's control environment has not been compromised during the extraordinary circumstances of the epidemic.

By the time of your meeting there will have been a further meeting of ARC, and I will verbally update Governors about any key issues that arise from our discussions.

ARC again oversaw the annual review of the board committees. A systematic review of their effectiveness and terms of reference was undertaken which included a review of our own work as a committee. The review drew on self-assessment and external comment and provided excellent overall assurance as well as offering helpful insight and ideas for improvement for committee chairs.

Looking Forward

I am confident that the committee is working effectively but there can be no room for complacency. The main challenge for ARC as well as the whole leadership of the Trust will be the return to 'business as usual' as we emerge from the pandemic while also ensuring that we remain vigilant and prepared for any new spikes in infection.

The specific focus for ARC will be to ensure that our governance and control environments remain proportionate and fit for purpose as we quite rightly enter a new world of integration and

collaboration with all the challenges that will bring in balancing individual organisations' autonomy and accountability with new integrated systems. It will be an interesting year ahead.

Nick Gash

14/7/2020



NHS Foundation Trust

Council of Governors Meeting, 23 July 2020

AGENDA ITEM NO.	1.8.1/Jul/20
REPORT NAME	Draft minutes of the Council of Governors Membership & Engagement Sub-Committee meeting held on 25 June 2020
AUTHOR	Mumsie Uwakhoye, Membership Officer
LEAD	David Phillips, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Membership & Engagement Sub-Committee meeting held on 25 June 2020.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



NHS Foundation Trust

DRAFT Minutes of the Council of Governors Membership & Engagement Sub-Committee meeting Held at 10.30am on 25 June 2020 on Zoom

Attendees	David Phillips	Chair	DP
	Nowell Anderson	Public Governor	NA
	Anna Hodson-Pressinger	Patient Governor	AHP
	Minna Korjonen	Public Governor	MK
	Simon Dyer	Lead Governor	SD
In attendance	Stephen Cox	Head of Communications	SC
	Serena Stirling	Director of Corporate Governance & Compliance	SS
	Mumsie Uwakhoye (Minutes)	Membership Officer	MU
Apologies	Vida Djelic	Board Governance Manager	VD
	Elaine Hutton	Public Governor	EH

1.	Welcome & Apologies
	The Chair welcomed all to the meeting, in particular Mumsie Uwakhoye as the newly appointed Membership Officer.
	Apologies for absence are noted as above.
2.	Minutes of previous meeting held on 21 November 2019
	Minutes of the previous meeting were approved as a true and accurate record.
3.	Matters Arising & Action Log
	The sub-committee reviewed a list of actions and the updates were noted. DP noted that during the Covid-19 response, the Membership could have benefited from a personal message from the Chief Executive Officer.
	Action: SS to ensure Membership communication is considered as part of the Trust's Covid-19 response in the event of a second wave.
4.	2019/21 Strategy Action Plan update
	The report was taken as read and MU noted that due to the emergence of Covid-19, the approach to engagement with members of the public should be in line with government

guidelines. The action plan has been updated to reflect this, suggesting virtual Meet a Governor sessions. SS reported that the Trust is currently reviewing all major events such as Open Days and

Christmas as these may not be able to be physical gatherings. It was noted that the Annual

Members Meeting is online, in line with other organisations.

DP noted that on the point of Christmas, the Governors could no longer support the buying and preparation of gifts and requested that the Communications Team lead on this activity.

Action: SC to liaise with Governors on preparations for Christmas events.

5. Membership Report

MU highlighted the key findings of the report to the group, most notably, an increase in membership by 34 people, with Ealing the most underrepresented borough, currently at 279 and has remained as 279 between November 19 and May 2020. The age group 17 - 21 yrs.' is the most underrepresented at 114, with opportunities to improve the representation from ethnic minority groups. Membership history was as expected between November 19–May 2020, overall the number of joiners were quite low, November -2 joiners, December -17, January -3, February -4, March -1, April -1, and March -4. As we begin to adjust our mode of approach an increase in membership a better rate is expected.

DP suggested a warm, personal approach to communications may help recruitment, and the use of online platforms may be excluding some members of the public who do not use the internet. DP noted the diversity of the Board and suggested that Board members could support Membership recruitment. SS noted that the Trust has established a Black, Asian, Minority, Ethnic network, led by staff, who could be consulted for approaches to Membership recruitment. DP also suggested that NA could meet with the Mayor of Hounslow.

Action: NA to meet with the Mayor of Hounslow.

Action: MU to contact BAME network to advertise membership opportunity through

community networks.

Action: MU and SC to review the tone of membership communications.

6. Draft Membership Engagement & Communications Calendar of Events

MU reported that there is an opportunity to move Health Seminars online as they can no longer be face to face events. It was acknowledged that this may exclude some people from attending. The group agreed items on keeping safe during Covid-19, how to protect skin during the summer and keeping healthy in older age would be beneficial.

Action: MU to arrange three health seminars on keeping safe during Covid-19, good skin protection during the summer, and keeping healthy in older age.

MU noted that Meet A Governor session could be online. SD suggested that this could also be a telephone call where people do not have access to the internet. The group agreed that their numbers should not be given to members of the pubic, rather people book a slot to speak to a governor and the governor calls them at the agreed time.

Action: MU to liaise with governors for possible dates and times for Meet A Governor sessions, advertise these to the public and offer a telephone call approach.

7. Feedback from 'Your Health' seminar 23 January 2020

This paper was noted.

8. Meet a Governor Schedule MK suggested writing up a list of members that could have physical newsletters sent for those not using email, and also suggested training courses for zoom. DP questioned whether people could be brought in for events. SS confirmed that the governance guidance still advises against non-essential travel, and the Trust is discouraging non-essential visit to the sites. The group agreed the telephone approach discussed in the previous item may be best. DP and SD reminded the group that governors cannot solve any questions in relation to patient complaints. 9. **Feedback from members** The group noted that there had been limited contact from members during the Covid-19 period. 10. Any other business Nil of note. 11. Date of next meeting – 19 November 2020; 10.30-12.30.



Council of Governors Meeting, 23 July 2020

AGENDA ITEM NO.	1.8.2/Jul/20
REPORT NAME	Draft minutes of the Council of Governors Quality Sub-Committee meeting held on 26 June 2020
AUTHOR	Serena Stirling, Director of Corporate Governance & Compliance
LEAD	Laura Wareing, Chair
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the Council of Governors Quality Sub-Committee meeting held on 26 June 2020.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.



Chelsea and Westminster Hospital MHS

NHS Foundation Trust

DRAFT

Minutes of a meeting of the Council of Governors Quality Sub-Committee Held at 10am on 26 June 2020 (Zoom)

Attendees	Laura Wareing (Chair)	Public Governor – London Borough of Hounslow	IJW
	Simon Dyer	Patient Governor, Lead Governor/Deputy Chair	SD
	Nowell Anderson	Public Governor (Hounslow)	NAn
	Anna Hodson-Pressinger	Patient Governor	AHP
	Trusha Yardley	Public Governor (Hammersmith & Fulham)	TY
	Richard Jackson	Staff Governor	RJ
	Minna Korjonen	Patient Governor	MK
In attendance	Nathan Askew	Director of Nursing CW	NA
	Lizzie Wallman	Director of Quality Governance	LW
	Serena Stirling (Minutes)	Director of Corporate Governance	SS
Apologies	Nigel Davies	Public Governor (Ealing)	ND

1.	Welcome and Apologies
	LJW welcomed all to the meeting. Apologies as above. LJW noted that the last formal meeting was December 2019. The group had an un-minuted informal discussion on 27 March during the Covid-19 incident period.
2.	Minutes of previous meeting held on
	The minutes of the previous meeting held on 4 December 2019 were accepted as a true and accurate

record.

3. Matters Arising & Action Log

Falls – LJW circulated a falls awareness poster to the group which is in use in the Trust, noting that improvements continue. It is hoped that harmonising the inpatient and outpatient policy, and the implementation of Cerner will support this work.

ACTION: LJW to provide a further Falls update to September meeting.

Staff Awards – SS reported to the group that the Communications Team are reviewing the 2020/21 events planner, as hosting large face to face events is currently against government guidance. The group were keen that staff are still recognised for their successes, and if a governor award is required, the group would like early sight of the shortlisting paperwork, as the process from last year was not timely or satisfactory.

ACTION: SS to raise Staff Awards process with Communications Team.

4. Q&A on COVID-19 response

Lizzie Wallman, Director of Quality Governance

LW reported to the group that the Trust is restarting elective care following accreditation of new pathways from North West London. Covid protected and Covid managed pathways have been developed, which are necessary to keep staff and patients safe

Covid protected pathways involve screening patients before procedures, and using different entrances and exits to buildings. LW also reported that the Trust is running reduced theatre lists to enable cleaning and decontamination, and advising patients on pre-operative isolation requirements.

SD asked how patients are being communicated with during this period. LW noted that patients are anxious, and Consultants who are leading clinical care are calling patients to discuss plans. The Trust has produced videos, leaflets. Staff have reported that patients are compliant with guidance. SD asked if consent forms were being amended to reflect these processes. LW advised that the consent processes have not needed to change and remain compliant with Trust processes. Pre-operative safety checks on the day of surgery have also remained unchanged e.g. WHO checklist. SD noted that patients cannot be forced to isolate for two weeks. LW noted that patients are asked for a commitment, and NA added that when patients arrive for treatment they must self-declare. NA noted that children must also isolate, which includes the parents and carers. This is being reviewed due to the challenges this can present families. SS noted that a staff swabbing regime is being started in line with national guidance on staff working in elective pathways and with vulnerable, high risk groups. NA noted that all staff are being offered antibody testing, in addition to daily temperature and symptom checking of staff working on elective pathways. NAn asked why the isolation period was 14 days. NA reported that this is the national guidance and relates to the incubation period of the virus. Diagnostic pathways require a 7 day isolation period. LJW asked how effective the antibody test is in practice. NA advised that it is government guidance to offer the test to all staff, which the Trust is currently doing, and the early data shows that the point of care swab test is more sensitive and reliable than serology testing.

TY asked if the Trust had completed a lessons learned exercise from the first wave of Covid-19, and how has this influenced preparations for a second wave. LW confirmed that this exercise has been completed and reported that staff are being encouraged to take accrued annual leave within each quarter to ensure rest and recovery, rather than store leave until year end. LW reported that Personal Protection Equipment (PPE) was difficult during the peak of the incident, but the Trust did not run out of equipment. LW reported that the Trust is now sourcing sustainable PPE solutions, ensuring staff in 'red zones' are well supported.

As part of recovery planning, NA stated that the Trust has been asked to build the capability to double Critical Care capacity to ensure that patients can access timely care in the event of another wave of Covid-19. The Trust is currently planning to expand St Mary Abbotts ward to a specification which can care for critical care level patients. SS noted that staff who were up skilled as part of the Covid-19 response to support Critical Care are being kept as 'reservists', receiving updates and refreshers in preparation for possible redeployment if a second wave was to emerge.

LJW asked if outpatients have restarted clinics. NA reported that many services continued using virtual clinics and telemedicine to reduce patient travel and cancelled appointments. NA noted that this approach was not ideal for all patients and that patient choice is facilitated where safe. LJW asked if dental services were open. NA noted that paediatric dental pathways are protected pathways, and some patients in the high risk categories are being reviewed.

NAn asked if staff can carry forward leave. LW stated that they can carry over a limited amount as per the policy, but the rest and recovery of staff is priority.

5. Quality Priorities 2020/21 – progress update

Lizzie Wallman, Director of Quality Governance

LW reported that the Trust's ability to progress the Quality Priorities in quarter one was reduced by the emergence of Covid-19. The Trust has reviewed the priorities in light of this incident to determine if they are still relevant for 2020/21. It has been agreed that the priorities should remain with a few modifications to the key performance indicators.

LW noted that a team of specialist nurses lead on the Dementia Screening and their work aims to embed this in to daily practice in line with the Dementia Strategy. LW noted that there is a new management team in place for Cancer Services, alongside Clinical Nurse Specialists. An analytical review will be completed of the 62 day target, in addition to harm reviews. LW noted that the management of the Volunteer Programme had moved from the Chief Nurse to the Director of HR. The metrics are being amended to monitor the recruitment processes for volunteers. NAn asked if there was an age limit for volunteers. NA reported that volunteers are welcome from the age of 18 years, without an upper age limit. The Trust operates a youth development programme, for 16 – 18 yrs, which supports the volunteer programme. LW noted that Sepsis remains important for the Trust and it has remained a quality priority. Cerner has now been implemented

across both hospital sites so monitoring of the priority is now easier. AHP asked how many patients die of sepsis each day in the Trust. LW noted that she did not know the exact numbers. LW reported that the care of patients who die of sepsis undergo a serious investigation and coroners review. LW noted that the important steps in treating sepsis are early identification and initiation of treatment. LW noted that there have been instances where there have been delays in identification and responding, therefore the quality priority has been carried in to 2020/21. NA reported that the number of hospital acquired bacteraemia cases is low, and reiterated the need to screen, identify and treat sepsis as early as possible. NA noted that if patients present late with sepsis there is an increased risk of poor outcome. LW reported that the Improvement Board restarts next week and will track progress.

6. Complaints compliance report

Nathan Askew, Director of Nursing CW

NA reported that the number of patients and visitors to the hospital services decreased during the Covid-19 incident, and the number of complaints being received by the Trust has also been decreasing. NA acknowledged the dedication of staff in improving the performance of Complaints and PALS, noting that the teams are now functioning as one team for the Trust, with the main aim of resolving issues at source. NA noted that performance has exceeded compliance with the 2 day acknowledgement standard, whilst meeting all other timescales. NA noted that the PALS team have been focusing on complaints resolution, resolving circa 150 issues this month, which are not yet captured in the metrics. Themes have remained consistent with previous months.

LJW asked how the Trust is planning to improve communication with patients. NA noted that during the Covid-19 incident, the Trust was supported by 'Project Wingman', a collaboration with Easyjet and British Airways staff, who will be delivering customer service training to the Complaints and PALS team. LJW asked for detail on the content of the training. NA reported that this would look at delivering good customer service under pressure, as clinical staff are working in busy and pressurised environments, as do cabin crew, but they are trained not to show it. It is hoped that staff can benefit from this approach.

SD thanked NA for the governor complaints session. LJW confirmed she had sent a summary note to all governors following the session. NAn asked if the Complaints and PALS team is for the whole organisation and NA confirmed that this was the case.

7. Governor's patient story and feedback on patient contacts

The group noted that any feedback which they had received during the Coivid-19 incident had been positive, including feedback on their own experiences as a patient in the Trust. MK noted that the increased communication from the Trust to governors during this time was very helpful.

NA noted that videos had been produced to support patients during the Covid-19 incident and during the recovery phase, due to changes in how clinical services must operate, and in the environments. NA noted that patients are asked how they want to be communicated with, and have been facilitated according to the patient choice e.g. letter and telephone call. As each service now has different pathways, videos have been supplemented with leaflets which are available on the website in differing font size and languages. Attendances at the Trust's Emergency Departments and Urgent Care Centres are now increasing.

ACTION: NA to review how patients are communicated with and kept informed if they do not use internet. **ACTION:** NA to feedback to the Communications Team on the patient access video. MK noted that it does not give advice to patients with a disability.

AHP asked NA which is the more reliable test for Covid-19, swabs or blood tests.NA reported that the swab approach has given more consistent results, and there is differing reliability between the two techniques.

8. Forward Plan

Not discussed.

9. Any other business

<u>Test Bed</u> – SD noted that he had not received a recent update from the team and would ensure an update is available for the next meeting.

<u>End of Life Care</u> – AHP reported that she circulated an update to the full Council of Governors via Vida Djelic. <u>Learning Disabilities</u> – MK noted that there has not been a recent steering group. This is led by Trust Lead Nurse, Kathryn Mangold.

<u>Dementia</u> - LJW noted that the Dementia Steering Group does not currently have governor representation, led by Lead Nurse Helen Kelsall. MK noted that she could attend. Group will reflect on the steering groups that committee members attend, their current value, and how the Committee can focus its priority into the Dementia Quality priority this year.

ACTION: Group will invite Helen Kelsall to update on the Dementia work programme **ACTION:** LJW to confirm which governor will join the Dementia Steering Group.

ACTION: SS to add Dementia update to forward plan.

10. Date of next meeting:

11 September 2020, 10.00-12.00, venue TBC



NHS Foundation Trust

Council of Governors Meeting, 23 July 2020

AGENDA ITEM NO.	2.1/Jul/20
REPORT NAME	Integrated Performance Report – May 2020
AUTHOR	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
LEAD	Robert Hodgkiss, Chief Operating Officer & Deputy CEO
PURPOSE	To report the combined Trust's performance for April 2020 for both the Chelsea & Westminster and West Middlesex sites, highlighting risk issues and identifying key actions going forward.
SUMMARY OF REPORT	The Integrated Performance Report shows the Trust performance for May 2020. Please note that due to significant impact of COVID-19 a number of metrics are either not available due to being suspended, not available due to reprioritisation of 'Business as Usual' tasks both Clinical and Non-Clinical. These remain under review and further updates will become available as recovery continues
	A&E Performance has improved significantly in May following the challenges faced during March and April. The Trusts validated performance of 94.4% was slightly below the 95% Standard
	Performance has continued to drop due to a cessation of routine elective activity. This has been compounded by a significant drop in referrals and as such a reduction of under 18 week pathways. The Trust Patient tracking list now stands at 35,881 – a reduction of 12,802 since the start of COVID due to extensive validation and addressing Data Quality Issues. The validation exercise continues across waiting patients to ensure clinical prioritisation is completed and patients managed on that basis. Under delivery against this standard will continue due to current restrictions in our ability to process previous levels of Elective activity.
	RTT 52 Week waits Due to the cessation of routine elective activity the position against the Trust long waiters will remain challenged. All Long waiting patients will have been clinically reviewed and will be done in clinical priority order.
	Cancer Cancer 62 day performance has deteriorated in April. This is reflective of the position across a number of trusts in NWL and more widely across the NHS. The final validated position for the Month was 67.54%. All other standards, with the exception of 31 day diagnosis to surgery, were compliant for April.
	This measure of performance will be challenged going forwards due to the

	Pandemic impact and delays to patient's treatment. The Trust is working closely with the Royal Marsden Cancer Hub and system partners to diagnose and treat patients to expedite recovery. All 62 Day breaches are subject to a harm review and presented through the Cancer Board. DM01 A combination of reduced volumes of diagnostic activity in a traditionally high volume activity area, a high number of patients that were delayed have now waited over 6 weeks. As with other parts of the Elective pathway the Trust is working with NWL and system partners to restart diagnostics and recover the position.
KEY RISKS ASSOCIATED:	There are significant risks to the achievement of all of the main performance indicators, including A&E, RTT, Cancer & Diagnostics.
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	 Deliver high quality patient centred care Be the employer of choice Delivering better care at lower cost
DECISION / ACTION	For noting.



TRUST PERFORMANCE & QUALITY REPORT May 2020





NHSI Dashboard

		Cł		Westmins tal Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator \(\triangle \)	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021 Q1	2020- 2021	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	87.37%	86.81%	94.17%	91.14%	93.20%	90.67%	94.59%	92.97%	90.64%	88.94%	94.40%	92.15%	92.15%	And There
RTT	18 weeks RTT - Incomplete (Target: >92%)	79.04%	78.32%	70.82%	74.68%	84.16%	76.80%	69.26%	73.22%	81.07%	77.75%	70.25%	74.14%	74.14%	***************************************
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	90.07%	94.84%	96.94%	94.84%	97.64%	91.64%	95.45%	91.64%	94.44%	92.96%	96.08%	92.96%	92.96%	- Contract
Carloo	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	100%	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	األمالييا
(Please note that all Cancer	31 days diagnosis to first treatment (Target: >96%)	100%	93.33%	82.61%	93.33%	100%	96.36%	93.94%	96.36%	100%	95.29%	89.29%	95.29%	95.29%	
indicators show interim,	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	100%	100%	
unvalidated positions for the	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	V
latest month (May-20) in this	62 days GP referral to first treatment (Target: >85%)	83.33%	68.57%	54.55%	68.57%	84.71%	67.09%	65.00%	67.09%	84.40%	67.54%	61.29%	67.54%	67.54%	~~~ (
report	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	100%	100%	0.00%	100%	100%	100%	0.00%	100%	100%	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Patient Safety	Clostridium difficile infections (Year End Target: 26)	0	1	1	2	4	1	0	1	4	2	1	3	3	mallille.
Learning Difficulties	Self-certification against compliance for access to healthcare for people with Learning Disability	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	compliant	
	Please note the following three items	n/a	Can refer	to those inc	dicators not	applicable (e	g Radiothe	rapy) or inc	dicators whe	re there is r	io available	e data. Such	n months will	not appear i	n the trend graphs.
			RTT Admir	tted & Non-	Admitted are	e no longer N	Monitor Con	npliance Indi	icators	Either	Site or Tr	ust overall p	erformance	red in each	of the past three mont
			Note that	all Cancer ir	ndicators sh	ow interim, u	unvalidated	positions fo	or the latest r	nonth (May-	.20) and a	re not includ	led in quarter	rly or yearly	totals

A&E

Performance has improved significantly in May following the challenges faced during March and April. The Trusts validated performance of 94.4% was slightly below the 95% Standard

Cancer - April

Cancer 62 day performance has deteriorated in April. This is reflective of the position across a number of trusts in NWL and more widely across the NHS. The final validated position for the Month was 67.54%. All other standards, with the exception of 31 day diagnosis to surgery, were compliant for April.

This measure of performance will be challenged going forwards due to the Pandemic impact and delays to patient's treatment. The Trust is working closely with the Royal Marsden Cancer Hub and system partners to diagnose and treat patients to expedite recovery. All 62 Day breaches are subject to a harm review and presented through the Cancer Board.

RTT

Performance has continued to drop due to a cessation of routine elective activity. This has been compounded by a significant drop in referrals and as such a reduction of under 18 week pathways. The Trust Patient tracking list now stands at 35,881 – a reduction of 12,802 since the start of COVID due to extensive validation and addressing Data Quality Issues. The validation exercise continues across waiting patients to ensure clinical prioritisation is completed and patients managed on that basis. Under delivery against this standard will continue due to current restrictions in our ability to process previous levels of Elective activity.

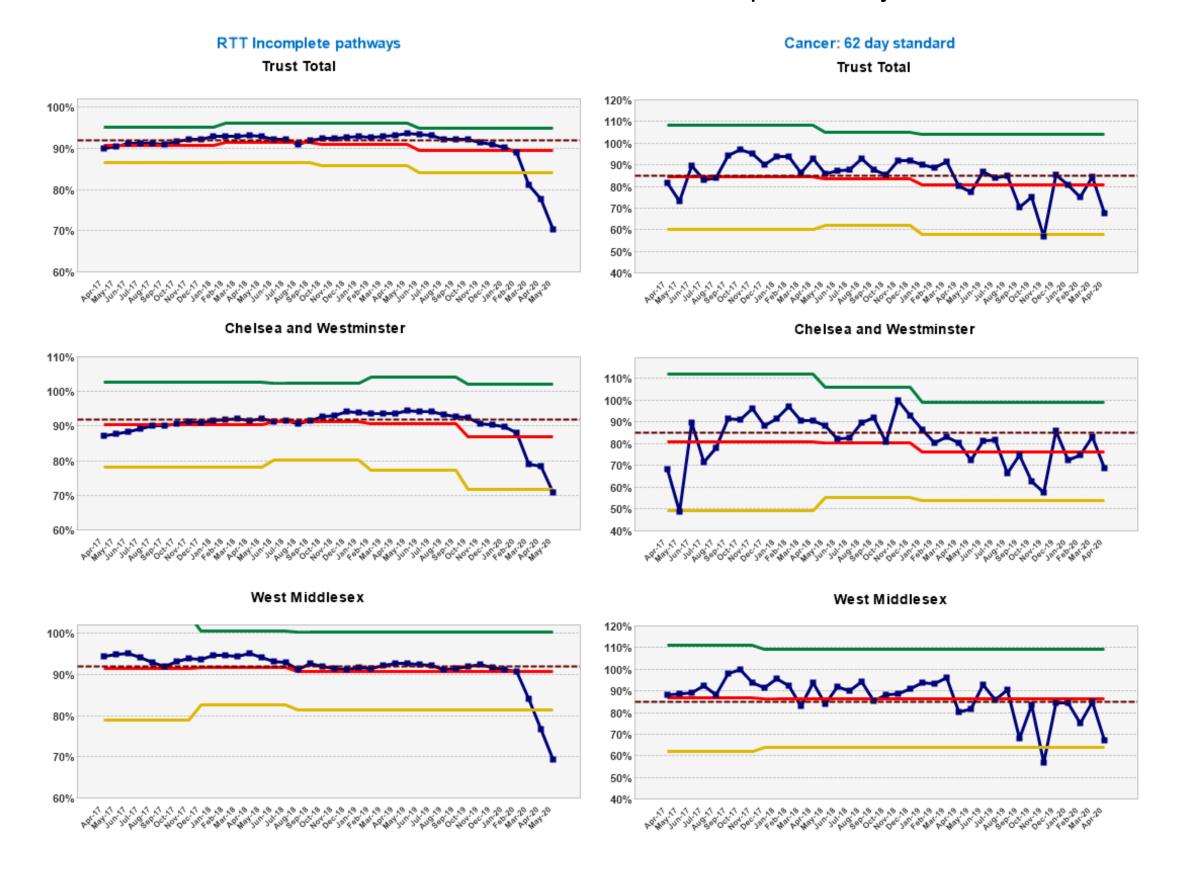
Page 2 of 15 Date Time of Production: 17/06/2020 19:00





SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the 37 months April 2017 to May 2020







Safety Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	d Trust P	erformanc	е	Trust data 13 months	
Domain	Indicator \(\triangle \)	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021 Q1	2020- 2021	Trend charts	
Hospital-acquired	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
infections	Hand hygiene compliance (Target: >90%)	33.7%				18.4%				27.0%						-
	Number of serious incidents	3	5	6	11	4	1	2	3	7	6	8	14	14	111.111.111	-
	Incident reporting rate per 100 admissions (Target: >8.5)	9.1	13.3	13.1	13.2	10.6	14.5	14.7	14.6	9.9	13.9	13.9	13.9	13.9		-
Incidents	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.00	0.13	0.00	0.05	0.05	0.04	0.03	0.04	0.02	0.09	0.02	0.05	0.05	\wedge	e
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	3.57	5.12	7.21	6.18	1.74	1.28	5.09	3.15	2.40	3.25	6.22	4.73	4.73		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	2.4%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	0.7%	0.7%	\wedge \wedge \wedge	-
	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		
	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		
Harm	NEVVS compliance %	96.2%				97.3%				96.7%					And American	
Halli	Safeguarding adults - number of referrals	19	19	18	37	19	13	26	39	38	32	44	76	76		Π.
	Safeguarding children - number of referrals	16	18	19	37	44	29	65	94	60	47	84	131	131	111111111111111111111111111111111111111	
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.75	0.75	0.76	0.76	0.75	0.75	0.76	0.76	0.75	0.75	0.76	0.76	0.76		
	Number of hospital deaths - Adult	63	93	29	122	94	172	47	219	157	265	76	341	341		Π.
	Number of hospital deaths - Paediatric	0	2	0	2	1	0	0	0	1	2	0	2	2		Π.
Marke III.	Number of hospital deaths - Neonatal	1	2	2	4	0	1	1	2	1	3	3	6	6		
Mortality	Number of deaths in A&E - Adult	1	2	1	3	6	8	5	13	7	10	6	16	16	16.11	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	1	0	1	0	1	0	1	1	111111	
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0		

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

NEWS

This was suspended and not completed for April or May. It is currently planned to restart in July.

Hand Hygiene

The decision was made in February to suspend Infection Control audits because of the COVID-19 pandemic. This has been restarted and will be reported in June

Rate of patient safety incidents resulting in severe harm or death

In May 2020, there were two incidents reported that potentially caused severe harm to patients. Both incidents have been declared external serious incidents (SI) and relate to a medication error and a patient who sustained a fractured hip following a fall. There was also an unexpected child death declared as an external SI. The degree of harm is currently recorded as a death. The degree of harm for all three incidents will be confirmed following completion of the SI investigations.





Patient Experience Dashboard

Complaints FI Experience B C Complaints C C C C C C C		CI		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformance	9	Trust data 13 months
Domain	Indicator	∆ Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021 Q1	2020- 2021	Trend charts
	FFT: Inpatient recommend % (Target: >90%)														~~
	FFT: Inpatient not recommend % (Target: <10%)														~~V
	FFT: Inpatient response rate (Target: >30%)														
	FFT: A&E recommend % (Target: >90%)														~~~
Complaints	FFT: A&E not recommend % (Target: <10%)														~
	FFT: A&E response rate (Target: >30%)														WV
	FFT: Maternity recommend % (Target: >90%)														
	FFT: Maternity not recommend % (Target: <10%)														
	FFT: Maternity response rate (Target: >30%)														
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints (informal) through PALS	114	35	15	22	21	10	10	20	50	23	19	42	42	
	Complaints formal: Number of complaints received	29	13	9	13	10	4	4	8	30	14	7	21	21	
Complaints	Complaints formal: Number responded to < 25 days	20	10	3	50	46	43	34	77	160	78	49	127	127	
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Complaints upheld by the Ombudsman (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Please note the following	blank cell	An empty	cell denotes	s those indic	cators currer	ntly under o	levelopment	:	Either	r Site or Tr	ust overall p	erformance	red in each	of the past three m
	Regarding Friends and Family Tests:	These me	etrics are c	urrently sus	spended and	d will be re-in	nstated it th	is report wh	hen brought	t back on line	;				

Complaints

The number of formal complaints received continued to fall in May, with the lowest number of formal complaints recorded for the organisation. 100% of complaints were acknowledged in 2 working days and 100% of complaints were responded to in 25 working days, both metrics exceeding the Trust target. The number of informal complaints through the PALS service also continued to decrease with 95% of these being resolved within 5 working days.

Friends and Family Test

Currently suspended by NHS Improvement

PHSO

The PHSO are currently reviewing 4 cases which have been referred, the Trust awaits the outcome of their investigations.





Efficiency & Productivity Dashboard

		CI		Westmins ital Site	ster	U		/liddlesex Hospital S	iite		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator \(\triangle \)	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021 Q1	2020- 2021	Trend charts
	Average length of stay - elective (Target: <2.9)	2.94	1.97	6.13	3.80	3.19	4.50	8.00	5.67	3.00	2.02	6.15	3.84	3.84	~~~~\\\
	Average length of stay - non-elective (Target: <3.95)	4.70	4.49	3.41	3.89	7.27	3.90	2.70	3.22	6.09	4.17	3.02	3.53	3.53	
Admitted Patient	Emergency care pathway - average LoS (Target: <4.5)	5.91	6.38	3.88	4.96	5.29	5.45	3.15	4.11	5.53	5.81	3.43	4.44	4.44	
Care	Emergency care pathway - discharges	189	109	143	252	289	169	233	403	479	278	377	656	656	
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	7.14%	8.19%	7.57%	7.85%	11.65%	12.85%	11.15%	11.88%	9.40%	10.67%	9.53%	10.03%	10.03%	A Transport
	Non-elective long-stayers	434	210	255	465	348	104	175	279	782	314	430	744	744	
	Daycase rate (basket of 25 procedures) (Target: >85%)	82.8%	100.0%	100.0%	100.0%	88.0%	100.0%	100.0%	100.0%	84.8%	100.0%	100.0%	100.0%	100.0%	***************************************
	Operations canc on the day for non-clinical reasons: actuals	29	0	0	0	24	0	0	0	53	0	0	0	0	ahadd.
Theatres	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	1.82%	0.00%	0.00%	0.00%	3.10%				2.24%	0.00%	0.00%	0.00%	0.00%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	0	0	0	5	0	0	0	6	0	0	0	0	lillii
	Theatre Utilisation (Target >85%)	61.3%	17.0%	33.3%	24.5%	68.7%				63.3%	17.0%	33.3%	24.5%	24.5%	\
	First to follow-up ratio (Target: <1.5)	2.44	2.85	2.45	2.64	1.78	2.60	2.54	2.57	2.14	2.74	2.49	2.61	2.61	
Outpatients	Average wait to first outpatient attendance (Target: <6 wks)	7.4	9.9	10.3	10.1	7.5	9.1	10.2	9.7	7.5	9.5	10.2	9.9	9.9	
Outpatients	DNA rate: first appointment	13.7%	8.9%	6.9%	7.9%	10.0%	6.0%	4.9%	5.4%	12.1%	7.6%	6.0%	6.8%	6.8%	and a party
	DNA rate: follow-up appointment	11.1%	8.2%	7.4%	7.8%	7.9%	4.9%	4.0%	4.5%	9.9%	6.8%	5.9%	6.3%	6.3%	money
	Please note the following	blank cell	An empty	cell denote	s those indic	ators curre	ntly under	developmen	t	Either	Site or Tr	ust overall p	performance	red in each	of the past three m

Elective LoS

Due to reduced elective activity Elective LoS metrics are not comparable with recent months. This will be monitored going forwards but due to routine activity reductions this will continue to fluctuate.

Theatre Metrics

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

Outpatient

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





Clinical Effectiveness Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	iite		Combine	ed Trust P	erformanc	e	Trust data 13 months
Domain	Indicator \(\triangle \)	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021 Q1	2020- 2021	Trend charts
	Dementia screening case finding (Target: >90%)	59.6%	4.9%	97.5%	47.7%	87.2%	90.5%	93.9%	92.6%	71.1%	33.9%	95.8%	66.3%	66.3%	
Best Practice	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	100.0%	91.7%	95.0%	90.0%	80.0%		80.0%	95.7%	87.0%	91.7%	88.6%	88.6%	$\Lambda M \sim$
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	90.9%		90.9%	94.7%	90.9%	70.0%	81.0%	97.4%	90.9%	70.0%	84.4%	84.4%	Vand Strange
VTE	VTE: Hospital acquired	0	0	0	0	0	0	0	0	0	0	0	0	0	\\ \
VIE	VTE risk assessment (Target: >95%)	69.4%	50.8%	52.0%	51.4%	83.3%	72.1%	74.3%	73.3%	76.0%	61.5%	63.2%	62.4%	62.4%	and the same
TB Care	TB: Number of active cases identified and notified	5	2	2	4	6	7	6	13	11	9	8	17	17	dladda
	Please note the following	blank cell	NK An express cell depotes those indicators currently under development.												

Dementia screening

This has now resumed and performance has been delivered across both sites

VTE

C&W site:

In May 2020, performance was 52% (divisional performance - EC: 83%; PC: 96% and WC: 11%). For maternity patients, a paper VTE risk assessment form is embedded in clinical practice. Midwifery staff reminded to use APEX electronic tool to record VTE risk assessment outcome to capture completion rates, with additional support from maternity administration teams.

WMUH site:

Improved performance in May 2020 to 74% (divisional performance - EC: 70%; PC: 47% and WC: 93%). In June 2020, Cerner VTE risk assessment form implemented for medical and surgical patients which will improve performance; awaiting implementation of Cerner maternity VTE risk assessment form.

VTE Hospital Acquired

No hospital associated VTE events were reported by clinical staff in May 2020.





Access Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months	
Domain	Indicator	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021 Q1	2020- 2021	Trend charts	
	RTT Incompletes 52 week Patients at month end	0	7	24	31	0	0	6	6	0	7	30	37	37		
RTT waits	Diagnostic waiting times <6 weeks: % (Target: >99%)	93.79%	51.78%	53.12%	52.53%	88.88%	42.32%	57.54%	51.15%	90.38%	46.22%	55.79%	51.70%	51.70%	\	
	Diagnostic waiting times >6 weeks: breach actuals	137	1845	2302	4147	557	3148	3201	6349	694	4993	5503	10496	10496	/\	
	A&E unplanned re-attendances (Target: <5%)	9.4%	9.8%	9.8%	9.8%	8.5%	8.2%	8.2%	8.2%	9.1%	9.2%	9.2%	9.2%	9.2%		
0051100	A&E time to treatment - Median (Target: <60')	00:31	00:41	00:37	00:38	00:49	00:40	00:40	00:40	00:42	00:40	00:39	00:39	00:39	Annua .	
A&E and LAS	London Ambulance Service - patient handover 30' breaches	44	13	11	24	84	46	18	64	128	59	29	88	88	dadilla	
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	In	
	Please note the following	blank cell	An empty cell denotes those indicators currently under development.													

RTT 52 Week waits

Due to the cessation of routine elective activity the position against the Trust long waiters will remain challenged. All Long waiting patients will have been clinically reviewed and will be done in clinical priority order.

Diagnostic wait times <6weeks

A combination of reduced volumes of diagnostic activity in a traditionally high volume activity area, a high number of patients that were delayed have now waited over 6 weeks. As with other parts of the Elective pathway the Trust is working with NWL and system partners to restart diagnostics and recover the position.





Maternity Dashboard

		CI		Westmins ital Site	ter	U		liddlesex Hospital S	ite		Combine	ed Trust P	erformanc	е	Trust data 13 months
Domain	Indicator	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021	Mar-20	Apr-20	May-20	2020- 2021 Q1	2020- 2021	Trend charts
	Total number of NHS births	453	434	392	826	374	365	413	778	827	799	805	1604	1604	
Birth indicators	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	34.6%	39.0%	36.6%	37.9%	35.1%	32.9%	29.9%	31.3%	34.8%	36.2%	33.2%	34.7%	34.7%	~~~
Direct in talloator o	Midwife to birth ratio (Target: 1:30)	1:29	1:29	1:29.5	1:29.5	1:28	1:28	1:29	1:29	1:28.5	1:28.5	1:29.25	1:28.88	1:28.88	
	Maternity 1:1 care in established labour (Target: >95%)	95.5%	95.6%	94.3%	95.0%	97.0%	97.1%	97.4%	97.3%	96.2%	96.3%	95.9%	96.1%	96.1%	~~~~
Safety	Admissions of full-term babies to NICU	24	9	12	21	n/a	n/a	n/a	n/a	24	9	12	21	21	
	Please note the following	blank cell	An empty	cell denote:	s those indic	ators currer	itly under d	levelopment	•	Either Site	or Trust o	verall perfo	rmance red i	n each of the	past three months

Maternity

In May 2020 there were a total of 805 births across the 2 sites. We will monitor the rate of 1:1 care in labour as in May the Chelsea site was just below the required standard 95%.

Caesarean Births

CW site There was a total of 168 (36.6%) Caesarean births. Year to date 37.9.%- decrease on last month of 2.4%

There were a total of 61 elective C/S at the CW site. :

24 births (39.3%) were for previous Caesarean birth, 8 (13.1%) for breech presentation, 5 (8.2%) for maternal clinical indicators and 9 (14.8%) were for maternal choice, 4 (6.6%) were for fetal distress, 2 (3.3%) were for multiple pregnancy, Failure to Progress 1 (1.6%), 8 (13.1%) other.

A total of 107 women had an emergency C/S.: The main reasons for this was for failure to progress in labour 35 (32.7%) and fetal distress 28 (6.6%). 4 (3.7%) case was for breech presentation, 5 (4.7%) for previous C/S and 10 (9.3%) were for maternal clinical indication. 2 (1.09%) for Multiple delivery, 2 (1.9%) was for unsuccessful instrumental deliveries.

1 (0.9%) were for maternal choice and 20 (18.7%) other.

WM site: There was a total of 122 (29.9%) Caesarean births. Year to date 31.3%- reduction on last month of 3%

There were a total of 53 elective C/S at the WM site

5 cases (9.4%) were for breech presentation, 4 (7.5%) failed to progress, 2 (3.9%) Unsucessful Ventouse and 42 (79.2%) unspecified other reasons.

There was a total of 69 Emergency Caesarean births at the WM site

24 (34.8%) was for failed progress in labour, 8 (11.6%) were for breech presentation, Unsuccessful Ventouse 2 (2.9%), 35 (50.7%) unspecified other reasons.

The services continue to support women who choose to have an ELCS provided they follow the maternal request for Caesarean section pathway. This clinic is run by experienced consultant midwives who counsel the women and where appropriate encourage them to aim for a vaginal birth where appropriate. The Chelsea Site is now running a maternal request workshop that is facilitated by a consultant midwife and consultant obstetrician. The Services are increasing the numbers of women who are booked onto a continuity of care pathway and are developing plans with the aim of having 51% of women on a continuity pathway by March 2021. The evidence around continuity of care supports 1:1 care in labour and increases choice of midwifery-led settings for birth.





62 day Cancer referrals by tumour site Dashboard

Target of 85%

				ea & West Hospital Si					est Middle rsity Hosp				Com	bined Tru	st Perforn	nance		Trust data 13 months	
Domain	Tumour site	Mar-20	Apr-20	May-20	2020- 2021	YTD breaches	Mar-20	Apr-20	May-20	2020- 2021	YTD breaches	Mar-20	Apr-20	May-20	2020- 2021 Q1	2020- 2021	YTD breaches	Trend charts	
	Breast	n/a	n/a	n/a	n/a		100%	80.0%	50.0%	80.0%	4	100%	80.0%	50.0%	80.0%	80.0%	4		
	Colorectal / Lower GI	91.7%	100%	85.7%	100%	0.5	90.0%	100%	0.0%	100%	1	90.9%	100%	66.7%	100%	100%	1.5		-
	Gynaecological	n/a	n/a	n/a	n/a		33.3%	37.5%	100%	37.5%	2.5	33.3%	37.5%	100%	37.5%	37.5%	2.5	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Haematological	n/a	33.3%	0.0%	33.3%	2	100%	100%	50.0%	100%	1	100%	66.7%	33.3%	66.7%	66.7%	3	/W/\	-
00 de-	Head and neck	n/a	n/a	n/a	n/a		n/a	14.3%	33.3%	14.3%	4	n/a	14.3%	33.3%	14.3%	14.3%	4	V \/ \/ .	
62 day Cancer referrals	Lung	100%	33.3%	0.0%	33.3%	1.5	100%	100%	100%	100%	0	100%	66.7%	66.7%	66.7%	66.7%	1.5	ıllıllı İn	-
by site of turnour	Sarcoma	n/a	n/a	n/a	n/a		n/a	0.0%	n/a	0.0%	0.5	n/a	0.0%	n/a	0.0%	0.0%	0.5		-
tamour	Skin	75.0%	100%	100%	100%	0	70.0%	100%	100%	100%	0	71.4%	100%	100%	100%	100%	0		-
	Upper gastrointestinal	n/a	100%	33.3%	100%	1	80.0%	n/a	100%	n/a	0	80.0%	100%	60.0%	100%	100%	1	J///	-
	Urological	66.7%	12.5%	33.3%	12.5%	5.5	75.9%	47.8%	50.0%	47.8%	7	75.0%	38.7%	40.0%	38.7%	38.7%	12.5	/	€
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	100%	n/a	100%	0	100%	100%	n/a	100%	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	100%	100%	0		-
	Please note the following	n/a	Refers to	those indica	ators where	e there is no (data to repo	ort. Such m	onths will n	ot appear in	the trend gra	aphs 🚺	Either Si	te or Trust	overall perf	ormance re	ed in each of	the past three mor	ths
			Please no	te that all in	dicators sh	ow interim, u	nvalidated p	positions fo	or the latest	month (May	/-20) and are	not include	d in quarte	rly or yearly	y totals				

Page 10 of 15





Safe Staffing & Patient Quality Indicator Report - Chelsea Site

May 2020

	Da	у	Nig	ht	CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy	Voluntary	Turnover	li	npatient fa	all with har	m	Trust ac pressur 3,4,unst	e ulcer	Medic incid		FF scores 2020/21 Q1
Ward	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un- qualified	Mod	erate	Sev	/ere					
				'			-	•			•	month	YTD	month	YTD	month	YTD	month	YTD	
Maternity	101.60%	89.50%	101.90%	85.70%	12.5	6.6	19.1	14.9	-6.30%	10.44%	9.68%	1	1					12	19	
Annie Zunz	-	-	-	-	-	-	-	8	9.10%	60.41%	0%	2	4					2	4	
Apollo	-	-	-	-	-	-	-	12.1	8.20%	26.09%	50%									
Jupiter	-	-	-	-	-	-	-	12.1	16.40%	8.55%	80%									
Mercury	107.50%	138.70%	104.20%	-	9.4	1.2	10.6	9.4	13%	11.31%	93.11%							5	6	
Neptune	120.20%	83.90%	136.80%	-	12.8	1.4	14.2	12.1	10.10%	27.07%	66.67%							2	3	
NICU	110.40%	-	107.60%	-	13.2	0	13.2	27	13.10%	11.99%	8.11%							7	13	
AAU	67.10%	71.90%	61.70%	86.70%	10.4	4.3	14.9	8.5	12.30%	4.52%	39.36%	4	8					7	7	
Nell Gwynne	85.70%	82.30%	95.80%	79.80%	7	7	14.3	7.3	-7.50%	9.25%	17.41%	1	1							
David Erskine	187.00%	54.10%	176.60%	68.50%	16.5	5.8	22.3	7.3	6.40%	25%	26.36%									
Edgar Horne	-	-	-	-	-	-	-	6.7	16.10%	12.12%	14.59%								4	
Lord Wigram	106.40%	79.80%	131.20%	65.90%	7.2	2.7	10.3	7	12.10%	13.90%	5.04%	2	3					1	3	
St Mary Abbots	-	-	-	-	-	-	-	7.3	13.20%	22.59%	9.49%									
David Evans	-	-	-	-	-	-	-	7.3	0.90%	5.49%	0%									
Chelsea Wing	-	-	-	-	-	-	_	7.3	13.80%	11.98%	13.48%									
Burns Unit	75.60%	73.40%	98.90%	96.80%	17.9	4.9	22.8	N/A	3.20%	15.71%	14.34%	4	4					2	5	
Ron Johnson	56.10%	84.70%	74.20%	83.90%	6.9	4.8	11.9	7.6	12.70%	18.15%	22.42%									
ICU	0	0	0	0	0	0	0	27	16%	24.64%	200%							2	7	
Rainsford Mowlem	100.40%	67.70%	98.40%	59.80%	-	-	-	7.3	3.80%	10.31%	2.90%	12	22					8	15	
Nightingale	96.40%	73.20%	94.20%	87.90%	4.3	3.2	8	6.7	N/A	N/A	N/A	7	9	1	1			3	4	





Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

May 2020

	Da	ıy	Nig	ıht	CHPPD	CHPPD	CHPPD	National Benchmar k	Vacanc y	Voluntary	Turnover	lnţ	atient fa	all with harm		Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FF scores 2020/21 Q1
Ward	Average fill rate - registere d	Averag e fill rate - care staff	Average fill rate - registere d	Averag e fill rate - care staff	Reg	НСА	Total			Qualifie d	Un- qualifie d	Mod	erate	Sev	/ere					
												mont h	YTD	mont h	YTD	month	YTD	month	YTD	
Lampton	90.00%	68.60%	90.30%	146.80 %	4.8	3.6	8.5	7.3	6.90%	0%	13.55%									
Richmond	_	_			_	_	_	7.3	11.50%	15.77%	0%									
Syon 1	-	_	_	_	_	_	_	7.3	26.10%	7.54%	9.69%	4	14					5	6	
Syon 2	72.80%	57.40%	71.40%	96.90%	4.3	2.2	6.4	7	18.40%	12.27%	7.81%	6	9					2	3	
Starlight	114.00%	_	140.50%	-	15.6	0	15.6	12.1	12.20%	24.20%	0%							2	2	
Kew	94.60%	93.60%	98.90%	101.10 %	3.2	3	6.3	7.3	4.10%	17.78%	13.54%	1	3					3	4	
Crane	89.20%	87.30%	99.00%	64.90%	4.9	4.8	9.7	6.7	3.20%	0%	6.76%									
Osterley 1	96.30%	70.10%	72.60%	76.3%%	3.2	1.6	5.3	7.3	13.60%	12.25%	15.58%	3	9					2	2	
Osterley 2	56.70%	45.10%	48.80%	58.10%	4	2.6	6.6	7.3	8.60%	11.32%	20.29%	8	15							
MAU	104.60%	74.00%	98.40%	84.90%	9.8	3.3	13.4	07-Sep	9.70%	11.35%	39.54%	13	22					6	6	
CCU	-	-	-	-	-	-	-	8	9.90%	5.63%	0%	1	2					1	2	
Maternity Special Care Baby Unit	110.70%	92.60% 100.00 %	107.50% 89.40%	94.30% 100.00 %	7.5 5.7	1.3 2.1	8.8 7.8	14.9	-2.80% 9.20%	5.91% 3.97%	4.67%							3	3	
Marble Hill 1	100.00%	70	09.40%	70	5.7		7.0	7.3	15.30%	17.69%	7.63%		3					2	3	
IVIAIDIE I IIII I	-	_ -		104.80									3							
Marble Hill 2	94.60%	88.90%	93.60%	%	4.4	3.5	7.9	7.3	15.40%	10.63%	13.78%	6	14					4	5	
ITU	0	0	0	0	0	0	0	27	7.80%	16.05%	0%	2	2					2	5	





Safe Staffing & Patient Quality Indicator Report

May 2020

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD). This is then benchmarked against the national benchmark and triangulated with associated quality indicators from the same month and staffing vacancy/turnover and patient experience for the previous month. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on outcomes. Please note that CHPPD scores are inclusive of Apprentice Nursing Associates which are now required to be reported separately to NHSI. The Trust is compliant with this request.

Staff sickness reduced somewhat in May due to many of the staff who had been isolating in April due to themselves or their families being infected by COVID19 returning back to work, however a number of staff were still shielding. To minimise risk, staff were deployed across wards and the sites when necessary to minimise risking on a shift by shift basis, but this was not always correctly entered into the health roster system so some inaccuracies will exist.

Elective surgery remained suspended and admissions through ED on both sites remained low though gradually started increasing towards the end of the month. The number of admissions due to COVID 19 also gradually reduced throughout the month of May as did occupancy on both ICUs. Occupancy on WM AMU reduced by 33% compared to normal and by 50% on CW AAU. Staffing figures for the ICUs have not been submitted for May as the rosters are inaccurate and do not take account of staff moving from a neighbouring hospital to assist or staff moving between sites. Mid-month, staff who had been deployed from other wards/hospitals to assist in ICU were gradually moved back to their own or neighbouring wards as the number of patients in critical care decreased.

The number of patients requiring NIV gradually reduced throughout the month on AMU at WM and on David Erskine at CW, though there were high fill rates at the beginning of the month to compensate for this on David Erskine.

Therefore despite low fill rates on AMU at WM and AAU at CW satisfactory level of CHPPD was maintained.

St Marys Abbots, Chelsea wing and Richmond remained closed for the month. David Evans opened towards the end of the month and surgical patients at West Mid were admitted to their new bed base of Osterley 2 (so Gastro and Surgery were now sharing this bed base). Paediatric wards Jupiter and Apollo opened towards the end of the month, PSSU at WM remained closed with a reduced bed base on Starlight. Due to these wards opening only at the end of the month data has not been submitted for Jupiter, Apollo or David Evans. Syon 2 staffing levels appear low but in practice staff from CCU supplemented this ward base. Low activity in Burns meant that reduced staffing levels did not adversely affect CHPPD

Reduced bed occupancy on Crane and Lampton meant that staffing levels could be reduced whilst still maintaining adequate CHPPD. Marble Hill 1 ward closed in May with a reduced amount of COVID positive beds being required.

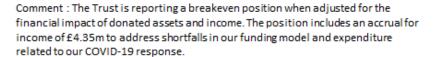
Family and friends test scores were again suspended in May.

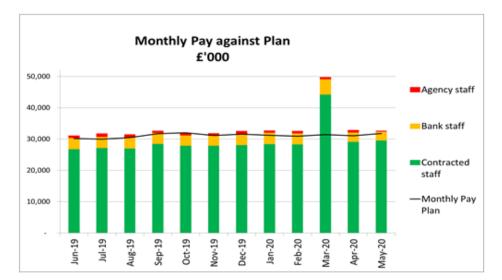




Finance Dashboard Month 2 2020-21 Integrated Position

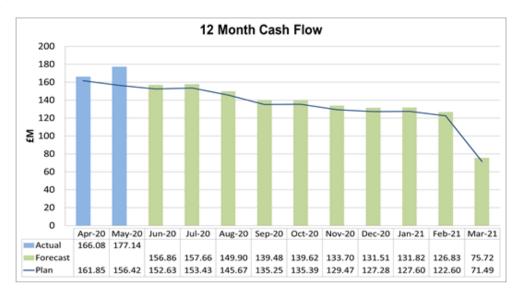
	Co	mbined Trust	
£'000	Plan to Date	Actual to Date	Variance to Date
Income Expenditure	112,137	115,059	2,922
Pay	(62,827)		
Non-Pay	(42,587)	(42,713)	(126)
EBITDA	6,724	6,818	94
EBITDA %	6.00%	5.93%	-0.1%
Depreciation	(3,477)	(3,477)	0
Non-Operational Exp-Inc	(3,050)	(3,144)	(94)
Surplus/Deficit	197	197	0
Adjust for - Donated asset, Impairment & Other	(197)	(197)	
Adjusted Surplus/Deficit	(0)	(0)	



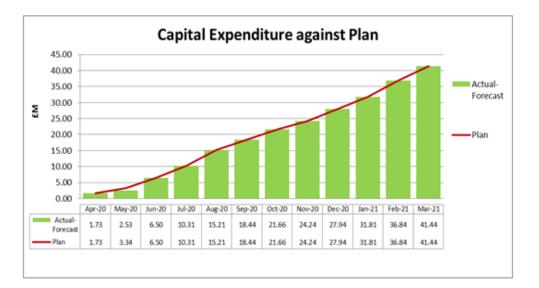


The pay cost in March includes two exceptional items of £14.6m YTD notional charge for 6.3% Pension and £2m COVID19 costs.





 $\begin{tabular}{ll} \textbf{Comment:} The favourable cash variance to plan in M2 of £14.7m is made up of a favourable cash variance b/fwd from M1 of £4.2m; higher cash receipts to plan of £8.3m (NHSE Income + Covid Top Up 7.8m); PSF Q4 2019-20 £(3.m); £0.9m CCG debt offset by lower FT Income £3m; lower Local Authority Income (£1.4m); Lower PP Income (£0.4m); plus lower cash outflows to plan £2.2m (lower creditor payments).$



 $\label{lem:comment:} Comment: The Trust has spent £0.8m in M2 compared to teh budget of £1.6m, resulting in an underspend of £0.8m. The underspend is mainly associated with the impact of the Covid-19 outbreak which has resulted in a number of projects being put on hold and/or delayed. It is expected that this underspend will spent later in the year and is just timing differences resulting from Covd-19. The plan for 2020/21 has been revised to £41.436m, which agrees to the revised NWL capital allocation and includes £5.287m PDC and nationally funded schemes$





CQUIN Dashboard

2020/21 CQUIN Schemes

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



Council of Governors Meeting, 23 July 2020

AGENDA ITEM NO.	2.1.1/Jul/20
REPORT NAME	People Performance Report - April & May 2020
AUTHOR	Karen Adewoyin, Deputy Director of People and OD – Strategy and Change
LEAD	Thomas Simons, Director of Human Resources & Organisational Development
PURPOSE	The People and OD Committee KPI Dashboard highlight's current KPIs and trends in workforce related metrics at the Trust.
SUMMARY OF REPORT	The dashboard is to provide assurance of workforce activity across eight key performance indicator domains; • Workforce information – establishment and staff numbers • HR Indicators – Sickness and turnover • Employee relations – levels of employee relations activity • Temporary staffing usage – number of bank and agency shifts filled • Vacancy – number of vacant post and use of budgeted WTE • Recruitment Activity – volume of activity, statutory checks and time taken • PDRs – appraisals completed • Core Training Compliance This month it also includes COVID-19 related response data to highlight the scale of the workforce changes and the work over the period.
KEY RISKS ASSOCIATED	Highlights the impact of COVID-19 on the workforce, including sickness rates.
FINANCIAL IMPLICATIONS	COVID-19 related costs of the impact on the workforce over the period.
QUALITY IMPLICATIONS	Risks associated workforce shortage and instability.
EQUALITY & DIVERSITY IMPLICATIONS	We need to value all staff and create development opportunities for everyone who works for the trust, irrespective of protected characteristics.
LINK TO OBJECTIVES	This report presents an opportunity to demonstrate how we perform against our corporate objectives in 2020/21: Deliver high quality patient centred care Be the employer of choice Delivering better care at lower cost

DECISION/ ACTION	For noting.
------------------	-------------





Workforce Performance Report to the People and Organisational Development Committee

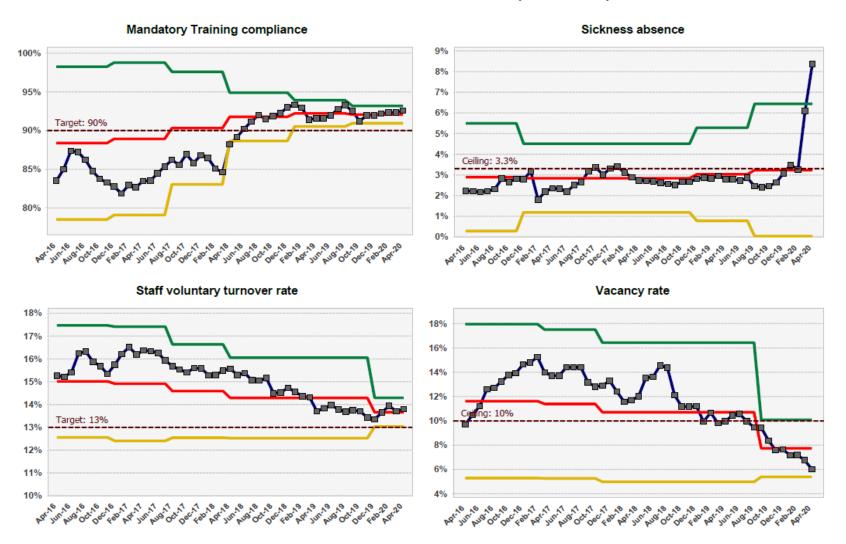
Month 01 – April 2020



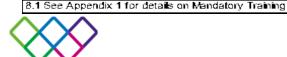


WORKFORCE INDICATORS

Statistical Process Control Charts for the 49 months April 2016 to April 2020



People and Organisational Development Workforce Performance Report April 2020 Chelsea and Westminster Hospital **Key Performance Indicators RAG Status** This Month Target / Trend Last Month | This Month Units ltem Last Year Ceilina Red Amber Green 1. Workforce Information $\mathbf{+}$ 1.1 Establishment No. 6277.26 6.336.71 6.333.84 1.2 Whole time equivalent 5652.11 5907.79 5952.07 No. 4 1.3 Headcount No. 6129 6393 6436 4 **←→** 1.5 Overpayments (Number) No. **←→** 1.4 Overpayments (Costs) £ 2. HR Indicators 2.1 Sickness absence % 2.80% 6.10% 8.31% <3.3% \mathbf{T} % Ψ 2.2 Long Term Sickness absence 2.08% 1.51% 1.31% 2.3 Short Term Sickness absence % 1.29% 4.79% 6.23% Φ 2.4 Gross Turnover % 18.24% 17.96% 17.93% <17% 2.5 Voluntary Turnover % 13,70% 13,70% 13.80% <13% Τ 3. Employee Relations 3.1 Live Employment Relations Cases No. 129 113 ←→ 0 3.2 Formal Warnings No. 0 3.3 Dismissals 5 1 No. 4. Temporary Staffing Usage 4.1 Total Temporary Staff Shifts Filled Nα. 13544 15117 10882 4.2 Bank Shifts Filled 11776 13376 9640 Nα. 4.3 Agency Shifts Filled Nα. 1768 1741 1242 Ŧ 5.1 Trust Vacancy Rate 96 9.96% 6.77% 6.01% <10% 5.2 Corporate % 6.14% 4.26% -2.60% <10% 5.3 Clinical Support Services % 13,30% 9.75% 8.94% <10% 5.4 Emergency & Integrated Care % 8.93% 8.31% 8.29% <10% 5.5 Planned Care % 10.05% 8.67% 8.57% <10% 5.6 Women's, Children and Sexual Health <10% 10.43% 3.10% 3.44% % 4 f 6.1 Offers Made 104 73 Nα. 6.2 Pre-employment checks (days) Nα. 27.0 29.9 Φ <20 6.3 Time to recruit (weeks) Nα. 8.40 10.96 <9 \mathbf{T} 7. PDRs Undertaken (AfC Staff over 12 months) 96 7.1 Trust PDRs Rate (AFC Staff). 85.93% 86.25% 84.42% ≥90% ≥90% 7.2 Corporate 96 80.54% 88.67% 82.66% 7.3 Clinical Support Services 96 88.37% 79.06% 79.08% ≥90% 7.4 Emergency & Integrated Care. 96 85.55% 91.98% 90.77% ≥90% 7.5 Planned Care. 96 89.43% ≥90% 39.31% 91.42%



8. Mandatory Training

7.6 Women's, Children and Sexual Health

96

84.73%

82.12%

80.22%

≥90%





	March 2020 SICKNESS										
Division	Sickness Abs.	RAG Status Ceilling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	%+/-		
Corporate	3.89%		20436.22	795.76	103	206.00	1.01%	4.51%	-0.62%		
Clinical Support	8.71%		28442.17	2476.31	315	691.31	2.43%	7.55%	1.16%		
Emergency & Integrated Care	10.57%		49059.86	5187.56	646	1022.61	2.08%	6.17%	4.40%		
Planned Care	9.74%		30858.57	3006.21	372	719.94	2.33%	6.27%	3.47%		
Women's, Children and Sexual Health	6.81%		50805.90	3461.97	442	1104.20	2.17%	5.68%	1.13%		
Trust	8.31%		179602.72	14927.80	1878	3744.06	2.08%	6.10%	2.21%		

April 20 Core Training								
Course	Last Month	This Month	Target	RAG Status	Trend			
Core Training Compliance Overall	91%	93%	<90%		↑			
Theory Adult BLS	82%	86%	<90%		↑			
Practical Adult BLS	84%	86%	<90%		↑			
Conflict Resolution	96%	96%	<90%		←→			
Equality, Diversity and Human Rights	93%	94%	<90%		↑			
Fire	87%	92%	<90%		↑			
Health & Safety	94%	95%	<90%		↑			
Infection Control (Hand Hygiene)	95%	96%	<90%		↑			
Infection Control - Level 2	92%	93%	<95%		↑			
Information Governance	90%	95%	<95%		↑			
Moving & Handling - Inanimate Loads	91%	93%	<90%		↑			
Moving & Handling - Patient Handling	85%	87%	<90%		↑			
Safeguarding Adults Level 1	94%	94%	<90%		←→			
Safeguarding Adults Level 2	92%	92%	<90%		←→			
Safeguarding Adults Level 3	67%	68%	<90%		↑			
Safeguarding Children Level 1	94%	95%	<90%		↑			
Safeguarding Children Level 2	93%	93%	<90%		←→			
Safeguarding Children Level 3	88%	89%	<90%		•			

April 20 Employee Relations						
Category	Metric	Number / %				
No of Disciplinary cases in month	Number	0				
Length of Disciplinary cases	Days <60	68.5				
Total Discplinary cases in year (April 19)	Number	0				
% BAME Disciplinary Cases in year	%	0%				
% BAME Disciplinary Cases in month	%	0%				
Exclusions - No. of live in month	Number	2				
Grievance - No. of live cases in month	Number	8				
Grievance – Average length of case	Days	80.5				
B&H cases - included in grievance numbers	Number	4				
Sickness - No. of cases in month	Number	72				
Long Term - sickness cases in month	Number	38				
Short Team - sickness cases in month	Number	34				
No. of Employment Tribunals (ET)	Number	6				
Managers having ER training (from April 19)	Number	0				
No. of informal queries (disciplinary process	Number	1				

April 20 Vacancy / Bank and Agency Ratio on "Fill Rate"									
Division	Budgeted WTE	Staff in Post (WTE)	Vacancy (WTE)	Bank Usage (WTE)	Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status	
Corporate	631.96	648.40	-16.44			632.36	-0.40		
Clinical Support	1049.55	955.77	93.78			935.46	114.09		
Emergency & Integrated Care	1766.96	1620.56	146.40			1553.33	213.63		
Planned Care	1126.76	1030.25	96.51			992.08	134.68		
Women's, Children and Sexual Health	1757.61	1697.09	60.52			1616.65	140.96		
TRUST	6332.84	5952.07	380.77	0.00	0.00	5729.87	602.97		

April 20 Voluntary Turnover								
Division	Turnover	Prev Month	%+/-					
Corporate	13.73%	14.02%	-0.29%					
Clinical Support	16.53%	16.76%	-0.23%					
Emergency & Integrated Care	15.37%	15.51%	-0.14%					
Planned Care	11.33%	10.58%	0.76%					
Women's, Children and Sexual Health	12.15%	11.90%	0.25%					
TRUST	13.80%	13.70%	0.09%					

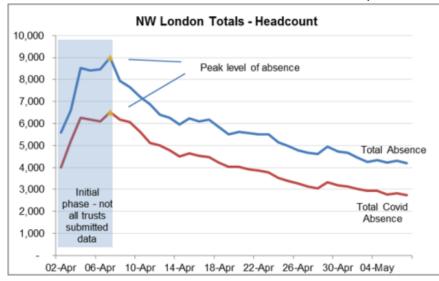
Key to Sickness Figures								
Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months								
(days x ave FTE)								
Episodes = number of incidences of reported sickness								
A Long Term Episode is greater than 27 days								

**Total WTE Used Adjusted to account for staff currently on maternity leave & establishment adjustments

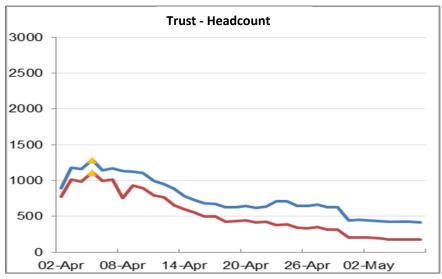




People and Organisation Development Workforce Performance Report Sickness (headcount) – April 2020



Data as of 7 May	Total Absence %age	Covid Absence %age	Total Absence Heads	Covid Absence Heads	Decline since peak
ChelWest	7%	3%	420	177	67%
LNWUH	10%	7%	877	598	66%
ICHT	8%	5%	1,085	705	48%
Hillingdon	11%	10%	390	343	20%
RM	5%	3%	221	135	50%
RBHT	8%	7%	332	278	46%
CNWL	3%	2%	243	142	80%
W. London	10%	7%	358	246	58%
CLCH	5%	2%	197	77	44%
HRCH	6%	3%	70	39	35%





People and Organisation Development Workforce Performance Report Workforce Covid-19 Response Activity - April 2020

Recruitment Covid Related Activity							
Student Nurses	50						
Student Nurses - in progress	35						
Fast track recruitment (incl. honoraries & furloughed workers)	30						
Return to Practice Clinicians in progress	2						
Staff deployed to the Excel Centre	36						

Medical Staff Recruitment Covid Related Ac	tivity
Medical students (volunteered)	48
Consultants (academics returning to practice)	6
External medical staff employed to support Covid -19 response	14
Nightingale deployed medical staff	4
Medical Support Workers	4

No. of Additional Temporary Staff in April	
Health Care Assistants	37
Administrative and Clerical	19
Allied Health Professionals	14
Medical and Dental	68
Nursing and Midwifery Reg	38
Trust Total	176

Staff Trained Covid Related at 30/04/2020				
Course Name	Number Trained			
HCA ICU familiarisation	49			
ICU Familiarisation	746			
Infusion pump Alaris GP	339			
Infusion pump Syringe Alaris CC	331			
Intravenous Drug Administration Refresher	36			
Leading in ICU during a pandemic	4			
New HCA Induction	30			
Non-Invasive Ventilation	48			
Therapists Training	25			
Venous Access Venepuncture & Cannulation	33			
Ward Helper (Non-Clinical Staff)	92			
Ward Refresher Training	22			
Trust Total	1755			

Non Clinical Redeployment					
Corporate Staff	Number				
Redeployed by Non Clinical Redeployment team	16				
Redeployed locally	104				
Volunteering (Corporate Staff)					
Number registered to volunteer on our database	55				
Number of staff who have signed up and completed shifts	15				
Volunteering hours completed by corporate staff	241				
Staff shielding for 12 weeks (All staff)					
Staff who are shielding and working from home	56				
Staff who are shielding and not able to work from home	104				

Fit Mask testing at 30/04/2020					
Staff Group	Tested				
Add Prof Scientific and Technic	47				
Additional Clinical Services	153				
Administrative and Clerical	32				
Allied Health Professionals	81				
Healthcare Scientists	3				
Medical and Dental	380				
Nursing and Midwifery Registered	601				
Students	19				
Trust Total	1316				





People and Organisation Development Workforce Performance Report Workforce Covid-19 Response Activity - April 2020

Staff health and wellbeing offer
Psychological and emotional wellbeing support service = 27 requests / 63 initial contacts
Wellbeing apps & hubs = 400 staff daily
ViVup usage = 41 non -clinical calls / 31 counselling calls

Staff accommodation = 314 staff have used the

accommodation service

Workforce Covid Queries							
Week	Calls received	Calls after 5pm	Emails received				
Week of 20/04/20	66	2	237				
Week of 27/04/20	87	7	206				
Week of 04/05/20	57	0	157				

Staff engagement
Developed a dedicated HR information page on the intranet
MyChelwest app with updated HR information for staff
Pandemic Incident People Policy was developed and communicated to the trust
Bi-weekly 'Talk to HR' webinars Q&A sessions with trust staff – 45 attendees
We have written to all our staff shielding at home to ensure they remain connected with the Trust
The HR bronze contact line and email address which was initially available 8am to 8pm, 7 days a week

Systems (ESR / Healthroster) Covid-19 Activities				
Healthroster				
Staff redeployments	450+			
Rosters affected	157			
New Rosters created	6			
ESR				
Divisional structure updates / changes	2			
New Cost centres created	7			
Positions / Roles created (3 times more)	449			
Staff within new Covid cost centres	51			
Covid related reporting	52			

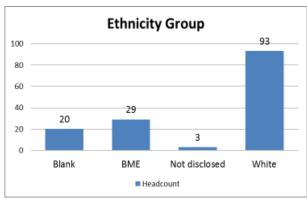
BAME Webinars / Meetings (Zoom)							
Date Number of participants							
4/04/2020 20							
27/04/2020	20						
29/04/2020	50						
12/05/2020	55						

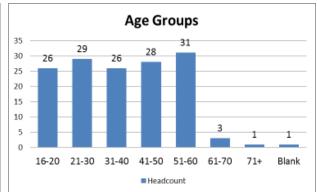
Occupational Health Covid Activity	
Total Number of risk assessments	495
Covid related calls	1020
Welfare calls (sickness over 3 weeks)	85
Welfare calls – pregnancy related	420
Email advice	744
Covid management referrals	925

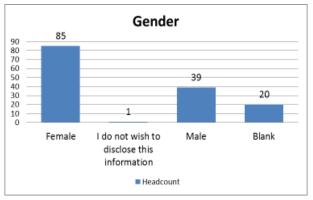


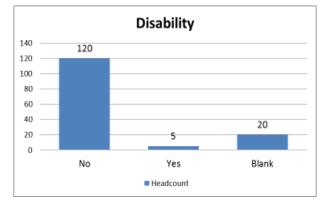


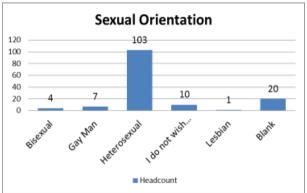
People and Organisation Development Workforce Performance Report Volunteer Staff Profile (headcount) – April 2020

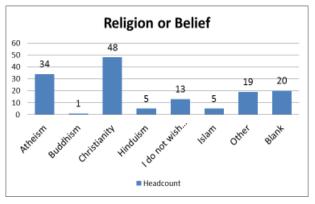








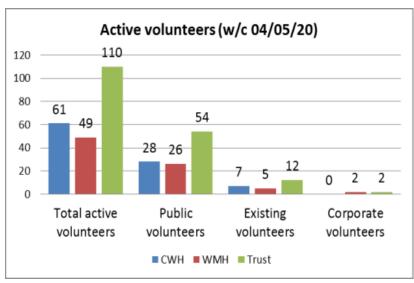


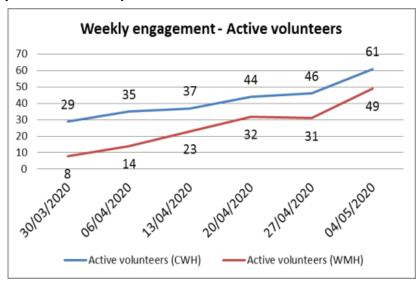


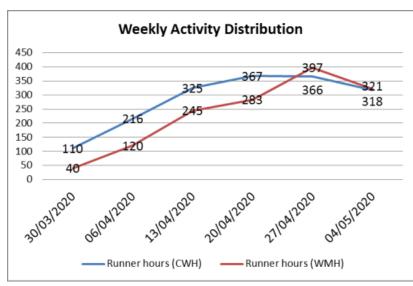
This data will not be produced each month but gives a position on the profile of volunteers and will be incorporated in to diversity data reporting going forward, which is annually.

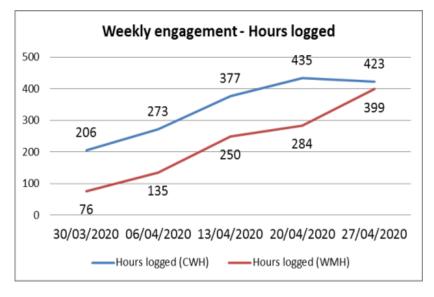


People and Organisation Development Workforce Performance Report Volunteer Staff Activity Profile – April 2020











People and Organisation Development Workforce Performance Report April 2020

Establishment, Staff in Post and Vacancies:

The Trust currently employs 6436 people working a whole time equivalent of 5952.07 which is 44.28 WTE higher than March. This equates to 307 more permanent members of staff than this time last year. There has been a decrease in the vacancy rate for April, 6.01% against the Trust ceiling of 10% and a significant improvement since the same time last year which was 9.96% The qualified nursing vacancy rate is 4.94%, remains one of the lowest in the country with a national median of 12.75%. The medical vacancy rate has reduced to 0.57% including staff recruited for COVID-19 and 1.87% not including additional recruits, which is quartile 2 in Model Hospital and national median of 7.43%. AHP (7.95%) S&T (8.84%) are also in line with the national median but AHP at this level sits in quartile 3. Vacancy rates have been impacted by COVID-19 additional recruitment.

Staff Turnover Rate: Voluntary

Voluntary turnover has increased to 13.80%. The data by staff group shows that AHP's (24%) and Scientific and Technical (16.6%) have the highest turnover. The data also highlights where there has been a focus on retention work for example in Nursing and Midwifery there has been a reduction, therefore further retention work aims to ensure good practice is embedded across all staff groups. Work on the plan agreed at February's meeting will re-commence from June.

PDR:

The 12 month rolling PDR rate decreased in March to 84.22%. Divisions continue to be provided with monthly management reports detailing completion rates and plans have been established to support managers and staff to complete their outstanding PDRs. The PDR process has been updated for April 2020 with the new PDR process moving away from the window based on staff pay bands and returning to anniversary of joining. All managers have been sent details of when staff PDR's are due and the new process and encouraged to catch up on those missed during April and the beginning of May.

Sickness Absence:

The trust's sickness rate is currently 8.31%. Long-term sickness increased to 2.08% and short-term sickness has increased to 6.23%. The three most common reasons for sickness were Chest & respiratory problems (Covid-19), Anxiety/depression/other and Cold, Cough, Flu – Influenza. The top sickness reason for the number of days lost is chest & respiratory problems. EIC and PDC have the highest sickness rates at 10.57% and 9.74%.Nursing and Midwifery sickness in April was 10.12% whilst health care assistants sickness rate was the highest at 12.76%.

Temporary Staffing:

The COVID19 crisis continued to impact on temporary staffing in April. The overall demand fell in April (down 22%) as a result of many services reducing operations. However the demand in ITU and COVID19 areas remained high. The level of unfilled shifts was high (up 6% from March and 18% year on year) which was the result of a dramatic increase in staffing numbers in order to meet the initial projection levels. Bank fill and overall fill rates recovered rapidly in the second half of the month and had returned to pre COVID levels by the last week of April.

As vacancy rates have reduced there has been a corresponding reduction in temporary staffing usage with 10,882 temporary staffing requests filled in comparison to 15,117 in March. Temporary staffing demand decreased in April.

Mandatory Training Compliance:

The Trust's Core training compliance has increased this month to 93%; this has remained above the Trust target of 90% for 23 consecutive months. Over Covid staff were given a 6 month extension but now as things return to normal staff are being encouraged to complete their training.

There is an on-going review of the requirements for Safeguarding Level 3 (both Adults and Children) by the Safeguarding team; it is therefore difficult to determine whether our current compliance level is above or below that required. The majority of topics remain the same as the previous month, with just a few fluctuating by 1%. Dates for face to face (where appropriate) sessions continue to be advertised and promoted across the Trust.





People and Organisation Development Workforce Performance Report April 2020

Race Equality Plan & Inclusion

The new disciplinary process went live from 1 October 2019, which included managers completing a checklist when considering a formal disciplinary process and required executive authorisation for all new formal disciplinary investigations. Overall the total number of new disciplinary cases opened from 1 April 2019 and 31 March 2020 was 51. This is a significant drop from the previous year (79 cases over the same period). The total number of cases involving BAME members of staff was 31 (61%) compared to the previous year which was 51 (65%) Further work to analyse the impact of the changes and whether any further adaptations are needed.

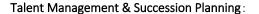
The BAME network has continued to have virtual meetings over the COVID-19 period and held some webinars for staff to raise concerns, which have been well attended. The risk assessments for vulnerable staff have been a key area of focus and these are being piloted week commencing 18th May 2020, with guidance for managers with a full roll-out plan in development. This is to ensure all staff who fall in to the new vulnerable categories are risk assessed to ensure staff are working safely.

Health and Wellbeing:

During the Covid-19 emergency response period from March 2020, in partnership with the hospital charity CW+ have implemented enhanced health and wellbeing support structures for all staff. These can be categorised in three main areas aligned to our business-as-usual health and wellbeing programme; Healthy Mind, Healthy Living & Healthy Body. We have continuously listened to staff, to be responsive of their needs during this time — acting on a range of feedback from staff through different engagement channels. We have received over 40 emails from the dedicated health and wellbeing email with suggestions and staff requests. With the significantly reduced levels of Covid-19 activity and the return to core staffing rotas, we plan to review and evaluate all elements of the wellbeing support. We look to continue key components on a permanent basis, such as the staff wellbeing hubs, sleep pods, mental wellbeing support, and our links with volunteering.

Leadership and Development:

The Leadership and management fundamentals programmes have been put on hold over the Covid 19 period and will be reintroduced from July 2020. We also hope to commence our new senior leaders programme from September 2020 working with Ashridge Hult Business School, offering staff an MSc in leadership.



A Talent Management & Succession Planning Strategy paper was presented to POD in January. Work has been halted over the Covid 19 period but will recommence and a pilot to start in July . We will also continue to look for an e-solution to enable the Trust to capture outputs from the PDR/Appraisal process to facilitate the Talent Management information gathering Trust-wide.

Apprenticeships:

Clinical and Non-Clinical Apprenticeships continue to be used in the Trust to support and develop staff in their roles. Staff undertaking their apprenticeships have been supported during the Covid19 pandemic and where necessary paused whilst undertaking other roles. We are now checking in with all apprentices and ensuring they are supported back into their programmes and also commencing new staff onto programmes.

Volunteers:

There were 119 active volunteers in April, who contributed 2484 hours of volunteering across both hospital sites. In response to the crisis the volunteering service implemented a fast-track recruitment process which allowed them to quickly recruit and deploy 67 new volunteers during April. In the fastest cases the service reduced recruitment time to under 2 weeks, down from an average of around 100 days before the crisis.

Transactional Plan:

Since the start of the March projects such as the Amelia project have been paused, whilst other COVID-19 has encouraged the use of innovative and remote processes, and we have undertaken several meetings and ER hearings, as well as recruitment interviews via ZOOM. This has been undertaken in close partnership with union colleagues and initial feedback has been positive. Other new processes have been introduced such as virtual ID checks. As detailed in the Recovery Plan the team will be looking to ensure that these new ways of working are embedded going forward as well as re-starting projects on hold.



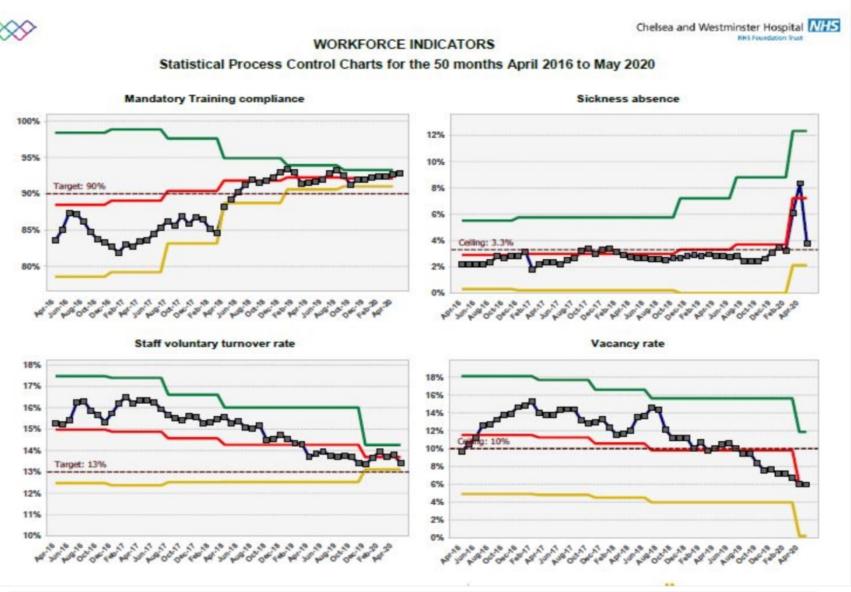




Workforce Performance Report to the People and Organisational Development Committee

Month 02 – May 2020

Statistical Process Control – April 2016 to May 2020



Key Performance Indicators Chelsea and Westminster F									
Item	Units	This Month	Last M onth	This Month	Target / Ceiling		RAG Status	Trend	
						Red	Amber	Green	
. Workforce Information									
1 Establishment	No.	6314.75	6,333.84	6,333.84					←→
2 Whole time equivalent	No.	5655.36	5952.07	5956.00					↑
3 Headcount	No.	6136	6436	6439					↑
5 Overpayments (Number)	No.	38	63	27					
4 Overpayments (Costs)	£	109,902.29	132,595.59	68,320.19					Ψ
. HR Indicators	T	T	I	T 1		T			.1.
1.1 Sickness absence	%	2.79%	8.31%	3.80%	<3.3%				+
.2 Long Term Sickness absence	%	1.57%	2.08%	2.01%					¥
2.3 Short Term Sickness absence	%	1.22%	6.23%	1.79%					¥
.4 Gross Turnover	%	18.14%	17.93%	17.83%	<17%	-			*
.5 Voluntary Turnover	%	13.83%	13.80%	13.41%	<13%				Ψ
. Employee Relations	T	T .=.							•
.1 Live Employment Relations Cases	No.	171	118	124					<u>↑</u>
.2 Formal Warnings	No.	1	D	0					
3.3 Dismissals	No.	2	1	2					<u> </u>
. Temporary Staffing Usage	1 41-	10000	10000	0076					Ψ
.1 Total Temporary Staff Shifts Filled .2 Bank Shifts Filled	No.	13933	10882 9640	8876					-
	No.	12109 1824	1242	8465 411			_		¥
L3 Agency Shifts Filled	No.	1874	1747	411					
. Vacancy	0.5	10.4407	6.0105	F 0744	-100/	T	Τ		T T
.1 Trust Vacancy Rate	%	10.44%	6.01%	5.97%	<10%	-			-
.2 Corporate	%	10.30%	-2.60%	-8.21%	<10%	-			-
.3 Clinical Support Services	%	12.32%	8.94%	9.43%	<10%	-			<u> </u>
A Emergency & Integrated Care	%	8.68%	8.29% 8.57%	8.49%	<10%	-			<u>↑</u>
.5 Planned Care .6 Women's , Children and Sexual Health	%	11.07% 10.70%	3.44%	9.65% 4.10%	<10% <10%				<u>т</u>
Recruitment (Non-medical)	1 %	10.70%	3,4470	4.1076	<107 <u>s</u>				Т
i.1 Offers Made	No.	163	73	83					^
.2 Pre-employment checks (days)	No.	19.5	29.9	19.8	<20				т Т
.3 Time to recruit (weeks)	No.	850	10.96	8.80	<2u	1			¥
. PDRs Undertaken (AfC Staff over 12 months		630	10.96	6.80	<u>.</u>				<u> </u>
.1 Trust PDRs Rate (AFC Staff)	1/6	84.17%	84.42%	84.51%	≥90%	I			^
.2 Corporate	1%	/8./2%	82.66%	84.51%	≥90%				<u>T</u>
.3 Clinical Support Services	1%	84.69%	79.08%	81.86%	≥90%	1			<u> </u>
.4 Emergency & Integrated Care	1%	85.50%	90.77%	89.10%	≥90%	1			<u>T</u>
.5 Planned Care	1%				≥90%				-
7.6 Women's, Children and Sexual Health	1%	87.64% 82.86%	89.43% 80.22%	87.28% 81.97%	≥90%	 			<u> </u>



	May 2020 SICKNESS												
Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE	Abs. WTE	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	%+/-				
Corporate	1.59%		21028.04	335.37	60	188.00	0.89%	3.89%	-2.30%				
Clinical Support	3.70%		29557.31	1093.73	164	521.47	1.76%	8.71%	-5.01%				
Emergency & Integrated Care	4.08%		50113.94	2044.36	307	991.48	1.98%	10.57%	-6.49%				
Planned Care	4.07%		31560.22	1284.98	174	667.51	2.12%	9.74%	-5.67%				
Women's, Children and Sexual Health	4.31%		52400.15	2256.41	242	1345.88	2.57%	6.81%	-2.51%				
Trust	3.80%		184659.67	7014.85	947	3714.34	2.01%	8.31%	-4.51%				

May 20 Core Training										
Course	Last Month	This Month	Target	RAG Status	Trend					
Core Training Compliance Overall	93%	93%	<90%		←→					
Theory Adult BLS	86%	86%	<90%		←→					
Practical Adult BLS	86%	86%	<90%		←→					
Conflict Resolution	96%	96%	<90%		←→					
Equality, Diversity and Human Rights	94%	95%	<90%		↑					
Fire	92%	92%	<90%		←→					
Health & Safety	95%	95%	<90%		←→					
Infection Control (Hand Hygiene)	96%	96%	<90%		←→					
Infection Control - Level 2	93%	93%	<95%		←→					
Information Governance	95%	95%	<95%		←→					
Moving & Handling - Inanimate Loads	93%	93%	<90%		←→					
Moving & Handling - Patient Handling	87%	88%	<90%		↑					
Safeguarding Adults Level 1	94%	94%	<90%		←→					
Safeguarding Adults Level 2	92%	92%	<90%		←→					
Safeguarding Adults Level 3	68%	66%	<90%		+					
Safeguarding Children Level 1	95%	95%	<90%		←→					
Safeguarding Children Level 2	93%	94%	<90%		↑					
Safeguarding Children Level 3	89%	91%	<90%		•					

Category	Metric	Number / %		
No of Disciplinary cases in month	Number	2		
Length of Disciplinary cases	Days <60	77.5		
Total Discplinary cases in year (April 20)	Number	2		
% BAME Disciplinary Cases in year	%	50%		
% BAME Disciplinary Cases in month	%	50%		
Exclusions - No. of live in month	Number	3		
Grievance - No. of live cases in month	Number	11		
Grievance – Average length of case	Days	82		
B&H cases - included in grievance numbers	Number	5		
Sickness - No. of cases in month	Number	80		
Long Term - sickness cases in month	Number	44		
Short Team - sickness cases in month	Number	36		
No. of Employment Tribunals (ET)	Number	8		
Managers having ER training (from April 20)	Number	0		
No. of informal queries (disciplinary process	Number	3		

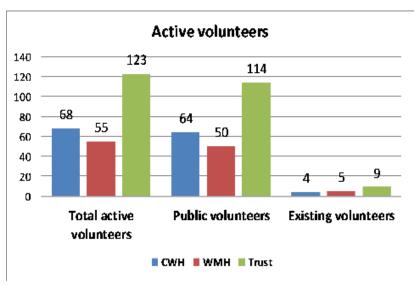
	May 20 Vacancy / Bank and Agency Ratio on "Fill Rate"											
Division	Division Budgeted WTE Staff in Post (WTE)		Vacancy (WTE) Bank Usage (WTE)		Agency Usage (WTE)	**Total WTE Used	Budget minus Used WTE	RAG Status				
Corporate	631.96	683.85	-51.89	23.41	2.50	691.68	-59.72					
Clinical Support	1049.55	950.62	98.93	96.23	1.00	1027.20	22.35					
Emergency & Integrated Care	1766.96	1616.90	150.06	161.91	12.24	1727.53	39.43					
Planned Care	1126.76	1018.04	108.72	23.48	8.13	1021.69	105.07					
Women's, Children and Sexual Health	1758.61	1686.58	72.03	94.40	10.36	1714.35	44.26					
TRUST	6333.84	5956.00	377.84	399.43	34.23	6182.45	151.39					

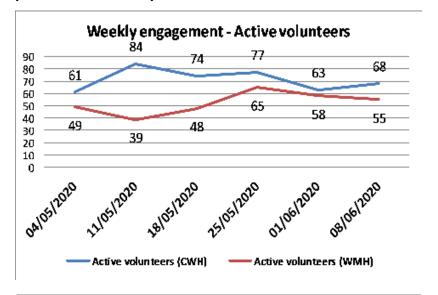
May 20 Voluntary Turnover										
Division	Turnover	Prev Month	%+/-							
Corporate	13.16%	13.73%	-0.57%							
Clinical Support	15.98%	16.53%	-0.55%							
Emergency & Integrated Care	14.93%	15.37%	-0.44%							
Planned Care	11.02%	11.33%	-0.32%							
Women's, Children and Sexual Health	11.95%	12.15%	-0.19%							
TRUST	13.41%	13.80%	-0.38%							

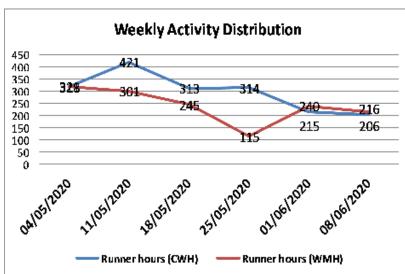
Rey to Sickless Figures
Sickness Absence = Calendar days sickness as percentage of total available working days for past 3 months
(days x ave FTE)
Episodes = number of incidences of reported sickness
A Long Term Episode is greater than 27 days
**Total WTF Llead. Adjusted to account for staff currently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

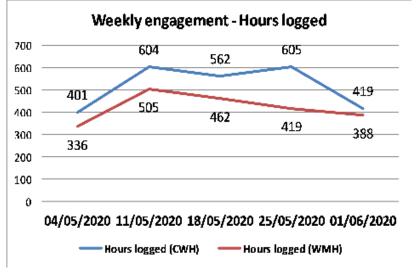


People and Organisation Development Workforce Performance Report Volunteer Staff Activity Profile – May 2020











People and Organisation Development Workforce Performance Report May 2020

Establishment, Staff in Post and Vacancies:

The Trust currently employs 6439 people working a whole time equivalent of 5956.00 which is 3.93 WTE higher than April. This equates to 303 more permanent members of staff than this time last year. There has been a decrease in the vacancy rate for May, 5.97% against the Trust ceiling of 10% and a significant improvement since the same time last year which was 9.96% The qualified nursing vacancy rate is 5.27%, remains one of the lowest in the country with a national median of 12.75%. The medical vacancy rate has reduced to 0.26% including staff recruited for COVID-19 and 3.12% not including additional recruits, which is quartile 2 in Model Hospital and national median of 7.43%. AHP (8.39%) S&T (9.31%) are also in line with the national median but AHP at this level sits in quartile 3. Vacancy rates have been impacted positively by COVID-19 additional recruitment.

Temporary Staffing:

Bank fill rates recovered dramatically in May, and the Trust obtained its highest ever fill rate. This was largely due to temporary staffing demand dropping significantly (down 35% compared to April and down 36% year on year) and the increased recruitment activity onto the Bank. Similarly agency usage is at an all time low and down 77% year on year. Medical staffing demand also fell 23% in May. A review has been completed for the process and authorisation for booking additional clinic work undertaken as temporary hours, which is expected to reduce Medical spend further. As vacancy rates have reduced there has been a corresponding reduction in temporary staffing usage with 8,876 temporary staffing requests filled in comparison to 10,882 in April. demand has reduced significantly following the recent peak, the focus has been on filling additional shifts request via Bank and minimising agency usage, with <5% shifts filled by agency, compared to 13% this time last year. New targets will need to be aligned to the new levels of clinical activity.

PDR:

The 12 month rolling PDR rate increased in May to 84.51%. Divisions continue to be provided with monthly management reports detailing completion rates and plans have been established to support managers and staff to complete their outstanding PDRs. The PDR process has been updated from April 2020 with the new PDR process moving away from window based on staff pay bands and returning to anniversary of joining. All managers have been sent details of when staff PDR's are due and the new process and encouraged to focus on those missed during April and the beginning of May.



Sickness Absence:

The trust's sickness rate is currently 3.80% which is a significant reduction from April and 1% higher than the same time last year, which is a significant improvement given the impact of COVID-19. Long-term sickness increased to 2.01% and short-term sickness has decreased to 1.79%. The three most common reasons for sickness were Chest & respiratory problems (Covid-19), Anxiety/depression/other and Cold, Cough, Flu – Influenza. The top sickness reason for the number of days lost is chest & respiratory problems. EIC and PDC have the highest sickness rates at 4.08% and 4.07%.Nursing and Midwifery sickness in May was 4.88% whilst health care assistants sickness rate was the highest at 7.01%.

Staff Turnover Rate: Voluntary

Voluntary turnover has decreased to 13.41%. The data by staff group shows that AHP's (23%) and Scientific and Technical (15.3%) have the highest turnover. The data also highlights where there has been a focus on retention work for example in Nursing and Midwifery there has been a reduction, therefore further retention work aims to ensure good practice is embedded across all staff groups. Work on the plan agreed at February's meeting will re-commence from July.

Core Training Compliance:

The Trust's core training compliance has increased this month to 93%; this has remained above the Trust target of 90% for 24 consecutive months. During Covid, staff were given a 6 month extension but now as things return to normal staff are being encouraged to complete their training (as agreed across NHS NWL). There is an on-going review of the requirements for Safeguarding Level 3 (both Adults and Children) by the Safeguarding team. The majority of topics remain the same as the previous month, with just a few fluctuating by 1%. Dates for face to face (where appropriate) sessions continue to be advertised and promoted across the Trust

Volunteers:

There were 161 active volunteers in May, who contributed 4124 hours of volunteering across both hospital sites. Volunteers were deployed to three main roles; runner volunteers who distributed meals to staff, ward helpers who supported patients on wards, and Wingman Project volunteers who supported staff in the wellbeing hubs. The Trust was one of the first in the country to successfully deploy volunteers onto Covid wards.

Chelsea and Westminster Hospital

NHS Foundation Trust

People and Organisation Development Workforce Performance Report May 2020

COVID 19 Recovery

During May activity related to COVID 19 recovery and reset remained high. The focus has been on supporting staff. There are currently 196 staff shielding and the team have been ensuring they are engaged with the organisation and working where possible and risk assessing staff for return to work. 2346 individual high risk staff have been identified that fall in to the categories outlined nationally and line managers are carrying out initial risk assessments, with 200 staff needing a more indepth OH risk assessment to date and 40 requiring referral to the Clinical Reference Group which happens twice per week. In addition 105 workplace risk assessments have been concluded to ensure workplaces are staff for staff and are being cross referenced with those staff who are high risk. There has been continued work across training and development to run programmes to ensure staff skills are kept up to date. Guidelines and policies in relation to staff testing, working from home safely and changes to accommodation, car parking have all been developed.

Race Equality Plan & Inclusion

BAME staff issues have been the main focus in the last 12 weeks due to the effects of COVID19 in the NHS workforce and on the wider BAME community. The Trust has held 3 staff Network meetings and 2 webinars for Trust staff at which Trust executives participated Each event was held via Zoom and were the largest attendances ever for the BAME network. The BAME network staff chair is now on the NWL group for BAME network chairs and co leading the engagement and communication across the NWL sector in addressing the challenges of COVID19 . The Trust has led the way in defining the approach for risk assessing staff which has been a key issue for BAME colleagues. The risk assessment process has commenced across the Trust and over 78% have had an assessment.

The Trust published a Windrush Day Special Edition Bulletin on the intranet on 22nd June including: Video messages from Dame Elizabeth, Trevor Sterling and BAME Network chair. The LGBT+ Staff network have celebrated PRIDE this month by installing 2 progressive PRIDE banners at the front of the hospital sites and pop up banners celebrating LGBT+ activists. The Trust is also progressing its membership of Stonewall . The Women's network met to establish a provisional programme for the year.

Health and Wellbeing:

During May there has been continued focus on the health and wellbeing of staff and the Trust supported mental health awareness week with events on both sites distributing the new pull-out cards detailing the health and wellbeing offer. 1810 staff have registered with Vivup, the Trust's staff benefits platform which is 28% of the workforce, which is a significant increase. 52 staff have currently accessed the Employee Assistance Programme for advice and support since the launch in July '19 and the workforce team continue to promote this at key opportunities. The counselling service has seen 31 staff over the last 3 months with 95 sessions between April and June. 153 individuals have accessed the newly set up psychology CHAT services facilitated group discussions for staff to talk about their experiences and connect with each other. Schwarz rounds have re-commenced which have been well attended by staff. The 3 year plan for health and well-being is being developed to increase the Trusts health and wellbeing offer for staff, focused on increased evidence based interventions which cover all aspects of health and well-being at work, including key elements of healthy living as well as the more basic physical elements. The Trust has increased counselling provision and also agreed funding to train mental health first aiders and the first 80 will be trained in July 20.

Leadership and Development:

The Leadership and management fundamentals programmes will be resuming in the Autumn. The Top Leaders and Senior Leaders programmes were launched in June and we are currently taking applications working with Ashridge Hult Business School, offering staff an MSc in leadership or and MBA which has been promoted to 900 leaders.

Apprenticeships:

Clinical and Non-Clinical Apprenticeships have continued through the Covid pandemic and staff are continuing their studies. Check ins have been held and ensuring apprentices are progressing with their programmes. We continue to register new starters on programmes and the new Top Leaders and Senior Leaders programmes will be apprenticeships. We are also currently recruiting more clinical apprenticeships including Therapies.





People and Organisation Development Workforce Performance Report May 2020

Transactional Plan:

In response to COVID19 many of HR transactional plans were put on hold. As the Trust is now in recovery and reset stage, HR services and plans are gradually returning to business as usual. The E-rostering project has been reinstated and phase two of the project is on plan to be delivered in 15 months. ER activity paused during COVID-19 has now re-commenced and this is reflected in the increase in disciplinary cases to 77.5 days against the target of 60 days. Overpayments dropped significantly in month, and there has been a continued focus on performance management of the payroll provider to ensure a reduction in pay errors during a particularly busy period with pay amendments due to rota changes. During the months of May and June there was specific focus on the recovery of staff recruitment lead times and recruitment activity levels whilst also reflecting on embedding positive process changes that were made during the COVID19 pandemic into business as usual services. Recruitment lead times including overall time to hire has improved and is now back in line with Trust target of 9 weeks as of May 2020. During the COVID19 pandemic there were several reforms to the recruitment process in terms of process automation and systems access for new joiners which enabled a faster, more efficient on-boarding process and improved overall candidate experience. Work is in progress to embed these changes into business as usual practices for new joiners in the Trust.





Council of Governors Forward Plan

	30 January 2020 AWAY DAY (incl. NED / Governor Strategy and Representation Group)	30 January 2020 Council of Governors	12 March 2020 Briefing Session – performance, quality workforce & finance
Statutory/Mandatory Business	 Announcement of Election results Current position Directors achievements (HSJ Video) and question session How the digital agenda supports patient pathway Showcase: Innovation Strategy Understanding our patients and public Shaping of London North West London HCP Plan Our Clinical Services Strategy framework Findings from the COG effectiveness survey Council of Governors engagement 	 Announcement of Election results Minutes of Previous Meeting, including Action Log and iLog Quality: People & OD Committee Report to the Council of Governors (SG) Draft 2020/21 Annual Plan Disability Access Working Group – update Quality Sub-Committee Report Membership Sub-Committee Report 	• Finance
Papers for Information		 Chairman's Report Chief Executive Officer's Report Performance & Quality Report, including Workforce Performance Report 	
Other Business		 Questions from the governors and the public Froward plan Schedule of meetings Governor attendance register Any other business 	•

	02 April 2020 NED/Governor Strategy and Representation Group CANCELLED	23 April 2020 Council of Governors (Zoom Conference)	28 May 2020 Briefing Session (Zoom Conference)
Statutory/Mandatory Business		 Minutes of Previous Meeting, including Action Log Draft Quality Report 2019/20, including Governor Commentary on the Quality Report Nominations and Remuneration Committee Report, including Terms of Reference (for approval); NED configuration paper (for approval); Membership Sub-Committee Terms of Reference (for approval) Quality Sub-Committee Terms of Reference (for approval) Coronavirus (COVID-19) Update 	Managing Complaints
Papers for Information	•	•	•
Other Business	•	 Any other business Froward plan Schedule of meetings Governor attendance register 	•

	23 July 2020 Council of Governors	24 September 2020 Briefing Session – performance, quality workforce & finance	29 October 2020 Council of Governors
Statutory/Mandatory Business	 Minutes of Previous Meeting, including Action Log Nominations and Remuneration Committee Report: Succession plan for Deputy Chairman and Senior Independent Director Chairman's Report Chief Executive Officer's Report Quality: Finance & Investment Committee Report to Council of Governors; including Month 12 Financial Position (JJ); Audit and Risk Committee Report to Council of Governors (NG) COG Sub-Committees: Quality Sub-Committee Report; Membership Sub-Committee Report 	• Regulatory	 Chairman's Appraisal PRIVATE Minutes of Previous Meeting, including Action Log Quality: Quality Committee Report to Council of Governors (EH) Governors Away Day November 2020 - plan
Papers for Information	 Performance & Quality Report, including Workforce Performance Report Cerner implementation update (ND) Investment alignment to Strategic Objectives (JJ) Governance of capital expenditure (JJ) 	•	 Chairman's Report Chief Executive Officer's Report Performance & Quality Report, including Winter Preparedness; Workforce Performance Report; Governors Elections 2020 – update Quality Sub-Committee Report Membership Sub-Committee Report
Other Business	 Questions from the governors and the public Froward plan Schedule of meetings Governor attendance register Any other business 	•	 Questions from the governors and the public Froward plan Schedule of meetings Governor attendance register Any other business

	26 November 2020 AWAY DAY NED/Governor Strategy and Representation Group	10 December 2020 Briefing Session – performance, quality workforce & finance	28 January 2021 Council of Governors
Statutory/Mandatory Business	 Announcement of Election results Strategy Finance Accountability COG Effectiveness evaluation 	• Finance	 Announcement of Election results Minutes of Previous Meeting, including Action Log Quality: People & OD Committee Report to the Council of Governors (SG) Draft 2020/21 Annual Plan Quality Sub-Committee Report Membership Sub-Committee Report
Papers for Information	•	•	 Chairman's Report Chief Executive Officer's Report Performance & Quality Report, including Workforce Performance Report
Other Business	•	•	 Questions from the governors and the public Froward plan Schedule of meetings Governor attendance register Any other business

High Level Meetings 20/21

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Board PUBLIC		07-May		02-Jul		03-Sep		05-Nov		07-Jan		04-Mar
		11.00-13.00		11.00-13.00		11.00-13.30		11.00-13.30		11.00-13.30		11.00-13.30
		Zoom Conference		Zoom Conference		Zoom Conference		WM Room A		CW Boardroom		WM Room A
Lead Governor & COG Informal Meeting					1		29-Oct			28-Jan	1	
							15.00-16.00			15.00-16.00		
							Zoom Conference			CW Boardroom		
Council of Governors	23-Apr			23-Jul			29-Oct			28-Jan	1	
	16.00-17.00			09.30-10.30			16.00-18.00			16.00-18.00		
	Teleconference			Zoom Conference			Zoom Conference			WM Room A		
COG Away Day 2020								26-Nov			1	
• •								10.00-16.00				
								Venue: TBC				
Annual Members' Meeting				23-Jul							1	
· ·				15.00-16.00								
				Zoom Conference								
NED/COG Informal Meeting	23-Apr CANCELLED						29-Oct				1	
	18.00-19.00						18.00-19.00					
							Zoom Conference					
COG Agenda Sub-Committee			18-Jun			24-Sep			17-Dec		1	25-Mar
			16.00-17.00			15.00-16.00			15.00-16.00			16.00-17.00
			Zoom Conference			Zoom Conference			CW Boardroom			CW Boardroom
COG Quality Sub-Committee			26-Jun			11-Sep			4-Dec		1	26-Mar
•			10.00-12.00			10.00-12.00			10.00-12.00			10.00-12.00
			Zoom Conference			Zoom Conference			CW Boardroom			WM Room A
COG Membership & Engagement Sub-Committee			25-Jun					19-Nov			1	
. 55			10.30-12.30					10.30-12.30				
			Zoom Conference					CW Boardroom				
NED/Governor Strategy and Representation	02-Apr CANCELLED				1			26-Nov			1	
Group	16.00-17.00							Part of Away Day				
•	CW Boardroom											
Briefing sessions – performance, workforce,		28-May			1	24-Sep			10-Dec		1	11-Mar
finance & quality		16.00-17.00				16.00-17.00			16.00-17.00			16.00-17.00
		Zoom Conference				Zoom Conference			CW Boardroom			CW Boardroom

Bank Holidays 2020/21: 10 Apr; 13 Apr; 8 May; 25 May; 31 Aug; 25 Dec; 28 Dec; 1 Jan;





Council of Governors – Attendance Record 2020/21

Governor	Category Constituency		23.04.20	23.07.20	29.10.20	28.01.21	TOTAL	26.11.20 Away Day
Nowell Anderson	Public	Hounslow	1					
Richard Ballerand	Public	Kensington and Chelsea	1					
Juliet Bauer	Patient		1					
Cass J. Cass-Horne	Public	City of Westminster	1					
Tom Church	Patient		✓					
Nigel Davies	Public	Ealing	1					
Christopher Digby-Bell	Patient		1					
Simon Dyer	Patient		✓					
Anna Hodson-Pressinger	Patient		✓					
Elaine Hutton	Public	Wandsworth	√					
Richard Jackson	Staff	Support, Administrative and Clerical	✓					
Jodeine Grinham	Staff	Contracted	1					
Kush Kanodia	Patient		✓					
Paul Kitchener	Public	Kensington and Chelsea	1					

Minna Korjonen	Patient		✓			
Thewodros Leka	Staff	Allied Health Professionals, Scientific and Technical	1			
Anthony Levi	Public	City of Westminster	✓			
Johanna Mayerhofer	Public	London Borough of Richmond upon Thames	√			
Mark Nelson	Staff	Medical and Dental	Х			
Fiona O'Farrell	Public	London Borough of Richmond upon Thames	✓			
David Phillips	Patient		✓			
Cllr Patricia Quigley	Appointed	London Borough of Hammersmith and Fulham	✓			
Jacquei Scott	Staff	Nursing and Midwifery	✓			
Dr Desmond Walsh	Appointed	Imperial College	√			
Laura Wareing	Public	Hounslow	✓			
Trusha Yardley	Public	London Borough of Hammersmith and Fulham	✓			