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

Zoom

7 May 2020 11:00 - 7 May 2020 13:00

INDEX

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Zoom Conference
Date: 7 May 2020
Time: 11.00 – 13.00

Agenda

	1.0	**GENERAL BUSINESS**		
11.00	1.1	Welcome and apologies for absence	Verbal	Chairman
11.01	1.2	Declarations of Interest, including register of interests	Paper	Chairman
11.02	1.3	Minutes of the previous meeting held on 5 March 2020	Paper	Chairman
11.05	1.4	Matters arising and Board action log	Paper	Chairman
11.10	1.5	Board Away Day	Verbal	Chairman
	2.0	**COVID-19**		
11.20	2.1	Update from Board Committees: 2.1.1 Finance and Investment Committee 2.1.2 Audit and Risk Committee 2.1.3 People and Organisational Development Committee 2.1.4 Quality Committee 2.1.5 IT Update	Verbal	 Jeremy Jensen Nick Gash Steve Gill Eliza Hermann Nilkunj Dodhia
12.00	2.2	Current GRIP on: 2.2.1 Quality 2.2.2 Workforce 2.2.3 Finance 2.2.4 Recovery	Paper	 Deputy Medical Director / Chief Nursing Officer Director of HR & OD Acting Chief Financial Officer Deputy Chief Executive/COO
12.45	2.3	Draft Month 12 Financial Position	Verbal	Acting chief Financial Officer
	3.0	**FOR INFORMATION**		
12.55	3.1	Any other business, including 3.1.1 End year report on use of the Company Seal	Verbal Paper	Chairman Director of Corporate Governance & Compliance
13.00	3.2	Date of next meeting – 2 July 2020		

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust
Register of Interests of Board of Directors

Name	Role	Description of interest	Relevant dates		Comments
			From	To	
Sir Thomas Hughes-Hallett	Chairman	Director of HelpForce Community CIC & Trustee of Helpforce Community Trust	April 2018	Ongoing	
		Chair of Advisory Council, Marshall Institute	June 2015	Ongoing	
		Trustee of Westminster Abbey Foundation	April 2018	Ongoing	
		Chair & Founder HelpForce	April 2018	Ongoing	
		Son and Daughter-in-law – NHS employees	April 2018	Ongoing	
		Visiting Professor at the Institute of Global Health Innovation, part of Imperial College	April 2018	Ongoing	
		Trustee, Civic	Jan 2020	Ongoing	
		Chair of BrYet Limited	Aug 2019	Ongoing	
Aman Dalvi	Non-executive Director	Director of Aman Dalvi Ltd		Ongoing	
		Owner of Aman Dalvi Ltd		Ongoing	
		Employed two days a week with Canary Wharf Group via my company advising in Planning and Regeneration		Ongoing	
		Chair of Goram Homes in Bristol	2019	Ongoing	
		Chair of Homes for Haringey	2017	Ongoing	
		Chair of Kensington & Chelsea TMO Residuary Body	2019	Ongoing	
Nilkunj Dodhia	Non-executive Director	Directorships held in the following:			
		Express Diagnostic Imaging Ltd	Feb 2012	Ongoing	
		Macusoft Ltd - DigitalHealth.London Accelerator company	May 2017	Ongoing	
		Turning Points Ltd	Nov 2008	Ongoing	
		Examiner of St. John the Baptist Parish Church, Old Malden	April 2016	Ongoing	
		Spouse – Assistant Chief Nurse at University College London Hospitals NHS FT	Jan 2019	Ongoing	
Nick Gash	Non-executive Director	Trustee of CW + Charity	Jan 2017	Ongoing	
		Associate Director Interel (Public Affairs Company)	Nov 2015	Ongoing	
		Lay Advisor to HEE London and South East for medical recruitment and trainee progression	Nov 2015	Ongoing	
		Chair North West London Advisory Panel for National Clinical	Oct 2018	Ongoing	Lay Member of the Panel

		Excellence Awards			throughout my time as NED
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	Nov 2015	Ongoing	
		Associate, Westbrook Strategy	Feb 2020	Ongoing	
Stephen Gill	Non-executive Director	Owner of S&PG Consulting	May 2014	Ongoing	
		Chair of Trustees, Age Concern Windsor	Jan 2018	Ongoing	
		Shareholder in HP Inc	April 2002	Ongoing	
		Shareholder in HP Enterprise	Nov 2015	Ongoing	
		Shareholder in DXC Services	April 2017	Ongoing	
		Shareholder in Microfocus Plc	Sep 2017	Ongoing	
		Member of the Finance and Audit Committee (FAC), Phyllis Court Members Club	Aug 2019	Ongoing	
Eliza Hermann	Non-executive Director	Former Board Trustee and current Marketing Committee Chairman, Campaign to Protect Rural England, Hertfordshire Branch	2013	Ongoing	
		Committee Member, Friends of the Hertfordshire Way	2013	Ongoing	
		Close personal friend – Chairman of Central & North West London NHS Foundation Trust	Ongoing	Ongoing	
Jeremy Jensen	Non-executive Director	Directorships held in the following:			
		Stemcor Global Holding Limited;	Oct 2015	Ongoing	
		Frigoglass S.A.I.C;	Dec 2017	Ongoing	
		Hospital Topco Limited (Holding Company of BMI Healthcare Group)	Jan 2019	Jan 2020	Ceased
		Owner of JMJM Jensen Consulting	Jan 2002	Ongoing	
		Connections with a voluntary or other organisation contracting for or commissioning NHS services: Member of Marie Curie (Care and Support Through Terminal Illness)	April 2009	Ongoing	
Dr Andrew Jones	Non-executive Director	Directorships held in the following:			
		Ramsay Health Care (UK) Limited (6043039)	01/01/2018	Ongoing	
		Ramsay Health Care Holdings UK Limited (4162803)	01/01/2018	Ongoing	
		Ramsay Health Care UK Finance Limited (07740824)	01/01/2018	Ongoing	
		Ramsay Health Care UK Operations Limited (1532937)	01/01/2018	Ongoing	
		Ramsay Diagnostics UK Limited (4464225)	01/01/2018	Ongoing	
		Independent British Healthcare (Doncaster) Limited (3043168)	01/01/2018	Ongoing	
		Ramsay UK Properties Limited (6480419)	01/01/2018	Ongoing	
		Linear Healthcare UK Limited (9299681)	01/01/2018	Ongoing	

		Ramsay Health Care Leasing UK Limited (Guernsey) Guernsey (39556)	01/01/2018	Ongoing	
		Ramsay Health Care (UK) N0.1 Limited (11316318)	01/01/2018	Ongoing	
		Clifton Park Hospital Limited (11140716)	01/07/2018	Ongoing	
		Ownership or part-ownership of private companies, businesses or consultancies:			
		A & T Property Management Limited (04907113)	01/07/2014	Ongoing	
		Exeter Medical Limited (05802095)	01/12/2018	Ongoing	
		Independent Medical (Group) Limited (07314631)	01/01/2018	Ongoing	
		Board member NHS Partners Network (NHS Confederation)	01/01/2018	Ongoing	
Ajay Mehta	Non-executive Director	Director and Co-Founder at em4 Ltd		Ongoing	Company works with international funders and investors to build the capabilities of their grantees and partners in order to increase social impact
		Owner of Ki-Rin consultancy		Ongoing	The agency works with leaders of non-profit organisations globally to build their capabilities.
		Trustee, Watermans		Ongoing	The organisation showcases and delivers arts programmes to communities in West London
		Partner employee of Notting Hill Housing Trust		Ongoing	The Trust commissions the provision of care services to vulnerable people in LB Hammersmith and Fulham
		Head of Foundation, The Chalker Foundation for Africa		Ongoing	The Foundation invests in projects that build the capacity of health-related organisations, in particular healthcare workers, in sub-Saharan Africa.
		Volunteer with CW+ Charity	01/03/2020	Ongoing	
Lesley Watts	Chief Executive Officer	Trustee of CW+ Charity	01/04/2018	Ongoing	
		Husband—consultant cardiology at Luton and Dunstable hospital	01/04/2018	Ongoing	
		Daughter—member of staff at Chelsea Westminster Hospital	01/04/2018	Ongoing	
		Son—Director of Travill construction	01/04/2018	Ongoing	
Robert Hodgkiss	Chief Operating Officer / Deputy Chief Executive	No interests to declare.	31/03/2020	Ongoing	
Pippa Nightingale	Chief Nursing Officer	Trustee in Rennie Grove Hospice	2017	Ongoing	

		CQC specialist advisor	2016	Ongoing	
		Specialist advisor PSO	2017	Ongoing	
Dr Zoe Penn *(Left the Trust 03.04.2020)*	Chief Medical Officer	Trustee of CW + Charity	01/04/2018	Ongoing	
		Daughter – employed by the Trust	01/04/2018	Ongoing	
		Member of the Independent Reconfiguration Panel, Department of Health (examines and makes recommendations to the Secretary of State for Health on proposed reconfiguration of NHS services in England, Wales and Northern Ireland)	01/04/2018	Ongoing	
		Son – employed by the Trust	Jun 2018	Ongoing	
Thomas Simons	Director of HR & OD	Nothing to declare	31/03/2020		
Virginia Massaro	Acting Chief Financial Officer	Cafton Lodge Limited (Company holding the freehold of block of flats)	22/03/2014	Ongoing	
		Member of the Healthcare Financial Management Association London Branch Committee	Jun 2018	Ongoing	
Dr Roger Chinn	Acting Medical Director	Private consultant radiology practice is conducted in partnership with spouse Diagnostic Radiology service provided to CWFT and independent sector hospitals in London (HCA, The London Clinic, BUPA Cromwell)	1996	Ongoing	
		Attended Charitable event hosted by UK Cloud at the 'Music for Marsden'	03/03/20	03/03/20	If required, I would absent myself from any business decision involving UK Cloud
Kevin Jarrold	Chief information Officer	CWHFT representative on the SPHERE board	01/10/2016	Ongoing	
		Joint CIO role Imperial College Healthcare NHS Trust / Chelsea and Westminster Hospital NHS Foundation Trust	01/10/2016	Ongoing	
		Joint CIO for the NW London Health and Care Partnership	01/01/2020	Ongoing	
Martin Lupton	Honorary NED, Imperial College London	Employee, Imperial College London	01/01/2016	Ongoing	
Chris Chaney	Chief Executive Officer CW+	Trustee of Newlife Charity	Jun 2017	Ongoing	
Serena Stirling	Director of Corporate Governance and Compliance	Local Authority Governor at Special Educational Needs School (Birmingham)	2019	Ongoing	
		Mentor on University of Birmingham Healthcare Careers Programme	2018	Ongoing	
		Leadership Mentor for Council of Deans for Health	2017	Ongoing	
		Partner is Princess Royal University Hospital site CEO at King's College Hospital NHS Foundation Trust	Feb 2020	Ongoing	

Minutes of the Board of Directors (Public Session)
Held at 11.00am on 05 March 2020, Boardroom, Chelsea and Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Chair	(THH)
	Jeremy Jensen	Deputy Chair	(JJ)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dhodia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Dr Andrew Jones	Non-Executive Director	(AJ)
	Ajay Mehta	Non-Executive Director	(AM)
	Lesley Watts	Chief Executive Officer	(LW)
	Rob Hodgkiss	Deputy Chief Executive/COO	(RH)
	Virginia Massaro	Acting Chief Financial Officer	(VM)
	Pippa Nightingale	Chief Nursing Officer	(PN)
	Thomas Simons	Director of HR and OD	(TS)
In attendance:	Martin Lupton	Honorary Non-Executive Director	(ML)
	Roger Chinn	Deputy Medical Director	(RC)
	Kevin Jarrold	Chief Information Officer	(KJ)
	Chris Chaney	Chief Executive Officer, CW+	(CC)
	Serena Stirling	Director of Corporate Governance & Compliance	(SS)
	Dr Nicholas Gikas	Junior Doctor	
	Dr Lydia Weiss	Junior Doctor	
	Dr Omar Zibdeh	Junior Doctor	
	Dr Justin Garner	Junior Doctor	
	Tara Argent	SRO for organisational response to Covid-19	(TA)
	Gary Davies	Medical Director CW	(GD)
	Vida Djelic (minutes)	Board Governance Manager	(VD)
Apologies:	Zoe Penn	Chief Medical Officer	(ZP)

THH welcomed the Board members and those in attendance to the meeting. THH stated that due to the growing importance and fast moving situation of COVID-19 (Coronavirus), the Board would open with an update from the Executive on the Trust's response plan, followed by the Staff Story, to enable junior doctor colleagues to return to their clinical areas of work as soon as possible.

1.7	**Update on coronavirus** *Lesley Watts, Chief Executive Officer/Pippa Nightingale* LW advised the Board that the Trust has been working closely with NHS England and Public Health England to support the national response to the Coronavirus outbreak, and highlighted that containment of the virus remains a key focus. PN is leading the response for North West London (NWL). PN provided the Board with an update on the Trust's preparedness for the outbreak, and assurances on working with NHS England, Public Health England, NWL partners and local authorities, to ensure the public received the correct advice and support. The aim is to keep 'well' people out of hospital supported by a community screening service. A quarantine facility has been established at Heathrow for screening and isolation purposes. Local populations are also being supported by community 'Hubs' for screening purposes.

	The Trust's two Emergency Departments have established 'Pods' in accordance with national advice to manage people with suspected Coronavirus. The work is being supported by regular national, regional and NWL system calls with senior leaders. Tara Argent and Gary Davies updated the Board on the Trust's emergency preparedness, resilience and response plan. An incident room has been established which will include managing patient flow, surge plans, logistics, procurement, and workforce issues. Plans are in place to utilise critical care and single side room capacity to isolate patients suspected to have been exposed to the virus for testing, whilst ensuring that clinical areas maintain the ability to deliver 'business as usual'. In the event of a pandemic, the hospital will prioritise patients who need emergency care. That could cause delayed admissions for people who need planned operations to ensure that beds, particularly intensive care beds, are available for those patients who need them most. The aim of the coordinated response is to ensure patient safety, and to also protect elective care activity for as long as possible. NG asked what plans were in place to reduce patient/hospital visitors coming to hospital. GD responded that the Trust is looking at outpatient activity and patient/visitor flow with a view of advising that unless necessary, they should not attend hospital services. TA stated that as cases increase, plans will evolve. JJ enquired about the length of time it takes for the screening and resulting process. GD reported 48 – 72 hours. JJ asked what process the Trust would follow should a patient with coronavirus symptoms turn up to the Emergency Department. GD reinforced that patients will be isolated immediately and await results of the screening process. JJ further asked about the Trust's contingency plans given the finite number of side rooms. GD advised that cohort plans are being developed. GD also advised that patients with respiratory conditions would be treated separately. PN highlighted the importance of following the official government advice: call 111 in the first instance with any suspected coronavirus symptoms, rather than attending Emergency Departments. EH queried whether the quarantine facility was fully occupied. PN confirmed 19 residents are currently in the facility, and reiterated the importance of self-isolating at home. AM queried if the hospital has a sufficient supply of medical stock. TA responded that a regular daily stock count is submitted nationally, and the Trust is currently being advised that there are no shortages.
2.1	**Staff Experience Story** RC introduced Dr Nicholas Gikas, Dr Lydia Weiss, Dr Omar Zibdeh, and Dr Justin Garner who presented their experience of being a junior doctor in the organisation. Each individual shared a positive experience of working in the hospital environment, working with management, and accessing education and development opportunities. They also highlighted their involvement with quality improvement work. In response to NG's query if junior doctors are aware of the Guardian of Safe Working process and if they feel comfortable raising concerns, Dr Omar Zibdeh said that they were made aware of the process at their induction with the Trust. The Guardian was noted to be approachable and accessible, and actively encourages juniors to submit exceptional reports. In response to JJ's query regarding junior doctors rotas, Dr Lydia Weiss said that their generic rotas are shared six weeks in advance of time which helps with coordinating annual leave. JJ asked the group what the Trust could improve. The group responded by highlighting that redistribution of staff could help rota issues. LW and RC noted that the junior doctor rota system is being reviewed in light of changes outlined in the new junior doctor contract.

	THH asked the group where they get regular support and career advice. All doctors reported that clinical and educational supervisors are accessible and encouraging. THH congratulated the junior doctors for presenting to the Board and wished them well in their career.
1.0	**GENERAL BUSINESS**
1.1	**Welcome and apologies for absence** THH again welcomed the Board members and those in attendance to the meeting. Apologies were noted as above. It was additionally noted that ML would arrive late.
1.2	**Declarations of Interest** AM reported that he would be joining the Trust's volunteering programme as of March 2020. NG declared that he has become an Associate at Westbrook Strategy, providing public affairs and strategic advice, with no perceived conflict to his NHS work. **Action: SS to update AM's and NG's interests on the Register.**
1.3	**Minutes of the previous meeting held on 09 January 2020** The minutes of the previous meeting were approved as a true and accurate record of the meeting.
1.4	**Matters Arising and Board Action Log** **<u>Matters Arising</u>** THH noted that all actions were marked as complete. TS advised that a consideration has been given to include volunteer data in future people reports and this will be reflected in the next iteration of people report, due to come to the May Board.
1.5	**Chairman's Report** *Sir Thomas Hughes-Hallett, Chair* THH reflected on the current challenges and explored ways of how the Non-Executive Directors could support that the management team during this period, whilst trying to continue to comply with all performance standards. In response to THH's concern over the uncertainty of the coronavirus situation, and the impact it will have on other patients, LW assured the Board that the organisation's highest priority is to treat patients in order of clinical priority, and staff are prepared and supported to deliver this on a day to day basis. The Trust and partners are preparing should an increased number of high risk patients present themselves to the hospital with the virus symptoms requiring admission, including critical care planning. A consideration is also being given to making the best use of NHS resource available whilst caring for patients in community e.g. virtual clinics, skype consultations etc. LW reiterated that elective work would only be cancelled if required, as the Trust is mindful this will add additional pressure, risk and inconvenience to patients. THH advised that a consideration should also be given to ceasing any non-essential work to enable the management team to fully concentrate on patient care and preparations for a pandemic. LW confirmed that the Trust is proceeding with 'business as usual', and the organisation is considering programmes of work which may have to be paused or accelerated. RH linked to it by saying that all of Trust's four divisions are engaged in daily communication and planning, to support patient flow through the hospitals in the best

	possible way. AM queried if testing for staff could be quicker than that for patients. LW reported that this is not required as the screening phase will soon end as the virus is active within communities, and the treatment phase will be initiated. The Trust takes seriously the duty of care to employees to provide a safe work environment. Any staff suspected to have the virus will be reviewed immediately. THH noted that some national consideration is being given as to how the volunteer workforce may be used in the response, not just in the community, but also in acute settings. ML arrived joined the meeting. ML noted that preparations are underway at Imperial College for any possible coronavirus outbreak, and in light of that, large gatherings and meetings were being cancelled, in addition to postponing all of non-UK electives placements. ML reported that if required, this cohort of students could support the local response plan. In response to Jackie Scott's query in the event of likelihood of staff shortage how the Trust would manage patient care, LW said that any such event would be planned for as best as possible, and any work that would be possible to discontinue or do differently would be considered. LW emphasised that staffing of clinical areas is high priority for the Trust so that high quality care can be delivered to patients. THH asked who was leading the communication response. LW said that the national team has made information available to the public advising on how to protect from the virus, and on preparedness for any potential outbreak of an infectious disease at www.gov.uk. THH concluded the discussion and highlighted the most important points: • Every patient coming to the Trust, as always, will be treated equally, and patients will be prioritised according to their clinical need. • The Trust has an emergency preparedness, resilience and response plan in place, and is preparing for the likelihood of a substantial increase in the number of infected people coming to the hospitals. • The Trust will continue to work with with NHS England and Public Health England, NWL and partners to find the best possible solution in the event of staff shortages. • The Executive Management Team will consider re-prioritising their work in order to continue maintaining good regulatory performance whilst planning for the likelihood of an escalation in the coronavirus situation. The Board noted the written report.
1.6	**Chief Executive's Report** *Lesley Watts, Chief Executive Officer* LW took the paper as read, and thanked and congratulated staff on the recent Care Quality Commission inspection outcome. This was endorsed by the Chairman and Non-Executive Directors. NWL work was reported to be progressing well, with the appointment of Penny Dash as Chairman of the integrated care system. In response to EH's query regarding the 'Community Bridge' innovation, CC said that it is a partnership arts and health outreach programme between Chelsea and Westminster Hospital and the Royal Borough of Kensington and Chelsea. The formal opening of the 'hub' is expected in Spring 2020. LW advised the Board that the 2019 NHS Annual Staff survey results have been published, giving the Trust opportunity to celebrate positive results, as well as to focus on the areas in need of improvement. TS confirmed that the survey results will be going to the March People and OD Committee and subsequently

	presented to the May Board. **Action: 2019 NHS Annual Staff survey results to be presented to the May Board.** The Board noted the written report.
2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.2	**Improvement Update including Quality Improvement, sepsis and e-coli deep dive** *Pippa Nightingale, Chief Nursing Officer* PN reported that the Trust continues to make good progress against three of the four quality priorities, either on trajectory or ahead of trajectory. However, improving sepsis care will continue in to next year to ensure this is well embedded. PN referred to the CQC report and noted that although there were no 'must do' actions issued to the Trust, or regulatory improvement notices, 22 'should do' actions were issued to the organisation. These have been developed in to an improvement plan with the 'outstanding' actions to ensure scale and spread of good practice. THH asked if the Quality Committee would monitor this work. EH confirmed that this work has already started. In response to JJ's comment about the chart on p.30 detailing the domain of 'safe' as 'requiring improvement' (dated January 2020), PN said that the metric was taken from the 2017 inspection. The CQC have been invited to re-inspect the areas. JJ suggested an explanation be put against amber areas as to what inspection period the data relates to in future reports. The Board noted the report.
2.3	**Learning from Serious Incidents (SIs)** *Pippa Nightingale, Chief Nursing Officer* PN introduced the report and noted that the Trust is compliant with timescales and learning. There are six outstanding action plans which are all awaiting 'MBRRACE' input (a national programme of work which comprises surveillance of late fetal losses, stillbirths and infant deaths, confidential enquiries into perinatal mortality and serious infant morbidity and the national Confidential Enquiry into Maternal Deaths). SG queried how the Trust benchmarked against peers. PN said that the Trust is lower than peers for performance (positively). The Board noted the report.
2.4	**Mortality Surveillance Q3** *Roger Chinn, Deputy Medical Director* RC introduced the report which detailed the mortality review process, noting the Summary Hospital-level Mortality Indicator (SHMI) to be below expected levels. Mortality surveillance processes continue, with no new themes being identified in the latest quarter. In response to SG's query regarding the total number of open cases and delayed closure, RC explained that any cases which are subject to external review remain open until the case record review has been undertaken e.g. coroners cases. THH noted that the Board has recently had an informative development session on the mortality review process. The Board noted the report.

2.5	**Integrated Performance and Quality Report** *Rob Hodgkiss, Deputy Chief Executive / Chief Operating Officer* RH reported that although the Trust's overall year to date performance remains good, no Trust in the country managed to comply with the 95% A&E 4 hour target. The following points were highlighted: • 92.16% compliance with the 95% A&E 4 hour target, being mindful the Trust is still in the Urgent and Emergency Care (UEC) test pilot • 6.15% growth in non-elective activity, compared with same time period last year • 90.31% compliance with the RTT target, which is a 0.80% drop on the Chelsea site and 0.51% on the West Middlesex site; despite this drop, the Trust has maintained a high level of performance, with recovery plans in place for challenged specialties. • Cancer 62 day performance for December delivered a compliant position. • There were 6 cases of community onset health care associated Clostridium Difficile (c-diff) in January, with year to date 28 identified cases. The Trust is in breach of the 'target' of 26 cases for 2019/20. This is caused by the reporting period being extended to two weeks post discharge. The Director of Infection Prevention and Control has reviewed every c.diff case and the outcome of the review concluded that out of six cases, only one case was identified as avoidable. AM queried the response rates for the Friends and Family Test. PN informed the Board that response rate reporting would be changing from April in line with national guidance, providing patients with more opportunities to feedback on their care and experience. The Board noted the report.
2.6	**NHSR Maternity 10 Point Plan** *Pippa Nightingale, Chief Nursing Officer* PN presented the paper to the Board providing assurances and an update on the NHSR maternity incentive scheme for year two, and the plans in place to achieve year three. It was noted that although not yet confirmed, there is likely to be a regulatory impact for Trusts which do not achieve the standards in the incentive scheme.
3.0	**PEOPLE**
3.1	**People Performance Report** *Thomas Simons, Director of HR & OD* TS presented the report and highlighted the following: • There has been a continued decrease in the vacancy rate for January, 7.17% against the Trust 'ceiling' of 10%, and a significant improvement since the same time last year. Work plans continue to improve retention and turnover rates. • Sickness and absence rate is 3.5% (above Trust target of 3.3%) • The results of the Staff Survey are positive in many areas with continued focus required in previously identified areas of concern. ND queried if the approach to staff retention is being used in retaining volunteers. PN said that an IT solution for the management of volunteers has recently been developed and it offers a variety of functions e.g. volunteers can 'self-select' for shifts, monitor their volunteering hours, and input of feedback about their experience on each shift. It was recognised that the nature of volunteers is different to staff, and the approach to attracting and retaining volunteers will need to be tailored accordingly. AM challenged the appraisal performance rate for Band 2 – 5 staff groups. TS noted that the staff survey states the organisation provides good quality appraisals. These are currently based on a 'cascade' process starting with senior staff, with the consequence that appraisal rates lag for junior staff. The appraisal date

	will now move to the date an individual joined the organisation ML asked why the Trust is not actively recruiting from the European Union (EU). LW reported that there is a flow from the EU and that the organisation recruits from countries which have an excess of healthcare professionals. The Board noted the report.
4.0	**STRATEGY**
4.1	**Draft Operational Plan 2020/21** *Virginia Massaro, Acting Chief Financial Officer* VM introduced the draft operational plan and advised that it details the Trust's approach to 2020/21 business planning. The final plan is due for submission on 29 April. The Board noted the report.
4.2	**Digital Programme update** *Kevin Jarrold, Chief Information Officer* In noting progress with the digital programme, KJ highlighted the positives and challenges from the Test bed project, implementation of Cerner Phase 2, and innovation projects. SS informed the Board that the Lead Governor Simon Dyer has filled the vacant Governor role on the Test Bed Steering Group. The Board noted the report.
4.3	**Estates Strategy: West Middlesex Hospital – Site Update** *Rob Hodgkiss, Deputy Chief Executive / Chief Operating Officer* RH updated the Board on the initial work undertaken in relation to the West Middlesex Hospital estates strategy to address continued growth in non-elective demand. A business case will be prepared for discussion and ratification by the Finance and Investment Committee in April. THH advised that an initial endorsement has been secured from the Hounslow Borough Council. EH suggested a consideration be given to the length of period the expansion would be suitable for whilst accommodating rising demand for emergency care i.e 5, 10 or 15 years. The Board noted the report.
5.0	**GOVERNANCE**
5.1	**Guardian of Safe Working** *Roger Chinn, Deputy Medical Director* RC noted that some discussion on the Guardian of Safe Working took place earlier in the meeting and assured the Board that work is in progress on reducing the number of rota gaps. RC congratulated Dr Rashmi Kaushal, who has been instrumental to the work on the Guardian of Safe Working. SG stated that the People and OD Committee have been very appreciative about Rashmi's work in this area and regular reports are being provided to the Committee. The Board noted the report.

	Action: THH to write to Dr Rashmi Kaushal to acknowledge the progress and improvement in this area, and extend thanks on behalf of the Trust Board.
5.2	**Human Trafficking and Modern Slavery Act statement, and Patient Equality Report 2019-20** *Pippa Nightingale, Chief Nursing Officer* PN advised the Board that the Trust is required to annually review and publish the Modern Slavery Act Statement, and also compile and present an annual report on the profile of patients using the organisation's services. The report was presented to the Board for approval in advance of publishing on the website. AM questioned how assured the Trust is that any third party companies or channels that the Trust purchased goods and services from, had policies which were aligned with the Modern Slavery Statement, and if the Trust could evidence it if required. PN and VM confirmed that this is embedded within tendering processes and the NHS procurement framework. AD asked why patients are not recording their ethnicity. PN reported that learning from this piece of work has highlighted that the Trust is not recording 'not disclosed' on Cerner. RC reported that the new self-check in process in outpatients may help improve this data capture. SG commented on data enclosed in Fig 12 on page 135, and undertook to provide his comments outside the meeting. **Action: SG to provide his comments on data to PN outside the meeting.** THH asked for a meeting with SG, TS and PN on patient and staff surveys outcomes. **Action: Arrange a meeting for SG, TS and PN on patient and staff surveys outcomes in April.** The Board approved the report and the statement.
5.3	**Board Assurance Framework** *Serena Stirling, Director of Corporate Governance & Compliance* SS presented the latest iteration of the Board Assurance Report (BAF) and noted that an in depth discussion will take place in the private Board session. THH asked that the Trust's strategic vision is revisited at the June Board away day and aligned to the BAF. SG challenged the rating for 'Risk 7: EPR and Digital', and whether it is truly 'green' given recent IT challenges affecting Cerner performance. SS reported that BAF updates occurred before these recent issues and there would be a further discussion in private Board. The Board approved the report.
5.4	**Board Committees Terms of Reference for approval : Quality Committee, Finance and Investment Committee, People and Organisational Development Committee and Audit and Risk Committee** *Serena Stirling, Director of Corporate Governance & Compliance* The Board reviewed and approved the Terms of Reference. In response to EH's query whether the research programme is required to be scrutinised by any of Board Committees, THH suggested that LW and he would discuss this outside the meeting. NG confirmed that cyber security risk has been added to the Audit and Risk Committee Terms of Reference. SG stated he would provide minor updates to SS outside of the meeting for the People and OD committee Terms of Reference.

	SS confirmed the Terms of Reference for the Nominations and Remuneration Committee were being reviewed by the group today and would come to the next Board for approval. **Action: THH/LW to discuss the research programme governance.**
6.0	**ITEMS FOR INFORMATION**
6.1	**Questions from members of the public** In response to a question from the member of public asking for a copy of the finance report, VM responded that the Trust's Performance and Quality Report includes the finance dashboard, which details Trust's financial performance. VM highlighted that the Trust is currently reporting a £9m surplus year to date at month 10 in line with plan. EH added that the Trust also maintains a score of 1 for Use of Resources (the best score achievable).
6.2	**Any other business** THH advised the Board that the Council of Governors Nominations and Remuneration Committee meeting will be arranged later in March to consider JJ's succession plan.
6.3	**Date of next meeting – 7 May 2020, Boardroom, Chelsea and Westminster**

The meeting closed at 13.15.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Trust Board Public – 5 March 2020 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
Mar 2020	1.2	Declarations of Interest	Action: SS to update AM's and NG's interests on the Register.	SS	Complete.
	1.6	Chief Executive's Report	Action: 2019 NHS Annual Staff survey results to be presented to the May Board.	TS	Due to Covid-19 this has been rescheduled for July Board.
	5.1	Guardian of Safe Working	Action: THH to write to Dr Rashmi Kaushal to acknowledge the progress and improvement in this area, and extend thanks on behalf of the Trust Board.	THH	Complete.
	5.2	Human Trafficking and Modern Slavery Act statement, and Patient Equality Report 2019-20	Action: SG to provide his comments on data to PN outside the meeting.	SG	Complete.
			Action: Arrange a meeting for SG, TS and PN on patient and staff surveys outcomes in April.	SG, TS, PN	Due to Covid-19 this has been postponed.
	5.4	Research Governance	Action: THH/LW to discuss the research programme governance.	THH/LW	Verbal update.
Jan 2020	2.5	Integrated Performance and Quality Report/CQC Insights Report	Action: Commentary should be provided alongside CQC Insights data where performance is identified as substandard in future reports.	RH	Complete – to be included in future reports
			Action: Commentary should be included where the Trust is under the benchmark for Safe Staffing of clinical areas.	RH/PN	Complete – to be included in future reports
		UEC test	Action: The Board to receive an end of UEC test pilot evaluation.	RH	Scheduled – May 2020 Public Board
	3.1	People Performance Report	Action: TS to provide breakdown of BAME staff in future people reports.	TS	Complete - All protected characteristics will be included in the next iteration of the disciplinary reporting and where appropriate, for indicators.

			Action: TS to consider including volunteer data in future people reports.	TS	This will be included in the next iteration of People Performance Report.
	4.1	Digital Programme update, including update on DrDoctor	Action: Board to receive internal gateway updates for Cerner Programme, similar to the format used by Ernst Young for external assurance, whilst the programme transitions following the Go Live phase.	KJ	Complete - EPR Programme Board is continuing to review progress and will present to Board when developed.
			Action: DrDoctor project timelines and progress to be monitored by Executive Management Board	KJ/BB	Complete - Bruno Botelho to include in regular Digital updates to Executive Management Board.
			Action: Governors Away Day to receive an update on DrDoctor, including the role of technology in facilitating a patient's journey through clinical pathways.	KJ/BB	Complete – 30 January 2020.
	5.1	Guardian of Safe Working	Action: RC to arrange for a staff story from two Junior Doctors to present their experience of working in the organisation at a future Board.	RC	Scheduled – March 2020 Public Board

Chelsea and Westminster Hospital NHS
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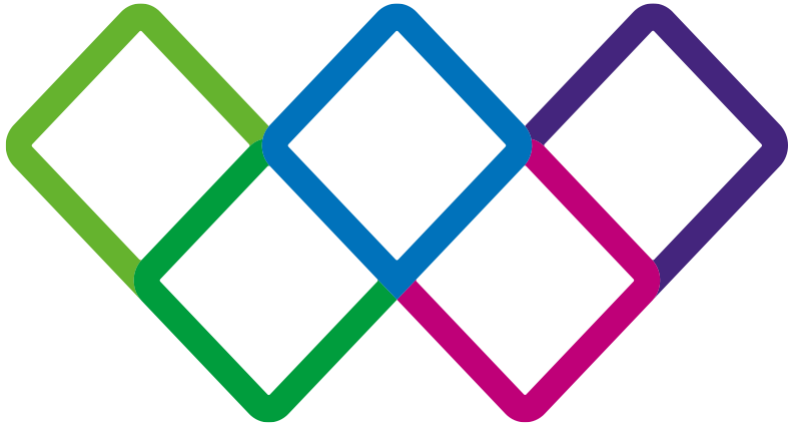
Trust Board Update

May 2020



Covid-19 risk register - PN

	Risk Title	Lead	<= 6	8	9	10	12	15	16	>= 20
896	Staffing levels during Covid 19 response	Simons, Thomas		◊			•			
897	Sub-optimal identification, escalation & action relating to core governance functions due to organisational response to Covid-19	Nightingale, Pippa			◊		•			
900	Oxygen supply	Conlin, Dominic		◊			•			
891	Personal Protective Equipment (PPE)	Nightingale, Pippa	◊		•					
903	Staff welfare and resilience during covid pandemic	Simons, Thomas	◊		•					
895	Off-label use of Anaesthetic machines	Chinn, Roger	◊		•					
893	Restricted LAS services during coronavirus pandemic	Nightingale, Pippa	◊		•					
904	Supply chain disruption	Massaro, Virginia	◊	•						
898	Mortuary capacity	Hodgkiss, Robert	◊	•						
899	Covid 19 cross infection (visitors)	Nightingale, Pippa	◊ •							
902	Staff training to support Covid 19 response	Simons, Thomas	◊ •							
910	Vulnerable staff demographics (Covid-19)	Nightingale, Pippa	◊ •							

● – Current risk score ◊ - Target risk score → - Risk score movement

Chelsea and Westminster Hospital NHS
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Governance

Complaint performance has been met for the past 9 months and has been sustained during COVID with April meeting 95% response rate.

There have been 8 complaints in total relating to COVID

Received in Month	Compliance in Month	Percentage (>90% KPI)
43	41	95%

Incident reporting- Continues to be reduced but remains the same numbers in Maternity, The key themes are maternity, all COVID related incidents have been low or now harm such as isolation and delays obtaining swab results. There have been no Datix reported about PPE.

Clinical update - RC

- Clinical Non-elective Covid activity has been the predominant focus but other non-elective activity is increasing
- Adaptive work patterns and cross team working have delivered effective care
- Infection control measures are paramount to protect staff and patients on both non-elective and elective pathways
- Digital first approach to maintain outpatient activity when needed
- Morbidity of Post Covid survival yet to be determined
- Mortality rate significantly elevated during peak of outbreak
  - Demographic profile matches national picture with larger proportion in males, BAME and over 50 years
  - Non Covid death rate unchanged and is within normal common cause variation
- Clinical Decision Support Group functioning effectively
- Research Governance - National and Local Trials underway
    - 6 studies currently open, 7 in set-up, 6 invitations and 2 proposed
    - PIONEER Study sole UK arm for early intervention therapy started
    - Progressing membership of Imperial College Academic Health Science Centre
- Clinical prioritisation and pathways being developed to support restoration and recovery

People – COVID Response - TS

- **BAME staff** – defined as a vulnerable group, risk assessments underway, BAME Network meetings, exec engagement sessions, data analysis completed on re-deployment, fit testing evidenced
- **Health and wellbeing** – increased capacity of psychological support to staff. TRiM model under consideration for NWL rollout. Evaluation of current work programme and forward look
- **Volunteering** – first volunteers in COVID areas, 40+ joined in the last 30 days, over 700 hours deployed, NWL model being supported by CW
- **Staff testing and welfare** – over 700 staff tested, welfare calls and follow up with all staff off absent. Anti-body test conducted. Absence rate falling to <7%. Bring staff back to work safely
- **Recognition and engagement** – videos, blogs, daily message, #WhyAreYouProud, claps, bi-weekly union meetings with strong representation
- **Training** – over 1500 staff completed. Plan in place to continue on going training to ensure readiness of staff for surge capacity. HR training and webinar sessions completed
- **Staff planning and management** – review of the control environment, pay reconciliation completed, COVID rosters reducing incrementally

People – Initial Recovery Plans

- **Deployment -** maximising the re-deployment of staff and successfully bringing people back to work, managing availability of staff
- **Demand** – meet the longer term staffing models based on future configuration of service/models of working and plan for surge capacity
- **Supply –** ensure pay control and re-establishment of step down rotas and re-conciliation of additional staffing to support COVID-19 response, responding to new models, leveraging new market opportunities
- **Training & Development** - more flexible workforce able to adapt and work outside usual place of work specifically to support critical care
- **Health & Wellbeing -** support the longer term health and wellbeing of all staff, evaluate offer, deliver ongoing programme
- **Digital & Agile -** new culture of working embedded in the organisation
- **Corporate Improvement** - embed new ways of working and efficiency changes in corporate areas. e.g. onboarding volunteers
- **Fundamental People Practices** – appraisal, stat/man, employee relations, recruitment

Finance – 2020/21 - VM

- NHSI/E has published guidance covering funding, capital and cash for the first 4 months of 2020/21 (April 2020 to July 2020)

- General principle - all Trusts will break even for the first 4 months of 2020/21. Guidance is expected shortly regarding financial arrangements post July 2020.

- Funding will consist of:
  - Block contract funding for NHS commissioners (CCGs & NHSE) Contract values set centrally and payment will be in advance
  - Central top up from NHSE/I to reflect BAU costs
  - Separate funding for validated direct covid-19 costs (in arrears)

- No capital projects (other than covid-19) should be progressed unless deemed urgent

Finance – CW+ Covid-19 Rapid Response Fund

- This new CW+ fund is now supporting the following key areas:
  - New Equipment for Patient Care
  - New Technology for Patient Care and Experience
  - Health and Wellbeing Support for Staff
  - Provision of Full Maternity Services (*as of week 06.04.20*)
  - Research (*as of week 06.04.20*)

- Funds raised to 29 April £3,002k
- Funds received £2,500k
- Funds allocated £2,240k

- Multiple Gifts-in-Kind have also been secured including:
  - Food, clothes and amenities for staff
  - Technology
  - Accommodation

Sustainability of the Infrastructure of the Trust - Information Technology - KJ

- Implementation of the new Network is 90% complete
  - Network has been stable
  - Phase 1 - Public Wi Fi, has been successfully cutover to new Firewalls. Internet traffic speed has been increased.
  - Transfer of Network support to NetConnection will take place on 1st June

- Remote working
  - Over 200 desktop PCs configured as laptops have been delivered to staff working from home
  - Virtual desktop infrastructure solution is completing testing
  - Over 200 laptops deployed to staff for remote access
  - Additional staff requiring shielding may increase requirement for more laptops

- IT equipment supply chain acute shortage impacting across NHS
  - Supply chain for all IT equipment (network, servers, storage, PCs) is constrained and unpredicable
  - There will be an impact on timelines of any projects which require new hardware

- National solution for video consultations
  - Currently Zoom is being used to facilitate video consultations and team meetings
  - Attend Anywhere is being configured and tested for consultations

- IT staffing; very low levels of absence, service levels have been maintained; Sphere planning return to normal working

To provide optimum recovery of elective work we will:

1. Give our patients and our staff confidence that all reasonable steps have been taken to minimise the risks of covid-19:

   - Clean buildings, clean sites, clean staff (slide 2)
   - Adherence to sector safety guidelines on clinical, workforce, facilities, patient.

2. Common sector priorities for each treatment which will be implemented locally (CRGs to define P1-P4)

3. Ensure equity across NW London which will require movement of patients, staff and kit across our sites.

To establish Clean Buildings, Clean Sites & Clean Staff we will….

Phase 1: Restoration

- Focus on stepping down escalated capacity whilst remaining alert and ready to step up again if demand escalates
- Plan red and green pathways for medium term use
- Coordinate redeployment whilst continuing training to support ITU expansion when needed
- Configure services to support social distancing
- Maximise use of Independent Sector for P1b and P2
- Maximise use of NWL “clean sites” CMH & MVH
- Scope potential for “clean” buildings i.e.:
  - Treatment: SWC, Sexual Health Sites
  - F2F Outpatients, RMH?
- Confirmation of PPE, drugs, anaesthetists, “clean” staff (tick list)
- NWL GOLD sign off for safety and equity

ASA 1-3s Quantify by Provider – All Ps

Challenges:

- Inner NWL provision
- PPE
- Reliance on adherence to strict ICP (Pts & staff)
- Doesn’t specifically address P3s & P4s (vast proportion of waiting list) especially long waiters
- Community capacity
- Forecast of Independent Sector available capacity

Phase 2: Reset and recovery

- Each CRG to propose P1-P4 priorities through NWL GOLD
- Start addressing complex P1b and P2 and less urgents (in that order)
- COOs, MDs and NDs within each Trust to agree safe pathways and priorities compliant with sector safety framework and CRGs’ priorities
- Undertake elective activity that is safe within the existing infrastructure
- Share resource across the sector (e.g. all sector P1 & P2 priorities will be treated before any Trust commences treatment of P3)
- Single PTL established
- Develop implementation plan for phase 3

Challenges:

- Maintaining an adequate supply of PPE
- Note missing consolidation opportunities
- Administrative/ co-ordination complexities/ considerations
- Restarting elective work in a way that complements the sector direction of travel whilst reconfiguration is planned and implemented

Phase 3: A new normal

- Put in place the new health and social care system
- Implement new steady state governance structures

Board of Directors Meeting, 7 May 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.1.1/May/20
REPORT NAME	Half year report on use of the Company Seal 2019/20
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Serena Stirling, Director of Corporate Governance and Compliance
PURPOSE	The Trust's Constitution requires that a report is presented to the Board at least biannually on the use of the Company Seal.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For information.

Report on use of the Company Seal 2019/20

1. The Constitution, at Annex 7 (Standing Orders), Section 11 refers to the sealing of documents. This section states:

Custody of Seal and Sealing of Documents

11.1. **Custody of Seal** – the common seal of the Trust shall be kept by the Company Secretary in a secure place.

11.2. **Sealing of documents** - where it is necessary that a document shall be sealed, the seal of the Trust shall be affixed in the presence of two Executive Directors or one Executive Director and either the Chairman or Company Secretary, duly authorised by a resolution of the Board of Directors (or of a Committee thereof where the Board of Directors has delegated its powers) and shall be attested by them.

11.3. **Register of sealing** - an entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing shall be made to the Board of Directors at least bi-annually. The report shall detail the seal number, the description of the document and date of sealing.

11.4. The seal should be used to execute deeds (e.g. conveyances of land) or where otherwise required by law.

2. During the period 1 October 2019 – 31 March 2020, the seal was affixed to the following documents:

Seal Number	Description of the document	Date of sealing	Affixed and attested by
206	Agreement between Chelsea and Westminster Hospital NHS Foundation Trust and McLaughlin & Harvey Limited (2 copies)	07.11.2019	Robert Hodgkiss Deputy Chief Executive/Chief Operating Officer Virginia Massaro Acting Chief Financial Officer
207	Leased for Virgin Media Occupation	10.02.2020	Robert Hodgkiss Deputy Chief Executive/Chief Operating Officer Virginia Massaro Acting Chief Financial Officer